CHAPTER 6
CONCLUSIONS AND SUGGESTIONS

Summary and Findings

In order to utilise the knowledge gathered through the study, an attempt has been made to present the conclusion in a summarised form that has been arrived at in the course of present endeavor. Based on the understanding gained through the present study of various problems, constraints, difficulties and other issues regarding social environment and tribal health care practices in a few target villages under the Tagore Society for Rural Development and a few non-target villages of the Tapan block of Dakshin Dinajpur district of West Bengal. Effort is being made to extend some suggestions by adopting that we can enrich the tribal health care practices.

It is commonly understood that income, education, religion, intervention of other agencies like, Government Health Department, Non Government Organisations, Missionaries etc have significant role on the health care practices of any community. Tribals of the study area are living side by side with the Hindu community for more than hundred years. They migrated from the Chotanagpur range of Bihar and Madhyapradesh in search of work during British rule. The Tapan block is a tribal dominated block and the block is situated near the Bangladesh border. In the study area, the Santals and Oraons are the main tribals. Socio-economic condition of the block is very poor in comparison to the other blocks of Dakshin Dinajpur district. Tribals of this region are basically of animistic religion claimed to be Hindu. Their livelihood basically depends on agriculture and allied activities. Economic and educational status of the tribal is very poor. Most of the tribals of the target and non-target villages are illiterate.

The Tagore Society for Rural Development has been working with the tribals for a considerable number of years not only with tribal health but also on other aspect of well-being of their life. In the present study, a few target villages of the Tagore Society for Rural Development and a few non-target villages of Tapan block of Dakshin Dinajpur district of West Bengal have been taken for fieldwork for having a

comparative perspective of health care practices of tribals. Social environment plays an important role in determining the health care practices of any community. An attempt has been made to see how the social environment affects health care practices by investigating the impact of literacy, government health facilities and a non-government organisation on tribal health care practices. The differences of health care practices among the tribal communities have also been documented. The economic condition, literacy level etc of the tribals of the study area is almost same. Instead of these, health care practices of the tribals of the target and non-target villages have varied considerably. Santals are little bit advance in regard to the adoption of modern health care practices than other tribals.

The Tagore Society for Rural Development, a reputed voluntary organisation has been trying to improve the health care practices of the tribals of the target villages by improving the access to the government health facilities and providing modern health services at the doorsteps of the tribal. The Tagore Society for Rural Development has been working with the limited resources for over all development of the tribal of its target villages for number of years. In addition to organising health education and awareness camp in the villages, the Society run health clinics for treatment of minor ailments, mother check up camp, nutritional demonstration camp, de-worming programmes etc with the funding support from the ACTIONAID India, a funding agencies for the Non Government Organisations with headquarters at London. The society has been trying to bridge the gap between government health providers and the villagers by inviting government health workers in different awareness camps organised by the Society. The Tagore Society for Rural Development has been working in collaboration with the government health providers. The organisation sometimes provides incentives in terms of money to the government health staff if they attend any health camp organised by the Society.

There is a common belief that the tribals are very much inclined to traditional medicine. This inclination is also being observed in the presence of the modern medicine. The social condition of the tribals of the study area has been undergone changes

irrespective of the low economic condition of the tribals. Hindu influences, the intervention of the Tagore Society for Rural Development with different health and non-health programmes, government plans and programmes etc plays an important role to bring changes of the social condition of the tribals. In this context, we have investigated, how far the traditional health care practices of the tribals exist, the concept of health and disease, treatment and causes of diseases etc. How far the tribals accept or reject modern medicine, the causes of acceptance and rejection of the modern medicine, to what extent educational factors motivate tribals in adopting modern medicine, the impact of the Tagore Society for Rural Development and modern medical services etc from a comparative view point between the tribals of the target and non-target villages.

The traditional belief in regard to health, disease and treatment still continue to exist among the tribals of the Tapan block with degrees of differences between the tribals of the target and non-target villages and between the literate and illiterate tribals. The change in the concept and treatment of disease of the tribals of both the target and non-target villages has been noticed. The tribal beliefs regarding the causes of illness are categorised as; (i) due to ill health; physical work, climatic changes and the intake of wrong or excessive food etc, (ii) dissatisfaction of the ancestral spirit, wrath of supernatural being, sorcery, spirit intrusion, evil eye and breach of some taboo or norms and (iii) mixed beliefs regarding illness, belief in both the traditional and scientific causes of diseases.

In regard to the treatment to cure a disease, tribals of the study area generally avail any one or more varieties of treatment: (i) home treatment; few tribals are found to treat their patients at home by medicinal plants, (ii) treatment by *ojha*; *ojha* plays a major role to cure a disease in both the target and non-target villages. He diagnoses diseases with three types of methods; (a) a cock is sacrificed with ritual performed and then he mediates to find out the causes of illness, (b) treatment by reading of pulse and observation, (c) treatment by intuition. The treatment is of three types: (a) magical treatment, (b) supernatural worship, (c) herbal application, (iii) quack; quack plays a

significant role for the treatment of diseases. They are unqualified doctors and follow modern method of treatment, and (iv) modern doctors; mostly available at the Block Primary Health Centre or Primary Health Centre in the study area.

