

Hygiene Practices among the Yanadi Tribe of Nellore District, Andhra Pradesh

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ABSTRACT: The personal hygiene plays a significant role in maintaining our body clean and healthy. It helps us to free from the communicable diseases, which spread either from human beings or the domestic animals. Further, the personal hygiene is linked with the education received by the person. The people who are aware of the relationship between personal hygiene and the health and are specifically knowledgeable in the spread of communicable diseases, maintain better standards of personal hygiene. And explains how the local knowledge strengthens both personal and community hygienic practices among Yanadis. This paper is based on fieldwork that was conducted among the Yanadis of Gonupalli village in Nellore District, Andhra Pradesh, India

INTRODUCTION

India has the second largest tribal population in the world after Africa. According to 2011 Census, the tribal population is 104.3 million in India which constitutes 8.6% of the total population. There are around 461 tribal groups have been recognized in India. The tribals have been living in various ecological conditions majorly hills and forests. The tribals have different notions about the health beliefs, customs and knowledge practices. Health for any living being is vital. Healthy mind and body help a person to shape his life and as well as the life surrounding him. The indigenous knowledge determined by the locally available food or medicinal plants and herbs plays a key role in managing and maintaining the health of the tribal communities. The various studies have been indicating that about Yanadis in different dimensions of socio-cultural aspects including health, education and livelihood through intensive fieldwork. Animisha ('95) mentioned his unpublished dissertation, "the Yanadis

used to depend on their own skill for the diagnosis and treatment of diseases. According to them there are many herbal medicines available in the forest which can cure several ailments. These Yanadis are not only familiar with the thousands of biological species in their ecosystems, but they also understand ecological interrelations of the various components of their resource base better than do most modern foresters, biologists, agronomists and ecologists". The studies of Edgar Thurston ('09) mentioned that geographical location, livelihood patterns, rituals practices of Yanadi. Agrawal, Rao and Reddy ('85) in their book highlighted that the study of change through action anthropology among Yanadis of Sriharikota of Nellore District. Reddy ('95) mentioned that the practices related belief systems, religious practices, shamanism, magic, disease among Yanadis. Similarly the studies of Rao (2002) highlighted in his book about socio-cultural aspects, the family and kinship system, the ritual practices, beliefs and customs of Yanadis. Dalibandhu (2016) mentioned

in his paper is that “the health consciousness among the Yanadi old members vary from the youngsters. The oldsters often relate the health and illness to the supernatural beings and less careful in observing the practices of health consciousness”. It is indicating that the cultural transmission is more in the youngster comparatively with oldster of Yanadis. Ramya and Pukkalla (2015) mentioned in their article, “Yanadi people feel that the success of a pregnancy is dependent on the matching of the blood in the body of both wife and husband. The classification of blood is two types such as cold blood and warm blood. The mismatch of blood may be such that women have cold blood or husbands have warm blood and either woman has warm blood and husbands have cold blood. In the case of mismatched blood of a couple, it leads to the women has get abortion. It is observed that the women feel that the matching of blood of both wife and husband has to be same in order to give birth, otherwise there is more chance of them performing get abortion”. This is indicating that the Yanadi women have cultural perceptions on abortions which is representing that there are less healthcare opportunities among Yanadi women. The table below shows the Yanadi and total tribal population in Nellore, Chittoor and Prakasam districts of Andhra Pradesh.

TABLE 1
Provisional Yanadi population in three districts as per Census of India 2001

District Name	Yanadi population (Provisional)	Total ST Population
Nellore	2,11,539	2,42,257
Chittoor	79,976	1,28,085
Prakasam	60,061	1,18,241
Total	3,51,676	4,88,583

The present study is based on the Master’s dissertation titled ‘Health and Hygiene Behavior’ among the Yanadis conducted in Nellore district. During the fieldwork for the study, 326 members belonging to 79 households were sampled, inhabiting in four hamlets named as Gonupalli colony, Eguva colony, Diguva colony and Bonthala colony of Rapur Mandal, Nellore District of Andhra Pradesh, India. This field work was carried out during November 29 to December 21, 2014. The qualitative and quantitative data were collected during this field work

through in-depth interviews, case studies, key informant interviews and other field techniques form the basis for developing this paper.

PERSONAL HYGIENE

Personal hygiene plays a vital role in maintaining one’s health. Personal hygiene is determined primarily by one’s education level and awareness about the relationship between personal hygiene and health. However, the social status of a person is also one of the important factors in determining one’s personal hygiene, as the members of one’s community may look down an individual who does not maintain minimum standards of personal hygiene.

