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A Study on Life Style Pattern of Tharu Tribal Families in Bahraich District of Uttar Pradesh in India

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Abstract

The tribal people are popularly named as *Vanavasi* (inhabitants of forest), *Vanajati* (castes of forest), *Janjati* (folk people), *Adimjati* (primitive people), *Anusuchit Janjati* (schedule tribe) and so on. Among all these terms *Adivasi* is known most extensively and *Anusuchit janjati* or schedule tribes is the constitutional name covering all of them. As per the census of 2011 the tribal population consists of 8.6% while it was 8.2% according to the census of 2001. The Tharu is well known scheduled tribe of Uttar Pradesh. Tharus mostly live in the Tarai belt of Uttar Pradesh. The Region covers five districts of Uttar Pradesh namely Lakhimpur Kheri, Balrampur, Bahraich, Shravasti and Maharajganj. The objective of study to find out the life style pattern of adult Tharu tribes. Looking to the nature of study descriptive research design was adopted. For the study of life style pattern of adult Tharu tribes, there was 15 blocks in Bahraich district but its Nanpara tehsil has 4 blocks, in these 4 blocks only Mihinpurwa has Tharu population. Rampura, Vishnapur, Fakeerpuri and Bardiya villages were selected purposely. Random sampling has been adopted for the study. 356 sample (211 female and 145 male) were selected for the study. 89 respondents were selected from each village interview schedule was developed by self to assess the background information of the respondents. Life style pattern proforma contains the question related to life style pattern such as sleeping hours, type of exercise, consumption of tobacco, drinking and smoking habit etc. Majority of respondents in the study area adopted low health and hygiene practices

Keywords: Tharu, Tribes, Health and hygiene, Life Style Pattern

Introduction

There are many tribal communities that exist in every region of India. Indian tribes are very backward in economic, educational and political matters. Indian tribes are mostly in need of higher education, fast economic growth, social justice, and political awareness. Above all, the most paramount and compulsory need is well advanced communication. It is true that this is the era of advanced technology and global communication, but most India tribal communities are suffering from lack of advanced communication till date. Most tribes are still struggling for food and clothes in this advanced era. It is a very sad and an unthinkable situation for all civilized people, governments, and social workers. All tribal communities deserve more and special treatment especially the youth generation. If the youths do not have higher education and communication, how can we think of real and fast development of tribes? Tharu youths are trying to connect with the stream of development but lack of higher education and advanced communication is a big stumbling block to them. The Tharu tribe is a famous tribe in North India and

Nepal. Most population of Tharus exists in Himalayan Tarai Region on Indo-Nepal border (Srivastav,1958). ***Adivasi term*** is a Hindi word that comes from Sanskrit language. Adivasi terms is a combination of two words *Adi* and *vasi.* Adi means the early and vasi means settlers. Jointly it means the early settlers. This term is commonly used for groups otherwise categorized as "scheduled tribes" in the constitution of India. However, the Hindi term is "*Anusuchit-Janajati*". *Anusuchit* meaning scheduled, *Jana* means people and *Jati*, race or races, initially termed as *Ban Jati*, meaning forest races. Interestingly both of these terms used in either English or Hindi earlier and later as well do not have the same meaning as *Adivasi***(Mundu, 2006).**

The Tharu is well known scheduled tribe of Uttar Pradesh. Tharus mostly live in the Tarai belt of Uttar Pradesh. The Region covers five districts of Uttar Pradesh namely Lakhimpur Kheri, Balrampur, Bahraich, Shravasti and Maharajganj.