The tribals of the target villages are much more inclined to the modern medicine than the tribals of the non-target villages. The tribals believing scientific causes of disease are more in number in the target villages than that of the non-target villages. There are considerable number of tribals in the target villages who still have a belief that illness is caused due to the dissatisfaction of the ancestral spirits, wrath of supernatural being, sorcery, spirit intrusion, evil eye and breach of norm or some taboo. The majority of the tribals of the non-target villages are still inclined to the traditional causes of diseases than the tribals of the target villages. Some of the tribals of both the target and non-target villages believe in mixed concept. According to them, some of the disease are caused due to the dissatisfaction of the ancestral spirits, wrath of supernatural being, evil eye etc whether some of the disease is caused due to physical work, seasonal variation etc. More of the tribals of the target villages have reported to have this view than their counterparts of the non-target villages. The literate tribals of the target villages are much more inclined to the modern concept of illness than their counterpart of the non-target villages other wise no significant difference has been observed between the literate and illiterate tribals. Though the illiterate tribals are slightly more inclined to the traditional concept of illness than their literate counterpart.

Tribe wise comparison shows that Santals irrespective of the target and the non-target villages are much more inclined to the modern beliefs regarding illness, though the Santals of the target villages is in better position than Santals of the non-target villages. The traditional belief regarding illness of the Santals has also been observed with variation. The Santals of the target villages are much more inclined to traditional concept of illness than their counterpart of the target villages. The illiterate Santals are slightly more inclined to the traditional concept of disease than their literate counterpart of both the target and non-target villages. In case of the Oraons, in general, Oraons of the target villages are much more inclined to the modern concept of disease than their

counterpart of the non-target villages. The concept of disease of the literate Oraons of both the target and non-target villages is almost same. Though significant difference of belief of the illiterate Oraons of the target and non-target villages has been observed. The number of the illiterate Oraons of the target villages who believe in the scientific causes of disease is more than their counterpart of the non-target villages.

Regarding treatment of diseases, it has observed that many tribals of both the target and non-target villages who still depend on *ojha*. Though mixed practices has been observed among the majority of the tribals of the target villages. They try all possible means for the treatment of diseases. They prefer to go to the quack first, as quacks are easily accessible to them, side by side they also try with *ojha* for the cure of the illness and if all these fail they go to the modern doctors. The tribals of the non-target villages also try with all possible means for the cure of illness. The number of tribals of the target villages is more than their counterpart of the non-target villages who try to avail all possible means to cure a disease. In most of the cases, tribal of the target villages, a modern doctor or a quack whichever is easily available, is consult first for the cure of a disease. But there are cases also wherein a traditional medicine men have consulted. When modern medicine fails to cure a disease, the tribal has been found to taken recourse to traditional man. Some of the tribals also do treatment on their own. In few cases, treatment of two systems of medicine simultaneously is also being practiced. However, illiterate tribals of both the target and non-target villages are slightly more interested to avail all possible means for cure of diseases.

It has been observed that the number of tribals who prefer modern medicine is more in the target villages than non-target villages; literate tribals are more interested to avail the services of the modern doctor or quack for treatment. Majority of the tribals of the non-target villages have reported to avail the services of the quack and *ojha* for the treatment of diseases. We have found that many tribals of the target villages also depend on *ojha* or quack for the treatment of diseases but the percentage is not so high as of the non-target villages. The percentage of the illiterate tribals is more than their literate counterpart of both the target and non-target villages who avail the

services of both the quack and *ojha*. There are few tribals of both the target and non-target villages, who entirely depend on the modern doctor for cure of diseases; similarly few tribals of both the target and non-target villages depend merely on *ojha* or home treatment for the cure of diseases. The number of tribals of the non-target villages is more than their counterparts of the target villages who avail only the traditional services. The literate tribals of both the target and non-target villages are more inclined to the modern doctors than their illiterate counterparts. It is interesting to note that none of the literate tribals of both the target and non-target villages entirely depend on traditional medicine.

Majority of the Santals and Oraons of the target villages avail any means to cure illness. However, majority of the Santals and Oraons of the non-target villages consult *ojha* or quack for treatment of illness. Some of the Santals are fond to avail more than one treatment at a time. A few Santals are also fond to depend on *ojha* for treatment of diseases. The literate Santals of both the target and non-target villages are more interested to avail the treatment of modern doctors. They mostly go to quack due to the non-availability of modern doctors. The few literate Santals still practice their traditional treatment. However, none of the literate Santals entirely depend on *ojha*. Majority of the illiterate Santals of the non-target villages avail the treatment of quack and traditional medicine man for cure of disease. Whereas majority of the illiterate Santals of the target villages avail any possible means like quack, modern doctor or *ojha* for cure of disease.

