CHAPTER – 4

CHAPTER – 4

HEALTH CARE PRACTICES

For the purpose of analysis of modern health care practices among the Oraons of Bamongola Block, the entire Oraon population inhabiting in seventeen villages or hamlets have been divided into two groups of villages – one group was located close to Rural Hospital and the other situated far from Rural Hospital. A group of villages located within the distance of approximately 3 KMs is treated as villages close to Rural Hospital while the other villages situated more than 3 Kms away are considered as villages away from Rural Hospital.

The objective of dividing these Oraon tribal villages into two sets, following the criteria of proximity and distance was to investigate and record the impact of modern health services and facilities provided through Block Rural Hospital upon the Oraon tribal community. It also seeks to examine the extent of utilization of modern health services and facilities by the Oraon community. It would also examine and record the factors availability and accessibility for proper and better utilization as well causes for underutilization and constraining factor for adoption of modern health services at Rural Hospital /Primary Health Centres.

The study on the health care practices or health behaviour of the Oraons revealed that they were not totally averse to modern medicine and treatment. The people from both set of villages were found to be accepting modern medicines. But acceptance and utilization of it to a great extent were influenced by their perception regarding disease etiology. The simple village folk could not decide for themselves what method of treatment to be adopted for the patient. Diagnosis of diseases and their treatment was left entirely to the village medicine man known by different names, such as *kabiraj, baid, ojha,* and *gunin.* The perception of the Oraon community regarding causes of diseases also influences the method of treatment. Decision of the community and tremendous social pressure, together with cultural practices and religious beliefs continue to exert strong influence on the health care practices of the Oraon community.

Village medicine men are also not totally against the use of modern medicine but at the same time they do try to give treatment first. It is because the village medicine men live close to their village or in neighbouring village and are available whenever they are called upon to give treatment. When no other medical facilities are available in the villages, which are situated very far from Rural Hospital, it is the village medicine men who provide the treatment first specially at night. Their diagnosis of illness and treatment mainly consists of supernatural method together with some herbal medicine. In fact in most cases of diseases or illness the village medicine men attributed the causes to supernatural forces, mainly, to evil spirits. Therefore, it was felt necessary to have some kind of ritual healing first and then after taking the patient to rural hospital for treatment.

The important and interesting belief found to prevail among the Oraons is that some magico-religious and ritual healings which were considered very necessary before taking the patient to hospital. The reason provided was that it required warding off the influence of malevolent spirits if not modern medicine may not be effective. Another strong perception prevailed among the Oraons was that magico-religious treatment by an ojha was very necessary before taking the patient to hospital so that *bhuts* (evil spirits) do not attack the patient on the way. Therefore some rituals were performed before leaving home for hospital. This was considered a very important protective measure against evil spirits or evil eyes of a witch. Thus both traditional and modern methods of treatment were considered necessary by the Oraons.

Thus, the interaction of modern and traditional methods of treatments is discussed below:

The first appearance of symptoms of diseases is not only the problem of physical or mental suffering according to the Oraons. They believe that either the man-spirit relationship with gods or deities has been disturbed or the evil spirits must have attacked. Therefore, the usual practice is to call upon the village medicine man, e.g. *kabiraj, ojha, baid* or *gunin* for diagnosis and treatment first. The respondents inhabiting in interior villages far from the Rural Hospital also reported that at the time of illness only treatment available was from that of *ojha* or *kabiraj* or *baid* who

attended the patient at any time called upon to do so. But the deeper investigation revealed that whatever amount of modern medicine or health facilities made available, their indigenous system of treatment can not be completely done away with. They asserted that treatment of some diseases and illness fell exclusively under the domain of traditional healers. On the other hand, modern medicines were preferred for the diseases or illness they believed to be caused by natural agents. The table below shows the behaviour of the respondents regarding health care practices when diseases or illness appear.

Table:33. Responses of respondents regarding adoption of first contact for treatment of diseases / illness

RESPONSES OF RESPONDENTS				
Categories of villages	No of respondents	Use / believe in traditional treatment first	Use / believe in modern treatment at the very first time.	Total
Village near Rural Hospital	228	85	143	228
Percent		37.28	62.72	100
Village far from Rural Hospital	266	188	78	266
Percent		70.68	39.32	100

Table 33 : shows the responses of the respondents of two sets of villages regarding methods of treatment adopted first when the symptoms of illness or diseases appear. The data clearly show two distinct pattern of health behaviour regarding first time treatment in two sets of Oraon villages under investigation. It was found that the largest section of people living close to Rural Hospital used and preferred modern treatment from hospital first. On the other hand the respondents who resided in interior villages away from Rural Hospital. used or believed in traditional form of treatment first. Out of the total number of 228 respondents only 85 (37.28%) and 143 (62.72%) people had used or believed in traditional and modern treatment first

respectively. In the second set of village, that is located far from Rural Hospital 188 (70.68%) and 78 (39.32%) people had used or preferred traditional and modern treatment first respectively. It is very apparent that a small percent (e.g. 37.28%) of people who live close to Rural Hospital used or preferred traditional form of treatment. On the other hand the largest percent, (e.g. 70.68%) of the respondents who inhabited in far away villages from the Rural Hospital, were dependent more on traditional method of treatment. Again a very large section of the respondents that is 62.72% of them residing close to Rural Hospital used or preferred treatment from hospital while only 39.32% of people who inhabited in far away villages from the Rural Hospital preferred modern medicine first.

It is apparent from the table that two different pattern of health behaviour are observed among the Oraons inhabiting in two sets of villages. The people who resided in villages far from the Rural Hospital used or believed more in indigenous treatment by village medicine man that *kabiraj* or baid or *ojha* or gunin before starting modern treatment. So they were dependent more on traditional healers. These medicine men try to give treatment at the initial stage for practically every case of disease and illness and when fail to cure, advises the patient to be taken to hospital which sometimes results in a fatal death of a patient. It is because the Oraons start treatment of illness at a very late stage and the treatment by village medicine man further delays the proper modern treatment resulting in fatality of a patient. The respondents who live close to the Rural Hospital also start treatment at later stage but prefer and go for modern treatment directly due easy accessibility.

At the same time it was revealed through discussion with the respondents that their choice regarding methods of treatment was directly influenced by two main factors firstly perception regarding causes of illness and disease and secondly the accessibility and availability. So the Oraon community has no suspicion or problem in accepting modern medicine. They also accept the efficacy of modern medicine. The following table will show the method of treatment for diseases and illness believed to be caused by natural agent or forces.

Table:34. Methods of treatment used at the first appearance/Symptoms of disease / illness believed to be caused by natural causes

RESPONSE OF RESPONDENTS				
Category of villages	No of respondents	Follow traditional treatment	Follow modern treatment	Total
Village near Rural Hospital	228	23	205	228
Percent		10.09	89.91	100
Village far from Rural Hospital	266	69	197	266
Percent		25.94	74.06	100
Total	494	92	402	494
Percent		18.62	81.38	100

Table 34 : shows the health behaviour of the Oraons in two sets of villages, in case of diseases / illness believed to be caused by natural forces or agents. Therapy for ailments is determined by their perception of disease etiology. Therefore, the Oraons though believe very much on supernatural causes of illness, yet for natural causes they use or prefer modern medicine or treatments. It was found that out of the total respondents inhabiting in the vicinity of Rural Hospital, 23 (10.09%) and 205 (89.91%) of them used or preferred traditional and modern methods of treatments respectively. On the other hand 69 (25.94%) and 197 (74.06%) people who lived in villages located away from Rural Hospital used or preferred treatment from indigenous sources and modern medicine from hospital sources respectively, out of the total of 266 respondents.

The data analysis on the table above clearly shows that the largest percentage of the inhabitants from both sets of villages used or sought modern treatment in case of natural causes of illness. But comparatively, the percentage of people seeking treatment from hospital sources was found to be higher among those who lived in villages close to Rural Hospital than those who inhabited in remote villages from Rural Hospital. Therefore, the perception of the people regarding disease etiology and

accessibility were considered important factors for adoption of treatment method either indigenous or modern.

Table:35. Types of treatment method used/preferred for diseases and illness in two sets of villages.

Responses of the respondents					
Category of villages	No.of respon-dents	Use//prefer only tradition-al medicine	Use / prefer Only modern Medicine	Use /prefer both tradition-al medicine	Total
Village near Rural Hospital	228	5	81	142	228
Percent		2.19	35.53	62.28	100
Village far from Rural Hospital	266	16	66	184	266
Percent		6.02	(24.81)	69.81	100
Total	494	21	147	326	494
Percent		4.25	29.76	65.99	100

Table 35 shows that the Oraons used or preferred to use three types of treatment for various kinds of diseases and illness, namely traditional, modern and combination of both traditional and modern. The data clearly shows that a very large percent, e.g. 142 (62.28%) and 184 (69.81%) respondents from the village situated near the Rural Hospital and the other far from Rural Hospital, still used or preferred to use combination of both traditional and modern medicine. On the other hand a small percent, e.g. 81 (35.53%) and 66 (24.81%) of the inhabitants of the village close to Rural Hospital and away from it respectively had faith in modern medicine. Those who exclusively believed in indigenous medicine accounted for only 5 (2.19%) and 16 (24.81%) from the both categories of villages near and far from Rural Hospital respectively.

The most important revelation of this data was that both sets of villages were found to be using combination of both indigenous and modern medicine. The reasons provided as discussed earlier that most of the diseases and illness, even if caused by natural forces or agents, the influence of evil spirits, evil eyes etc. were not ruled out. Hence it was believed by the Oraon community that any one method of treatment may not be effective. So both methods of treatments were used simultaneously and were considered important for cure of illness and disease.

