



ISSN (E): 2277- 7695

ISSN (P): 2349-8242

NAAS Rating: 5.03

TPI 2019; 8(6): 753-756

© 2019 TPI

www.thepharmajournal.com

Received: 22-04-2019

Accepted: 24-05-2019

Darshika Joshi

Research Scholar, Department of Food and Biotechnology, Faculty of Agriculture & Veterinary Science, Jayoti Vidyapeeth Women's University, Jaipur, Rajasthan, India

Dr. Pramod K Raghav

Professor, Department of Food and Biotechnology, Faculty of Agriculture & Veterinary Science, Jayoti Vidyapeeth Women's University, Jaipur, Rajasthan, India

Food intake of tribes in Rajasthan: A review

Darshika Joshi and Dr. Pramod K Raghav

Abstract

Tribes are still shrouded in mystery. Almost half of the world's tribal population reside in India. The highest concentration of tribal population is mainly in districts like: Udaipur, Bhilwara, Dungepur, Banswara, Chittorgarh, Pratapgarh, and Rajsamanin Rajasthan. The tribal populations are 'at risk' of under dietary practices due to their over-reliance on primitive agricultural practices and uncertainty of food supply. Regarding nutrient intake of tribes was energy calcium, iron, β -carotene and folate were found grossly inadequate in tribes in Rajasthan. Bhils showed the lowest BMI compared to other tribes.

Keywords: Bhil, food intake, garasia, nutritional status, Rajasthan, tribe

Introduction

India is a land of many cultures and people. Tribe is originated from the Latin word 'tribes' meaning the 'poor among masses'. With more than 84.4 million, India has the largest population of the tribal people in the world (Das and Bose, 2012) [4]. The tribes of India comprise about 8% of the total population of the country having probably the largest number of tribal communities in the world (Topal and Samal, 2001) [26].

Tribes in India also known as *Adivasi* or scheduled tribes (STs), is among the poorest, vulnerable and most disadvantaged groups of the nation. The term Scheduled Tribes first occurred in the Constitution of India in the Article 366 (25) who are still dependent on hunting, agriculture and fishing. Most of them are small communities with comparatively low growth rate compared to rest of the population (Rao and Laxmaiah, 2003) [20]. In India indigenous people are referred to as 'Scheduled Tribes or *Adivasis*', a formally recognized distinct category of National citizen (Subramanian *et al.*, 2006) [25]. Indigenous people constitute about five percent of the world's population. They inhabit in every region of the world, but about 70 per cent of them are concentrated in Asia. The tribal population in India is second highest after Africa in the world (Kumar, 2010). It constitute more than one-tenth of the population as aboriginals or tribal, as per details from census 2011, about 13.5% of the total population of India's population is of tribes.

The highest concentration of this population is mainly in districts like: Udaipur, Bhilwara, Dungepur, Banswara, Chittorgarh, Pratapgarh, Rajsamand. As per the 2011 census, the scheduled Tribe population of Rajasthan state is 9,238,534. Out of twelve tribes scheduled for the State, it constitutes 93 per cent while Garasia, Damor, Dhanka and saharia together form 6.60 per cent of the total ST population. Six tribes, Bhil, Meena, Naikda, Kathodi, Patelia, Kokna and Koli Dhor along with the generic tribes constitute the remaining 0.3 per cent of the total tribal population.

The government of India is committing substantial resources for an all-round development of tribal including improvement in their health & nutrition. It is therefore pertinent that the dietary habit & nutritional status of different tribal groups is studied so that the development inputs are optimally utilized and the nutritional problems actually faced by the tribal's are resolved. Excessive intake of energy and nutrients, however, can also have a detrimental impact on the health. Dietary patterns imposed on children can greatly impact not only their physical and mental development, but also establish the eating habits that strongly remain over their entire adult life. Proper nutrition of children, therefore, is crucial both for their optimal growth during the childhood and in terms of their health when they grow up. (Hanumantha, 1996) reported that the nutritional status of the population largely depends on the consumption of food in relation to their needs, which in turn is influenced by the availability of food and purchasing power. The socio-economic conditions like agricultural pattern and occupation profile are different among different tribes and are determined by the eco-system they live in. The National Nutrition Policy iterates, "Nutrition effects development as much as