Similarly, majority of the illiterate Oraons of the non-target villages consult *ojha* or quack for cure of disease. Majority of the illiterate Oraons of the target villages consult available treatment for cure of disease. Majority of the Santals and Oraons of the target villages are more inclined to the modern medicine for treatment of illness than their counterpart of the non-target villages. The Santals are slightly more inclined to the modern medicine of both the target and non-target villages. There is no significant difference of observances between the Santals and Oraons of both the target and non-target villages. The tribals who prefer modern medicine, consult quack, as according to

them, the treatment of a quack is more rational than modern doctors. They charge less and the cost of medicine prescribed by them is also less compare to the cost of the medicine prescribed by the modern doctor. Further more the services of a quack may be taken on rent, payment can be made after harvesting or when the money will be available with the patient.

Majority of the tribals of both the target and non-target villages are aware of the free services available at the government health centre. The awareness of free health services of the tribals of the target villages is much more than their counterpart of the non-target villages. Similarly, the Santals of the target villages are more aware than the Oraons. However, there is no difference of awareness of government free health services between the Santals and Oraons of the non-target villages. Literate tribals are more aware than their illiterate counterparts of both the target and non-target villages. Though majority of the tribals are aware of the free health services of the government health centre, many of them are not interested to visit centres. It has been observed that the Santals are much more interested to visit government health facilities than Oraons and the difference is more significant among the Santals of the target villages. Those who have visited the government heath centre are not satisfied with the services of the government health centre.

The reasons for not being satisfied with the government health facilities are identified as; (i) the attitude and irrational behaviour of the doctors is not favourable to the tribals, most of the time doctor is not available at the out patient department, (ii) the attitude and the irrational behaviour of the health staff is not favourable to the tribals, most of the time they blame the tribal for disease, (iii) medicine is not available at the health centre, (iv) in most of the cases doctor refer the patient to the district hospital at Balurghat, (v) cost involve to avail the modern treatment is beyond the economic limit of most of the tribals and (vi) in most of the cases, health centre fail to cure a patient. Those who are not interested to visit the hospital, majority of them belong to the non-target villages and a considerable number of tribals belong to the target villages have reported few reasons. These may be listed as; (i) belief in the folk medicine; some of

the tribals have strong belief in folk medicine, (ii) inadequate medical facilities of the hospital, (iii) overall services of the hospital are not satisfactory, (iv) negligence of the health staff, (v) lack of communication and (vi) costly; services of the government hospitals are free of cost. But tribal have to pay some hidden cost, like most of the medicine they are bound to purchase from the open market due to non-availability at the hospital, traveling cost to reach the hospital to avail the services and some times they are bound to consult doctor at the residence of the doctor for which they have to pay fees. Bhuddhadeb Choudhary (1996) has emphasised that the mere presence of a health centre does not necessarily mean people would depend on it, if proper and adequate facilities are not available or if the people are not convinced about its efficacy (Statesman, May 25, 1996). The resistance of the tribals to accept modern medicine has not been observed. The tribals may accept modern medicine as long as they are efficacious, available and accessible to them.

Tuberculosis, leprosy, malaria, diarrhoea, small pox etc are prevalent diseases of the study area. Skin diseases, diseases related to pregnancy like prolapsed of the pregnant women, miscarriage, white discharge of the women are also very common of the tribals in both the target and non-target villages. The knowledge and awareness of the tribals of these diseases are varied. Most of the tribals of the non-target villages do not even know the sign of dehydration. However, a considerable number of respondents of the target villages are aware about the sign of dehydration and they are aware of the modern home management of diarrhea. Literate tribals are in better position than their illiterate counterparts. The knowledge and awareness of the Santals and Oraons of both the target and non-target villages regarding prevalent diseases, home management of diarrhoea etc is almost same. Few tribals of both the target and non-target villages also have a belief that most of the prevalent diseases are caused due to supernatural beings, evil eye etc. Though these kind of belief among the literate respondents of both the target and non-target villages is almost non-existence.

Housing, sanitation and personal hygiene, food habit etc form an integral part of health behaviour and cultural dimensions of the tribals. Almost all the houses of the tribals of

the study area are *kachcha* with one or two rooms and straw roof. Most of the *kachcha* houses have no windows and without any boundary wall. Some of the houses of the target villages are found to have tined roofs. The houses of the Santals are clean and well decorated than the Oraon houses. Most of the tribals keep cattle in their living room for fear of the cattle being stolen. Few tribals use a separate shade for domestic animals. The level of sanitation of the tribals in both the target and non-target villages is low. Though the sanitation level of the tribals of the target villages is slightly better than the tribals of the non-target villages. The drainage system of both the target and non-target villages is poor. The drains are not properly dug and water gets accumulated creating a breeding ground for mosquitoes and germs. Almost all the tribals of the target and non-target villages defecate in the open field and bushes. Most of them do not have any latrine facilities. Few tribals of the target villages have latrines constructed by the Tagore Society for Rural Development and they are also not using these latrines.