Rural Health Facilities at Bamongola Rural Hospital

Promotion & Provision of rural health care is the major concern for the policy makers and the Government. To promote better rural health care the first land mark in official health policy of independent India was the acceptance of Bhore Committee recommendation of 1946, which laid the foundation of comprehensive rural health services through the concept of primary health centres. The 1978 Declaration of Alma-Ata also received full fledged commitment from Indian Government in relation to the health care and development. This declaration was important for laying broad philosophy towards strategy secured in primary health care approach. The National Health Policy (NHP) 1983 also set the primary objective to attain the goal of health for all by AD 2000, by establishing an effective and efficient health care system for all the citizen and particularly, the most vulnerable groups like women, children and under privileged groups such as Scheduled tribes and Scheduled Caste. The NHP emphatically stressed in creation of primary health centres. Besides this other major priorities were –co-ordination of health related services and activities such as drinking water supply, sanitation and nutrition. In 1980s a massive infrastructure expansion and programmes for providing family health care was under taken. It set the goal of achieving one primary health centre for 30,000 people and one sub-centre for 5000 people and one primary health centre for 20,000 population and one sub-centre for 3,000 people in tribal areas. However, despite of the vast expansion in infrastructure remained grossly under utilized due to poor facilities and inadequate supplies and lack of effective man power. Therefore, problem of health in rural areas, particularly, in tribal areas remains a complex problem.

Provision for and availability of modern health services and facilities has an crucial role in influencing the health behaviour of the rural people. Since rural people in general and in particular tribal communities are economically backward, it is very difficult for them to afford expensive allopathic medicine. Hence availability of modern medicine free of cost and other facilities are very important in influencing the health behaviour of the tribal communities. The Oraon tribal community under investigation is also educationally and economically very backward. The cost factor of modern allopathic medicine and other services and facilities were found to have direct relation with the poor response to adoption of modern health care practices by the Oraon community.

Before going into the detail analysis of the health care practices among the Oraons, it is necessary to discuss the health facilities and other services available in Bamongola Rural Hospital at Bamongola Block.

As a part of the health policy of the state, the Government of West Bengal makes provision for setting up a Rural Hospital at every block of the district to cater to the health need of rural population. The structure of health services of the District of Malda, consists of *Sadar* Hospital (District Hospital), located in the District Headquarter, Malda, which serves as referral hospital for all the rural hospitals at the block level. At the district, *Sadar* Hospital is headed by a Chief Medical Health Officer, who in turn is responsible for policy-making, implementing and evaluating various health projects and programmes in different block of the districts. Health care in rural areas at the Block level has been developed in three tier structure – Rural Hospital, Primary Health Centre & Sub-centre. The sub-centre is the most peripheral health institution and the first contact point between rural hospital and primary health centre. The sub-centre is manned by one trained Multi Purpose Worker (MPW) who is entrusted with providing basic drug for minor illness and provide services relating to maternal and child health e.g. nutrition, immunization, diarrhea control etc.

The primary health centre is the second tier and rural hospital the upper most tier in rural health structure which envisage to provide integrative and preventive health care to rural population. These health institutions emphasize on preventive and promotional aspect of health, e.g. promotion of better health and hygiene.

The present study has been conducted in Bamongola Block, in Malda District, in the state of West Bengal. This block is one of the most backward blocks of the districts, inhabited mostly by Scheduled Tribes and Scheduled Caste, who are socially and educationally very backward. The health status of the tribals in general and particularly, of the Oraons, is at a very low level. The only health services and facilities available for the entire population of the block, is the Bamongola Rural Hospital, located at Modipukur village, about 50 KMs. from the district headquarter, Malda. Prior to setting up of Bamongola Rural Hospital, the people of the block had to depend on the *Sadar* Hospital, Malda for their health need. The Bamongola Rural Hospital was set up in the year 1957. In the same year (1957), the Primary Health Centre (Primary Health Centre) was also set up at Kasimpur village, known as Kasimpur Health Centre, located at a distance of about 15 Kms from the rural hospital, Modipukur.

Bamongola Rural Hospital is headed by Block Medical Health Officer (BMHO). The rural hospital is staffed with five qualified MBBS general physicians, six general nurses, one pharmacist, one laboratory technician for X-Ray and some non-technician office staff. The health facilities available in rural hospital are: 30 general beds for patients, one labour room, one laboratory for testing blood and sputum, one X-Ray room with one X-Ray machine and one ECG machine. There are separate male and female wards available. Though a laboratory is available for testing blood and sputum, yet only two tests are done there- one blood test for malaria and *kala-azar* virus. The other test done is for tuberculosis. There is also one ambulance for carrying patients to *sadar* hospital at a nominal charge.

The BMHO is the administrative head of the hospital as well as all the Primary Health Centres, and sub-centers of the block. He is also responsible for carrying out other health education programmes and propaganda such as polio, immunization of children, mother –child health awareness programmes, family planning education etc. The rural hospital serves as referral hospital for all Primary Health Centres and Primary Health Centre -Sub Centers at the block level.

Besides the rural hospital, there are two Primary Health Centres, namely Uttarpara at Nalagola and the other Kasimpur Primary Health Centre at Kasimpur

village. The Uttarpara Primary Health Centre is situated at Nalagola, on the Malda – Nalagola, state high way, about 60 KMs from the district town, Malda. It is staffed with one doctor (general physician), one pharmacist, three general nurses and four non-technical office staff. The Uttarpara Primary Health Centers is provided with ten beds for in-patients. But it is very poorly maintained. The Kasimpur Primary Health Centre is located in the very interior area. It is also provided with one doctor (general physician), one pharmacist, two general nurses and five non-technical office staffs. There is no provision for beds at Kasimpur Primary Health Centre. The Primary Health Centers do not have facilities for blood testing, X-Ray etc. The Primary Health Centers besides, providing curative medicines, also promote preventive health education

The Primary Health sub-centers take care of the health need and requirements of rural population of every 5000 persons in rural areas. In Bamongola block, there are 27 Primary Health Centre sub-centers. Each sub-center is provided with one trained Multi-Purpose Worker (MPW), called health assistant. The MPW is normally a female but there are some male MPWs as well. Of the 27 multi-purpose - workers in Bamongola block eight are males while the rest females. The MPWs are recruited by Panchayet samity. The MPWs under go a training course at the sadar hospital for eighteen months, before being posted at Primary Health Centre, sub-centers.

The MPW scheme envisages at controlling or eradicating communicable diseases, to provide mother –child health services, to health education, health awareness, family planning etc. among the rural population. A health assistant is given the responsibility of providing medical needs of specially the mother and child. Pregnant mothers are given iron tonic, tablets etc. Children are given BCG, polio dose, immunization etc. and maintain all these records. Medicines are also provided for mother and child for ordinary fever or illness. Besides these, a health assistant maintains all records of births and deaths. She also reports the cases of leprosy to the Rural Hospital.

Thus there is a vertical structure of health services- S*adar* hospital at the district level, which is the referral hospital of the district followed by rural hospital at the block level, which also serves as referral hospital of all Primary Health Centres and sub-centers at the block level. At the third and fourth level, we find Primary Health Centres and sub-centers respectively.

Satisfaction / Dissatisfaction Regarding Hospital Facilities

Availability of modern health services and facilities from the hospital sources and awareness about them are important for successful promotion of health among the rural population and particularly among the tribal people. But mere awareness will not have much impact unless adequate facilities are provided free of cost to rural including the tribal people. Therefore, provision of medicine and other facilities free of cost were found to be very crucial among the tribal community in particular. In this regard satisfaction and dissatisfaction of the respondents of two sets of villages have been analysed.

Table: 36. Distribution of respondents in two sets of villages as per satisfaction an dissatisfaction regarding Health facilities / Services at the hospital.

Responses of respondent and category of village						
Availability of facilities at Rural Hospital	Village near Rural Hospital			Village far from Rural Hospital		
	Satisfied (some how)	Not satisfied	Total	Satisfied	Not satisfied	Total
Doctors facility	155	73	228	168	98	266
Percent	67.98	32.02	100	63.16	38.84	100
Medicine free of cost	78	150	228	84	182	266
Percent	34.21	65.79	100	31.58	68.42	100
X-Ray facility	66	162	228	70	196	266
Percent	28.95	71.05	100	26.32	73.68	100
Blood, sputum testing	44	184	228	64	202	266
Percent	19.30	80.70	100	24.06	75.94	100

Some questions were asked to the respondents about their experiences and views regarding their satisfaction and dissatisfaction with the availability of medical facilities at the rural hospital and their responses were recorded.

Table 36 shows that the Oraon respondents varied in their responses with regarding availability of different services and facilities in the hospital. It is very clear from the table that a large percent of the respondents residing close to Rural Hospital, e.g.155 (67.98%) of the people were found to be satisfied while only 73 (32.02%) did not. Similarly a large section of the respondents living in villages far from Rural Hospital also said that they were satisfied with availability of doctors at the hospital. Thus the respondents living in remote villages who expressed their satisfaction and dissatisfaction accounted for 168 (63.16%) and 98 (38.84%) respectively. So it was found that majority of the respondents were found to be satisfied with availability of doctors at the hospital. Only a small section of the respondents from the village near the Rural Hospital and away from it were dissatisfied with availability of doctors. The reason cited for their discontent was that frequent transfers and changes did pose problems for the villagers. Vacant posts take time to fill up by new doctors. And also lack of sufficient number of doctors also create problems for the patients coming from far-flung interior areas. They have to wait for hours in a queue to be treated. As a result the patients face immense problems. The BMHO also has admitted to the investigator that it was very difficult to manage a large number of patients every day. The number of doctors was hardly sufficient to cater to the needs of the patients.

Availability of medicine free of cost was the very important and crucial point that was discussed with the respondents. It was found that the Oraons were not totally against accepting modern medicine. The main problem faced by the Oraons was that medicines which are supplied free of cost to the patients was not adequately available. People from both categories of villages were not at all satisfied with supply of medicine. A very large section of the respondents, e.g. 150 (65.79%) and 182 (68.42%) from the village situated close to and away from the Rural Hospital respectively were highly dissatisfied with availability of medicine free of cost. Only a small number of people, e.g. 78 (43.21%) 84 (31.58%) from the village located near the hospital and away from it, expressed their satisfaction respectively.