Correspondence

Darshika Joshi

Research Scholar, Department of Food and Biotechnology, Faculty of Agriculture & Veterinary Science, Jayoti Vidyapeeth Women's University, Jaipur, Rajasthan, India

development affects nutrition'. The tribal populations are at danger of under nutrition because of their over-reliance on primitive agricultural practices and uncertainty of food supply. Inadequate food habits along with traditional socio-cultural and biological activities may lead to significant percentage of under nutrition among children that also interferes with their body growth and development (Rao *et al.*, 2006; Joshi, 2013)^[19].

Rajasthan has vast physical, geographical, demographical and socio-economic diversity. There are 12 categories (several sub-categories) of schedule tribes in Rajasthan, and constitute 13.5 % (2011) of the total population of the state. Among the total tribal population 94.09% are rural and 5.90% are urban. The southern part of state includes 5 tribal dominated districts i.e. Dungarpur, Banswara, Pratapgarh, Udaipur and Rajsamand. These areas are hilly and covered by thin forest, and population is scattered. (Meena, 2014)^[13].

(Shahnawaz and Singh 2014) reported that the measure of under-nutrition in terms of height/length-for-age (stunting), weight-for height/length (wasting), and weight-for-age (underweight) for children younger than five year of age in predominantly tribal block Jhadol of Udaipur, show severe undernourishment among the children in this part of Rajasthan.

About 63% children are moderate to severely stunted (short for age), 46% were found to be acutely malnourished and the composite index weight-for-age reflects that 69% children are moderate to severely underweight. Against the popular assumption of girls being more malnourished, boys of Jhadol block were found to be more undernourished.

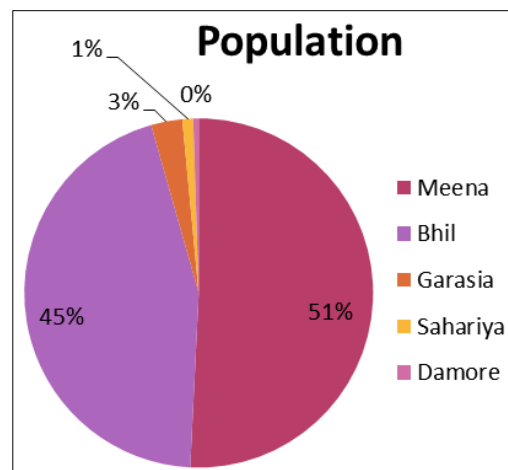
(Ninama 2016)^[17] reported that the nutritional status of tribal women of Udaipur, the mean intake of cereals and pulses by women was 92.54% and 70.66% of reference value. The mean intake of fruits and milk and dairy products by women was only 29.44% and 26.16% of reference value. The mean intake of roots and tubers by women was 140.16% which is higher than recommended allowances. The mean intake of GLV, other vegetables, sugar and jaggery and fats and oil was 86.86%, 69.20%, 86.2% and 72.16% respectively which was less than RDI. The comparison of the intake of different nutrients with ICMR recommendation for a moderately active women indicated that their diet was deficient in energy, calcium, iron, β -carotene, riboflavin and niacin which is 82.36%, 73.69%, 77.09%, 44.33%, 62.23% and 70.07% but intake of protein (103.63%), thiamin (168.18%) and vitamin C (132.7%) was higher than RDA.

Results and Discussion

Each tribe has its own name viz, *Bhil*, *Sabar*, *Santhan*, *Gond* etc., and is endogamous, i.e., there is no inter-tribal marriage, the area of habitation and pattern of residence vary in different tribes. Generally they live in forests or hills; and if they live in villages, they settle their colonies little away from the other communities of the village. Their economy is forest based. They do not have occupation divisions. Each tribe has its own patron deities, customs and rituals. There is no specialized role for different people in a tribe as in Hindus. A religious head can also be a *Panch* or tribal leader (Bairathi, 1991)^[1].