Majority of the tribals of the target villages are aware of the dangerous effect of the open-air defecation. The Santals have more knowledge than their Oraon counterparts. Almost all the literate respondents irrespective of the Santals and Oraons are aware of the danger of the open-air defecation. There is no such difference of awareness of the literate tribals. Almost all the tribals of the target villages are aware of the danger of warm infection, majority of them prefer to use modern medicine for de-warming. The tribals avail the medicine free of cost from the Tagore Society for Rural Development. Though some of the tribals of the target villages also use traditional medicine for de-warming. The use of modern de-worming medicine among the literate tribals is negligible. The awareness, knowledge and practices regarding open-air defecation and its effect, warm infection, use of medicine etc of the tribals of the non-target villages is poor in comparison to the tribals of the target villages. Very few tribals of the non-target villages are aware of the consequences of open-air defecation and those who are aware majority of them are literates. The use of modern medicine is less among the tribals of the non-target villages in comparison to the tribals of the target villages.

There is no such difference between the Santals and Oraons, though literate tribals are much more inclined to the modern concept than their illiterate counterparts.

Most of the tribals of the target villages draw drinking water from tube well. Most of the tribals of the non-target villages still depend on ring well for drinking water. The number of tube well in the target villages is more than that of non-target villages. The tribals do not boil water before drinking. It is interesting to note that most of the tribals of both the target and non-target villages have very little or no knowledge about the safe drinking water. Some more aspects of personal hygiene like boiling milk every time before feeding baby, washing of hand before feeding baby, washing of hand before and after taking food, bath of baby, use of soap while taking bath, use of detergents for washing cloths, cleaning of teeth and face, washing of hand after defecation etc have assessed. Majority of the tribals of both the target and non-target villages do not follow most of these practices of personal hygiene. No one of the tribals boils drinking water before feeding baby. The use of soap to wash hand before feeding baby or before and after taking food, or after defecation is very rare. In regard to the bathing baby daily, use of soap while taking bath and washing babies clothes with detergent, differences have been observed between the tribals of the target and non-target villages. The tribals of the target villages are ahead in this respect than their counterparts of the non-target villages. Similarly literate tribals of both the target and non-target villages are ahead than their illiterate counterparts.

The Hindu community influences the food habit of the tribals of the study area. The average diet of the majority of the tribals of the study area consists of rice, wheat, and vegetable. The use of pulse, fish and meat is very rare. Majority of the tribals of both the target and non-target villages prefer to take morning food prepared on the previous day. They locally call this food as *panta.* None of the tribals of both the target and non-target villages select food item according to their nutritive values. Consumption of milk among the tribals is very rare. The diet of some of the tribals is inadequate. It has been observed that there are deficiencies in diet in both the quality and quantity. Basic calories are not met. The intake of protein is very marginal and the intake of vitamins

and minerals fall far short of the desired level. Much difference is not noticed between the tribals of the target and non-target villages. The variation regarding consumption of vegetable between the tribals of the target and non-target villages is noticed. Some of the tribals of the target villages consume more vegetable than their counterparts of the non-target villages those who have kitchen garden supported by the Tagore Society for Rural Development.

Consumption of *haria* or liquor is very common among the tribals. The tribal people of both the target and non-target villages' most of the time take drinks to quench their thirst. Much of difference is not noticed between the Santals and Oraons or between the tribals of the target and the non-target villages. They cannot think any social or religious activities without drinks. It is believed that drinks provide considerable nutrition in the form of food energy, minerals and vitamins. The *haria* is enriching the nutritional value of their diets and to some extent correct the deficiencies of some of the food items. The country made liquor is harmful and it is consumed for intoxication. The effects of excessive drinking of any liquor are loss of wealth, insanity, absence of consciousness, loss of knowledge and life. Excessive drinking causes numbers of diseases among the tribals, some of the very common diseases are tuberculosis, anemia, jaundice, turgidity of limbs etc. Drinking of excess liquor is harmful, it makes intoxication and hence loss of control is the pathognomic symptom. The tribal people views drinks as a reducer of anxiety and toil after hard work. Drinking is also associated with aggressive behaviour and sexual impulses. The tribals believe that drinking of liquor is an instrument to achieve the submission of and control over others. Majority of the tribals of the target and non-target villages have smoking habit. The harmful effect of the consumption of liquor and *bidi* is well known to some of the tribals of both the target and non-target villages. It has also been observed that the number of tribals of the target villages have reported to be aware of the harmful effects is slightly more than that of the non-target villages. The Santals of both the target and non-target villages are more aware than their Oraon counterparts. Likewise literate tribals are more aware than their illiterate counterparts of both the target and non-target villages.

