

Education Communication and Patterns of Health Care among the Barmans of Barak Valley in Assam

INTERVIEW SCHEDULE

Name of the Investigator: _____

Schedule No:

GENERAL INFORMATION

PROFILE OF THE RESPONDENT

1. Name of the Respondent:

2. Address of the Respondent:

3. E-mail: _____

4. Telephone No (If any): _____

5. Mobile No (If any): _____

6. Age: 1) 18-20 2) 20-30 3) 30-50 4) 50 and above

7. Religion:

1) Hindu 2) Christianity 3) Islam

8. Sex:

1) Male 2) Female

9. CLAN:

(a) Patriclan: _____

(b) Matriclan: _____

10. Marital Status of the Respondent:

- 1) Married 2) Unmarried 3) Widow.

12. What Is The Native Place Of The Respondent?

- 01) Bijoypur 02) Others (specify)_____

13. What Is The Length Of The Resident In The Village?

- 1) Since birth 2) for last 1-5 years 3) For last 6-10 years 4) For last 11-15 years
5) For last 16-20 years 6) For last 21-25 years
7) For last 26-30 years 8) More than 30 years.

14. House Hold Composition Pattern: Which One Of The Following Does The Respondent
Have?

1)Air Conditioner 2) Car 3) Computer 4) Washing Machine 5) Water Purifier (Aqua Guard/Cooler) 6) Cordless phone 7) Greaser 8)Refrigerator 9) VCD player
10)Electric Pressure Cooker

11) Inverter 12) Electric Oven 13) Scooter/Motor Cycle 14) Colour T.V.
15) Mixture/Juicer/Grinder 16) Dining Table 17) Cooking Gas 18) Immersion rod 19)
Dinner Set 20) Washing basin

21)Camera 22) Moped 23)Dressing Table 24)Television(B&W) 25) Telephone
26) Tape Recorder 27) Carpet
28) Air Cooler 29) Sofa Set 30) Cable Connection

31) Radio 32) Emergency Light 33) Water filter 34) Shower 35) Sewing Machine 36)
Binocular 37) Steel Almirah 38) Good Night Coil /All Out 39) Show Case
40) Pressure Cooker.

41) Wall Clock 42) Iron 43) Bicycle 44) Torch 45) Kerosene Stove
46) Table/Harmonium 47) Electric Heater

48) Calculator 49) Electric Fan 50) Thermos Flask.

15. Type of Houses:

- 1) R.C.C,
- 2) Assam Type Brick Wall,
- 3) Assam Type Half Wall with bamboo Mud Plaster,
- 4) Assam Type Mud Wall with Tin Roof,
- 5) Assam type with hatch roof,
- 6) Assam type with Bamboo Polythene roof.

16. Number Of Generations Lives In The Village.

- 1) First,
- 2) Second,
- 3) Third,
- 4) Fourth,
- 5) More than four.

17. CULTIVATED LAND:

- 1) Less than 1 Bigha,
- 2) 1 to 5 Bigha,
- 3) 6 to 10 Bigha,
- 4) 11 to 15 Bigha,
- 5) 16-20 Bigha,
- 6) No Land.

18. Is There Any Mode Of Share Cropping?

0. No 1. Yes

19. If Yes, Then Whom They Give Their Land For Share Cropping?

1. Relatives,
- 2) Neighbours,
- 3) Local People,
- 4) Friends,
- 5) Others (Specify): _____

20. CROPS GROWN:

- 1) Rice,
- 2) Wheat,
- 3) Others (specify): _____

21. What Are The Implements Used For Cultivation?

- 1) Haal,
- 2) Power Tiller
- 3) Tractor.

22. Do The Respondent Have Pet Animals?

0. No 1. Yes

(a) If Yes, What Kind Of Animals?

1. Cow 2. Buffalo 3. Duck 4. Hen

5. Others (specify): _____

23. What Is The Mode Of Cooking Food?

1) L.P.G, 2) Kerosene Stove, 3) Chula.