The Yanadis of the study village maintained a satisfactory level of personal hygiene following the practice of daily bathing and head bath once in three days. The youth generally used branded shampoo for head bath, though the elderly men and women preferred to use the *kunkudi kaya* (soap nut) and *manga chekka* for washing their hair.

The body wash is a routine practice for all the members, except when they are ill. The persons who are ill are not expected to take a bath as it is believed bath will aggravate their illness. The newborn babies are bathed regularly and allowed to stay in the sun after the bath, and it is believed that their immunity and intellectuality will increase with the exposure to sunlight.

Dental Hygiene

A majority of the Yanadis of all age-groups expressed that they eat a variety of foods in solid, semi-solid and liquid forms. Often they eat foods in unprocessed form. As such they also felt that dental hygiene is very important to be able to turn the foods which they consume into digestible form. ‘Good’ (as they mean disease free) and strong teeth for a long time enable them to bite, grind and chew appropriately. Hence, men and women are very consciousness of dental hygiene.

Maintenance of the dental hygiene is another important explicit factor which tells more about the persons’ personal hygiene. Yanadi perceives that, properly maintained teeth are healthy and looks beautiful. To maintain healthy teeth, they brushed their

teeth using different twigs of plants, salt or char coal. In spite of some care, many elderly men and women suffered from dental problems due to habits of tobacco chewing and or betel nuts. The Yanadi mentioned different 'types of teeth' during the conversations on dental hygiene. These are: 1. *Paala dantalu*, 2. *Gatti dantalu*, 3. *Musali dantalu*, 4. *Chilaka pallu* and *Para pallu*, 5. *Geadu pallu*, 6. *Gaara pallu*, and 7. *Puchchi pallu*.

These different types are related to the features like: age of the teeth; teeth affected by some disease; size of the teeth and some other features.

Paala dantalu: The teeth acquired by the newborns for the first time are called as *paala dantalu* (milk teeth). Yanadis are very aware that these teeth are temporary and they will fall out after a certain age, around 5 to 11 years. The fallout of milk teeth depends, the Yanadi say, on whether the baby was born with a soft skull (the central part) or a hard skull. For those with soft skull at the time of birth, the milk teeth will fall out early at the age of 5 years.

Gatti dantalu: These are the teeth of the adults after the fall out of *paala dantalu*. The children are believed to acquire these teeth which will remain till the old age after some interval after the fall out of *paala dantalu*. Yanadi however says that the appearance of *gatti pallu* depends on where the *paala dantalu* are buried after they fall out. If these teeth are buried in the sand close by to their residence the permanent teeth are supposed to come early and if they are buried far from their residence, they acquire late.

Musali dantalu: These are the teeth of the old members after about 70 years. These are supposed to be not so strong due to wear and tear. They are likely to fall any time. The fall out of 'permanent teeth' is supposed to be a natural degeneration process of life. However, it is also widely shared that some individuals, both men and women do acquire teeth after the fall out their permanent teeth even at the old age. The regain of teeth in the old age is also attributed to good dental hygiene and consumption of strong foods. However, this is thought to be little unnatural and also that such individuals are not good omens. Some Yanadi even expressed that such members will have some special powers to either do good or cause harm to other members.

Chilaka pallu and *Para pallu*: *Chilakapallu* and *paarapallu* are types according to the size and shape. When the teeth are small in size they are named *chilaka pallu* and when are bigger in size, they are *paara pallu*. The size, of course is not related to the strength. Those with *chilaka pallu* are considered handsome or beautiful and those with *paara pallu* are considered little ugly.

Geadu pallu: *Geadu pallu* refers to the extra teeth over the others. This is supposed to be an inherited trait.

Gaara pallu: Teeth become 'gaara pallu' for those who eat more beetle nut (*vokka*), or those who are addicted to tobacco products like *khaini* or *pan parag*. It is said that in such cases, the teeth will turn yellow or black or red (*paskumachcha*). These marks are called *Gaara* and the teeth as *Gaara pallu*. Generally those with *gaara pallu* are common among the middle-aged or the old people among men and women.