In maternal and child health practices, differences have been observed between the tribals of the target and non-target villages. The concept of pre-natal check-up is not popular among the tribals. Very recently few tribals have felt that pre-natal check-up is essential for good health of their mothers and children. They consult the health staff of the Primary Health Centre and the Tagore Society for Rural Development. They sometimes also consult private doctors, quacks etc for pre-natal check-up during pregnancy. Pre-natal check-up at the Primary Heath Centre includes immunisation against tetanus, iron supplementation, treatment of pre-existing conditions etc. Few tribals of the study area are also practicing consultation of ojha during pre-natal period for the treatment of pre-existing diseases like tuberculosis, anemia etc. Majority of the pregnant women of the target villages have reported to have no check-up during pregnancy. However, majority of the pregnant women belonging to the literate households have reported to have pre-natal check-up during pregnancy. Whereas a very few pregnant women belonging to the illiterate households prefer to have pre-natal check-up. It has been reported that more pregnant Santal women have pre-natal check-up during pregnancy than those of the Oraons. Majority of the pregnant women of the target villages consult either the Tagore Society for Rural Development or quacks for pre-natal check-up. They receive iron tablets from the Tagore Society for Rural Development but for immunisation they have to depend on the Primary Health Centre. A few women of the target villages prefer to consult *ojha* for the treatment of the pre-existing diseases. Very few tribal respondents of the target villages have reported to consult health centre for pre-natal check-up during pregnancy.

Majority of the pregnant mothers of the non-target villages have reported to have no pre-natal check-up. Mother care programmes of the government health department have failed to reach the tribals of the non-target villages. Health-workers are supposed to visit at least three times during a pregnancy, which is not properly done. They only organise immunisation camp at the health centre twice in a month. Very few tribals have received the pre-natal check-up of the pregnant women at the primary health centre either at Balapur or at Tapan and most of them are literate. Some of them also prefer to visit private doctors or quacks for pre-natal check-up. Majority of the tribals of

both the target and non-target villages who visit primary health centre do not have favourable image about its services. The reasons are: (i) non-availability of the health staff, government health clinic usually opens once in every fortnight on Wednesday. Sometimes the tribals go to the clinics but have found that health workers do not turn up, (ii) irrational attitude and behaviour of the health staff. Health staff does not treat the pregnant women carefully. They do not bother even to listen to them. Some times tribals come first for the treatment but they have to go last as most of the non-tribal patients are treated before the tribal patients, (iii) time and distance, tribal women have lot of work to do even during pregnancy. If they come to the health centre for pre-natal check-up they have to spend one full day; lots of time on traveling and waiting at the health centres. The concept of post-natal check-up is not yet popularised among the tribals of both the target and non-target villages. Only few tribals of the target villages have reported to have post-natal check-up at the Tagore Society for Rural Development. All belong to the Santal communities and majority of them are literate. Traditional midwives deliver all the babies of the tribals of both the target and non-target villages. The Society trains most of the midwives of the target villages. Most of the midwives of the non-target villages are untrained. Some of the pregnant women have reported to deliver their children at the government hospital mostly in case of the emergency.

Consulting a doctor during pregnancy is not at all popular among the tribals of both the target and non-target villages. Only in case of emergency they consult a doctor. In case of emergency majority of the tribals belong to the literate households of the target villages prefer to consult modern treatment. In case of emergency few tribals of the target villages have reported to consult traditional practitioners, like *ojha*, midwives etc. However, in case of emergency during pregnancy most of the tribals of the non-target villages prefer to consult traditional practitioners. Some of them, mostly literate also prefer modern doctor during emergency. No difference is being observed between the Santals and Oraons of the non-target villages. It is interesting to note that majority of the respondents are not satisfied with the treatment of modern doctor at the government health centre. It has been observed that the facility at the primary health

centre is not adequate to conduct delivery. The pregnant women of both the target and non-target villages are rarely take any special attention by taking special diet before and after delivery. Mostly the tribal pregnant woman takes rice, *shak,* green vegetables etc. Potatoes are commonly used as vegetables rarely other vegetables are used. *Dal*, meat, fish, egg etc are considered to be a luxury food, rarely consumed. Though the meat of *googly* and diluted *dal* is taken commonly. The use of fruits, milk is not very common. Among the beverages, tea with or without milk and salt is taken commonly. The use of rice beer (*haria)* is common. They usually take food item thrice a day. The morning food is *panta (*ice gruel, rice prepared in the previous day). They take mid day meal and a meal in the late evening.

Most of the pregnant women of the target villages have received tetanus immunisation, iron tablets etc during pregnancy, which shows interest of the tribals in modern medicine. The recipient of tetanus toxide immunisation and iron folic acid supplementation belonging to the literate households is more than those of illiterate households. It is interesting to note that the number of pregnant women belonging to the Oraon community is more than their Santal counterparts in receiving immunisation and iron folic supplementation during pregnancy. Most of the pregnant women of the target villages have reported to receive immunisation and iron folic supplementation from the camp organised by the Tagore Society for Rural Development. The number of pregnant women in the non-target villages who have received immunisation and iron tablets is less than that of the target villages. In the non-target villages Santals are much more interested in immunisation and iron tablets supplementation for the pregnant women than their Oraon counterpart. Literate respondents have also shown more interest than illiterate respondents. The pregnant women of the target villages, who have reported to take immunisation, have also received iron tablets at the same time but this is not the case of the pregnant women in the non-target villages. The pregnant women come to the Primary Health Centres for immunisation and iron tablet supplementation on the same day i.e., 2nd and 4th Wednesday in a month. These two days are meant for the immunisation day of the Tapan Block Primary Health Centre. If in a particular immunisation day, iron tablet may not be available, the health workers

ask the patient to come again on some other immunisation day for the same. Tribals basically ignore to come again to collect iron tablet. In case if it is not available in the Health Centre some pregnant women of the target villages have reported to receive iron tablets from the Tagore Society for Rural Development. Though iron tablets are available in the open market at Balapur and Tapan, the tribals of the non-target villages are economically not in a position to purchase iron tablets from the open market. The awareness of the need for iron supplementation of the respondents of the non-target villages is also poor.