Diagnostic facility, e.g. X-ray, was also very poor. The respondents were highly dissatisfied X-ray facility in the hospital because this facility was not always available and also involved a long process to get the X-ray done. So the poor people had to get the X-ray done out side which was very expensive for them. So naturally, they were quite discontent about it. It is clear from the table that a very large percent, e.g. 162 (71.05%) of the respondents living close to the Rural Hospital while 196 (73.68%) of them who inhabited in remote villages from the Rural Hospital were dissatisfied very much with X-ray facility at the hospital. Again people were not happy at all with another diagnostic facility like blood testing. A very large percent of the respondents e.g. 184 (80.70%) who lived in the proximity to the Rural Hospital and the other 202 (75.94%) people who lived in remote areas from the Rural Hospital were dissatisfied with blood and sputum testing facility. In fact there is no other diagnostic facility at the hospital. Some blood test were made only for malarial virus and kala-azar fever and sputum test for tuberculosis. So all the other test have to be done out side in private clinics, which was very difficult, and at times impossible for the poor lot of the tribals due to economic constraints.

The crucial point that figured during discussion with the respondents was that of the lack of adequately availability of medicine and services in the hospital free of cost. Other diagnostic facilities such as X-ray, blood testing etc. were poorly maintained and most of the time they were not available for the poor patients for one petty reason or the other. The process and procedures to get the diagnosis done at the hospital was also very long. The patients have to come to the hospital several days to get diagnostic facility which is very frustrating and even difficult, they claimed. It took several days to get the report of the diagnosis. Further not all the diagnosis are done at Rural Hospital so the blood samples are sent to the Sadar hospital for examination, which further delays the process of treatment. Bearing malarial and kala-azar virus, no other facility for blood test is available at the hospital. So the people have to depend on private clinics and laboratories and private diagnostic centers to get blood, urine etc. tested which is very expensive. The tribal can not afford it. The respondents claimed that only some cheap medicines were available such as medicine for ordinary fever, cold cough, paracetamol, iron tablets, vitamins etc. free of cost and the rest of the medicines have to be bought from near by medicine

shops. The respondents also expressed their dissatisfaction regarding the quality of medicine supplied to them free of cost in the hospital. They consider this medicine given to them from hospital sources as cheap and not very effective in comparison to the medicine bought from the medicine shop.

The over all general observation made from this table as well as discussion with the respondents that given their poor economic condition, lack of adequately available medicine, health services, lack of adequate diagnostic facilities etc. had a very discouraging impact on adoption of modern health care practices among the Oraons.

Awareness of Health Services / Facilities in Rural Hospital

Promotion of tribal health in rural areas depends on several factors, like literacy, educational level, economic condition and culture of the tribals. Awareness about the provision of medical services and facilities in rural hospital is also very important for better utilization of the same and making available of such facilities alone is not enough for bringing greater impact on prevailing poor health condition of the locality and particularly of the tribals. Rural folk must be made aware of and oriented to accept theses facilities, else they will remain underutilized. In particular, it is more important to make tribal communities ware of these facilities of modern medicine and facilities and motivate them to accept the same because illiteracy, ignorance, superstitious etc. still exists among the tribals. It is also true in the case of Oraon tribal community of Bamongola Block. So the awareness of the Oraons regarding health facilities provided by hospital sources has been discussed.

The analysis of the modern health practices among the Oraons of Bamongola revealed that the awareness regarding medical facilities in two sets of villages differed. Two different levels of awareness about modern health services in the hospital and general orientations were found among the Oraons. For the purpose of discussion and analysis the entire Oraon villages or hamlets of Bamongola block have been divided into two sets. A group of village that is located approximately within the distance of 3 KMs is considered as village near the hospital while those villages which are situated more than 3 KMs are termed as village far from hospital.

The Oraon community inhabiting in two groups of villages were homogeneous in terms of literacy, occupation, and economic condition. The Oraons living in village close to hospital were found to be comparatively more aware of the kinds of services and facilities available in the hospital. They also had more contact with the hospital due to its proximity. On the other hand the Oraons living in villages far from hospital were found to be less aware of the health facilities that were provided by the hospital. The people who lived in interior and remote villages from the hospital were found to be less in contact with the hospital and due to lack of awareness as well as distance factor. Hence they were not sufficiently utilizing health services available in the hospital.

The respondents from both groups of villages had faith in modern medicine. They were not suspicious about this either. Beside hospital, some were found to consult quack allopathic doctors available in the locality. But economic constraint was the main obstacle in consulting doctors at private chambers.

Besides awareness factor; perception of people towards the system of modern medicine, its efficacy, availability, easy accessibility, distance factor, doctor-patient relationship, proper care and treatment, faith in it etc. were found to be important factors among the Oraon community for accepting and utilizing health services and facilities adequately in the hospital.

DOCTOR-PATIENT RELATIONSHIP

Doctor-patient relationship is considered another very important and crucial factor for promoting rural health among the rural folk. Several scholars dealing with health studies have emphasized doctor-patient relationship for better adoption and utilization of modern health care practices among the rural people. The doctor- patient relationship is further emphasized by the investigator in this particular study on health care practices among the Oraon tribal community of Bamongola block. Like other tribal communities, the Oraons lead a very simple life. They mostly earn their livelihood from agriculture and agricultural labour. Economically, they are the disadvantageous lot. Illiteracy and ignorance prevails among them. The very important revelation came out during field survey that the simple Oraon tribal

consider the doctors as urban people who belonged to other higher class and community. So they do not feel comfortable to consult the doctors. They felt very uneasy and were reluctant to go to the hospital. The Oraon community has faith in modern system of medicine and treatment but do not feel at ease with the doctors. The common perception prevailed among the Oraon tribes that the doctors at the hospital neither did listen to the patient properly nor gave treatment with care. They felt that the doctors did not examine the patient properly. They also consider the doctors, who belonged to other community of higher status, who were not caring towards their health problems. So they felt very uneasy and inferior to consult them. The tribal women were found to have more problems with approaching the doctors. Thus not caring attitude and behaviour of doctors was one of the principal factors for not motivating the tribals for adopting modern medicine adequately. Above all most of the medicine prescribed was also not available in the hospital. So they had to buy the prescribed medicine from near by medicine shops to which they could not afford.

In order to substantiate the above claims and argument of the Oraon respondents, the researcher considers appropriate to discuss the doctor-patient relationship that has a greater impact on the tribal health behaviour. There is one Oraon allopathic quack doctor in the study area. Being from the same community, he was most sought after by the Oraons. It was reported that he (Oraon quack doctor) treated the patient with much care, gave enough time and listened to the problems of the patients properly. They also felt quite at ease and comfortable to consult this particular doctor in their own mother tongue. Therefore, the Oraons, from far away villages also consulted and sought treatment from him He was known to all the Oraon villages. So the Oraons of nearby villages consulted him for all ordinary cases of ailments. The point the investigator wants to make is that proper and friendly doctor patient-relationship is absolutely necessary for promotion of rural health and better utilization of health services and facilities provided by the hospital.

Perception of Modern Diagnosis and Medicine

The field survey reveals that the Oraons have their own perception modern methods of diagnosis and medicine. They do accept modern doctors are better equipped to make better diagnosis and provide medicine. Modern diagnosis is done with the help of superior technology, hence capable of making proper and correct

diagnosis. Proper diagnosis and prescription bring quick relief to the patient. So the Oraons have no difficulty in accepting modern medicine but at the same time they also follow their traditional method of treatment.

In this study the respondents were asked questions about the reasons for their belief in modern system of medicine. The two main reasons provided were; modern machines / technology used by doctors for diagnosis is far superior in making correct diagnosis and medicines are also more effective in bringing quick relief to the victim.

Table: 37. Reasons held by respondents for having faith in modern method of diagnosis and medicine.

No. of respondents in two groups of villages		
Reasons	Village near Hospital	Village far from Hospital
Makes proper diagnosis with the help of modern diagnostic tools (Machines)	109	120
Percent	47.81	45.11
Proper medicine is more effective/brings quick relief	199	146
Percent	52.19	54.89
Total	228	266
Percent	100	100

Of the 228 respondents, (table 37) from the village who live in proximity to the Rural Hospital, 109 (47.81%) said that doctors at the hospital make better diagnosis with the help of modern technology while 119 (52.19%) opined that prescription of proper medicine is more effective and bring quick relief to the patient. Similarly, out of 266 respondents from a group of village located in remote areas,120 (45.11%) also expressed their opinion that doctors use modern equipment for diagnosis of ailments which is capable making correct diagnosis and 146 (54.89%) said that modern medicine was more effective in bringing quick relief of diseases. Therefore, the observation from the data analysis of Oraons show that though they are illiterate and tradition bound in many cases of diseases yet are aware that modern

methods of diagnosis is more accurate and medicine is more efficacious. Comparative analysis of the data shows that there is no significant difference regarding reasons provided for having faith in modern methods of diagnosis through technology and efficacy of medicine.

Discouraging Factors for Adoption of Modern Medicine

It has been earlier said that the Oraons are not totally averse to modern medicine. They do accept modern n medicine without any hesitation or difficulties or suspicion, though they follow certain traditional medicine from the village medicine man. There are multiple factors for under-utilization modern health services and facilities available at rural hospital. The major discouraging factors are categorized into four types, namely, economic constraints, lack of proper examination by doctors, time-distance factors and poor doctor – patient relationship.

Table:38. Discouraging factors for adoption of modern medicine at the rural hospital

NO OF RESPONDENTS				
Discouraging factors	Respondents in village near Rural Hospital	Percent	Respondents in village far from the Rural Hospital	Percent
Economic constraints:. Most prescribed medicines are not available at the hospital, hence very expensive to purchase medicine from medicine shops	76	33.33	104	39.10
Doctors neither examine with care nor give time to listen to their problems	64	28.08	56	21.05
Patients have to wait for hours to get examined as a result lose a day's work and earnings / wages	68	29.82	71	26.69
Doctors / Nurses behave rudely	20	8.77	35	13.16
TOTAL	228	100	266	100

Table 38 : shows the percent of people of two sets of villages who have held different factors for discouraging or factors of under-utilization of modern health services and facilities at the rural hospitals and primary health centers. It is apparent from the table that 76 (33.33%) and 104 (39.10%) of the villagers living in proximity to the Rural Hospital and away from it respectively attributed the economic constraints since most of them are economically very backward and the medicine prescribed by doctors are not available in the hospital free of cost. So they could not afford to purchase prescribed medicine from medicine shops. Therefore, free examination or check up by doctors made little impact on the health behaviour of tribal people. Secondly, 64 (28.08%) and 56 (21.05%) people living close to and away from the Rural Hospital said that doctors at the hospital did not examine the patients with proper care and also gave very little time for check up. The doctors did not listen to the problems of the patients; hence they feel discouraged to go to the hospital. The third discouraging factor recorded was the time-distance factor which was applicable for mostly the respondents living in remote villages away from the Rural Hosapital, while the people living close to Rural Hospital had complains of long wait in queues, who accounted for 68 (29.82%) and 56 (26.69%) respectively. Regarding the fourth factor, 20 (8.77%) and 35(13.16%) respondents from the set of village close to and away from it respectively said that rude and harsh behaviour of some doctors also discourages them from going to the hospital. The doctors in the out door clinics are not at all sympathetic, caring. They said that said that the doctors merely perform their routine job.