Puchchi pallu: Yanadi's explained that teeth may be affected by the food they consume. Consumption of more sweets, chocolates, and *mukkipallu* (very ripen fruits) will result in *puchchi pallu*. Similarly, those who will not gargle properly their mouth after meal also suffer from *Puchchi pallu*. *Puchchi pallu* result in gaps between teeth. Such of those who have *puchchi pallu* also experience toothache. Members of all age-groups – children, youth and old – are believed to suffer from *puchchi pallu*.

As part of dental hygiene, Yanadi brush teeth daily in the morning after they wake up using twig of particular trees or clean rubbing with fingers using some medium. The older generation preferred brushing teeth two times a day. In the morning the use of twigs of *Azadirachta indica* (neem tree) is believed to help in killing the germs, if any in the mouth. In the evening they prefer the use of twig of tamarind tree as it helps to remove the '*pasku*' which is a yellow colored layer formed on the teeth due to food habits or drinks or due to addiction to tobacco products. Many Yanadi's uses *masi boggu* (charcoal powder), *muggu powder* (dust of lime stone) or brick powder for cleaning the teeth. The general observations revealed that those who go for work early in the morning use the twigs of some tree and those who stay at home use others like char coal powder or *muggu powder*.

The need for dental hygiene practices is felt once a baby is of about one month old. The mouth and tongue of the baby is cleaned using a cloth and turmeric powder. Further, a nut by name *masic kaya* is also used for cleaning the mouth of the child. It is also believed that *masic kaya* helps in enhancing the child's capacity to speak early.

In the case of a toothache, they follow their local knowledge for curing. The medicine prepared from juice obtained from squeezing the bark of *nalla tumma* tree is added to boiled water and this liquid is gargled during the day time 2-3 times a day.

Bathing Practice among Yanadis

Bathing is normally one of the routine activities of the day for Yanadi women and men. Many claim this to be a necessary hygiene care for keeping the body free of infections, particularly skin infection. The skin disease locally termed *navva* (itching) which is supposed to be a contagious disease is attributed to irregular bathing.

Though, generally many members take bath only once a day, some members prefer to take bath twice a

day. The frequency of bath also depends on age, season and the type of work attended to, on a particular day. Taking bath twice a day is common for men during the summer season as they attend to hard physical labour outside their home that results in lot of sweat. Some adolescent girls resort to taking bath twice a day more as a measure of body care than hygiene practice. On the other hand some old men and women reported skipping bath often as they are in need of assistance. Some also said that they need not take a bath every day as they do not go to work and spend all their time at home. Infants and children (less than about five years of age) are given bath by their mothers daily. Children above the age of about six years are not monitored closely by their parents in regard to their bath. As such they may skip bath sometimes as they wish.

Men who are required to spend a few days continuously in the forest for the collection of some forest produce (like honey) may not take a bath due to lack of wells or non-availability of other water sources. Interestingly, the Yanadi also say that even when there are ponds in the forest, they should not take bath at these places as they are meant for *deva*



Figure 1: Bathing place of a Yanadi household

kanyalu (angels). It is believed that if they take bath at these ponds, the angels will get angry and may cause even death. These members are however permitted to carry small quantity of water from these ponds to a far off place to clean their body with a wet cloth.

The timing of bath is usually the morning after the breakfast and before lunch. Children and infants are given bath invariably in the morning. During winter, the adult men and women postpone bath to mid noon. Only rarely, when the members go out for work, they prefer to bath in the late evening. In any case taking a bath immediately after the meal is considered not a healthy practice.

The place of a bath is not the same for all and they are not very rigid in this regard. Women generally take a bath at the backyards in the thatched enclosures that give them some privacy. Men too use these enclosures if they take the bath at home, but more often they go to the public bore wells in their settlement.

Men, women and children use different mediums for 'washing' their bodies. Some women very ritually apply turmeric paste as the medium and also think that the use of turmeric paste helps not only killing the germs and protecting from skin ailments but also stopping of growth of hair on legs, face and other parts of the body. Use of soap by Yanadi men, women, and children during the bathing is not uncommon these days. However, sometimes the aged men while bathing at public bore wells do not carry soap. Most often all the members of the household use the same soap.

Bathing is very important, especially when human beings are vulnerable to getting diseases such as the post-partum period of women, and during the periods of smallpox and chicken pox. The people were advised to take the bath with extra care, by adding certain plants and twigs which believed to have anti-bacterial elements such as *neem* leaves and trees. The newborn babies whose immune system is not yet ready to face the diseases are also regularly bathed often by applying oil to them. Though it has its health reasons for these particular bathing practices, they have been ritualized so that the people will follow them without fail, and avoid falling as a victim to the diseases.