Mehta (1998)^[15] reported that the Rajasthan is the 5th largest state in terms of tribal population after M.P., Orissa, Bihar and Gujarat. The state has enumerated five numerically major tribes i.e., Mina (49.86%), Bhil (44.01%), Garasia (2.84%), Sahariya (0.98%) and Damore (0.5%) –12.21% of the total

population of Rajasthan belong to the ST.



Source: Mehta, P.C. (1998)^[15] Changing Face of Bhils, Shiva Publisher, Udaipur. 8-9

Fig 1: Population of Scheduled Tribes in Rajasthan

Bhil:

The *Bhil* are widespread among the tribal of India. In western India, the *Bhil* populate the states of Madhya Pradesh, Gujarat, Rajasthan, Andhra Pradesh, Karnataka and Tripura. Madhya Pradesh is known as homelands of *Bhils* as 95% of *Bhil* were found there (Mehta, 2004)^[16]. *Bhils* constitute the third largest tribal group of India after Gonds and Santhals. They are also the largest schedule tribe of Rajasthan and comprise 44.50% of the total tribal population of Rajasthan (Bhasin *et al.* 2007)^[3].

In Rajasthan their main presence is in districts of Banswara, Dungarpur, and Udaipur and Chittorgarh. The *Bhils* are largely concentrated in the area around Chittorgarh, Udaipur and Dungarpur in the southern part of the state.

The origin of the term *Bhil* is from Tamil word 'Bhilawar' or a Bow man. The *Bhils* also known as the desert dwellers are the largest tribal group in the Aravali belt of Rajasthan. Regarding nutrient intake their diet was found adequate in protein, carbohydrate, Vitamin C and zinc whereas energy calcium, iron, β -carotene and folate were found grossly inadequate (Joshi, 2015)^[9].



Source: <https://trti.gujarat.gov.in/bhil>

Fig 2: Bhil Tribe

Meena

(Rizvi 1987)^[22] says that Meena are one of the age old tribes of India comprised of western Maharashtra, Rajasthan,

Gujarat, Dadra and Nagar Haveli and Goa, Daman-Diu. Meena is the largest tribe of Rajasthan. Minas divided their 'Mindesh' into twelve territorial units called 'pals'. All the twelve 'pals' are distributed on the eastern border of Rajasthan in the districts of Alwar, Jaipur, Bharatpur, Chittorgarh, Banswara, Udaipur, Bhilwara, Bundi, Kota, Tonk and Sawaimadhopur. studied the nutritional status of the scheduled tribe of Rajasthan. All the population showed a rise in the mean values of BMI in both males and females with increase in age. High incidence of malnutrition was seen in both adolescent boys and girls of the present study on the basis of BMI. The results of chronic energy deficiency grades also clearly shown wide-spread thinness. Bhils showed the lowest BMI among their counterparts in the other tribes. Mina males and females exhibit highest mean values of BMI at higher age group.

Garasia

According to Tirbal Research Institute of Rajasthan (T.R.I.) the Garasia constitute the 3rd largest tribal group of Rajasthan inhabiting in Abu Road tehsil of Sirohi, Kotra, Gogunda and Kherwara tehsil of Udaipur and Bali and Desuri tehsils of Pali. Their origin is in Abu in Sirohi district. Cross-sectional study in the schools of Sirohi district having predominately tribal (Garasia) children revealed that stunting was 44% and 46.9% among boys 1255 and 762 girls aged 5-16, respectively using NCHS reference. Prevalence of thinness was higher among boys (69.7%) than girls (59.3%). (Sonesh, 2009) [24].

Damor

As stated by T.R.I. (Rajasthan) the Damor, also called Damaria are small tribal group, migrated from Gujarat and largely concentrated in Simalwara, Sagwara, Aspur block of district Dungarpur. The Damor trace their origin from the Rajputs.