24. What Is The Source Of Drinking Water?

1) Tap Water 2) Pond 3) River.

25. Source of Lighting:

1) Electricity 2) Kerosene 3) Solar Energy

4) Any Other (Specify): _____

27. Do The Respondent Visit Town Frequently?

0. No 1. Yes

28. Purpose of Visiting the Town:

1) Medical Treatment 2) For Work 3) For Shopping

4) For Entertainment 5) For Visiting Relatives

6) Others (specify): _____

29. What Is The Mode Of Visiting The Town?

1) Bus 2) Train 3) Sumo 4) Personal Vehicle.

30. Where Do The Respondents Visit For Medical Treatment Frequently?

1) SMC 2) Private Clinic 3) Others (specify): _____

31. Types of the Family:

1) Joint Family 2) Nuclear Family 3) Single.

33. What Are The Languages Known To The Respondent Other Than Mother Tongue?

1. English 2. Bengali 3. Assamese 4. Hindi

5. Others (specify) _____

34. Is The Respondents Member Of Any N.G.O Or Club Of The Village?

0. No 1. Yes

35. If Yes, Does He/She Hold Any Position?

0. No 1. Yes

36. What Are The Main Objectives Of The N.G.O Or Club?

1. _____

2. _____

3. _____

4. _____

37. Is The Respondents Member Of Any Political Party?

0. No 1. Yes

38. If Yes, Does He/She Hold Any Position?

0. No 1. Yes

39. Is There Any Member Of Family Who Joined Any Political Party?

0. No 1. Yes

40. If Yes, Why He/She Joined The Party?

1. _____

2. _____

3. _____

41. What Is The Position?

42. Is There Any Member Of The Family Who Is The Member Of A Club Or N.G.O In The Village?

0. No 1. Yes

43. If Yes, Name Of the Club:

44. What Is His/He Position? _____

45. What Are The Functions Of The Club?

1. _____

2. _____

3. _____

46. Has the Member of the Respondent's Family Joined the Committee of Any School?

0. No 1. Yes

47. What Is The Reason?

1. _____

2. _____

48. What His/hers Position? _____

49. Are You Satisfied With The Functions Of The Member Of G.P. Of The Village?

0. No 1. Yes

50. Give Reasons:

1. _____

2. _____

51. Do You Worship?

0. No 1. Yes

52. If Yes, Which God And Goddesses Do You Worship?

1. Hindu gods and goddess

2. Clan god

3. Others (specify): _____

Questions Related To Education of the Respondent

57. What Is The Education Qualification Of Respondent?

- | | | |
|---------------------|-------------------|------------------|
| 1) Illiterate | 2) Primary School | 3) Matriculate |
| 4) Higher Secondary | 5) Graduate | 6) Post-Graduate |
| 7) Technical | 8) Professional | |

58. What Is The Education Qualification Of Father?

- | | | |
|---------------------|-------------------|------------------|
| 1) Illiterate | 2) Primary School | 3) Matriculate |
| 4) Higher Secondary | 5) Graduate | 6) Post-Graduate |
| 7) Technical | 8) Professional | |

59. What Is The Education Qualification Of Mother?

- | | | |
|---------------------|-------------------|------------------|
| 1) Illiterate | 2) Primary School | 3) Matriculate |
| 4) Higher Secondary | 5) Graduate | 6) Post-Graduate |
| 7) Technical | 8) Professional. | |

60. What is the Occupation of the Respondent?

- 0) Housewife
- 1) Student
- 2) Unemployed Person
- 3) Government Officers/executive Managers,
- 4) Professional (Doctors, Engineers, Lawyers),
- 5) Semi Professional (Nurses, Accountants, Deed Writers, Astrologers),
- 6) White Collar (Clerical, Salesman, School Teacher),
- 7) Petty Businessman (Shopkeeper),
- 8) Agriculturists,
- 9) Skilled Workers
- 10) Unskilled Workers,
- 11) Retired Person.