Bathing practice of balintalu (women who just delivered) and infants: Women who delivered a baby

are not allowed body wash till the 9th day or so. It is held that bathing of such women on every day will result in their child getting serious health problems. *Balintalu* (the women who just gave birth to a child), the women immediately after delivery will clean their body with wet cloth on every day. On the day of their first bath after the delivery, the women are given bath with medicated water. Invariably, they add some plant products like *malli manga*, *nallanerudu chekka*, *naramamidi chekka*, *manga chekka* with the hot water. The addition of these plant products makes the water reddish in colour. It is believed that this medicated water will help prevention of swelling of the body of the mother.

Bathing practice of the infants: The first bath for the child will also be on the 9th or 11th day after the delivery. After the birth of a child, initially *manthra saani* (birth attendant) will clean baby's body with warm water using a cloth and this is continued till 9th day. At the time of first bath to the child they will add *nuvvalanunea*, *chekkapodi* mixture to the water. This medication is supposed to provide some body care. Further, they also apply turmeric and *vepaaaku* (neem leaves) paste to the body of the baby prior to the bath. They say that this the paste will help prevention of contagious diseases. However, of late, most of the people are preferring use of baby soaps such as Johnson baby oil, dettol soaps and other kind of soaps from the general stores. Most importantly, after the bath they will expose baby's body to the sun. It is believed that this will help to promote intellectual abilities of the child.

Practices of ritual bath: The ritual bath is prescribed for the women who attain menarche. At the time of first menstruation, women are secluded and are prescribed bath for seven days. On the seventh day after the menstruation, women take a bath after massaging the body with turmeric paste. After the bath they also apply *sanaga pindi* and *gandham* which are supposed to enhance glamour of the women.

Ritual bath to the dead person as part of the funeral rites is strictly followed by the Yanadi. They will bathe the dead body 11 times using 3-5 pots of water before taking the body to cremation. This ritual bath will be with water mixed with turmeric powder in case of women and for men normal water. Some changes in the ritual bath practices are reported in

the case of those who have adopted Christianity. Those adopted Christianity bathe the dead with soap and apply perfume after the bath.

Bathing practice during illness: A Yanadi believes that members suffering from any illness should abstain from bathing. When they are sick, they only clean their body with a wet cloth. Members suffering from *ammavaaru* (measles) particularly abstain from bathing till they are completely cured. Such members take a bath after they are completely cured and take water mixed with leaves of *vepachettu* (*Azadirachta indica*) and turmeric paste for bathing. The bathing is continued for three days only.

Bathing practice during seasonal time: The quantity of water consumed for bathing depends upon season and place of the bath. Usually in the summer season people will bath with restricted water for saving more water. People use stored water for the bath. In winter, people prefer warm water for bath and so do not use too much of water. Consumption of water during winter is most as they have plenty of water and also normally use normal water. The water which may be little muddy during rainy season is purified using *chillaginjalalu*.

Hand wash practices: Hand wash practices are important hygiene care practices for prevention of many diseases. Most Yanadis (above the age of 14-16 years) wash their hands before eating their breakfast, lunch and dinner, and also after labour work in their agricultural fields, and after defecation. Yanadis are also aware that it is important to clean the hands thoroughly after application of fertilizers and pesticides. However, the children are observed eating snacks and other '*chirutillu*' (biscuits, sweets, ice cream etc., which they buy from vendors) often without washing their hands.

Hands are important body part, which helps us to work and use the tools. However, it is risky to eat foods without washing the hands properly. The accumulation of dirt in the nails is one of the major factors for the bacteria and other germs to enter our body (intestines) through food. Hence, it is vital to cut or trim nails regularly to avoid contamination of food when handling eating items. Yanadis use an indigenously made powder to wash their hands right after their work; this powder is stored in the mug which is often not maintained clean. Yanadis have been

trained by the health workers to wash their hands regularly right after the defecation, and also before and after consuming the food. The educated youth seems to be aware of this, but the children were observed to handle the food items with the dirty hands.

Most Yanadis will use soap while washing their hands. Children are however an exception. Yanadi also uses mixture of the *masi boggu* (charcoal powder), sand and some detergent powder to 'clean' their hands. Many of them feel that this indigenously prepared powder is far superior to soap. Almost all Yandi families stock this mixture in a box at the place where they take a bath. It is observed that the box and the mixture are not kept clean and dry.