The investigator had an interview with the Block Medical Health Officer (BMHO) who gave his own explanation regarding the problems of the hospital. Some of his version of the availability of medical facilities directly contradicts to that of the respondents. He said that medicines are provided to the patients sufficiently. Other facilities were also adequate. The hospital is more or less well equipped to meet the need of the rural masses. But he agreed that sometimes delay in supplying and short supply of medicines do create problems for the patients. Another major problem cited was the lack of sufficient man power to meet the very large number, almost 300 outdoor patients every day. But he agreed that the hospital needed to be improved in many areas.

Co-existence of Traditional and Modern Medicine

Co-existence of traditional and modern system if medicine is considered to be another important area of interest among the sociologists dealing with health issues in rural society, particularly, among the tribal society. In this context the Oraon tribals were asked to give their views and opinion regarding the need for simultaneous existence of traditional and modern system of treatment between two groups of Oraon villages – one set of village located in the vicinity of the Rural Hospital while the other away from Rural Hospital, and to find out the impact of Rural Hospital / Primary Health Centre on the health behaviour of the tribals from the perspective of proximity and distance. It has also been attempted to find out why and what per cent of respondents favour or disfavour simultaneous existence both system of medicine and treatment.

Table 39: Responses of respondents favouring / disfavouring co-existence of both traditional medicine men and modern medicine.

		RESPONSES OF RESPONDENTS					
Category of villages	No.of respon-dents	Favour existence of TM*& Modern doctors simultaneously	Percent	Disfavour existence of TM* & Doctors simultaneously	Percent	Total	Percent
Village near Rural Hospital	228	176	77.19	52	22.81	228	100
Village far from Rural Hospital	266	234	87.97	32	12.03	266	100
TOTAL	494	410	83.00	84	17.00	494	100

**TM= Traditional Medicine men.*

It is apparent from the table 39 - that a very large section of the Oraon tribals, e.g. 410 (83.00%) favoured the co-existence of both traditional medicine men and modern doctors, while only a very small section of them e.g. 84 (17.00%) did not. Comparative data regarding co-existence of traditional medicine men and modern doctors in two sets of village, near and far from Rural Hospital, respectively, does not show or reflect any significant difference. A very large section of the people of both set of villages was in favour of simultaneous existence of traditional medicine and modern doctors. Out of the total of 228 and 266 respondents, 176 (77.19%) and 234 (87.97%) living in the vicinity of the Rural Hospital and the other far from it

respectively, strongly favour both system of medicine side by side, because they consider that either system is useful for treatment of particular disease or ailments. They believe that both system of medicine is necessary. It is because treatment of some diseases or ailments falls, exclusively, under the domain of traditional medicine and in such case modern doctor is considered futile. On the other hand, there was only a small section, e.g. 52(22.81%) and 32 (12.03%) of the people living close to Rural Hospital and away from it respectively, did not believe in simultaneous existence of both system of medicine. Actually the people disfavouring co-existence of both system of medicine attached greater importance and efficacy of modern system of medicine. According to them the traditional medicine of modern day is not honest and well trained in the traditional art of healing and providing herbal medicine.

Table 40: Reasons provided by respondents for continuing /favouring the existence of traditional medicine man in two sets of villages.

NO. OF RESPONDENTS				
Reasons/Reports	Village near Rural Hospital	Percent	Village far from Rural Hospital	Percent
Diseases/ailments caused by supernatural forces-wrath of gods/goddesses, evil eyes, evil spirit, witchcraft can be cured by Traditional medicine only	149	84.65	194	82.91
Traditional medicine's service available at any time at home, less expensive, provides good medicine, mantra (incantations)also necessary	27	15.34	40	17.09
TOTAL	176	100	234	100

In the above table 40, reports / reasons are provided for continuing indigenous medicine and method of treatment by the respondents of two sets of village have been analysed. The reasons provided by the respondents have been categorized into two categories- one supernatural perception of disease causation and the other service provided by the indigenous medicine man. According to them, there are two areas of the causes of disease and illness which require different system of treatment. All the ailments or human sufferings which fall under supernatural causative agents or forces, requires supernatural method of treatment by traditional medicine. But sometimes one

system is followed by either system so as to become more effective. For example, respondents 149 (84.66%) and 194 (82.91%) of both groups of villages- near and far from Rural Hospital, respectively, believed that in case of supernatural causes of diseases, traditional medicine was considered more effective. On the other hand 27 (15.34%) and 40 (17.09%) of the people said that traditional medicine was always available at home and provides medicine at a nominal price. And for supernatural healing he does not charge any money. At the same time they follow both system of medicine side by side.

MOTHER - CHILD HEALTH CARE

Survival, growth and development of a child is dependent on maternal health. And nutritional status.Mother-child health care is determined by a number of factors such as nutrition, marriage, fertility behaviour, use of antenatal and postnatal care as well as medical care and services provided at the time of delivery. But it is also influence by in socio economic determinants- nutrition, education, environmental. Sanitation and hygiene.

Mother-child health care forms an important aspect of health care practices among the Oraons. Mother-child health care is determined by interaction of traditional health care practices and modern health services as well as social environment they live in. In particular, the factors that influence mother-child health of the Oraons under study area are - social, cultural, economic, availability of medicine, accessibility and acceptability, motivation and awareness. Both traditional and modern health care practices have been found to prevail among the Oraons.

Therefore, mother – child health care practices among the Oraons have been discussed and the data collected by the investigator through field survey in two groups of Oraon villages at Bamongola Block in Malda District have been analysed. An attempt has been made to analyze the impact of modern health services through rural hospital upon the health behaviour or health care practices of the Oraons, who live close to Rural Hospital and the others who inhabit in very interior villages, far away from the Rural Hospital.

In this section on mother – child health care has been discussed under the following headings:

1. Ante-natal services.
2. Post-natal health care of mother and child.
3. Immunization.
4. Nutrition of children.
5. Family planning practices.

Antenatal health care practices

Antenatal health care is very important for pregnant women right from conception. The health of the mother and child depends on proper care right from the womb of the mother. From this perspective the investigator has tried to understand and analyse their concept and practices regarding ante-natal care. The study conducted on the Oraon tribes of Bamongola, revealed that the level of ante-natal care of pregnant women was very low, the reasons of which lie in multiple factors. But before going into the details of these factors it is important to note that a total of 288 (60.13%) of pregnant women / mothers in last ten years who had gone through routine modern medical health check up during pregnancy while the rest had not. But it was also revealed that those who had gone through routine medical check up did so only when advised or persuaded by health workers, otherwise they had general apathy towards it. They do not give much importance to routine medical check up of pregnant women.

There were multiple factors recorded for the poor antenatal care of mothers of which poor socio-economic condition is the important one. The economic condition of the Oraons studied was found to be very deplorable. A large section of them belonged to landless, small and marginal farmers. Malnutrition during pregnancy was one of the important factors affecting the health of the pregnant mother and the child. It was found that neither they took any extra nutritious food nor considered it important to do so. Above all they could not afford to have extra-nutritious food. Therefore, they had to be content with taking normal staple food- rice, pulse and some vegetable only as an when available. No additional nutritive food items were available for expectant mothers due to economic constraints. A large section of the Oraons belonged to economically very backward community. Therefore, deficiency in

nutritive food did affect the mother-child health. It was further revealed through discussion that economic constraints forced the pregnant women to do hard labour. They carry on daily physical work at the field as long as they could. At the same time it was also reported that the Oraons were not very particular about the notion of fatigue that may have an adverse effect on health of expectant mothers.

As a prenatal care, regular medical check up of pregnant women / mother mothers is necessary. But not all of the Oraon pregnant women had gone through health check ups either at Rural Hospital or Primary Health Centre. It was observed during field survey and also it was also reported by the health workers that ignorance and apathy still prevails among the Oraons regarding prenatal health care. They were not in a habit of coming to the Rural Hospital / Primary Health Centre for medical check ups by themselves during pregnancy, unless they were repeatedly persuaded to do so. It was also revealed during interview with the respondents that those pregnant women who had gone for medical check up, did not consider taking iron tablets, folic acid, supplement vitamin, tetanus injections etc. necessary. Still further those who lived in interior villages care very little to take these prenatal care during normal condition. In fact they were found to be ignorant about prenatal care. Some reservations and reluctance were also reported due to the fear that the medicine may harm the baby. Therefore, all ordinary cases or problems relating to pregnancy were treated by *kabiraj*.

Table: 41. Respondents' responses regarding regular health check up by pregnant Women / Mothers in two set of villages.

NO. OF WOMEN						
Category of village	Women having regular medical check ups	Percent	Women having no regular check up/ no check up at all	Percent	Total	Percent
Village near Rural Hospital	152	64.68	83	35.32	235	100
Village far from Rural Hospital	136	55.74	108	44.26	244	100
Total	288	60.13	191	39.87	479	100

Table 41 shows prenatal care taken by of the Oraon women of two set of villages during their pregnancy. The first contact point available for medical check ups for pregnant mothers were Rural Hospital /Primary Health Centre or sub-centers. The data show that a sizable section of the Oraon women had not taken any medical check up at all or were very irregular about it. It is apparent from the table that 152 (64.68%) pregnant living in villages close Rural Hospital / Primary Health Centers had availed themselves for prenatal medical check as against 136 (55.74%) of women who live in remote villages, far away from the Rural Hospital /Primary Health Centers . There fore it is clear that per cent of pregnant women attending to prenatal health check were more that those who resided in remote areas. The women of two sets of villages – near Rural Hospital and away from it who had not availed themselves for prenatal health check up accounted for 83 (35.32%) and 108 (44.26%) respectively.