Saharia

According to a theory the word 'Saharia' in its bifurcation is Sah+Arya, which means co-arya or in easy term we can call them the assistants of the Aryans (Khan, 2000) [11]. This tribe is the only primitive tribal group of Rajasthan also known as "The Jungle dwellers or residents of jungles." They are concentrated in the Shahbad and Kishanganj Panchayat samities of Baran district. (Verma & Murdia, 2017)

[27] The Shariya is one of those primitive tribes inhabiting economically most backward tribe 'Baran' district in the State of Rajasthan. The total population of Sahariya is 79,312 with sex ratio of 951. A majority (93%) of the Shariya population is inhabitants of Kishanganj and Shahbad tehsil of Baran district. (Rao *et al.*, 2006) [19] The intake of protein, calcium, iron, thiamin and niacin were comparable to the dietary allowance, while the intake of other nutrients such as total fat, energy, vitamin A, riboflavin, vitamin C and free folic acid were below the RDA.



Source: https://www.indianetzone.com/46/sahariya_tribe.htm

Fig 3: Family of Sahariya Tribe

Kathodi

Kathodi means catechu makers and also known as Katkari and etymologically. Katkari denote for people expert in felling trees. They are mostly found in Jhadol and Kotra panchayat samities of Udaipur. (Verma and Murdia, 2017) [27]. The Kathodi is a small and isolated tribal community mainly inhabiting in the village Padawali, Kukra-Khera and Samija of Kotda tehsil as well as village Bujah, Ambari, Ogha, Ambasa, Surimala, Guard and Panwara of Jhadol tehsil and some villages of Kherwara tehsil of Udaipur district and Abu Road tehsil of Sirohi in Rajasthan. Diet of Kathodis was found inadequate in most of the dietary practices except protein, fat, energy, iron, and zinc. Simple and conventional food processing practices are used by Kathodis which, helps to prepare and preserve food items not just for scarcity and daily routine but also for livelihood. (Jamna, 2013)

Table 1: Nutritional Status of Rajasthan Tribe

Rajasthan Tribes	Nutritional Status	References
Bhil	Adequate in protein, carbohydrate, Vitamin C and zinc whereas energy calcium, iron, β-carotene and folate were found grossly inadequate.	(Joshi, 2015) [9]
Meena	High incidence of malnutrition was found in both adolescent boys and girls of the present study on the basis of Body Mass Index. The results of energy deficiency clearly indicated a high incidence of thinness.	(Rizvi 1987) [22]
Garasia	Incidence of stunting was 44% and 46.9% in 1255 boys and 762 girls aged 5-16, respectively using NCHS reference. Incidence of thinness was higher among boys (69.7%) than girls (59.3%).	(Sonesh, 2009) [24]
Saharia	The Saharia is reported to be the intake of protein, calcium, iron, thiamin and niacin were comparable to the dietary allowances, while the intake of other nutrients such as total fat, energy, vitamin A, riboflavin, vitamin C and free folic acid were below the recommended levels.	(Rao <i>et al.</i> ; 2006) [19]
Kathodi	Diet of Kathodi was found inadequate in most of the dietary intake except protein, fat, energy, iron, and zinc.	(Jamna, 2013)

Conclusion

The salient findings of the study revealed that the socioeconomic and nutritional pattern of the tribes was not acceptably up to the standard of living. Nutritional knowledge of the tribes was unsatisfactory and they need in-depth.

Nutrition education and intervention programmes for their holistic development and an important role in enhancing nutritional status of an individual or community with respect to food, health and nutrition and strong them to adopt desirable food habits.