Yanadis, as informed by the elderly men and women, were earlier using stones and leaves after defecation for cleaning. However, of late this practice has been completely given up. Use of water is adopted by men and women of all age-groups. However, as many of them go for open air defecation, carrying of abundant water is problematic. They manage with a limited quantity of water most of the times. Some Yanadi use soap after defecation but many do not. Washing hands after urination are not practiced by members of Yanadi community.

Washing hands prior to collection of drinking water and preparation of food is as important as washing before taking lunch or dinner. These activities are generally carried out by the women folk among the Yanadi. Observations in this regard revealed that women rarely practice washing their hands prior to collection of water from public taps or at wells for drinking and other domestic purposes like the cooking of food. However, the pots in which they collect water are thoroughly cleaned using charcoal powder and detergent powder.

The other occasions when the Yanadi invariably washes hands as a hygiene practice are: before consumption of medicine orally, after cleaning and dumping of the garbage in the pit, after cleaning the anus of children after they defecate, after cleaning the wounds and prior to any first aid to cuts, wounds etc., and prior to conducting the delivery. The traditional birth attendants (TBAs) mostly conduct the deliveries among the Yanadi. The preference for TBA is keeping in view the expenses and also the fear the doctors do not prefer a normal delivery. The



Figure 2: A Yanadi male cleaning his hands using indigenously prepared washing powder

TBAs, as well as other members of the community, informed that they will thoroughly wash their hands with soap prior to conducting the delivery. It is also reported that they wear gloves at the time of doing delivery. After giving birth, they will wash the gloves in the hot water and keep at their home.

Washing of soiled clothes: Clothes are not washed on day to day basis among the Yanadi. They wash their clothes twice in the week. Washing of clothes is usually taken up in the backyard or on the road (cement roads). Most of the people are observed using branded detergent soaps and powders for washing clothes. This is a significant change among the Yanadi as earlier they were using “*chaudu*” for washing clothes. Generally this *chaudu* is collected from the stream or pond (situated close to their settlement) during summer. They feel that *chaudu* will give more foam and is effective in removing the dirt.

Spitting habits: Most of the old people and some of the young people among the Yanadis chew the *Chekkala podi*, *Povvaaku* (tobacco), *Tamalapaku* (betel leaves) and *Vokkala podi*. After chewing they

have the habit of spitting around their surroundings where they sit. This is one unhygienic practice noted during the study.

Nail clipping: Accumulation of dirt in the nails is often a primary reason for causing health ailments, especially when failed to wash the hands properly before consuming food. Yanadi’s cut the nails almost two times in a month to see that the nails are neither big nor small. While the adult members take care to clean the nails often, the children are observed to be careless in this regard. It has been noted that majority of the informants are aware of that dirt accumulated in the nails need to be cleaned, and if the hands are not washed properly and use the unclean hands to consume food, then this may cause are stomach or intestinal problems.

Hair care: Yanadis give time and energy for the dressing of their hair. Women do not cut hair, but the men prefer short hair and so cut the hair regularly. Women apply oil, and comb their hair every day. Further, the head bath using shampoo is a routine practice for the women to keep the hair clean and



Figure 3: A Yanadi woman washing clothes on the road

tidy. The earlier practice of use of *Kunkudi kaya*, *Manga chekka* and *gunji roots*. They will prepare the *kunkudi kaya*, *manga chekka powder*, *gunji roots* for hair care is now given up. However, many women dry the hair after the head bath with smoke that emits when the mixture of *Nara gunju aaku* and *Pogaataku* is sprayed on fire.

Community Hygiene

As every individual is a part of the group, the personal hygiene of each and every individual reflects itself in the practices of community hygiene. Often people who show more interest in the personal hygiene tend to think that, community hygiene is not so important. However, if a person manages to maintain his house and him/ herself clean and the surroundings are maintained and managed in an unhygienic way, their personal hygiene will not be of great help. Both personal and community hygiene should be dealt with equal importance to stay health in the given environment.

Environment determines the practices of hygiene in any community. This plays a major role in

preventing the communicable disease. The community hygiene is all about how community people manage their environment they live; it dictates the personal hygiene too as the community hygiene is an approval from the community. Most of the diseases occur due to improper community hygiene practices which are indeed determined by the education standards in the community, social and cultural inhibitions and also environment. The nexus of the personal and community hygiene are responsible for the increase of the morbidity levels on community level. Most of the communities are failing to maintain their surroundings which lead to deterioration of the health of the people. This chapter focuses on the housing patterns, water and drainage management, open defecation etc, as part of community hygiene practices of Yanadi.