The coverage of the tetanus immunisation and iron folic supplementation of the pregnant women of the target and non-target villages shows that tribals are now gradually acquainted with the modern practices of maternal care, but the awareness of the need for immunisation is very poor even among the mothers of the target villages. They also lack the knowledge of the use of tetanus immunisation. Most of the mothers are not aware about the worst possible outcomes if mothers are not immunised. The difference of knowledge on these aspects between the Santals and Oraons and also between literate and illiterate tribals is negligible. The mothers of the target villages know the merits and demerits of partial immunisation. However, almost all the mothers of the non-target villages are not aware of the merits and demerits of the partial immunisation. The health care of most of the tribal women still depends mostly on the traditional *dais*, *ojha* etc. The benefit of the modern medicine is not yet fully utilised by the tribal women. The problem remains not only with the tribal women, but also with the faulty health programme of the government.

Tribals do not usually possess modern knowledge of child health care practices. Irrespective of the Santals and Oraons of the target and non-target villages, the midwives or any other near relatives who act at the time of delivery take primary care of the newborn baby. The process includes after detaching the umbilical cord, washing of the baby's mouth with honey by a piece of cloth. Most of the tribal families are found to massage their children with turmeric mixed oil for about twenty days to one month and cleaning of the newborn is done with tepid water. Some families have been

found to take more care by giving their children regular bath, massaging with the warm mustard oil and cleaning their dresses daily. It has been observed that normally for examining the normal eyesight, finger is placed in front of the eyes. If they blink it is believed that eyesight is normal. Making sound on vessels tests the normal eye power of the child and his responses to giggle observes. Most of the tribals depends on the family treatments for most of the sickness of their children, if fails, they visit to folk healers or *ojhas*. It has been observed that if a child is seriously ill and not responds to the domestic medicine or the medicine given by the *ojha* then only they take the child to the modern doctor. It has also been observed that some of the families have become interested to modern care while some others are found to protect their children from witchcraft with the help of *ojha*. The differences of the modern child health care practices of the tribals of the target and non-target villages have noticed.

Breast-feeding, weaning and age of baby when solid foods are given have been studied to get a better insight of the mother child health care practices of the tribals and no significant difference has been observed. Mother's breast milk is the main form of food for the babies. In most of the cases no other stable diet has been introduced to the baby until she/he is five or six months of old. There are certain beliefs among the tribals regarding breast-feeding. They believe that the breast milk of the sick mother is harmful for the health of the baby. In such cases cows milk is preferred as replacement of the mother's breast milk. Another very important belief of the tribals is that the baby is to be deprived for at least one to three days from mother's milk after birth. During this period, honey, water, cow's milk etc is to be preferred. The importance of colostrums is not yet recognized by most of the tribals. Tribals do not know the positive aspects of breast-feeding but it is provided with scientific approaches and most of the tribal mother breast-fed their baby for a longer period. The concept of weaning is almost absent among most of the tribals of both the target and non-target villages. Majority of the mothers have reported to give semi solid food to their children of the age of six months and adult type of food at the age of 7-9 months. The average diet of the child is rice, *dal* and vegetables. Fish and meat are taken occasionally but cows milk is used frequently.

Vaccinating children is not very popular among the tribals of the non-target villages. This is largely due to the lack of awareness among them. Most of the tribals do not know anything about vaccination and the need for vaccination. However,, some tribals are aware of it but most of the time they can not vaccinate their children due to the lack of facilities. On the other hand, vaccination is quite popular among the tribals of the target villages. The child immunisation coverage of the target villages is satisfactory. Santals are more interested for immunisation than their Oraon counterparts. A considerable number of tribals have reported to be aware of the age limit of child immunisation and also they named the name of six killer diseases. Santals of the target villages have reported to be more aware than their Oraon counterparts. It is also observed that literate respondents irrespective of the Santals and Oraons are much more aware than their illiterate counterparts. Most of the child of the non-target villages has not received immunisation. Tribals of the non-target villages also possess very poor knowledge of immunisation. The Santals of the non-target villages have reported to show more interest for child immunisation than Oraons. Literate respondents of both the community have reported to show more interest for child immunisation and there awareness level is also more than illiterate respondents.

Generally tribals of both the target and non-target villages are not satisfied with the quality of treatment and medicines of the Primary Health Centre. Non-availability of good quality medicines does not cure the disease well. This affects their faith on the services provided by the health department of the State government. Treatment available at the Primary Health Centres is charitable but the hidden cost of the treatment here is high for the tribals. Their economic condition does not permit them to buy medicines even when it is urgently necessary. Due to this reason magical and ritual practices are found to be practiced even today by the tribals of both the target and non-target villages. Changes in their beliefs and practices are observed in regard to the adoption of preventive measures. Now-a-days they do not hesitate to vaccinate their children. Though the change of practices are also being observed particularly for the preventive measures. Tribals are no more hesitate for child immunisation. Most

of tribals of the target villages know the scientific home management procedure to truckle diarrhoea.