Tribal population in India is larger than that of any other country in the world. Tribes constitute nine percent of the country's population. There are nearly 450 tribal communities in India, including sub tribes, of which Gonds, Bhils and Santhals are the larger ones **(Vasudevacharay, 2006).** Several studies conducted on various tribal population living in different parts of India have reported them to be socially ignorant, economically indifferent, but culturally rich, behaviorally simple and trust worthy, leading their life in lap of nature. Among the tribal groups their living style is different from each other. The eating problems and food habits of different tribal population are different from those living in urban and rural areas. The tribal society is endowed with a cultural heritage and bestowed liberally with bounties of nature. Odisha today has the second largest number of the tribal communities in the country next to Madhya Pradesh. **(Pattnaik, 2006).**

Though the Indian tribal's are a heterogeneous group, most of them remain at the lowest stratum of the society due to various factors like geographical and cultural isolation, low levels literacy occupations and poverty. Although scheduled tribes are accorded special status under the sixth schedules of the Indian Constitution, their status on the whole, especially their health still remains unsatisfactory. Malnutrition is the most common health problem among adult tribal population. In addition, communicable diseases such as tuberculosis, malaria, and STDs are major public health problems. Some tribal population are suffering from anemia. Tribal diets are deficient in protein, iron, calcium, iodine, and vitamins. The most common problem of tribals population are respiratory tract infections and diarrheal disorders. 21% of tribal children suffer diarrhea every year and 22% children suffer respiratory infections. Tribals population account for 25% of all malaria cases which is occurring in India and about 15% of all falciparum cases. Tribal children is widely suffer from Intestinal helminthiasis. Tribes are also suffer from Skin infections such as tinea and scabies. Sexually transmitted diseases are ralso more common. The prevalence of tuberculosis is high particularly in Orissa. Sickle cell trait prevalence varies from 0.5% to 45%, disease prevalence is around 10%. It is mostly seen among the tribals of central and southern India, not reported in North-East, The prevalence of tobacco use is 44.9% among tribal men and 24% among tribal women **(Bala and Thiruselvakumar, 2009).**

Education, health, hygiene and nutrition are the prerequisites of human resource development. The development of a given community depends to a large extent on the education standard, health, hygiene and nutritional conditions of its population. Health, hygiene and nutrition are interrelated aspects which jointly ascertain the health status of an individual. Health, as such depends to some extent on the food ideology of a given community. It is aptly stated that food ideology refers to the practices associated with consumption of food that is the usual or customary items preferred and selected, the rituals of eating under

variable circumstances, eating territory, eating times, and frequency and meal climate. It has been defined as attitudes, beliefs, customs and taboos affected diet and nutrition **(Eckstein and Eleanor, 1980).**

2. METHODOLOGY

2.1 Research Design

Descriptive research design, cross sectional survey research method and interview schedule method were used for collecting the data from the respondents regarding their family background, life style pattern.

2.2 Sampling Procedure

2.2.1 Selection of state

The Tharu is well known scheduled tribe of Uttar Pradesh. It was declared as scheduled tribe in U.P. in the year 1967, along with four other tribes. After independence, for the first time in June, 1967 the President of India notified five tribes of U.P. viz Raji, Bhotia, Jaunsari, Tharu and Bhoksa as scheduled tribes four, out of these five tribes, namely Raji, Bhotia, Jaunsari and Bhoksa (Buxa) have now become a part of Uttarakhand, though some villages of the Bhoksas are still in district Bijnor of Uttar Pradesh. Hence, there were only two scheduled tribes left in Uttar Pradesh namely Tharu and Bhoksa after the division of the state in the year 2000. So, the state Uttar Pradesh selected for the study.

2.2.2 Selection of district and blocks for the study

Tharus mostly live in the Tarai belt of Uttar Pradesh. The Region covers five districts of Uttar Pradesh namely Lakhimpur Kheri, Balrampur, Bahraich, Shravasti and Maharajganj close to the border of Nepal. So the Bahraich district selected for the study.

2.2.3 Selection of villages

For the study of Nutritional status of adult Tharu tribes, there are 15 blocks in Bahraich district but its Nanpara tehsil has 4 blocks, in these 4 blocks only Mihinpurwa has Tharu population. Mihinpurwa have 104 villages. But only 11 villages out of 104 villages have Tharu population description of these villages are as follows: -

Table-2.1: Name of Tharu Villages with their population (Census 2011)