Housing Pattern: Yanadi houses were constructed with pattern of backyard and front yard. The Yanadi houses are constructed with mud walls, which are white, washed and decorated with pictures from the epics. It is found that most of the houses have bath rooms in the front yard. Generally these



Figure 4: Stagnation of water on the road leading to Yanadi hamlets

bathrooms are built with thatched and coconut leaves. They will clean both backyard and front yard once in the day. The women folk sprinkle the water mixed with cow dung. The members of the community hold that cow dung acts as insecticide and keeps away the flies particularly. The smell of cow dung is not considered foul and as such the members are very tolerant to it. The Yanadi women are also particular to paint the *muggu* with *sunnam* in the courtyard as they attribute that to the god's grace, prosperity and blessings from the ancestors.

Courtyard: Courtyard is the most the important living space for Yanadi as all the members gather there in the evenings to discuss various problems and sometimes neighbours also join them. Courtyard is recreational place too. Most of the households used this space for the purpose of the storing of the water and agricultural materials. They maintain a kitchen garden on the backyard. Yanadi houses including these gardens are fenced. The open *verandas* provide proper ventilation to the house while the fence around the house protects from animals and stray dogs to enter freely the premises. They use fire wood, but use of very dry wood limits the smoke. They are aware that the smoke causes breathing problems resulting in deterioration of health.

On the whole, most of the houses are poorly ventilated. Some families cooked food inside the

house. The smoke from firewood in such cases spreads in their house, which perhaps causes health problems. The women are more susceptible because they spend more time in the kitchen.

Water management: Water is life and key element for the survival of living organisms. Living organisms can survive without food few days but without water they cannot live. Further, human beings consume water for their daily life such as cleaning of the utensils, washing clothes, bathing and other purposes. All communities attempt to exploit the water resources which they have to meet their requirements of drinking and domestic use. The way the water is collected and used at different water bodies and also at households by the members is of hygienic concern as improper management practices may result in stagnation of water which may lead to unhygienic surroundings.

The sources of water for the study villagers are: bore water, tap water from overhead tank and well water. Tap water is used for the drinking purpose. Bore water is used for cleaning of the utensils and bathing and well water is used for of the washing clothes and other purposes. Villagers store the drinking water collecting from public taps in steel/aluminium vessels. Almost all families collect the tap water required for day once every day in the morning as they feel that they have to drink 'fresh' water – not stored water – for preventing the water borne diseases.

Members of the village use boiled water when they get illness. During illness they are more consciousness of hygienic practices as they feel that otherwise the disease aggravates. This is particularly true with consumption of boiled water. It is observed that most of the old people are not interested to drink boiled water. However, the old people think that their body is unsuitable for boiled water. Consumption of boiled water, it is believed increases the body temperature and it would lead to other kind of health problems.

The villagers say that they have maximum risk of the getting illness in the rainy and summer seasons. Most of the diseases in these two seasons are believed to be caused by the contaminated environment due to open defecation and accumulation of garbage. During the rainy season, water logging at many places around their dwelling places results in the rise of the mosquitoes and flies. Practices like spraying bleaching powder, chlorination etc., to control mosquitoes and flies is rarely observed. However, Yanadis purify water by using *chillaginjal*. These seeds are put in water to get clean water during rainy season when the water is very muddy. Yanadi's believe that *chilla ginjal* act like chlorine. Another popular practice followed by Yanadi for making the water drinkable is mixing of herbal powder prepared from the bark of *maredu* tree in water. They add *maredu gadda* powder to get a good taste and for making the water 'cool'.

Yanadis use bleaching powder for cleaning of surroundings and washing of the vessels. Bleaching powder is sprinkled where there is stagnation of water. Bleaching powder is made available by the office of Gram Panchayat. It provides bleaching powder once every 15 days to villagers for mixing the same in drinking water. However, villagers are not willing to use bleaching powder for that purpose, as they feel that bleaching powder will give more smell and it will also cause indigestion. They use bleaching powder for cleaning of utensils and cleaning of their surroundings.