Some observations drawn from this table enquiry during interview revealed that those women of the villages situated close to Rural Hospital / Primary Health Centers were more aware and were in the practice of health check up during pregnancy than those women who live in far away villages but could not explain the necessity for it. They simple reply was that they were advised by the health workers to do so. They also reported that it was convenient to avail themselves because of the proximity of their villages to Rural Hospital / Primary Health Centers. On the contrary, women of living in interior areas, away from Rural Hospital /Primary Health Centers did emphasize distance factor for not attending to prenatal health check ups. But awareness level was also found to be lower among the women living in isolated villages. Besides distance factor, some other crucial factors reported were lack of proper roads, transport and communication, compounded with poor economic condition of the respondent families. It was difficult to meet cost of transport to the hospital. Loss of daily wage was another concern because one adult family member had to accompany the pregnant woman to the hospital. Non-availability of prescribed medicine free of cost sometimes played a major factor for not attending to prenatal health check up services provided by the hospital or Primary Health Centers. But above all their ignorance, apathy and their traditional attitude were no less important causes for not having regular prenatal health check at Rural Hospital /Primary Health Centers.

Places of Antenatal Immunization

Antenatal care is very vital to survival and good health of the child as well as safe motherhood. Therefore, antenatal care has been recommended for pregnant women under public health care system that include three or more antenatal check ups, two or more tetanus toxoid injection and iron and folic acid tablets or syrups for three or four months. But in rural areas antenatal care is in dismal state for various reasons.Receiving antenatal immunization is found to be influenced by its availability and easy accessibility. In this study, care has been taken to record the places of immunization available for two groups of Oraon tribal villages. Interview and discussion with the respondents revealed that the Oraon pregnant mother, her husband and elderly members of the family were not much interested in receiving such antenatal health care services unless advised and some times almost compelled to do so specially, by multi-purpose lady health workers and *Anganbari* (Integrated Child Development Scheme worker) workers in the village. Mere propaganda through various media, posters, print media, televisions, radios etc. alone did not have much impact on them. On the other hand direct persuasion and motivation by health workers were found to have greater impact and acceptability on antenatal health care services. Availability of antenatal services within the easy reach of the pregnant women also found to have greater on impact on them. The table below will show the per cent of women receiving immunization at various places.

Table : 42. Places of antenatal immunization/ services received by women / Mothers of respondent families

		PLACES OF IMMUNIZATION					
Category of villages	No. of respon-dents	Rural hospital	Percent	Primary Health Centre/Sub-centers/villages	Percent	Total	Percent
Village near Rural Hospital	152	81	53.29	71	46.71	152	100
Village far from Rural Hospital	132	26	19.70	106	80.30	132	100
Total	284	107	37.68	177	62.32	284	100

Table 42: shows that the pregnant mothers had received antenatal immunization primarily from two sources or places; one the Rural Hospital and the other Primary Health Centre Sub –Centers. A large section of the women, e.g. 81 (53.29%) residing in the vicinity of the Rural Hospital availed antenatal services from Rural Hospital while 71(46.71%) of them were given prenatal care services by Primary Health Centre sub-centers or in the village itself by the health workers. On the other hand out of the 132 women residing in very interior villages, 26 (19.70%) 106 (80.30%) had taken prenatal care services in Rural Hospital and Primary Health Centre / sub- centers/in village itself respectively. Comparatively tribal women were availing antenatal care services more from Primary Health Centre and its sub-centers. Of the total 284 women 107 (37.68%) and 177 (62.32%) availed for antenatal services at Rural Hospital and Primary Health Centre /sub centers respectively.

It is obvious from the table that Oraon women had mostly availed antenatal services from Primary Health Centre and its sub-centers due to the proximity to their villages. They attributed a great importance to easy accessibility. It was also found that women from those Oraon villages located close to Rural Hospital or Primary Health Centre or its sub-centers were availing antenatal services more.

The women who had not availed for antenatal services had their own reasons to give. Of the total of 479 women, a total of 191(39.87%) had not received antenatal services (Table 37). The reasons given by the women for not availing the prenatal care services are more or less categorized into four headings as shown in the table below.

Table 43. Reasons provided by respondents for not receiving antenatal care services / immunization from Rural Hospital /Primary Health Centre

NO OF RESPONDENTS						
Reasons /reports provided by respondents	Respon-dents in village near Rural Hospital	Percent	Respond – dents in village far from Rural Hospital	Perce -nt	Total	Perce -nt
Medical check up not required / necessary during normal case of pregnancy	48	57.83	50	46.30	100	51.31
Loss of work and wages and pro-blems of accessibility due to dis-tence factor / long wait in queue	12	14.46	24	22.22	38	18.89
Feel shy/ uneasy	15	18.07	20	18. 52	35	18.32
Take medicine from local village medicine man during minor cases of problems	8	9.64	14	12.96	14	12.96
Total	83	100	108	100	191	100

In the previous table 41, it has been shown that a total of 83 (35.32%) and 108 (46.77%) of the pregnant women living in villages relatively close to Rural Hospital and in a group of villages away from it respectively had not received antenatal immunization. It is this section of the women or the respondent families whose response or reasons have been recorded and analysed for not attending to prenatal health services provided by health institutions. It is obvious that a section of the Oraon tribal community form both sets of villages did not receive antenatal care services. In the table 43 reasons provided for not attending to prenatal care by them have been classified into three categories but they are not exclusive but interrelated. By doing so the investigator has tried to analyze their attitude towards prenatal health care services. A big majority of the women who had not received any antenatal services were found to be unaware of pregnancy related complications that could arise. A total of 48 (57.83%) and 50 (46.30%), out of the total of 83 and 108 women who live in proximity to the Rural Hospital and away from it, respectively, said that prenatal health check ups were not required or necessary during normal cases of

pregnancy. On the other hand12 (14.46%) and 24 (22.22%) women from both groups of villages, near and far from Rural Hospital respectively, ascribed to loss of work and wage because another adult member had to accompany the pregnant woman to the hospital. In addition to that those who live remote villages far from Rural Hospital attributed to distance factor and the problems of roads, transport and communication, especially during monsoon. The third reason attributed to feeling of uneasiness and shyness, particularly to be checked by male doctors, who accounted for 15 (18.07%) and 20 (18 .52%) of women living near and far from Rural Hospital respectively. It was also found out that the pregnant women even feel uncomfortable to talk about pregnancy related matters in the presence of male members of the family. A small section of the mothers said that medicine provided by the Kabiraj or village medicine man was sufficient for minor case of pregnancy related problems hence they avoid going to long distance.

Postnatal Care

It is not only the antenatal care but also the health of the mother and the child depends very much on the postnatal care administered to both the mother and the child in the first few weeks after delivery. But in rural areas and particularly, in tribal areas, the postnatal care is very poor or is of very low level. With regard to child birth the Oraons are tradition bound. They still follow the age old traditional custom of delivery of a child at home, bearing complicated case of delivery. The untrained midwife continues to look after the mother and the child. It was observed among the Oraons that until some problems arise, they never take the mother and the child to hospital or a doctor. No additional nutritive food item is given to the mother.

Practice of Delivery

A very important component of safe motherhood is delivery in a safe and hygienic condition under the supervision of a trained health professional. The National Family Health Survey, 1989-89 indicates that despite of trying to make provisions for Primary Health Centres and maternal homes for safe deliveries but on an average only one third of the deliveries were held in health institutions and 64.5% in the home, attended by untrained traditional birth attendant. Delivery of a child among the Oraon tribal community is usually assisted by untrained midwife, called

dai- ma who continues to look after the mother and the child until purification ritual is performed. But in case of Scheduled Caste mothers in rural areas, practice was far less.

Table:44. Preference of Place for delivery by women in respondents Oraon families

Response /preference						
Category of village	At home (attended by untrained mid-wife)	Percent	Rural Hospital / Primary Health Centre (attended doctors/nurses)	Percent	Total	Percent
Village near Rural Hospital	220	93.62	15	6.38	235	100
Village far from Rural Hospital	236	95.16	12	4.84	248	100
Total	456	94.41	27	5.59	483	100

The table 44 gives the picture about the practice and preference of child delivery in Oraon families of two groups of villages- one close to Rural Hospital and the other away from it. A total 456 (94.41%) child births had taken place at home out of the total of 483 mothers, and the delivery was attended by untrained mid- wife, called *dai-ma.* Separate analysis of the practice of delivery shows that there was little difference between mothers inhabiting in two set of villages. The most noticeable figure is that a very high per cent of child deliveries take place at home among the Oraons of Bamongola. It is recorded that 220 (93.62%) and 236 (95.96%) deliveries, had taken place at home from the village categories one and two respectively, They also preferred home to hospital for child deliveries. Only a very small per cent e.g. 15 (6.38%) and 12 (4.84%) complicated cases deliveries had taken place in the hospital among the Oraon families of two groups of villages. Therefore, institutional deliveries are not a common practice among the Oraons.

From the analysis of the above data it is very clear that there were hardly any difference in the practice and preference of child deliveries between two sets of villages, located in proximity to the Rural Hospital and the other groups at far-flung

areas from Rural Hospital. A very little impact of modern health institution was found among the Oraon tribal community of two sets of villages with regard to child delivery practices. The investigator observes that rural health institution has failed to have much impact due to a strong traditional custom and practices still prevailing among the illiterate tribal community. At the same time a very poorly maintained and ill equipped infrastructure of the hospital also has failed to put any impact upon the rural tribal folk.