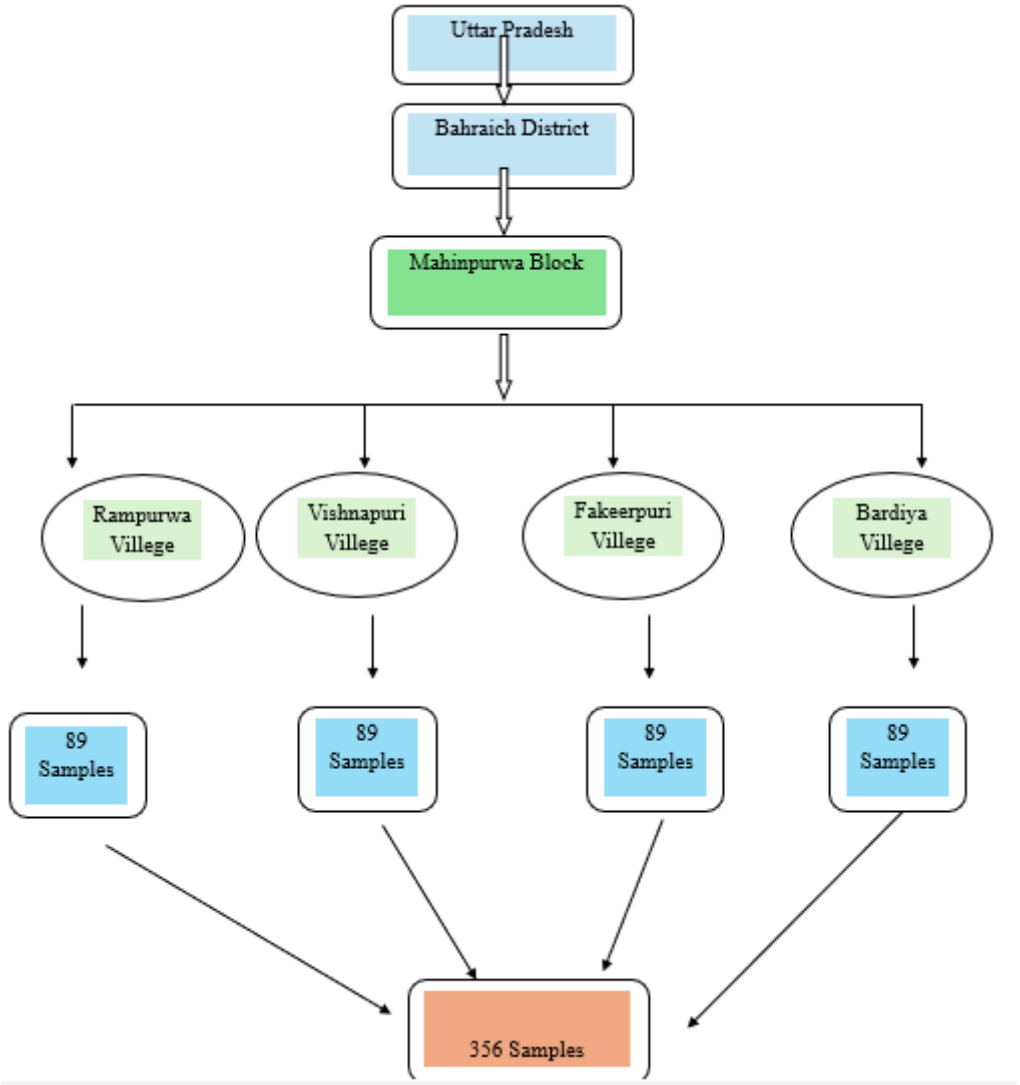
S. No.	Tharu Village	Tharu Population
01	Dharampur	650
02	Amba	475
03	Bardiya	638
04	Fakeerpuri	1800
05	Vishnapur	1372
06	Rampurwa	530
07	Balaigaon	825
08	Basthanwa	200
09	Sujauli	57
10	Bharthakur	660
11	Bhauahiya	53

Rampurwa, Vishnapur, Fakeerpuri and Bardiya villages were selected purposely.

2.2.4 Selection of tribes

The Tharu is well known scheduled tribe of Uttar Pradesh. It was declared as scheduled tribe in U.P. in the year 1967, along with four other tribes. After independence, for the first time in June, 1967 the

President of India notified five tribes of U.P. viz Raji, Bhotia, Jaunsari, Tharu and Bhoksa as scheduled tribes four, out of these five tribes, namely Raji, Bhotia, Jaunsari and Bhoksa (Buxa) have now become a part of Uttarakhand, though some villages of the Bhoksas are still in district Bijnor of Uttar Pradesh. Hence, there were only two scheduled tribes left in Uttar Pradesh namely Tharu and Bhoksa after the division of the state in the year 2000.



