

**Cultural Beliefs and Demographic Change: A Study of Population Decline Among the Baiga Tribe****Dr. Anjalee Yadav<sup>1</sup> & Prof. Manish K. Pandey<sup>2</sup>****DOI: <https://doi.org/10.5281/zenodo.17643275>****Review: 08/11/2025****Acceptance: 09/11/2025****Publication: 18/11/2025**

**Abstract:** This paper is based on a study of the complete life cycle of the Baiga, a Particularly Vulnerable Tribal Group (PVTG) in the state of Chhattisgarh. The population of this tribe has witnessed a significant decline over the past several years. This study focuses on 7 villages of the Bodla development block of Kabirdham district, in which a study has been done on 250 Baiga families of the selected geographical area. Interview schedules and observation methods have been employed for primary data collection. Through the study, an attempt has been made to find out the root cause of the population decline of the primitive tribal Baiga groups and the impact of governmental and non-governmental efforts made to control population decline. It has been learned from the study that the population of Baigas is continuously decreasing over the last few decades. The government has implemented several schemes to improve the standard of living of the Baigas; despite this, the Baigas have been found ignorant of many schemes related to employment, health, and education being implemented by the government. Thus, the continuous decline in the population of Baigas is a matter of serious concern, because they are not able to communicate the expected awareness about government schemes. This study found that the main reason for the decline in the population of Baigas is their cultural and social beliefs.

**Key words:** Baiga tribe, Particularly Vulnerable Tribal Group (PVTG), population decline, Awareness, cultural beliefs, literacy.

**Introduction:** Any society is identified by its culture and civilization. Tribe is the basis of ancient civilizations of our society, which we need to preserve for the upliftment of our society. The tribe is still following the ancient customs. Their life is simple and easy, yet they are facing many problems. The people of the Baiga community are used to living in dense forest areas. Their social organization, i.e. villages, are small. Due to living in dense forests and depending on forest produce and natural resources, it is natural for them to be skilled hunters, which is also the basis of their livelihood. The life of Baiga people is very simple and there are almost no aspirations of economic prosperity in them. Baigas worship the Sal tree like Prakriti Puja and earn livelihood by farming, working in the fields and doing wages. Even after living a simple life, they have to take loans when there is a wedding or celebration in the family, they often take loans from moneylenders and usurers, as a result of which their whole life is spent in paying the interest. The human communities dependent on natural resources and forest produce in the inaccessible hilly and remote forest areas of India have remained untouched by the mainstream of development due to non-availability of means of communication and lack of political will; These communities are referred to as 'Adivasis', 'Primitive Castes', 'Forest Castes' or 'Tribals'(Ministry of Tribal Affairs, Government of India). The term 'tribe' was primarily used as a symbol of identity and discrimination, denoting a group of

<sup>1</sup>Assistant Professor & Head, Department of Sociology, Shri Rawatpura Sarkar University, Raipur, CG (Email: [dr.anjalee99@gmail.com](mailto:dr.anjalee99@gmail.com)), Contact: +919340775348

<sup>2</sup>Professor, Department of Political Science, Shri Rawatpura Sarkar University, Raipur, CG (Email: [manishpandey4737@gmail.com](mailto:manishpandey4737@gmail.com)), Contact: +919935001770)

people differing in physical characteristics, i.e., language, religion, customs, places of pilgrimage, social organization, and political interests etc. The term 'Scheduled Tribes' (Adivasi) is of recent origin with the birth of the republican constitution of India, to describe a politico-administrative and legal category of a human community. The English word 'tribe' is derived from the Latin word 'tribus', which refers to a particular type of general and political organization that has existed in all societies since primitive times. The very word 'tribe' refers to a particular category of people and designates a stage of evolution in human society. As a type of society, the term refers to a set of specific characteristics, and as a point of development, it denotes a certain form of social organization. (Xaxa, V. 2003) Tribal population is found in almost all parts of India, and Chhattisgarh is the sixth largest tribal state in the country in terms of population. Article 342 of the Constitution contains a schedule for tribal communities that are economically and socially disadvantaged and politically marginalized as compared to other communities. 42 tribal communities and their sub-castes have been notified in the state of Chhattisgarh under Article 342, out of which, in third place Baiga tribe has been declared as a Particularly Vulnerable Tribe Group (PVTG) based on the criteria set by the Government of India. (*The Constitution of India 2023*). Geographically Baiga tribe is found in Kabirdham, Koriya, Bilaspur, Rajnandgaon, and Mungeli districts of Chhattisgarh, and population-wise Baiga is the most populous tribal community among the Particularly Vulnerable Tribe Group. (Patel, G.R. et al. 2020)

Birth rituals in the Baiga tribe, traditional methods of delivery by women, marriage practices like maternal cousin (Mamera-Pufera) child marriage, Lamsena marriage, Sahaylan, Guspeet, Gurvat etc. customs, multi-price system; the practice of Tijanhavan and Dashkarma is prevalent in the funeral (death rituals). Religiously, the Baiga tribal groups have special faith in Pitra Dev, Budha Dev, Bagh Dev, Budhi Mai etc. as well as in witchcraft and ghosts. Likewise, they use traditional invocation, exorcisms and natural herbs to cure the sick. The Baiga groups have several social and cultural beliefs that set them apart from other tribes. Many researches have been done over the years among the Baigas regarding their distinct culture. Due to the influence of modern information technology, there has been some change in their dress, lifestyle, and language, but there has been no fundamental change in their cultural customs and their social standard. Baigas have many social and cultural customs which is one of the main factors in their population decline.