Garbage management system: Most of the Yanadis maintain environmental hygiene by removing garbage from their surroundings. They will dump the garbage on the outskirts of the village. Outsiders of the villagers collect this garbage for farmyard manure. Sometimes, when the garbage gets accumulated, they burn it. Yanadis sell their goat drops to others for use as fertilizer. This not only helps to earn some income but also to keep the surroundings clean.

Drainage system: Yanadis follow indigenous method for maintaining the drainage of household waste. Every family will dig pits of about 3-4 feet in depth. The drain water is sent into this pit. This is one of the methods for maintaining hygiene of their surroundings (see Figure 5). When the pit gets filled up, they will take out the waste using buckets. This



Figure 5: Used waste water collected in a pit

they will throw out little away (some 6-10 mts away.) from their house on the outskirts of village. The emptying of pits is roughly taken up once in four months as the pit usually gets filled up around that time. Since the women clean the cooking utensils near the pit, it is they who are more exposed to this unhygienic place.

Open defecation: Yanadis in the study village do not have proper toilets attached to their houses. They go for open defecation in the agricultural fields surrounding the main residential area. The fields belong to non-tribal. The non-tribal land owners permit open defecation during February to August. In the remaining months, people have to go for open defecation at roadside or outside of the village. The open air defecation of Yanadis is the most unhygienic practice that results in poor environmental hygiene too.

Yanadis in the study village are willing to build the toilets, if government provides suitable subsidy. Currently the local government is releasing the subsidy

only after building of the toilet. Many Yanadi families complained that they do not have surplus fund to invest on construction of private latrine in their household.

Domestic animals causes unhygienic surroundings: Yanadis rear cattle, sheep, and goats for supplementing their incomes and as diversification of their livelihoods. They also keep hen for their consumption. It is observed that some of the households keep around 15-30 goats at the front yard of their house. These domesticated animals and birds will roam around freely in their habitation. The cattle sheds are not cleaned daily. The dung and goat drops are collected once in two or three days as it is difficult to sell this for use as manure in small quantities. The piling of these animal excreta causes unhygienic surroundings for the Yanadi.

The stray dogs too roam around their habitat freely defecating close to their houses. This is considered as unhygienic by the Yanadi due to foul smell. They cover the dog's shit with wood ash if it is too close to



Figure 6: Shows poster for creating awareness of the ill effect and dangers of open air defecation put up by the Government

their dwelling place. Further, they consider putting hot burnt wood at this place as they conceive that such a practice will result in creating “excess heat” to the dog that defecated there, particularly at their excretory organs and thus prohibits the dog to defecate at the same place again.

Packing materials and carry bags: In the recent years, the Yanadis dependence on the urban markets for their household consumption materials has tremendously increased. This has resulted increase in use of plastic materials a lot. These carry bags and plastic packing materials are indiscriminately thrown by the residents on the roads. This is causing a lot of unhygienic surrounding for the Yanadis and others in the study village.

Interestingly, many Yanadi men and women in the study village attributed the unhygienic surroundings to the changing life styles of people. They reported that earlier when they were depending

on forest they had more leisure time to attend to all household work and keep the premises clean. They were also not producing so much of waste at home as they were spending their time in the forest. The changing life styles and occupations, it is said keeps them busy for most of the day time and the evenings are devoted to entertainment in the form of watching television. As such the time devoted for keeping the premises clean by the members has reduced.

During the field survey some specific questions were put to Yanadi informants for assessing the awareness of community hygiene around their hamlets. The sampling was — one person per household was selected as sample, the sample comprises the fifty individuals (25 males and 25 females), and the sample was selected by using random sampling method. The questions related to community and personal hygiene is presented below.

TABLE 2

Awareness of community/personal hygiene assessed from a Yanadi sample

<i>Questions related to community hygiene put to Yanadis</i>	<i>Yes</i>	<i>No</i>
Did you get any benefit from your community regarding health problems?	16	34
Did you participate in any sanitation or cleaning programme actively?	18	32
Do you prefer latrine facility rather than open defecation?	38	12
Dose health worker visit you place?	32	18
How often you clean your house?	Once in a week	17
	Thrice in a week	33
How often you wash your clothes?	Once in a week	21
	Twice in a week	21
	Thrice in a week	3
	Four times in a week	5

The answers received does not reflect very encouraging situation regarding hygienic conditions among the Yanadis.