2.2 Systematic presentation of sample selection

2.2.4 Selection of sample:

A total number of 356 adult respondents (211 female and 145 male) were selected from tribal areas of district using simple random sampling technique. This technique is also referred to as random sampling which is the purest and the most straightforward probability sampling strategy. It is also the most popular method for choosing a sample among population for a wide range of purposes due to the representativeness of sample group and less room for researcher bias.

2.2.5 Sample size calculation:

The data was taken on the basis of research conducted by **Mukherjee *et al* (2015)** on the adults Tharu population, Uttarakhand, India . The following formula was used for sample size estimation –

$$N = \frac{Z^2 \times p \times q}{e^2}$$

Where, N = sample size

Z = Standard value (level of confidence) for 95% confidence limit, Z = 1.96

p = Prevalence of appropriate feeding practices according to food groups based on previous studies

q = 1 – p

e = Permissible error = 0.05 (5%)

Step 1: Based on prevalence of malnutrition among Tharu papulation of Uttarakhand state, p is taken up as 36.4% (0.364), q is (1 - 0.364)

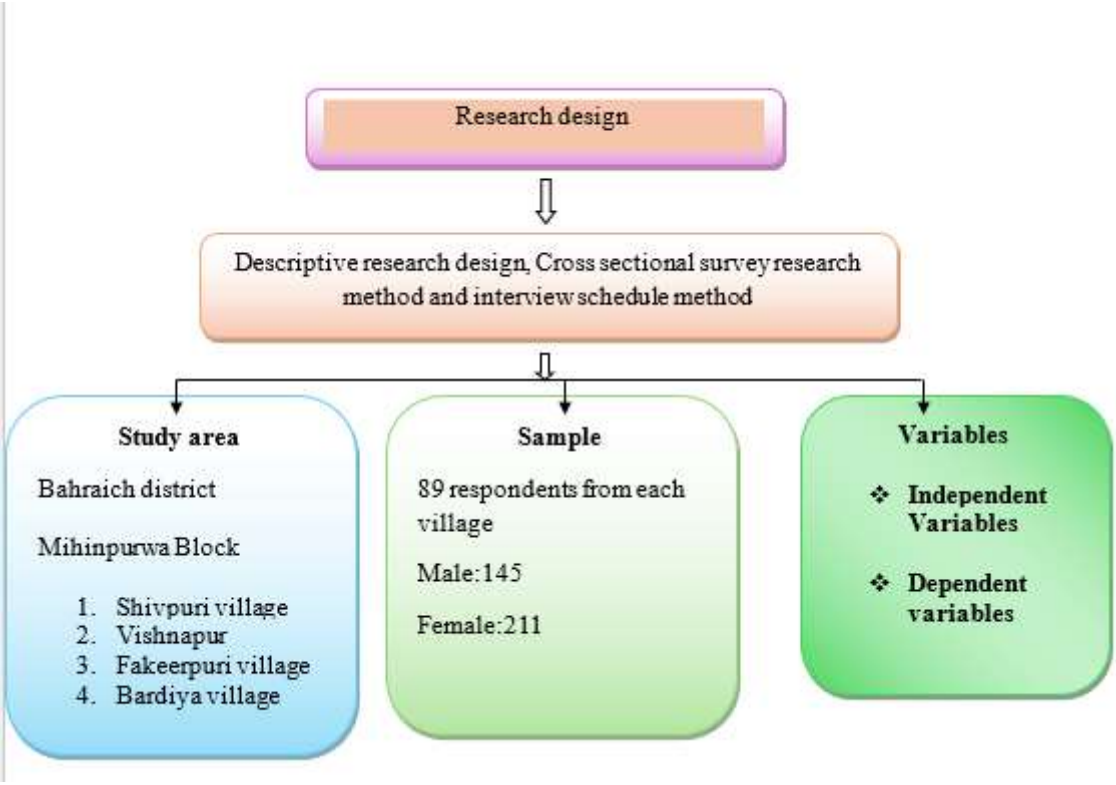
q = 1 - 0.364 = 0.636

$$\mathbf{N} = \frac{3.8416 \times 0.364 \times 0.636}{0.0025}$$

$$\mathbf{N} = \frac{3.8416 \times 0.231}{0.0025}$$

$$\mathbf{N} = \frac{0.889}{0.0025}$$

N = 356



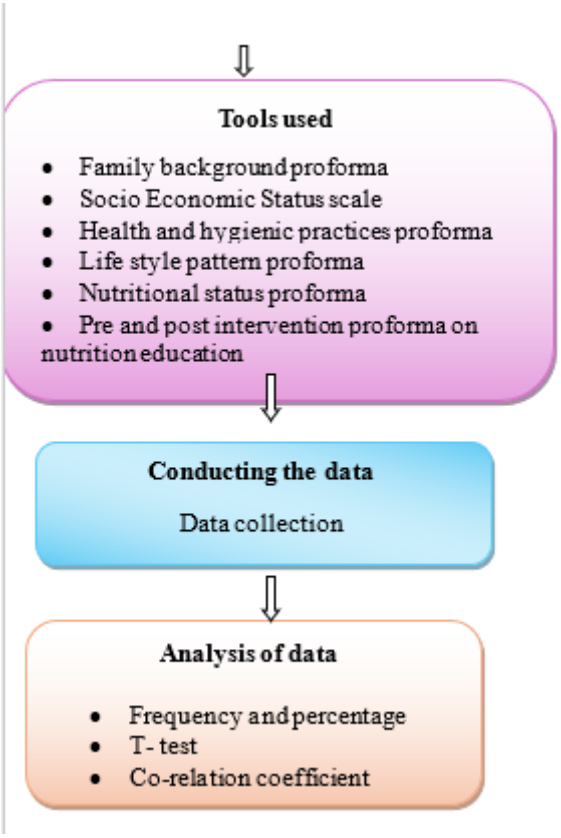


Figure 3.3 Systematic Representation of Research design

2.3. Pilot Study

After the preparation of Interview schedule, a pilot study was undertaken with the 30 respondents in the non sampled similar areas of same tribe (for avoiding the biasness in future from same respondent) to see the reliability and validity of questions. According to the experience and types of response, the interview schedule was moderated specially in the section of food habits, nutritional status and socio-economic aspects and then applied for the final data collection.