The Baiga tribe, recognized by the Government of India as one of the Special Backward Tribes, remains largely unaware of this status, which prevents them from accessing the benefits of various government welfare schemes designed specifically for their upliftment. This study aims to shed light on the fundamental problems faced by the Baiga community, enabling these issues to be brought into broader public discourse. Furthermore, by examining the Baigas' perceptions of modern society and the current government, the research seeks to identify practical alternatives and strategies for the sustainable development of tribal communities. The growing involvement of tribal populations in Naxalite activities—a pressing concern in contemporary times—will also be explored, with the study helping to analyze the underlying causes of this trend. Additionally, the research will investigate the factors contributing to the significant decline in the Baiga population over the past decade and their stagnant life expectancy, thereby facilitating informed discussion on possible solutions to these pressing issues. Tribal studies play a crucial role in understanding the challenges faced by tribal communities. Such research can guide the government in formulating effective policies and providing opportunities for tribal people to lead a dignified and problem-free life. Unfortunately, many in mainstream society still view tribal communities as inferior or separate,

which is a deeply flawed perception. This study aims to bridge that gap by fostering greater understanding and acceptance among progressive sections of society, encouraging them to see tribes as an integral part of the social fabric and to ensure the provision of basic facilities. Despite having their own unique identity and cultural richness, many tribal people continue to live in isolation, preferring dense forests over integration with modern society. This detachment often results in their exclusion from the benefits of development schemes. By studying primitive tribal groups, we can better design inclusive policies that address their specific needs. Such efforts can help transform their mindset, dispel fear and hesitation toward the modern world, and enable their participation in the mainstream—while also preserving their cultural heritage and distinct identity.

**Research Design and Methodology:** The primary objective of the present study is both exploratory and analytical in nature. Accordingly, an exploratory, analytical, and critical research design has been adopted. For the purpose of this study, seven Baiga-dominated villages from the Bodla development block in Kabirdham district have been selected. Out of a total of 277 Baiga families residing in these villages, 90%—that is, 250 families—were selected using a lottery-based random sampling method. In addition to this, five detailed case studies were also conducted. To analyze the geographical and administrative impact, the selected villages have been categorized into two levels based on their distance from the Bodla block headquarters: First-level villages (Sonwahi, Murwahi, and Jamunpani) are located within a distance range of 15 to 40 kilometers. Second-level villages (Maharajpuri, Bodalpani, Kolarjhori, and Regankhar) fall within the distance range of 45 to 60 kilometers. From each of these villages, 90 percent of the families were selected as respondents using a deliberate and purposive sampling method to ensure representation and relevance to the research objectives.

**Key Factors Contributing to the Population Decline of the Baiga Tribe:** In the last three decades, if we assess the demographics of the Baiga tribe, it becomes clear that there has been a decline in the population of the Baiga tribe. After the analytical case study of the Baiga tribe by BBC News. According to the report, the population of the Baiga tribe has shown a continuous decline over the decades. In 1991, their population was recorded at 2,48,989. By 2001, it had decreased significantly to 1,69,618. The downward trend continued in the 2011 census, which reported a further decline to 1,31,425. This consistent reduction in population over the years is a matter of serious concern and highlights the vulnerability of this Particularly Vulnerable Tribal Group (PVTG) in Chhattisgarh. (BBC News 2014)

After the case of sterilization for family planning of specially protected Baiga tribals in Chhattisgarh, thinking has started between the government and the planners to stop the population decline in the primitive tribes at the national level. For the last few years, the population of the Baiga tribe has been continuously decreasing. This is the reason why there is a complete ban on family planning for the five protected tribes of Chhattisgarh, Baiga, Abujhamadia, Birhor, Pahadi Korba, and Kamar by the directive of the Central Government in 1998, but this ban has proved to be ineffective. (Doshi, H. 1998).

Rashmi Baiga, convenor of Baiga Mahapanchayat, who works in Chhattisgarh and Madhya Pradesh, considers the competition to do more and more sterilization operations of tribals through government means to be the reason for the poverty and population decline of Baigas. She believes that since 1969, when the Government of India had included 75 tribal communities in the category of specially protected tribals, the Department of Health was

supposed to issue guidelines regarding the population of tribals every year, but this did not happen. In fact, the new health officials are not aware that there is a ban on sterilization of protected tribes. (Basant, N. 1986)

Verma & Sinha (2022) said that 72% of Baiga women continue to favor traditional birth attendants over institutional deliveries. This preference is deeply rooted in cultural apprehensions surrounding biomedical institutions, which are perceived as invasive, impersonal, and spiritually unclean. Verma and Sinha conducted fieldwork in Bilaspur and Dindori districts, combining ethnographic methods with qualitative interviews. Their findings highlight how sacred notions of childbirth, fear of spiritual contamination, and strong kinship-based birthing support structures result in low uptake of modern obstetric care. These cultural choices, while preserving identity, contribute to higher maternal and infant mortality, indirectly impacting population growth.