Table: 45. Reasons /provided by respondents for delivery at home

RESPONSES								
Category of village	Traditional custom to have delivery Rural Hospital /Primary Health Centre not required	Percent	Find no problem/ Convenient at home/ get support of other family members relatives	Per-cent	Only complicated cases of delivery need to be attended in hospital	Percent	Total	Percent
Village near Rural Hospital	200	85.11	20	8.51	15	6.38	235	100
Village far from Rural Hospital	196	79.03	37	14.92	15	6.05	248	100
TOTAL	396	81.99	57	11.80	30	6.21	483	100

The table 45 : shows the reasons provided by the respondent families with regard to practice of child delivery. Though the investigator has tried to categorize the reasons or responses given by the respondents' families yet they are not exclusive ones but are inter-related. It is obvious that a very large per cent, e.g. 200 (85.11%) and 196(79.03%) of the people, living in vicinity to Rural Hospital and far from it, who were interviewed also emphasized on traditional custom that has been in practice since generations. They have become accustomed to child deliveries at home. The mid-wife called, *dai ma or kusrain,* who is normally from own community, is considered experienced enough to attend a delivery and take care of the mother and

the child. On the other hand a small percent, e.g. 20(8.51%) and 37 14.92%) of the respondent families ascribed to convenient factor where they get support from other family members, relatives and people of their own community. It also involves no cost. It is learnt that the concept of safe motherhood has not found its place among the tribal communities. The people inhabiting in villages near Rural Hospital also do not take the expectant mothers to Primary Health Centre or Rural Hospital for delivery. The services of the rural health institutions are vastly underutilized due to manifold and multifaceted factors. The child delivery is considered a natural phenomena, hence, generally avoid institutional delivery.

From the foregoing analysis the investigator has made certain observation that the Oraons have no inhibition regarding acceptance of modern antenatal health services and medicine. But at the same time the Oraons are very tradition bound with regard to the custom of child delivery at home. They do not venture to break the tradition that transcended from generations. It was also revealed through discussion and interview with the respondents that illiteracy, ignorance, poverty, superstition and taboo also had to some extent influenced the age old practice of child birth at home. Expectant mothers are not taken to hospital for delivery, except some complicated cases, that to as the last resort, which many a times results in a fatal death of both the mother and the child. The simple and illiterate Oraon folk fail to understand the risk of death involved to both the mother and the chilled and several delivery related deaths were reported in the village. They also avoid going to hospital for delivery for the fear of operation. The expectant women also do not like the deliveries to be attended by male doctors. Discussion with the respondents further revealed that the Oraons follow ineffective and a kind of primitive method of home deliveries of babies. The child birth takes place in a poor and unhygienic condition. The umbilical cord is detached by sharp bamboo silt which is not properly washed with water and immunized. But nowadays, a mid-wife uses a new blade also for this purpose.

Rituals of Child Birth

The Oraons follow some religious rites and rituals after the birth of a baby. The Oraons believe that newly born babies are amenable to be easily attacked by evil spirits or evil yes. Therefore, certain religious rites are conducted as preventive or

precautionary measures. Goddess *Kali* is considered to be their protective deity, hence *pujas* are performed and sacrifices of either a gray or red or a black hen is made to this village deity, known as *goan deota* by the Oraons.

The prevailing custom of the Oraons is that the practice of observing a period of pollution of impurity after child birth. Therefore, after the birth the mother and the new born baby is secluded in a lying room. Not only the mother and the child but also the entire house is considered ceremonially unclean until the purification ceremony is performed. At the secluded room mid-wife continues to look after the mother and the child. No medicine is administered to the mother except massages. She also applies fomentation to the baby. Usually on the fourth or fifth day after delivery a house considered ceremonially purified by besmearing the court yard and the floor of the house with diluted cow dung in water. All clothes of the mother since delivery and also clothes used for new -born baby are washed. After purification ceremony they start normal life.

Immunization of Children

In order to protect children from vaccine preventable diseases, immunization schemes have been launched, starting with BCG in 1962, when it was included in the programmes of maternal and child services. Gradually, other diseases were included and six vaccines (BCG measles three doses each of DPT and polio vaccines) are now covered. Pregnant women for tetanus toxid vaccine were included in Universal Immunization Programmes (UIP). According to Social Development Report, India 2006, there was a marked rural urban difference in coverage of full vaccination. In 1989-89 60.5 per cent of children aged 12-13 months old were fully immunized in urban areas as compared to only 36.6 per cent in rural areas. Among the tribals in rural areas immunization was still much less. Immunization of children among the tribals remains a big concern even today. Though immunization programmes has made some progress in rural areas, yet in general it is neglected, particularly, among the tribals. The simple and illiterate tribal folk are not much aware about immunization of children and fail to understand the implication of immunization of children. It is found in the present study that a good progress has been achieved with regard to immunization of children among the Oraons.

Table: 46. Distribution of children in respondents households having received immunization and places of immunization

Category of village	Number of Children			Places of Immunization		
	Immunization received	Immunization not received	Total	RURAL HOSPITAL	PRIMARY HEALTH CENTRE/Sub-centers	Total
Village near Rural Hospital	210	14	224	124	86	210
Percent	93.75	6.25	100	59.05	40.95	100
Village far from Rural Hospital	208	32	240	58	150	208
Percent	86.67	13.33	100	27.88	72.12	100
Total	418	46	464	182	236	418
Percent	90.09	9.91	100	43.54	56.46	100

The table 46 shows the immunization of children in two sets of villages. It was found that 418 (90.09%) of children out of the total of 464 children below the age of 5 years have received immunization, like BCG and DPT, in both sets of villages combined. They also have received polio doses. Of the total of 418 children 210 (93.75%) and 208 (86.67%) from a group of village situated near Rural Hospital / Primary Health Centre and the other group located away from it have received immunization while 14 (6.25%) and 32 (13.33%) have not received it respectively. Therefore, it is apparent from the table that that the Oraons are not averse to receiving immunization. But still awareness about the need of it needs to be created since most of them are illiterate and often fail to understand the need of it and its implications. They do not come forward themselves to get their children immunized at the health institutions. They reported that they were advised by health workers mainly, the Multi-Purpose Health workers to do so. The important point to be made here is that they are nor rejecting immunization.

Places of immunization also considered a very important factor for making a good progress in far-flung rural areas, particularly in very isolated tribal villages. It is obvious from the table above that closer the health institutions to the rural-folk, higher is the rate of immunization received among children. It is no exception to the tribals as well. The people living in villages close to Rural Hospital had got their children immunized from Rural Hospital while the rest either from Primary Health Centre or Sub-centers, whichever was easily accessible, who accounted for 124(59.05%0 and 86(40.95) respectively. On the other hand people inhabiting in remote villages far from Rural Hospital had utilized more the services of either Primary Health Centre or sub-centers for getting their children immunized. It is apparent that 72.12 % (150) received immunization services from Primary Health Centre / sub-centers while only 27.88% (58) went to Rural Hospital. The analysis of this table lead us to some important observations that easy accessibility, together with better delivery system will play a major role if cent per cent immunization has to be achieved in rural areas, especially among the disadvantageous section of population.

Nutrition of Children

Food of children among the Oraons is very deficient in nutrition. Neonates and infants are usually suckled by mothers and breast feeding continues up to the age of two or three years or even more. Breast feeding is considered sufficient for infants. The infants are given semi-solid food, normally rice, as early as at the age of six to seven months. But the poor economic condition does not permit them to provide for additional nutritive food like 'canned food'. At the same time they do not consider additional nutritive food necessary. After one year of age the children are given practically all kinds of solid food. No special food is cooked for children and so whatever food cooked for adults is served for children. The people under study were found to be satisfied with the diet of children. Like adults, adequate diet of children tends to be thought of in terms of quantity and not quality of sufficient staple food. Consequently, malnutrition may exist due to a lack of adequate balanced diet.

Family Planning

Family planning is an important aspect of health, specially, the mother-child health. The concept of family planning was found to be absent, though a small percent of women have gone through contraceptive surgery. As far as modern family planning methods are concerned sterilization is the most preferred one. Birth spacing and other conventional contraceptives like condoms, pills, tablets etc. are not in vogue.

Table : 47 Traditional / Modern Methods of Family Planning practised by respondents of two sets of villages.

RESPONSES OF THE RESPONDENTS				
Groups of villages	Modern Method sterilization	Traditional Method	Do not practised any Method	Total
Village located near Rural Hospital	86	16	114	216
Percent	39.81	7.41	52.78	100
Village located far from Rural Hospital	80	49	241	456
Percent	36.40	10.75	52.85	100
Total	166	49	241	456
Percent	36.40	10.75	52.85	100

Table 47 present the type of family planning practiced by the respondent couples of two sets of villages, it is found that 86 (39.81) and 80 (33.33%) women from both sets of villages living close to and away from Rural Hospital respectively had gone though sterilization but not before the family size had become big. On the other hand, 16 (7.41%) and 33 (13.75%) of couples from villages near Rural Hospital and away from it were reported to practise traditional methods of birth control. Again, majority of the eligible couples numbering 114 (52.78%) and 127 (52.92%) from both categories of villages reported that they were not practising any family planning methods. The concept of family planning had no relevance to them.

Health Care Practices: Continuity and change

Health care practices of the Oraon tribe like any other tribal community is found to be deeply ingrained in their culture and hence it is an integral part of their society and culture. Health care practices among the Oraons are an important component of their broader culture which has been in existence since centuries. This holistic aspect of health care practices provide a valuable framework for analysing the interaction of their traditional method of health care practices with that of modern health services provided by modern health institutions e.g. rural hospital, and primary health centers, in rural setting.

Some conventional studies have rightly pointed out that unified culture and its components constitute are unified health culture. It implies that health care practices which is a part of the integral culture that does not change easily with the introduction of various modern health services and access to them by the rural people, particularly the tribal community. In this context the health care practices of the Oraons have been analysed from the perspective of proximity and distance from the rural hospital and primary health centers and the findings have been recorded.

For the analysis of the health care practices the Oraon villages are divided into two categories based on the criteria of contiguity and distance from the rural hospital / primary health centers and to find out its impact in the health care practices on a comparative perspective.

The study shows that the Oraons in both set of villages are found to be practising both traditional methods of treatment as well as modern medicine for various diseases and illnesses. The introduction of rural hospital and primary health centers and sub-

centers seems to have not much impact on the health care practices of the Oraons. But certainly there are areas of changes taking place in their health behaviour.