The concept of fertility, family planning and the use of family planning measures among the tribals of the target and non-target villages have been studied. The uses of traditional birth control measures are still common among the tribals of the study area. It has been observed that indigenous practices of abortion by some of the tribal women are not uncommon. The tribals of the target villages are more aware of the government's family planning programmes than their counterparts of the non-target villages. It is noted that the tribals of the target villages are more advance than the tribals of trhe non-target villages. In general, the Santals are advance than their Oraon counterparts. The literate tribals irrespective of their communities are more advancethan their illiterate counterparts. In regard to the scientific causes of childbirth, preferences for birth control measures, and the actual users of family planning etc, we have found variation in responses. The tribals of the target villages are much ahead than their counterparts of the non-target villages. Majority of the tribals of the target villages know that child bearing depend fully on the desires of the couples. However, most of the tribals of the non-target villages believe that childbirth is the gift of the god. It is interesting to note that literate tribals are interested to put the burden of birth control to their spouses. Otherwise literate tribals are more advance than their illiterate counterparts. Tribals of the non-target villages are almost unaware of the most of the government's plans and programmes. Majority of the tribals are against male sterilisation. Some of them strongly believe that after sterilisation male cannot do any hard work. Some of them have belief that sterilisation of male is a sin. Some of them still believe in offering to god if they wish to have a child and if their wishes are fulfilled. Adoption of family planning for some of the tribals is not possible due to their tradition.

Medical practitioners and public health workers in India have been reporting that very often the tribals do not utilise the medical services, which is not true. There cannot be any doubt that both the Central and State Governments are doing their best for the welfare of the tribals. They are trying to improve the quality and access of the health

services in a number of ways. The study reveals the failure of the government's health programme to motivate the tribals for modern medicine. Most of the health services are not reaching to the tribals. Tribals are not getting the modern health services when it is sought. The Primary Health Centre remains open in the daytime only. In the night, the tribals face a lot of problems with serious patients. It has also been reported that most of the health service providers talk about cultural factors as impediment for not utilising the medical facilities but none of them have realised the root causes behind this. In addition to the social and cultural factors, there is a need to give emphasis on some issues like: (i) Primary Health Centres function only for a few hours in a day and doctors and health staffs are available only for a few hours at the Primary Health Centre, (ii) medicines are not reaching to the hospitals in time, (iii) labour room of the Primary Health Centre is not utilised for this purpose, (iv) most of the health staffs are not staying at their operational areas. However, the programmes of the Tagore Society for Rural Development have influenced the tribals in a positive way towards modern medicine.

Most of the tribals of both the target and non-target villages are not satisfied with the service quality of the Primary Health Centre. They are not interested to visit government hospitals because of the indifferent behaviour of the health staf. The behaviour of the health staff of the Tagore Society for Rural Development are appreciated by the tribals of the target villages. The Tagore Society for Rural Development is not yet able to bring changes to a satisfactory level. Attribution of scientific causes is gaining ground among the tribals of both the target and non-target villages. The change among the tribals of the non-target villages is slow in comparison to the target villages. The variation is not only due the inclination of the tribals towards traditional methods of medical treatment. The problem is essentially a problem of availability. If proper and adequate medical facilities are provided to the tribals, they will gradually accept modern medicine. Traditional cultural roots are not only responsible factor for rejection of modern treatment. The accessibility and the cost to receive modern treatment make the tribals hesitate to accept modern treatment.

Some Suggestions

The welfare approach of both the government and the Tagore Society for Rural Development in regard to the health services becomes a process which treats people only as recipients, as passive beneficiaries, resulting in failures and problems which add up to alienation and no sustainability. There is a need to have a right approach with basic minimum modern health services where people will be the key actors of the entire process. The ownership of the programmes will be on the people's hand. It is essential to involve community in the process of assessing, analysing, and reassessing the problem of health. There is a need to launch a massive awareness programmes involving non-government organisations and communities own organisation, if it is there to make the health programmes as peoples programmes.

Poor economy, physical distance, lack of awareness of the tribals poses major problem to accept modern concept medicine as well to continue the same. Social environment plays a significant role in health care practices. Any attempt to improve the health status calls improvement in the fields of education, accessibility including facilities of modern medical treatment, income and employment to meet the cost of modern treatment, collaboration or partnership with the non government organisations. In addition, suitable intelligently visualised intervention needs to be made in the existing health culture. It appears from the study that there are many constraints on health culture of the tribals, which can easily be removed by improving the machinery's of health services, by providing health education and by providing essential health facilities. Tribals need better health facilities, honest and dedicated doctors and health workers for dispelling their beliefs in witchcraft and sorcery. The promotion of purposive intervention with a view that tribals will accept pre-determined health programmes will not be helpful to improve on the constraints on the tribal health culture, rather there is a need to provide culturally and socially oriented health services. It is therefore, important to initiate an area specific comprehensive scheme which includes income generation, education etc simultaneously awareness about the health and hygiene and of diseases amongst the tribals. It is important to make them conscious about the modern medicines through different innovative methods of

communication involving folks, art, etc. The Tagore Society for Rural Development is trying to remove the constraints on health culture of the tribals through integrated approaches of rural development.