Das & Kumar (2022) analyzed census data and conducted focus group discussions with displaced Baiga communities. Their work shows a 9% decline in the Baiga population in areas affected by forest eviction policies. The cultural reluctance of Baigas to resettle in urban environments—which they consider impure and disconnected from ancestral spirits—has pushed many into isolation. This physical and psychological marginalization not only limits access to health and education services but also reduces community's reproductive potential.

Jaiswal et al. (2022) has done anthropological study explores how cultural taboos, such as restrictions on widow remarriage and endogamous clan systems, reduce the number of viable marital unions. The research found that almost 18% of marriageable Baiga adults remain unmarried due to clan restrictions or stigmatization after widowhood. The result is fewer reproductive pairings, delayed marriages, and ultimately lower fertility rates, all of which contribute to demographic decline.

Thakur (2022). He highlighted a maternal mortality rate exceeding 230 deaths per 100,000 live births among Baigas. This alarming figure is attributed not just to infrastructural gaps, but also to the belief in ritual purity and spiritual interference, which discourages prenatal checkups or institutional births. Spiritual seclusion of pregnant women and rejection of medical interventions significantly increase the risk of maternal death.

Nayak & Raj (2022) study investigates why many Baiga communities refuse immunization and contraception. Rooted in animist spirituality, Baigas often believe that their bodies are sacred vessels influenced by ancestral spirits. Introducing artificial substances like vaccines or contraceptives is seen as a defilement, leading to widespread resistance against state-run health initiatives. The study concludes that this cultural resistance severely limits population growth by increasing mortality and reducing reproductive planning.

Sahu (2023) has conducted a longitudinal survey of Baiga youth and found a generational divergence in beliefs. Younger Baigas, especially those attending school, are more open to modern healthcare, nutrition, and family planning. However, this shift often clashes with elder-imposed cultural codes, resulting in intergenerational conflict and limited autonomy for youth in health-related decisions. While this signals hope for future demographic resilience, the current influence of traditional norms remains strong. The Study of Mehta (2023) illustrates how displacement from ancestral forests due to conservation laws has disrupted traditional food systems, healing practices, and kinship networks. Without access to herbal medicine, forest-based nutrition, and

spiritual spaces, Baigas suffer increased morbidity and weakened fertility. The forced transition to an alien agrarian lifestyle has further eroded their demographic vitality.

Shukla & Pandey (2023) study found that 64% of Baiga children suffer from chronic malnutrition. Poor maternal health, inadequate breastfeeding, and limited food variety weaken the reproductive health of Baiga women. Malnutrition-related stunting, child mortality, and reproductive fatigue among women together reduce overall population replacement rates.

Lal & Thomas (2023) study found that fertility decisions are rarely made by women. Instead, elders and male heads of households, often guided by shamans or spiritual leaders, dictate when and how many children a woman should have. This lack of agency, combined with non-medical fertility management, reduces the possibility of timely medical intervention during pregnancies.

Yadav (2023). "highlighted how menstruation and childbirth are cloaked in taboos, with women being secluded in huts during these times. This cultural treatment discourages any form of medical monitoring or emergency care. As a result, preventable complications go untreated, contributing to high rates of maternal and neonatal mortality among the Baigas.

Sonietal.(2023) This sociological analysis argues that efforts to preserve Baiga identity—such as ritual abstinence, strict exogamy rules, and isolationist living—have inadvertently created conditions of demographic unsustainability. While cultural preservation is vital, it must be balanced with adaptive changes that promote survival.

Rawat (2023) although many Baiga villages are now within 10 kilometers of health centers, actual utilization remains low. Rawat attributes this to cultural and linguistic incompatibility. Most health workers are unfamiliar with Baiga dialects and customs, making clinical encounters ineffective and intimidating for tribal patients.

Dey & Gupta (2024) critiques one-size-fits-all population programs. It proposes tribal-specific reproductive health strategies that include peer educators, culturally sensitive counseling, and mobile clinics designed to accommodate tribal rituals and customs.

Kori (2024) found that Baiga girls with basic education had significantly better awareness of reproductive health. However, high dropout rates caused by early marriage, household chores, and long travel distances to schools limit these gains. Still, the data suggests that investing in girls' education could positively influence population health.

Mishra & Bhatt (2024) said that in Baiga society, widowhood is not just a personal loss but a lifelong social status. Widows are often excluded from rituals and denied remarriage. This leads to a permanent reduction in the reproductive potential of the community, especially when widows are still in their prime reproductive years.

Sharma et al. (2024). This ecological study connects erratic rainfall, deforestation, and crop failure with increased food insecurity in the Baiga regions. Malnutrition and infant mortality are rising, especially during drought years.

These environmental stressors interact with existing cultural barriers to healthcare, further accelerating demographic decline.

Chauhan (2024). Based on interviews with ASHA workers and primary health staff, this study reveals that Baigas often view medical interventions with suspicion. Health workers feel ill-equipped to negotiate cultural resistance, and many report a lack of training in tribal health communication. This institutional gap worsens healthcare access.

Patra & Menon (2025)"Patra and Menon explore case studies where individuals chose spiritual healers over hospitals during emergencies, leading to preventable deaths. The authors argue that spiritual healing is not merely superstition but a legitimate cultural institution that commands more trust than distant hospitals. The challenge lies in creating a hybrid model where both systems can coexist.