With regard to health care practices, the Oraons are not totally averse to modern medicine yet traditional mode of treatment to a large extent still persists. The

concept of disease causation is highly influenced by their culture – religious faith and magic. The Oraon community under study led a very simple life. They were found to relate and explain most of the diseases to some supernatural forces and agents.

The health behaviour of the Oraons was found to be clearly influenced by four causative agents of disease and illness: - i) supernatural, e.g. wrath of gods, deities, and spirits, ii) natural forces, iii) evil spirits and v) witchcraft. A vast majority, e.g. 71.05 per cent and 69.17 per cent of the respondents who inhabited in a group of village adjacent to the Rural Hospital and the other away from it respectively, attributed some of the ailments, such as fever, cold, cough, headache, body pains to natural forces like inclement weather, while gastric, ordinary diarrhea etc. were ascribed to excessive intake of adulterated food items and contaminated and polluted water.

A very strong perception prevails among the Oraons is that diseases like paralysis, leprosy, small pox tetanus, cholera, epilepsy, mental disorder etc. were attributed to supernatural causative agents or forces. A vast majority, e.g. 64.47 per cent and 62.03 per cent (table 24) of the people from both groups of village living in contiguity to the Rural Hospital and the other fare away from it respectively, ascribed the above diseases and illness to supernatural forces. The belief in evil spirits as causes of disease and illness were also found to be very strong. A very large section, e.g. 76.75 per cent and 77.44 per cent (Table 25) of the respondents believed that hosts of evil spirits, commonly known as *bhuts,* were behind many of the illnesses and diseases. Further, 78.95 per cent who inhabited in villages adjacent to RH and 76.69 per cent (Table 26) who resided in remote villages also had a very strong faith in evil eyes, locally known as *najair* as diseases causative agents. A strong perception of witchcraft still persists in the Oraon society which is believed to cause many kinds of diseases, ailments and sufferings, not only to human beings, but also to domestic cattle and good looking and healthy crops.

Witchcraft is a superstitious belief found to prevail in different tribal societies in India and elsewhere varied in nature, forms and patterns. It is very difficult to determine the origin of this phenomenon of witchcraft or this belief system. Belief in supernaturalism is one of the main causes of this superstitious belief in witchcraft. It

is one of the traits of primitive society. Witches are believed to possess magical power or some supernatural power with the ability to cast black magic upon a person, crop or cattle as and when intended to harm them. Normally, a woman is branded as a witch, locally called *dain, daini* or *bishahi.* But some men are also believed to possess this magical power of a witch in Oraon society who is known as *bishaha* locally. Belief in a witch exists till today in Oraon society. In order to ascertain the impact of modern health institutions, e.g. rural hospital, upon the traditional belief system relating to disease causative agents and their treatment, the Oraon villages were divided into two groups- one living in the vicinity of Rural Hospital and the other away from it. But the data (table 27) clearly shows 69.74 per cent who resided close to Rural Hospital and 71.80 per cent of the Oraons who inhabited in very isolated villages strongly believed in witchcraft causing various illnesses and diseases and sufferings. The modern health institutions, medicines etc. are still far from making much impact upon this indigenous belief on witchcraft. So the Oraons still continue to explain the etiology of diseases in magical power of a witch. Poverty, illiteracy, ignorance and poor health condition compel the Oraon tribals to seek advice and treatment from traditional medicine man, called by different names, such as *ojha, kabiraj, baid, mahan* and *gunin* in times of adversary. Beliefs in numerous evil spirits causing illness are also found to be widely prevalent among the Oraons inhabiting in both sets of villages. A large per cent e.g. 76.75 per cent and 77.44 per cent (Table 25) of the people living in the vicinity to the RH and away from it strongly believe in evil spirits of different types, as causative agents of diseases and illnesses.

Indigenous methods of treatment are sought after for practically every cases of disease of disease and illness. Magico-religious form of treatment by village medicine men is very common feature in Oraon society under study. In fact a *kabiraj* is called upon to perform some religious rites and rituals even if diseases are not attributed to supernatural causative agents. By doing so, they believe that herbal medicine or modern medicine become more effective. The most popular methods of diagnosis of indigenous medicine men include – divination, reading the pulse of the patient, making queries and observing symptoms.

Three types of indigenous methods of treatments found among the Oraons are : herbal ingredients, religious propitiation with an elaborate rites and rituals and

exorcism. Firstly, diseases believed to be caused by wrath of deities or gods like leprosy, epilepsy, cholera (*Mahamari)* etc., offerings and sacrifices of fowls are made to appease the concerned deity. Secondly, medicine prepared from different herbal ingredients by *kabiraj* as well as modern medicine from hospital is administered for diseases believed to be caused by natural agents or forces. Normally, in such cases of illness religious rite and rituals are not performed. Thirdly, treatment of all the ailments or diseases diagnosed by kabiraj to be caused by witchcraft or spell of evil spirits requires exorcism or warding off evil spirits. But in case human sufferings is caused by the magical spell of a witch only an experienced *ojha* is capable of or empowered to exorcise the magical spell of a witch. Elaborate magical paraphernalia is followed by the *Ojha* in casting out the evil spell of a witch, if not it is feared that it may attack the *ojha* himself or if not directed properly it many attack any other person or cattle.

It was revealed during field work that the Oraons consulted the village medicine man first for most of the diseases. The village medicine man lives in the village or the in the neighboring village who is contacted first attends to the patient, gives initial treatment and then advises the patient to be taken to rural hospital for modern medicine. Home treatment or remedy is not done because laymen posses little knowledge of herbal medicine. So they are greatly dependent on traditional medicine men even today. Many of the respondents expressed their anxieties and fear that they are not getting the services of good village medicine men nowadays due to the death of some old and experienced indigenous medicine men. They also opined that not all the medicine men of the present day are very effective. The field investigation revealed that the Oraons even after they have started using modern medicine, indigenous method of treatment and cure continues to play a significant role in their health care practices. The traditional method of treatment can not be done away with, they claimed. Therefore, they favoured co-existence of both systems of medicine– traditional and modern. The Oraons used both system of medicine simultaneously according to the nature of disease etiology.

The age old medicinal combinations and healing techniques, e.g. through incantation of mantras, ritual healing, magico-religious methods etc. inherited from their forefathers persist in the modern times among the Oraons.

Besides, certain diseases and illness, in the event of dog bite and snake bite, traditional method of treatment, e.g. treatment mantra, called *jhar phunk* was a very common practice among the Oraons. For snake bite and dog bite the most preferred treatment was *jhar phunk* that is through incantation of mantras. Majority of the respondents, in both groups of villages, e.g. 50.88 per cent and 65.41 per cent (Table 27.1) located in the vicinity of Rural Hospital and away from it respectively sought or preferred treatment from *ojha / kabiraj* who is believed as specialist in snake bite and dog bite curer. A majority of the respondents e.g. 50.88% and 65.41% (Table 30) from both sets of villagers favoured treatment from traditional medicine A sizable section of the people e.g. 43.42 per cent and 30.08 per cent (Table 30) who inhabited adjacent to Rural Hospital and while others way from it respectively preferred both traditional and modern treatment for snake bites and only a very small per cent of the, e.g. 5.70 per cent and 4.52 per cent preferred only modern treatment from hospital. In case of dog bite a huge number that is 65.35 per cent and 75.94 per cent (Table 31) from the village close to Rural Hospital and away from it respectively believed in traditional *jhar phunk* method of treatment, 20.18 per cent and 13.53 per cent respectively said that traditional and modern treatment were necessary and 14.47 per cent and 10.33 per cent respectively preferred only modern methods of treatment from hospital. This section of the people did not believe ritual healing through *jhar phunk.* The most common form of treatment for both snake and bites was mantras. Though it may seem a very superstitious belief to any rational mind but the fact is indigenous method of healing with incantation is sought after even today in the study area not only among Oraons but also among the non-tribals. The introduction of modern medicine through hospital has very little impact among the tribals in case of dog and snake bite. They go to hospital only as a last resort after failure of all traditional method of treatment, which many a times resulted in a fatal death of the victim. Thus we find that traditional method of healing practices is widely prevalent even today in Oraon society.

However, village medicine men of the present age are considered to be much less competent than their predecessors. The Oraons claimed that the village medicine men of olden days were more effective in giving treatment of all kinds of diseases. They reported that with the death of old medicine men, considerable amount of

knowledge about herbal medicine and other healing techniques have been lost because they could not pass on the indigenous knowledge to their disciples or the medicine men of younger generation. In addition to this due to deforestation, depleting forest resources medicinal flora and fauna also have disappeared. So now they are increasingly becoming dependent o herbal properties or items bought from local market or *hats*. So the scarcity of medicinal herbs, plant etc. are posing difficulties in preparing essential ingredients of herbal medicine

Impact of Modern Health Institutions

In the preceding sections it has been discussed that the Oraons are following age-old methods of treatment, yet it can not be concluded that their health care practices are totally tradition bound. They are found to be using modern medicine for detain illness only. The introduction of modern medicine certainly has some impact upon the Oraon community. The respondents said that in the initial stage of the introduction of Rural Hospital in 1957 they were not bothered to avail its facilities. But nowadays, modern medicine is changing the health behaviour- perception of disease etiology and their treatment.

The data collected revealed that the Oraon tribal community has no hesitation or suspicion in accepting modern medicine. After evaluating the over all impact of rural health institution upon Oraon community, it was found that both traditional and modern systems of medicine co- exist. The other objective of this research was to record the impact of rural hospital upon two sets of Oraon village, one located in the vicinity of Rural Hospital and the other away from it. The data show that the percentage people inhabiting in the villages adjacent to Rural Hospital were found to be utilizing the services of Rural Hospital more than those people who resided in isolated villages, very far from the Rural Hospital, though the difference recorded was not very significant. But still it is worth recording that if good modern health services are made easily available the tribals would utilize these services more and more. Actually the poor delivery system of health services acted as discouraging factor for not utilizing the services provided by the Rural Hospital.