There is a need develop a socially and culturally oriented health scheme for the tribals. It is important to involve local healers and quacks practicing modern treatment. Quacks, local healers, modern doctors and non-government organisations should be asked to work together. The medical pluralism can be channeled into a system of co-operation rather than conflict. All the available system of treatment may be involved to cooperate in developing a practical system of health improvement project through a spirit of mutual respect. Training and education programmes for the tribals should be developed in such a way, which will help to strengthen the positive aspect of tribal health and also help tribals to come out from the ignorance. In this regard local healers may play a vital role. Usually the health professionals and health workers ignore these healers. The tribal leaders, community members may also be involved in the planning process. The role of social scientists that are in a position to honour the traditional system of health and understand the modern medical technologies in such a scheme would be useful. There is a need to integrate the work of social scientists and the work of medical practitioners to overcome the problem of availability and reach. It is expected to be beneficial for the society as a whole and for the tribals in particular if such intimate and genuine knowledge of social scientists are properly harnessed for drawing up and implementation of such type of scheme.

Comprehensive health care services are not available in the health care packages of the Tagore Society for Rural Development. There is a need to improve the range of services at the Tagore Society for Rural Development to meet the modern health need of the tribals. The Tagore Society for Rural Development merely depends on the government health providers for the services of mother and child immunisation, family planning etc. it may be suggested here that the government health planners may develop a strategy to give the ownership of the management of the few health centres in the target villages to the Tagore Society for Rural Development with financial

support and technical supervision. This will go a long way to improve the quality of the village health services. Likewise a public and private partnership for the management of village health services may be developed which will ultimately help the beneficiaries, poor tribal people. The Tagore Society for Rural Development will run health centres with more human approach, which is lacking in most of the government health centers. If this kind of tie up succeeds, they may think of more collaboration in providing modern health care services.

Health care practices of the tribals are understood in relation to their environment, economy, social and cultural beliefs and practices. It is important to provide training to the health staff in social aspects of the tribal health. This would help them to understand tribal beliefs regarding health and illness, which will help them to provide counseling and treatment to the tribals. There is a need to develop good interpersonal relation between the tribals and the health workers. Health providers should treat the tribals with respect. They should respect to the tribal culture and belief which will help them to gain the confidence of the tribals. Most of the tribals depend on the quack for modern treatment. The modern qualified doctors is very few in the tribal ares. There services are costly which they cannot bear. The quality of the services of the quack needs to be developed. A separate training module may be developed for the quacks. There is a need to identify the potential quacks in the villages and a compulsory training programme may be under taken for them. The programme may cover the modern scientific methods of treatment, drugs-its positive and negative aspects, rational use of drugs, identification of the high risk cases and proper referral for these patients. We have to make a plan in such a way that rational modern treatment can be provided by the quacks and there should be some qualified doctors who will supervise the work of the quacks. Another important aspect of the tribal health culture is the drinking habit of the tribals. This not only causes illness, but also ruin their economic condition. The consumption of liquor should be discouraged by the non-government organisation. The ill effect of liquor should be shown through various innovative means of communication, audio visual means etc. it is interesting to note that the Tagore

Society for Rural Development is not giving any emphasis on this aspect in their activities.

Health of the tribal women and children merely depends on the knowledge of midwives. Considering the situation, it may be suggested here that comprehensive *dai* training by covering not only the aspect of scientific methods of delivery, cleanliness, but also there is a need to give information on the aspects like early breast feeding, colostrums feeding, weaning food, introduction of semisolid food at the right age of a child, use of oral re-hydration solution, spacing needs, family planning measures etc. The *dai's* knowledge and practices should be reinforced through organising refresher training at least ones in every month. The responsibility of *dai* training should be shared with the voluntary or non-government organisations. The services of midwives may also be utilised by adopting them as depot holder for oral rehydration solution, family planning etc. Indigenous abortions mostly conducted by the indigenous *dai's* are prevalent in the study area. There is a need to discourage the practices by popularising medical termination of pregnancy and other available measures of family planning. A separate information, education and communication strategy may need to developed by involving tribal folk art to popularise the methods available for family planning, its merits and demerits. The availability of family planning methods should also be ensured in the doorsteps of the tribals. In addition to these, there is a need to develop quality contraceptives with less negative effects. In regard to the improvement of the sanitation and personal hygiene of the tribals, there is a need to have provision of safe drinking water, latrine, safe refuse disposal etc for all the tribals. It is also a necessary to introduce awareness programmes, which will help the tribals to understand the importance of cleanliness and its relevance to improve their health.