Joshi & Das (2025). This study focuses on the linguistic barriers in tribal health outreach. Baigas speak a dialect with no written script, and most health literature is in Hindi. Communication failure not only limits understanding of health practices but also deepens mistrust. The authors recommend the use of pictorial materials and tribal interpreters.

Chatterjee (2025) argued that the Baiga are approaching a demographic tipping point, beyond which population recovery may be nearly impossible. Cumulative cultural practices—such as ritual abstinence, spiritual purity norms, and patriarchal control over women's bodies—have contributed to a slow but steady erosion of demographic vitality.

**Socio-Cultural Beliefs and Practices:** There are empirical facts about population transition of the Baiga tribe, which establish an interrelationship between their socio-cultural beliefs and population, such as There was no fundamental change in the socio-cultural customs in comparison to other tribal societies in the Baigas. Orthodox traditions of marriage rituals are the major cultural-social factors for population decline, which are a) polygamy and b) child marriage. Both these traditions hurt women's health. Due to a lack of proper diet and awareness, pregnant women themselves are malnourished, so it is not surprising that malnourished babies are born. It has been found in the study that according to the investigation of the health department, the figure of malnourished infants in the Baiga tribe has been found to be 60 out of 100. Malnourished babies have a low life expectancy due to a lack of proper care by the family, which has a negative impact on the population growth rate. Married men and women establish physical relations with many persons for sexual fulfillment. Due to which many deadly diseases like sexually transmitted diseases and AIDS arise in the Baigas, which become an epidemic for the group. It is spread from person to person during sexual intercourse, which is a major reason for population decline for the entire community. According to the facts obtained from the study, the problem of diseases like sexually transmitted diseases and AIDS is common among the Baigas. Birth Rituals in Baiga groups are also one of the major factors of population decline, because the birth rituals of a child have a direct relation with its health. In Baigas, the child is covered only with a towel for a month, which makes it a victim of cold, fever and small insects. It has been observed in the study that a 15-day-old baby is taken to the jungles by wrapping it in a small piece of cloth. Mahua's (Bassia Latifolia) drink is licked on the birth anniversary of the child, which is harmful to the health of the child. Due to negligence in the care of the baby, many times the life of the baby gets in trouble.

Superstition among Baigas is present from primitive times to the present. Even in the 21st century, the members of the Baiga community give priority to home remedies only in case of deterioration in health condition ie disease. Pregnant women, at the time of pregnancy and even after delivery, do not follow the directions of the nurses and doctors of the hospital. Generally, in Baigas, women, old people or children are not taken to the hospital when their health deteriorates. In their group, treatment through 'Baiga Gunia' is given priority. Due to superstition, the health condition of Baigas is very low. Baigas have indissoluble faith in witchcraft. The dress of the Baigas is discussed in the country as well as abroad. Their costumes greatly affect health. Baigas use very few clothes on their body. Since we all are familiar with the fact that Baigas live in the jungles, where extreme cold, heat and fear of insects remain. Men wear shirt and 'Langoti' (loincloth) on the lower part of the waist. Women wear only one sari. The costumes of the Baigas are the same even in winter, which greatly affects their health- Baiga community's reliance on herbal-based traditional medicine is not a new thing, nor is it surprising that Baigas believe in herbal-based medicine more than innovative medicine. By doing this, the life of the patient is put in danger. It is known from the statistics of health department that Baiga comes to the hospital only in case of very serious illness and even after recovering a little, they start using herbs again, which extinguishes their life. Mahua is a major beverage in Baigas which is used in all cultural programs; For example, in all cultural programs like marriage rituals, birth rituals, death rituals, Teej-parvo etc. alcoholic drink made from Mahua is used for intoxication. We all are not unaware of the medicinal properties of Mahua, but it is used for excessive intoxication which affects negatively the health of Baigas. Factors responsible for population transition include excessive use of Mahua for intoxication.

**Data Analysis of the Study:** The data was compiled and analyzed given the following points: –

- 1. Use of the drug (Medicine) by the respondent as follows:** Ningana (1986) has explained the way of life of the Baiga tribe and their compatibility with nature. The main characteristics of the lifestyle of the Baiga tribe group are - living in less resources, wearing less clothes, beaver farming, trapping of animals and birds and hunting with bow and arrow, meat-fish and alcohol consumption, dependence on forest produce, and the use of traditional medicines based on herbs even in fetal diseases.(Basant, N. 1986). It is clear from this study that illiteracy is the main reason for medical ignorance in the Baiga tribe. In this study, 'With the consultation of which specialist medicines are used?' by the people of the Baiga tribe, has been studied through the following table, in which 250 respondents have been selected:

**Table No.-1****Use of the drug by the respondent as follows:**

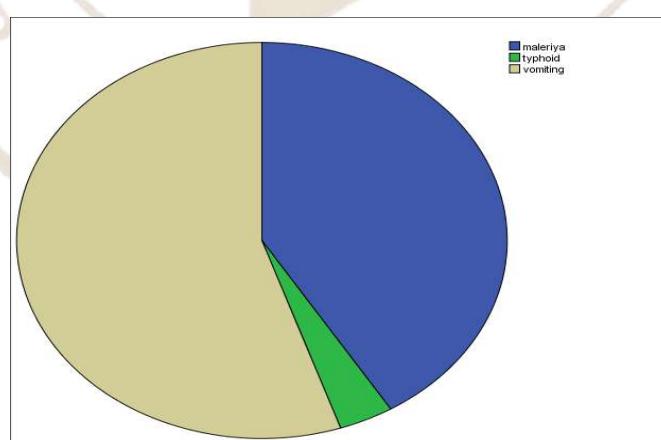
Use of the drug by the respondent as follows	Frequency	Percentage
As per advice of the elders of the house	239	95.6
As per doctor's prescription	11	4.4
Total	250	100