2. 4. Analysis

The collected data were classified and tabulated in accordance with the objectives of the study. The data were coded, scored and compiled for analysis. The frequency of all collected data was obtained and converted into per cent through MS-excel. On the basis of the data collected, a comprehensive master chart was prepared. The findings have been presented in the form of tables and figures.

3. Result and Discussion

Studies related to life style pattern

Table 3.1. Distribution of Respondents according to type of work

Types of work	Frequency	Percentage
Heavy	305	85.67
Moderate	37	10.39
Sedentary	14	3.94
Total	**356**	**100**

Above table shows that 85.67% respondents were engaged in heavy work while 10.39% and 3.94% respondents were engaged in moderate and sedentary work respectively.

Table 3.2 Table .2Distribution of Respondents according to type of Exercise

Types of exercise	Frequency	Percentage
Working	256	71.92
Exercise class	18	5.05
Swimming	37	10.40
Dancing	11	3.08
Running	18	5.05
Other	16	4.50
Total	**356**	**100.00**

Above table indicate 71.92 % respondents were working. 5.05 % and 10.40 % respondent were attend exercise class and swimming respectively. While 5.05 and 3.08 % respondents were running and dancing for exercise respectively.4.50% respondents were doing other activities for exercise.

Table 3.3 Distribution of Respondents according to their consideration for health

Consider yourself healthy	Frequency	Percentage
Yes	112	31.46
No	179	50.28
Don't know	65	18.26
Total	**356**	**100.00**

The result revealed that 31.46% respondents were considered himself healthy, while 50.28% respondents were not considered himself healthy. 18.26% respondents don't know about their health.