CONCLUSION

The works of Bartram and Cairncross (2010) summarized in that many of the diseases are taking place due to inadequate hygiene, sanitation and water supply. They highlighted that the hygienic practices are also preventable through the cost-effective interventions for the progress of health. And they mentioned that “Globally, around 2.4 million deaths (4.2% of all deaths) could be prevented annually if everyone practised appropriate hygiene and had good

reliable sanitation and drinking water”. The importance of the hygiene and sanitation is more significant especially in the poor countries for improving the health status of its members. The health workers have a great role to play in creating awareness and also in reducing the gap between knowledge and practice. Greater participation of the community is needed for improving the personal and community hygiene, and efforts should be directed to achieve community engagement.

It is observed in the field study that, the maintenance of the household in the form of cooking, cleaning the utensils, house and the surrounding areas determines the personal hygiene of the family

members. Though it adds double burden on the women to maintain the house and its premises clean and tidy, the health of the family is determined directly by the involvement of women in the process of maintaining the family clean and to see to that person hygiene of the members are maintained.

Since the human started the domestication of animals for his/her needs, the animals are also acting as a vector for carrying the disease-causing germs. The Yanadis who domesticate goat often maintain their places very unhygienic leading to the cause of several diseases. The health workers such as Anganawaadi, primary health centre staff, Velugu health worker and other educated youth then and now educate the others regarding the importance of the hygienic practices and their role in the diseases handing mechanism seems to be very useful. At least, people are aware of the relationship between these two (hygienic practices and health) whether they are keen at following them or not. The reasons such as socio-economic and cultural barriers may also be a reason for them not to practice the community hygiene although they are aware of it.

The practices such as, maintaining of their drainages (no canal drainage among the Yanadis, the waste water after the bathing and washing clothes were allowed to sink in the pit dug by them, which often serves as a breeding ground for the mosquito and other disease spreading vectors and germs). open defecation is considered as more pleasurable than the confined defecation in the lavatory, lack of awareness regarding the relationship between the open defecation and the diseases occur because of it and also the scarcity of water to flush the fecal matter after defecation also prevents them from using the lavatories. Other informants also opined that the lavatories which are situated in the vicinity of the residing places often smell bad when they were not flushed and maintained properly also another reason for them to use the lavatories rarely. However, the fear of getting bitten by the venomous snakes and insects sometimes leads the Yanadis to use the lavatory facility at least during the night times. These all practices reflect the awareness of community hygiene among the Yanadis.

The medical healers being one among the people, and the experiences of the people on the ability of the local medical healers to cure the health ailments and

modern medical practitioners being outsiders and the new kind of medicines (which often have side effects on the gastro-intestinal problems) might have lead the people to believe and approach the medical healers more than the modern medical practitioners. The advice of the magico-religious practitioners is more cultural and religiously bound reasons for the health ailments the people suffer rather than the logical medical reasons for the health ailments suggested by the modern medical personnel sound alien for the yanadi and leads them to depend more on pacifying the supernatural beings rather than approaching the modern medicines to cure their diseases.

According to the WHO, "80% of infectious diseases in developing countries are related to inadequacies in these two areas. Improved water supply and sanitation facilities help, but their introduction does not have a health impact by itself". Similarly, the study also contains the same problem. The drainage system is not planned and leading to many sanitation problems being faced by this community. Through creating proper awareness among the community might solve this problem. To promote education related to health and hygiene, people have to disseminate the knowledge and hygienic practice to improve the overall health of and hygienic practices. It is often easy to prevent the disease than to cure it. Hence, the awareness of the disease causing agents is very important in order to avoid the trouble caused by the diseases. The poverty of the Yanadi adds to their struggle when they are affected with any diseases. Taking the advantage of this situation, the health workers and the other NGOs who are working on the health related matters approach the local medical healers to act as their agents to create awareness for the illness and diseases suffered by the Yanadis. This approach can be considered as the blend between the modern medical logic and the traditional cultural confidence. The NGO speak India has approached and trained a local female healer to address the issues related to the menstruation and other women related health ailments. This was proven more effective than any approach adopted by the health workers and the NGOs. The government appointed health workers has to approach the people with open minded rather than having stereotypes about the Yanadis and looked down approach about the

practices of the Yanadis. This might result in yielding better results than any health awareness program. It is important to win the hearts of the people and confidence before implementing any program, the health programs are highly sensitive and they are often dictated and determined by the culture. Without understanding the cultural barriers and other factors affecting the health programs will lead to not achieving the objective of the health program.

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