It is known from the presented table number-1, that the members of Baiga group rarely go to the hospital. Although they take medicines for the treatment of diseases according to the doctor's advice while staying in the hospital, but 95.6 percent of the Baigas start using the medicines suggested by the elders while staying at home or after going home from the hospital; while only 4.4 percent Baigas consume medicines

as per the doctor's advice. The elders do not have any knowledge regarding the quantity, quality and demerits of modern medicines that is why they consider the consumption of medicines inappropriate. Those who use medicine properly, they all keep in contact with township village and are Baiga members of young age. It is clear that members living in rugged and dense forests have less faith in medical diagnosis, while for the treatment of any disease, it is always better to use medicines only after consulting a doctor, so that the disease can be eradicated from the root.

2. **Women and children in the respondents' family usually complain of the following diseases:-** Sharma (1995) has studied the impact of development programs on Baiga women. He has clarified that "Various development programs have been conducted by the government for the upliftment of the tribes. As a result of the efforts made by the government to achieve the predetermined goals in education, health and economic sectors, we see a low level of development in the socio-cultural sphere of life expected of Baiga women." (Sharma, N. 1991)

In the book "The Tribes and Castes of the Central Provinces of India" written and published by 'Russell, R.V. and Hiralal' in 1916 AD, a detailed description has been given regarding the Baiga tribe. According to him, "Baiga is a tribe of primitive Dravidian group, which resides in the Satpura mountain range of Mandla, Balaghat and Bilaspur districts of central India. Their residences are in high and dense forests, where only a footpath is visible to reach. As a result, they appear only when they have work with a baniya or a retailer." (Russell, R.V. & Hiralal 1916) Their study shows that the root cause of Baiga women's ill-health is their customs and cultural beliefs, which are based on superstition. And these are the biggest obstacles to women's health development. In the present study, the study of complaints of diseases of women and children in the respondents' family is shown by the following table-

**Table No.-2****Women and children generally complain of the following diseases:**

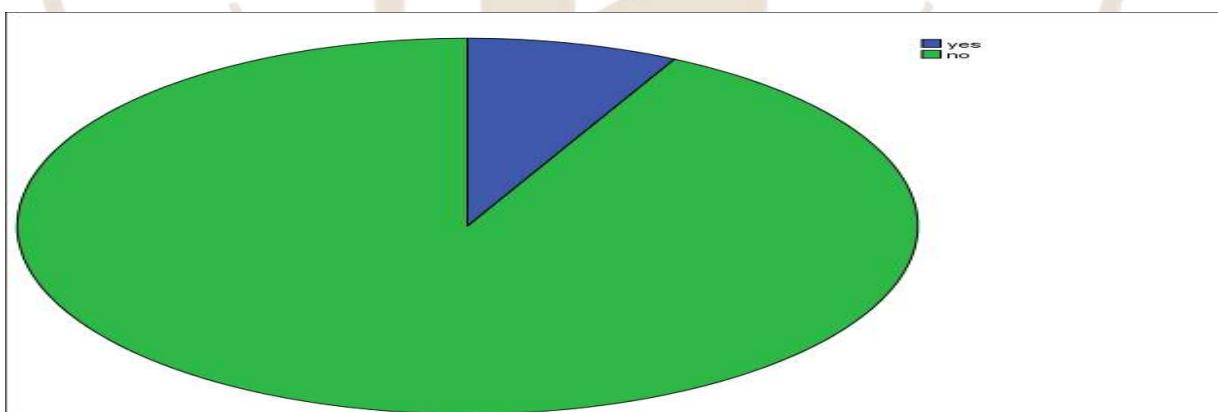
It is known from Table number-2 that, according to the study of the health center, the women and children of Baigachak in the study area have the most complaints of vomiting and diarrhea, the problem of malaria is the second major problem among Baiga women, the third major health problem is typhoid. Thus, 55.2 percent of women and children in Bagachak complain of vomiting and diarrhea, 41.2 percent of women

complaining of malaria and 3.6 percent of those suffering from typhoid. The main reason for Baiga women's complaint of vomiting is - consuming food items without cleaning them and consuming more and more root vegetable and tuber, which are sometimes poisonous and injurious to health, due to which vomiting and diarrhea are natural. Baiga women are more prone to malaria because they stay in the forests for several weeks, due to which they become victims of mosquitoes. Along with this, the lack of cleanliness in the houses, the accumulation of dirty water around increases the possibility of mosquitoes flourishing. Women complaining of repeated typhoid have fever for a long time, which later takes the form of typhoid, which they call break bone (Haddi Tod) fever.