Table 3.4. Distribution of Respondents according to sleeping hour

Sleeping hours	Frequency	Percentage
<6	13	3.65
6-8	253	71.06
>8	90	25.29
Total	**356**	**100.00**

Above table indicate that maximum respondents 71.06 % were sleep for 6-8 hours. 25.29% and 3.65 % respondents were sleep for more than 8 hours and less than 6 hours respectively.

Table 3.5. Distribution of Respondents on the basis of Smoking

Smoke cigrettes	Frequency	Percentage
Yes	115	32.30
No	241	67.70
Total	**356**	**100.00**

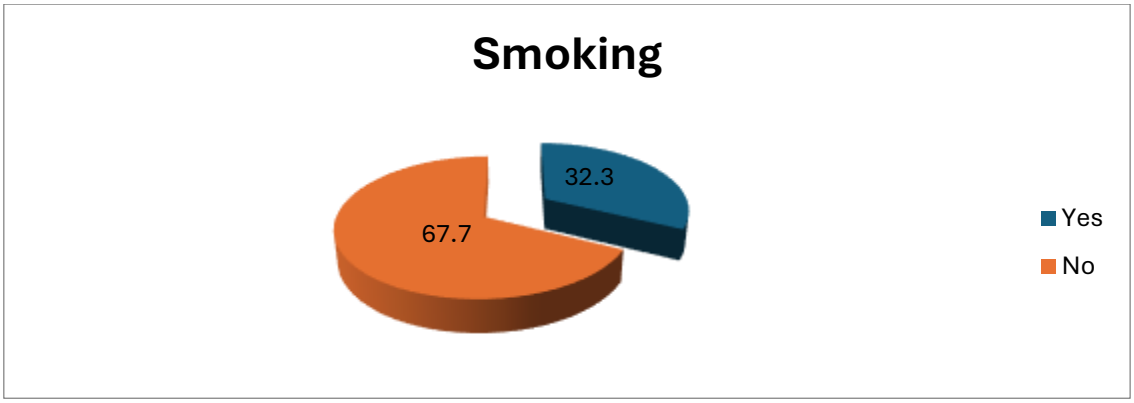


Figure 3.1. Distribution of Respondents on the basis of Smoking

The result shows that 32.30% respondents were smoking cigrettes, while 67.70% respondents were not smoking. **Shankar and Manimaran (2013)** conducted a study on Pachamalai tribes and found. The finding shows that majority (67%) of the respondents have bad habits like smoking and drug addiction.

Table 3.6 Distribution of Respondents on the basis of drink alcohal

Drink alcohol	Frequency	Percentage
Yes	121	33.99
No	235	66.01
Total	**356**	**100.00**