References

1. Bairathi S. Tribal culture, economy and health Rawat Publication, Jaipur. 1991.
2. Bairwa T, Jat S, Bairwa K, Bairwa DS. A Study of Anthropometry Measurement of Shariya Tribe Lactating Women in Baran District of Rajasthan, India. *Int. J Curr. Microbiol. App. Sci.* 2017; 6(9):607-610.
3. Bhasin MK, Jain S. Biology of the tribal groups of Rajasthan, India: Body mass index as an indicator of nutritional status. *Anthropol.* 2007; 9(3):165-175.
4. Das S, Bose K. Nutritional deprivation among Indian tribal: A cause for concern. *Anthropological Notebooks.* 2012; 18(2):5-16.
5. Dunkwal V, Bishnoi D. Major tribes of Rajasthan and their costumes. *Internat. J Appl. Home Sci.* 2014; 1(3):55-59.
6. Government of India, Census, 2011.
7. <https://trti.gujarat.gov.in/bhil>
8. https://www.indianetzone.com/46/sahariya_tribe.htm
9. Joshi S, Singh V. Assessment of food related habits and customs of Bhil tribe of Udaipur district, Rajasthan. *Food Sci. Res. J.* 2015; 6(2):333-340.
10. Joshi S, Singh V. Food Consumption Pattern and Dietary Adequacy among Bhils of Udaipur (Rajasthan). *International Journal of Science and Research (IJSR).* 2014; (2):684-688.
11. Khan YA. Tribal Life in India, RBSA Publishers SMS Highway, Jaipur, 2000, 1-10.
12. Khan YA. Tribal Life in India, RBSA Publishers SMS Highway, Jaipur, 2000, 1-10.
13. Meena A. Health Status Of Tribal Women In Rajasthan, Dept of Sociology, Jainarain Vyas University, Jodhpur and Lecturer in Sociology, BSR Govt. Arts College, Alwar, Rajasthan. *Tribal Health Bulletin.* 2014; 21(1).
14. Meghwal J. Food Consumption Pattern and Food Processing Practices Followed by Kathodi Tribe. Maharana Pratap University of Agriculture and Technology College of Home Science, Udaipur, 2013, 1-4.
15. Mehta PC. Changing Face of Bhils, Shiva Publishres, Udaipur, 1998, 8-9.
16. Mehta PC. Ethnographic Atlas of Indian Tribes, Discovery Publishing House, New Delhi, 2004, 174-211.
17. Ninama R. The nutritional status of tribal women. Department of home science faculty of social sciences, Mohanlal Sukhadia University Udaipur Raj, 2016.
18. Rao H, Brahmam D, Rao M, Reddy G, Rao P. Nutrition Profile of certain Indian tribes. *Proceedings of the National Seminar on Tribal Development,* 1996.
19. Rao KM, Kumar RH, Venkaiah K, Brahmam GNV. Nutritional status of Saharia – A primitive tribe of Rajasthan. *J Hum. Ecol.* 2006; 19(2):117-123.
20. Rao M, Laxmaiah KA. Diet and nutrition during drought in Western Rajasthan, India. *J Hum. Ecol.* 2003; 14(3):153-158.
21. Rao M, Laxmaiah K, Ravindranath A, Venkaiah M, Rao H. Diet and nutrition during drought in western Rajasthan, India. *J Hum. Ecol.* 2003; 14(3):153-158.
22. Rizvi Mina S. The ruling tribe of Rajasthan, Socio-biological appraisal, B.R. Publishing Corporation, Delhi, 1987.
23. Shahnawaz M, Singh J. Nutritional Status among the Children Living in Predominantly Tribal Block of Jhadol in District Udaipur, Rajasthan, India: A Cross Sectional Study. *Epidemiology Biostatistics and Public Health.* 2014; 11(2):1-7.
24. Sonesh J, Mandot S, Mandot D. Nutritional Status of Tribal (Garasia) School Children of Sirohi District, Rajasthan. Department of Pediatrics, J. Watumull Global Hospital and Research Centre, Mount Abu, Rajasthan. 2009; 46:437-438.
25. Subramanian SV, Smith GD, Subramanyam M. Indigenous Health and Socioeconomic Status in India. *PLoS Med.* 2006; 3(10).
26. Topal YS, Samal PK. Causes for variation in social and economic conditions among tribes and Indian central Himalaya: A comparative study. *Man in India.* 2001; 81:87-88.
27. Verma S, Murdia M. Highlighting Tribal Tourism Potentials of Southern Rajasthan. *IRA-International Journal of Management & Social Sciences.* 2017; 6(3):384-390.