3. **Food habits and cultural beliefs of women during pregnancy:** Raghuveer and Mukund Bhai Chowdhary (1977) have briefly described the origin, group-subgroup, physical and natural characteristics of the Baiga tribe in their study. Apart from this, in order to understand their social life, an attempt has been made to superficially present the practices and customs prevalent at the time of pregnant women's diet before childbirth, naming ceremony, shaving ceremony, matchmaking festival, marriage, divorce and death; along with this, the role of Panchayat and Panchas has been explained in rituals like naming, betrothal, marriage and divorce. It has been learned from the study that Baiga prefer to live in the traditional way even in the present times, and do not believe in any kind of modern medical method. In the present study, the study of eating habits and cultural beliefs at the time of pregnancy is shown in the following table –

**Table No.-3**

Diet and cultural beliefs during pregnancy:



The above Table No.-3 indicates that, 92.4 percent Baiga women accept that there are no cultural beliefs related to food and drink at the time of pregnancy. Some beliefs are practiced only at the time of birth anniversary. There is no special belief in the Baiga community regarding the cultural tradition related to food and drink at the time of pregnancy. In the Baiga community, a ritual is celebrated regarding the birth anniversary, and the beliefs of child care are different from other societies.

4. **Beliefs related to the care of newborn babies:** Utmost care is needed in the nourishment of a newborn baby. Newborn babies are very sensitive and tender, and are kept safe from mosquito, insect, and virus infection. Babies cannot speak or take care of themselves; they are completely dependent on their mother. Taking care of babies is a big challenge. The health of any child depends on its care. In the presented study, the analysis of the beliefs of the initial care of the newborn in the Baiga tribe is displayed in the following table –

**Table Number - 4****Primary Care of the Newborn Child**

Initial Care of Newborn Baby	Frequency	Percentage
Focus on Hygiene	12	4.8
Focus on Nutrition	7	2.8
Upbringing according to Cultural Customs	231	92.4
Total	250	100.0

It is known from the presented table number-4 that 12 percent of Baiga women pay attention to cleanliness, 28 percent respondents agreed on the attention of nutrition and do not avoid any kind of diet, and according to cultural customs and traditional beliefs, 92.4 percent women registered their consent regarding the care of babies. Thus, it is clear from the above table that no special attention is paid to the cleanliness, nutrition and food habits of the newborn, that is why the chances of the children being malnourished increase. The newborn baby has to face health problems due to the traditional way of parenting without paying attention to hygiene and nutrition. Mothers need to take care of their food and nutrition along with the newborn, but mothers themselves do not take any special care after delivery, due to which the percentage of maternal mortality along with infant mortality is increasing. The traditional beliefs of the Baiga groups heavily influence the care of newborns. Since the Baiga group spends more time in the forests, they are not able to take proper care of the newborn baby, resulting in the death of the baby due to extreme carelessness and ignorance. Due to unhygienic, the baby has to face many diseases.

5. **Education Related to Menstruation in Girls:** Dr. Jain, A. K., and Prof. Sharma, A.N. (2013) have presented their research paper on the topic "Impact of Education on Health and Awareness among the Baiga Tribe", in which the study of 'lack of education, impact on health' has been presented on the Baiga tribe. Lack of any kind of health awareness was found among the Baigas. (Jain, Dr. A. K. & Prof. Sharma, A. N. 2013) In the present study, data has been collected for the information about menstruation of girls in Baiga tribe. It is clear from the study that 100 percent of the respondents do not give any information regarding menstruation to girls aged 12-14 years. The parent respondents of the study area are ashamed to give information about menstruation to the girls of their house, and they become uncomfortable to talk about these topics with their girls in any way. The members of the study group do not discuss any problems and precautions regarding menstruation with the girls of their community, due to which the girls have to face many problems. Women of Baiga tribe are very limp about the necessary precautions during menstruation. In this research question, a study has been done regarding the use of sanitary napkins by the

women of Baiga tribe. It was found from the study that 100% Baiga groups do not use sanitary napkins, even they do not know anything about sanitary napkins. At the time of menstruation, women and girls of the Baiga group use dirty clothes, because they argue that after use that cloth has to be thrown; In such a situation, it is natural to get serious illness due to infection. Baiga women told that they got information about such topics for the first time. It is known from the study that due to excessive illiteracy and ignorance among the extremely backward Baiga community, their life expectancy is very low relative to the national average.

6. **Study of the Baiga community in the selected area:** During the study, the state of education in the selected area was found to be extremely worrying. All respondents included in the survey were found to be 100% illiterate, which makes it clear that education has not yet reached the adult members of the community effectively. However, some children were seen studying in the primary school, which shows that awareness towards education is developing in some section of the new generation. However, this awareness appeared to be imbalanced on the basis of gender. It was particularly observed that most of the children going to school are only boys. The interest of the Baiga community towards sending girls to school was found to be relatively very low. In many families, there is a belief that girls do not need education, or they should be prepared only for household work or traditional roles. This gender discrimination is creating a serious social barrier in the path of education. This trend not only violates the rights of girls but also hampers the overall development of the community. The findings of this report make it clear that there is an urgent need for awareness and supportive resources in the field of education, especially for girls, in the Baiga community. If appropriate initiatives are taken, the path to education can be made easier for the children of this community, especially girls, which will bring positive changes in their social and economic lives.