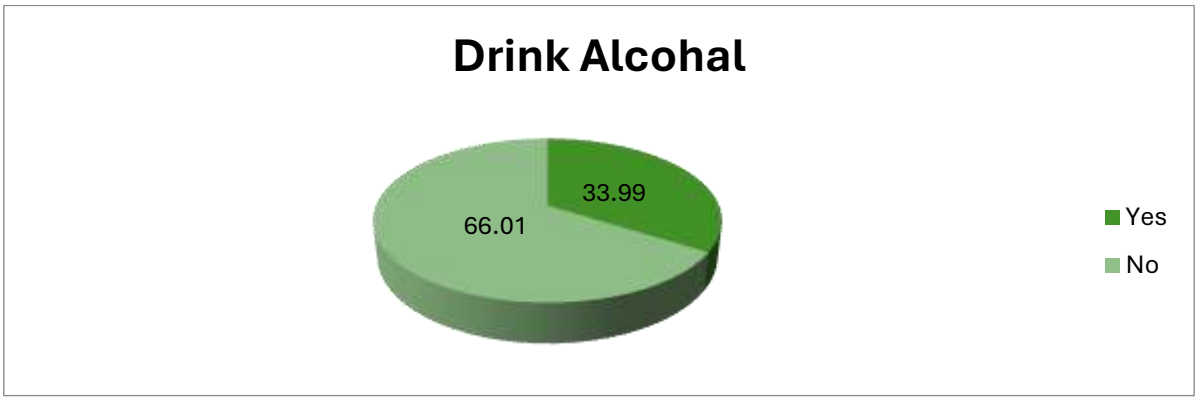


Figure 3.2 Distribution of Respondents on the basis of drink alcohol

The result revealed that 33.99 % respondents were drink alcohal while 66.01% respondents were not drink. **Sarkar (2016)** conduct a study on tribal women of Darjeeling district Alcohol has a socio-religious sanctity. Drinking of indigenous liquor 'Haria' was a popular practice among tribals in the village. Men were found to be habitual drinker and consumed almost daily in a good measure, while the women consume occasionally and during festivals and ceremonial days. Only 30 percent of the respondents answered about their drinking habit of Haria during festivals. **Qamra *et al.*, (2008)**conducted astudy on Bhil tribes of Madhya Pradesh and concluded that Drinking of indigenous liquor, *'Mahua'*, was a popular practice among Bhils in the villages. Men were found to be habitual drinker and consumed almost daily in a good measure, while the women consume occasionally and during festivals and ceremonial days. The liquor was locally prepared by them on an improvised distillery. It was worth mentioning that drinking

'*Mahua*' among them is not mere a habit. It has high ritual sanctity to the extent that their every rite and rituals starts from womb to tomb by offering liquor and ends with offering liquor to gods, goddesses and consuming the same too in good measure.

Table 3.7 Distribution of Respondents according to chewing tabbacco/ bettles leafs

Chewing tobacco/bettles leafs	Frequency	Percentage
Yes	135	37.92
No	221	62.08
Total	**356**	**100.00**

The above table indicate that 37.92 % respondents were chewing tobacco/ bettles leaf whereas 62.08 % respondents were not chewing tobacco or bettles leaf .

Table 3.8 Distribution of Respondents according to change lifestyle pattern due to health problem

Change lifestyle pattern due to health problem	Frequency	Percentage
Yes	38	10.67
No	225	63.20
Don't know	93	26.13
Total	**356**	**100.00**

The result indicated that majority of respondents about 63.20 % were not change their lifestyle pattern due to health problem, whereas 10.67 % respondents were changed their life style pattern. 26.13% respondents were not know about this.

Table 3.9. Distribution of respondents on the basis of Food habits

Foods Habits	Frequency	Percentage
Vegetarian	145	40.73
Non- Vegetarian	201	56.46
Eggetarian	10	2.81
Total	**356**	**100.00**

Above table showed that out of three hundred fifty six respondents, all families had different types of food habits i. e. vegetarian, non – vegetarian and eggatarian. Amongst 356 resondents, more than fifty percent, 201 (56.46%) respondents were non – vegetarian, 145 (40.73%) respondents were vegetarian and 10 (2.81%) were eggatarian.Another study conducted by **Krishna and Subapriya (2014)**on primitive tribes of Niligiris district and found that All the families were non-vegetarians. Similar study proposed by **Verma and Yadav (2010)** on tribal population and found that the maximum Tharu and Buksa peoples were non-vegetarians. 92.24% respondents used non-vegetarian foods and only 7.76% respondents were vegetarians. Female respondents were more vegetarian than males .The male and female used non-vegetarians food of 96.05 and 85.0% respectively.**Samanta (2017)** conducted a study on tribal youth of Gumla district of Jharkhand and observed that 91.8% respondents were non vegetarian and only 8.2%

respondents belongs to vegetarian category. Similar findings observed by **Bano *et al* (2018)** on Kharwar Tribe of Sonbhadra District of Uttar Pradesh, they concluded that 90 % respondents were non vegetarian and 10% respondents were vegetarian.

Table 3.10 Distribution of Respondents according to frequency of Illness

How often are you ill	Frequency	Percentage
At the time	60	16.85
Sometimes	110	30.90
Quiet often	158	44.39
Never	28	7.86
Total	**356**	**100.00**

The above table indicated that 44.39 % respondents were quiet often ill, while 30.90 % respondents were sometimes ill 16.85 % respondents were ill at a time of data collection and 7.86 % respondents said that they never ill.

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