Regarding treatment after first appearance of the symptoms of disease, it was found that a very large percent of respondents, e.g. 62.72% from a group of village adjacent to Rural Hospital sought modern treatment directly while only a small per cent e.g. 37.28% (Table 33)of people preferred indigenous treatment first, followed by modern medicine. On the other hand 70.68 per cent of people who inhabited in remote villages from Rural Hospital were found to be using more and were dependent on traditional method of treatment, as no alternative mode of treatment was available at hand, while only 39.32 per cent directly sought modern medicine.

The decision about the choice of treatment among the respondents of two sets of villages was fundamentally determined by their socio-cultural perception of disease etiology. A very large per cent of the villagers of both group of village e.g. 89.91 per cent and 74.06 per cent living close to Rural Hospital and far away from it respectively sought modern medicine while only 10.09 per cent and 25.94 per cent (Table 34) people respectively favoured traditional medicine for the diseases believed to be caused by natural agents for forces. But at the same time lack of good delivery system and accessibility factor also had a major discouraging factor for utilization of modern health services.

The important revelation regarding modern health behaviour of the Oraons is that a trend of utilization of modern medicine is observed among both sets of villagers. But comparatively, people inhabiting in the vicinity of the Rural Hospital were found to utilize modern health services more than those who lived in far away villages from the Rural Hospital though the difference recorded was not very significant. Again questions were asked regarding their preference for treatment, a great majority, e.g. 62.28 per cent and 69.81 per cent (Table 35) of the people from the village near Rural Hospital and far away from it expressed their strong views that that both system of medicine to co-exist.

Impact on Mother Child Health Care Practices

One of the crucial areas where utilization of modern health services by the Oraons clearly seen was the mother –child health care. The present study revealed that the Oraons were availing modern medicine or services, especially, antenatal services

or care provided by the hospital sources. The practice of availing antenatal services were found to slightly higher amongst women living in the vicinity of the Rural Hospital than the ones who reside in remote villages away from the Rural Hospital. The total 64.68 per cent and 55.74 per cent of the mothers from the village close to Rural Hospital and from remote villages had availed antenatal services from Rural Hospital respectively, while 35. 32 per cent and 44.26 per cent (Table 41) respectively did not receive the same. The mothers living adjacent to the Rural Hospital reported that they had no difficulty in approaching the Rural Hospital or Primary Health Centre as they live close to Rural Hospital /Primary Health Centre. But the mothers are still unaware of the necessity of receiving antenatal immunization. They themselves do not come forward to avail these services. Constant propaganda, persuasion and motivation by health workers are done. But the researcher was told by the health workers that in earlier days the tribals as a whole, including the Oraons were very rigid in not accepting antenatal services, like taking folic acid, iron tablets or tonic, vitamins etc. for the fear that it may affect the child in the womb which may result in deformity. But at present this perception has been changing at present. But the progress in this matter is very slow. Still general apathy towards antenatal services continues to persist even in modern times mainly due to illiteracy, ignorance and also due to traditional attitude and practices.

Despite availing antenatal services fro Rural Hospital/ Primary Health Centres the Oraons were very tradition bound with regard to delivery of a child. Almost cent per cent deliveries had taken place at home, attended by an experienced but untrained mid-wife called *dai ma* or *kusrain*. Only a small per cent of the complicated cases of deliveries had taken place in the rural hospital. There was no difference found in the practice of deliveries in the two sets of villages. The data revealed that 93.62 per cent and 95.16 per cent of deliveries in the group of villages near and far away from Rural Hospital had taken place at home respectively. Reasons provided for such practices were that it was their prevailing customs since generations and they find no problem in it. Also they feel shy and uncomfortable to be attended by male doctors. The economic constraints was also reported by many since taking the pregnant mother to hospital involved some expenditure to which they find difficult to meet.

Regarding immunization of children, the Oraons were not averse to it. 93.75 per cent and 86.67 per cent of children from the village close to and away from Rural Hospital respectively had received immunization while only a small per cent e.g. 6.25 and 13.33 per cent (Table 46) of the children either did not receive or did not complete the course of immunization in both sets of village respectively. Here again the parents got their children immunized but the discussion and interview to the parents revealed that they were quite ignorant of the need for such immunization. They do not come forward to get their children immunized. Neither do all of them follow the exact course of immunization reported the health workers. Left to themselves they would not get their children immunized. The concept of immunization and need for it is lacking.

Constraints of Acceptance of Modern Medicine

The present study, among the Oraons reveals multifarious and complex constraints related with regard to acceptance of modern medicine. It has been discussed earlier that the Oraons are accepting modern medicine but in a selective way, for example, they are accepting modern medicine more for diseases believed to be caused by natural forces or agents. Among the preventive measures antenatal care and immunization are being utilized more. At the same time there are diseases and illnesses where indigenous methods of treatments are given preference to modern medicine or treatment.

Socio-cultural constraint is considered to be one of the important constraints for adoption and acceptance of modern medicine and modern health care practices. Socio-cultural constraints include perception of disease and illness, notion of causative agents, e.g. faith in supernatural agents, witchcraft, religious beliefs, faith in rites and rituals, and attachment to traditional methods of healing and treatment. The tribals still hold the notion that most of the diseases are directly or indirectly caused by supernatural forces or agents, hence, accordingly traditional form of treatment are preferred to modern medicine and many a times they follow simultaneously both system of medicine side by side. The Oraons still attach a great value to traditional form of treatment-ritual and magical healing, herbal medicine and in no way it can be given up, they claimed. They strongly believe that existence of traditional medicine

men or healers were absolutely essential for the well being of their society and modern medicine can not replace it, though they do not deny the greater efficacy of modern medicine.

Economic constraint is another major obstacle for adopting modern health care practices since most medicines prescribed by the doctors at Rural Hospital were not available free of cost. Only the doctor's fee was free of cost. Except a very few cheap medicine, the rest were not available in the hospital. Other diagnostic facilities, such as blood test for malarial virus, kala-azar and sputum for tuberculosis, supposed to be done in the hospital free of cost but they are not done properly. X-Ray and ECG facilities are available but very poorly maintained and many a time do not function at all. ECG facility was not always available. Over crowding and long queues for check up at the out door clinic as well as waiting in queues in various diagnostic centers is common feature. Inadequate diagnostic facilities at the Rural Hospital forces the poor patients to get the medical tests to be done out side which prove to be very costly. Patients coming from very interior areas where no proper roads and communication facilities are available face great hardships. Non-availability of medicines and the problem of accessibility, in the absence of proper road for the people inhabiting in remote village was also a major constraining factor for adoption of modern health care practices. So the poor economic condition of the tribals leads to great dependency on their indigenous methods of treatment.

A common notion also prevails among the people that doctors in the hospital do not examine the patients with care. The Medical Officer of the hospital also admitted that overcrowding of patients was one of the main concerns. It was very difficult to manage a very large number of patients every day. There was shortage of medical personnel. Lack of inadequate infrastructural facilities was also a major problem.

Ill-equipped and poor infrastructure of the rural hospital was also a major concern for underutilization of health services provided from the hospital. Poor delivery system of health services also posed no less problems. Doctor- patient relationship was also reported as one of the constraining factors. It was a very

common notion among the people studied that the doctors in hospital neither examine the patients with care nor give treatment with care.

Besides socio-cultural constraint, economic constraint, inadequate provision of health services, the other very crucial constraining factors for adoption of modern health practices were illiteracy and ignorance. Illiteracy is very high among the Oraon tribes. Due to illiteracy and ignorance high degree of superstitious beliefs are found to prevail regarding causative factors of disease and illness. Though the Oraons accept modern medicine in a selective way yet the notion of modern medicine has failed to gain much ground in Oraon society.

The present research on the health care practices among the Oraons brings out some striking features. The study establishes the fact that contemporary indigenous medicine men or local healers continue to carry out various methods of treatment. The treatment given by local medicine men include combination of religious or spiritual healing and other forms of healing, besides herbal medicine, which had been in existence in Oraon society since generation. The role of traditional medicine men or local practitioners is considered very essential even today for the well being of their society. So the faith in village medicine men also considered to act as hindrance for accepting modern medicine.

In nut-shell major constraining factors for adoption of modern health practices include socio-cultural beliefs and practices, superstition, religious faith, inadequate provision of health facilities, of which non-availability of medicine free of cost is the important one, a very poor economic condition, illiteracy and ignorance are considered to be important constraints for adoption of modern health care practices among the Oraons under study.

After evaluating over all effect of modern medicine upon the Oraon community, it may give the impression that modern medicine has taken over the traditional or indigenous system of medicine among the Oraon tribal community. But this assumption is far from reality. The Oraon tribes are accepting modern medicine without any hesitation or suspicion but it does not mean that they have lost their traditional system of medicine and healthcare practices. The choice of medicine varies

according to the etiology of disease they conceive. They also decide the type of medicine which they think would be of greater efficacy and bring quick relief to the patient. So their traditional health care practices continue to persist.

Various socio-cultural and religious factors continue to be deciding factors for disease and illness etiology and their treatment. The influences of local healers, practitioners, or medicine men are considered to be very significant even in the modern time. Even in the age of transition and modernization the Oraon tribe believes in archaic forms of supernatural causes of diseases and illness, like evil eyes, sorcery, witchcraft, wrath of deities and gods, ancestral spirits and breach of taboo.

In fact the Oraons hold the perception that they can not completely do away with the traditional methods of treatment. They further expressed their view that both traditional and modern medicines were absolutely necessary because two dimensions of disease and illness exist: - one falls under the domain of traditional medicine men or practitioners, e.g. ailments or sufferings caused by witchcraft, other supernatural agents, cases of dog bites and snake bites etc., while the other area under modern medicine or the modern doctors. The present investigation has revealed that the Oraons have no doubt on the efficacy of modern medicine. They accept modern medicine more for diseases or ailments believed to be caused by natural agents.

The age old medicinal combinations and healing techniques; e.g. through incantations mantras, magico- religious rite and rituals etc. inherited from their forefathers still persist among the Oraons of Bamongola, in the district of Malda in West Bengal, even after their immigration from their original home land, Chota Nagpur, almost a century and half ago. At the same time they are also adopting modern medicines and modern health care practices but the progress is very slow.