#### **Major Suggestions and Recommendations:**

- I. **Positive approach related to cultural customs:** Conservative social practices are one of the main reasons for population decline among Baigas. The attitude of the Baigas is very complex about their orthodox culture. Community members ignore their health problems to follow the beliefs of cultural customs, due to which the health of Baiga women members is very low. Like the modern urban society, there is a need for improvement in some cultural beliefs of Baiga community.
- II. **Need of sex education:** Baigas do not have any kind of understanding about sexually transmitted diseases, an important example of which is prevalent in Baigas even at present, polygamy, child marriage, and unsafe sexual relations. The Baiga community is not familiar with serious infectious diseases like HIV-AIDS. The life of the Baiga community has come under threat due to the prevailing tradition of adultery and unprotected sex.
- III. **Need for change in food hygiene:** Even at present, Baigas live in dense and rugged forests, due to which they have become the subject of research and discussion for us. Baiga is the ancient heritage of our society, but the decline in their population is a matter of serious concern, the main reason for which is unhygienic food habits, unhygienic drinking water, the use of rotten Mahua for intoxication, and the use of food without washing it in water. Because of ignorance, the food of poisonous plants, due to which many diseases enter their body, and the life expectancy of humans becomes short.

**IV. Need for change in unhygienic lifestyle:** Even at present, Baigas live in dense and rugged forest areas, where there is no proper arrangement for food and accommodation for them. Due to a lack of a culture of cleanliness of body, clothes, and bed, etc, Baigas spontaneously fall prey to many deadly and infectious diseases. The simplest way to increase their life expectancy is to create awareness through education.

**V. Need for health awareness campaign:** The Baiga community is still dependent on the very primitive traditional lifestyle, as a result of which they are not at all aware about health. Baiga society is maintaining the ancient belief even in present times, one of them is not to give knowledge about menstruation to small girls. Due to ignorance, girls who are not aware of the importance of menstrual hygiene become victims of infectious diseases.

**VI. Awareness of modern medical practice:** It is natural for the life expectancy of the Baiga community to be short due to herbal-based traditional medicine and witchcraft. In order to change the tradition of seeking superstition-based diagnosis without understanding the seriousness of diseases, they have to be convinced that modern medicine will diagnose diseases in a more effective way. Along with this, basic facilities should be provided to them through government and non-government institutions.

**VII. Acceptance of Baigas in the mainstream of society:** To bring about a change in the standard of living and life expectancy of the Baigas, a positive attitude has to be adopted by the mainstream people towards them. The government will have to show political will, and the plans will have to be established on the ground of reality. We have to show faith in their qualities, techniques and natural wisdom. We have to cooperate in developing the experimental facts of their traditional farming and medicine, so that they can preserve their culture and traditional business even in modern society.

**Policy Implications:**

- I. Culturally Sensitive Policy Interventions:** The government ought to develop health and development strategies that promote safe and progressive practices while honoring the cultural values of the Baiga community. Engaging local leaders and culturally knowledgeable facilitators in a participatory approach can effectively bridge the divide between tradition and modernity. Comprehensive
- II. Tribal Health Policy:** A focused tribal health initiative is essential to tackle the concerning health issues faced by the Baigas, particularly in the areas of menstrual hygiene, maternal care, sexual health education, and the eradication of superstitious medical practices.
- III. Inclusion of Sex and Hygiene Education in Tribal Areas:** It is crucial to implement sex education, menstrual hygiene awareness, and personal hygiene initiatives through community outreach and school-based programs. Training tribal youth to serve as health ambassadors can facilitate knowledge transfer at the peer level.
- IV. Nutrition and Hygiene Initiatives:** Policies must prioritize the enhancement of food hygiene, the provision of clean drinking water, and nutritional assistance via mid-day meal programs, mobile food testing units, and the regulated distribution of safe consumables in isolated tribal communities.
- V. Integration of Traditional and Modern Medicine:** Promote a hybrid approach that combines trusted tribal healing methods with scientifically validated modern healthcare practices. Mobile health units, tribal health centers, and ASHA workers trained in cultural contexts can enhance health service delivery.

**VI. Mainstreaming through Inclusive Development Programs:** The Baigas should be actively integrated into the socio-economic mainstream through targeted welfare initiatives, acknowledgment of their traditional knowledge systems (such as forest products and agriculture), and skill-based employment programs that honor and incorporate their heritage.

**VII. Strengthening Institutional Support and Political Commitment:** The successful execution of tribal welfare policies necessitates political dedication, accountability frameworks, and the collaboration of health, education, tribal welfare, and panchayatiraj departments to achieve sustainable and quantifiable outcomes.

**Conclusion:** In conclusion, research has demonstrated that the primary reasons for the population decline among the Baiga community are their steadfast cultural and social beliefs, which they are unwilling to alter. Even in contemporary society, their conservative views significantly contribute to low levels of education and health. Factors such as unsanitary food practices, a primitive lifestyle, aversion to modern medicine, a tendency to remain isolated due to their timid nature, and traditional substance abuse have persistently impacted the life expectancy of the Baiga people. The study revealed that Baiga women lack awareness regarding sanitary napkins and their proper usage. The use of unhygienic materials increases the risk of allergies, itching, and various infections in sensitive areas, potentially leading to severe health issues

**Reference:**

- Ministry of Tribal Affairs, Government of India (n.d.). *List of Scheduled Tribes in India* (Notified under Article 342). Retrieved from <https://tribal.nic.in>
- Xaxa, V. (2003). Tribes and Social Exclusion. India Social Development Report 2003, Oxford University Press. Also available via Google Scholar:  
<https://scholar.google.com/scholar?q=Tribes+and+Social+Exclusion+Virginius+Xaxa>
- The Constitution of India* (2023). Government of India, Ministry of Law and Justice.  
[https://legislative.gov.in/sites/default/files/COI\\_English.pdf](https://legislative.gov.in/sites/default/files/COI_English.pdf)
- Patel, G.R., Kunjam A., Netam B.S. (2020). Baiga: *Vishesh Pichhadi Janjati ka Adharbhoot Sarvekshan Prativedan*. Adimjati Anusandhan Avom Prashikshan Sansthan, Nava Raipur, CG Baseline survey report: Baiga (PVTGs). Tribal Research & Training Institute, Chhattisgarh; Ministry of Tribal Affairs.  
<https://repository.tribal.gov.in/handle/123456789/74964?viewItem=browse>
- BBC News. (2014). *Baiga Janjati India sterilization: More Chhattisgarh botched cases* (Full report, p. 8). [https://www.bbc.com/hindi/india/2012/04/120406\\_chhattisgarh\\_baiga\\_ac.amp](https://www.bbc.com/hindi/india/2012/04/120406_chhattisgarh_baiga_ac.amp)
- Verma, R., & Sinha, A. (2022). *Cultural isolation and health practices among Baigas*. Unpublished field study, Bilaspur and Dindori districts.
- Das, M., & Kumar, R. (2022). *Demographic changes in PVTGs of Central India*. Journal of Tribal Studies, 18(2), 101–115.
- Jaiswal, N., Patel, S., & Singh, R. (2022). *Marriage taboos and fertility among the Baiga tribe*. Indian Journal of Anthropology, 9(1), 45–59.
- Thakur, P. (2022). *Maternal mortality in indigenous communities*. Health and Society, 7(3), 66–78.

- Nayak, K., & Raj, V. (2022). *Rituals, superstition, and public health rejection*. Social Science & Health Review, 12(4), 83–97.
- Sahu, A. (2023). *Changing youth attitudes in tribal areas*. Tribal Youth Studies, 3(1), 22–39.
- Mehta, L. (2023). *Impact of forest displacement on Baiga livelihood and demography*. Ecology and Society, 14(2), 101–116.
- Shukla, D., & Pandey, A. (2023). *Poverty, malnutrition, and fertility patterns in PVTGs*. Journal of Rural Health Research, 11(3), 59–74.
- Lal, R., & Thomas, M. (2023). *Sociocultural determinants of reproductive decisions*. Indian Journal of Social Research, 16(1), 91–107.
- Yadav, P. (2023). *Gender norms and reproductive health in tribal Central India*. Women's Health and Culture, 8(2), 112–127.
- Soni, R., Tripathi, V., & Dubey, A. (2023). *Cultural preservation vs. survival: A dilemma in Baiga villages*. Sociology and Tribal Life, 5(1), 44–60.
- Rawat, H. (2023). *Access to health infrastructure among PVTGs*. Journal of Public Health Access, 6(4), 88–103.
- Dey, S., & Gupta, K. (2024). *Rethinking population programs for PVTGs*. Policy and Health, 10(1), 30–46.
- Kori, S. (2024). *Education and fertility: A case of Baiga women*. Journal of Educational Development in Tribal Areas, 9(1), 73–89.
- Mishra, B., & Bhatt, P. (2024). *Social stigma and widowhood in Baiga tribe*. Tribal Sociology Review, 6(2), 51–66.
- Sharma, A., Kumar, T., & Deshmukh, S. (2024). *Climate change and population health in tribal India*. Indian Journal of Environmental Sociology, 13(2), 77–93.
- Chauhan, R. (2024). *Healthcare workers' perception of Baiga resistance*. Community Health Dialogues, 5(3), 109–121.
- Patra, M., & Menon, S. (2025). *Spiritual healing vs. medical treatment: Conflict among Baigas*. Journal of Indigenous Knowledge and Practice, 4(1), 24–38.
- Joshi, D., & Das, N. (2025). *Baiga language and health communication*. Health Literacy and Inclusion, 7(1), 54–68.
- Chatterjee, R. (2025). *Demographic fragility in tribal systems: Baiga as a case study*. Tribal Demography Quarterly, 2(1), 1–20.
- Doshi, H. (1998). *Encyclopedia of Indian Tribes* (ed). New Delhi: Discovery Publishing House
- Basant, N. (1986). *Baiga- Prakriti se Sidhe Sambandh, Antargat Madhya Pradesh Sandesh*, August: Bhopal
- Sharma, N. (1991). *Mandala Jile ke Dindori Tehsil ke Adiwasi Mahilaon Ke Vikas Ka Adhyayan*. Shrinkhala: Ek Shodhparak, Vaicharik Patrika.
- Russell, R.V. and Hiralal (1916). *The Tribes and Castes of the Central Provinces of India*. London, Bombay: Macmillan & Co. Ltd.
- Jain, A. K. and Sharma, A. N. (2013). *Impact of education on health and awareness among the Baiga tribe*, International Research Journal of Management Science and Technology. [www.irjmst.com](http://www.irjmst.com) (December 15, 2014, 3.30 pm) p.3