61. What Is The Occupation Of The Mother?

- 0) Housewife
- 1) Government Officers/Executive Managers,
- 2) Professional (Doctors, Engineers, Lawyers),
- 3) Semi Professional (Nurses, Accountants, Deed Writers, Astrologers),

4) White Collar (Clerical, Salesman, School Teacher),

5) Petty Businessman (Shopkeeper),

6) Agriculturists, 7) Skilled Workers

8) Unskilled Workers, 9) Retired Person.

62. WHAT IS THE OCCUPATION OF FATHER?

0) Housewife 1) Student 2) Unemployed Person

3) Government Officers/executive Managers,

4) Professional (Doctors, Engineers, Lawyers),

5) Semi Professional (Nurses, Accountants, Deed Writers, Astrologers),

6) White Collar (Clerical, Salesman, School Teacher),

7) Petty Businessman (Shopkeeper), 8) Agriculturists,

9) Skilled Workers 10) Unskilled Workers, 11) Retired Person.

(a) If Married, What Is The Occupation Of Wife/Husband?

0) Housewife 1) Student 2) Unemployed Person

3) Government Officers/executive Managers,

4) Professional (Doctors, Engineers, Lawyers),

5) Semi Professional (Nurses, Accountants, Deed Writers, Astrologers),

6) White Collar (Clerical, Salesman, School Teacher),

7) Petty Businessman (Shopkeeper),

8) Agriculturists, 9) Skilled Workers

10) Unskilled Workers, 11) Retired Person.

63. Is There Any One Drop-Out Case From The School Of The Respondents' Family?

0. No 1. Yes

65. Is There Any Member Of Your Family Studying Outside The Village?

0. No 1. Yes

71. Which Kind Of School Do You Prefer To Send Your Children For Study?

1. Private

2. Government

Questions Related To Exposure To Mass-Media Communication Of The Respondent

72. Do The Respondent Have A Radio?

0. No. 1. Yes

73. Do The Respondent Listen To Radio Regularly?

0. No. 1. Yes.

74. How Long Do The Respondent Spend Regularly?

1. Less than one hour. 2. 1-2 hours 3. More than two hours

75. Which Programme Do The Respondents Listen Most?

1. News 2. Sports News/Commentaries 3. Play

4. Educational 5. Others (specify): _____

76. Which Radio Station Does The Respondent Usually Tune To?

1. International 2. National 3. Regional or Local

77. Do The Respondent Listen To Health Related Programme?

0. No 1. Yes

78. If Yes, How Long Do The Respondent Spend Regularly?

1. Less than one hour. 2. 1-2 hours 3. More than two hours

79. Do The Respondent Read Newspaper?

0. No 1. Yes

(a). IF YES, NAME THE NEWSPAPER: _____

80. Do The Respondent Subscribe To Any Newspaper?

0. No 1. Yes

81. If Yes, Which Newspaper Does The Respondent Read?

1. The Times of India 2. Economic Times 3. Dainik Yogasangkha

4. Sonar Cachar 5. The Telegraph 6. The Assam Tribune

7. Employment News 8. The Sentinel 9. Others (Specify) _____

82. How Long Does The Respondent Spend On Reading Newspaper in A Day?

0. Don't read. 1. Less than one hour 2. 1-2 hours
3. 3-4 hours 5. 5hours or more.

83. Which Part Of The Newspaper Does The Respondent Read Most?

1. Editorial 2. Cinema 3.Sports.
4. Politics 5.Others (specify): _____

84. Do The Respondent Read Newspaper Related To Health Issues Section?

0. No. 1. Yes.

85. Do You Read Magazine?

0. No 1.Yes

86. If Yes, Which Magazine Does The Respondent Read?

1. India Today
2. Competition Successive Review
3. Susathya
4. Others (Specify) _____

87. Do You Read Health Related Magazine?

0. No 1.Yes

88. If Yes, Name Them? _____

89. Do The Respondent Have Television?

0. No 1.Yes

90. Do The Respondent Watch Television Regularly?

0. No 1.Yes

91. If Yes, How Long Does The Respondent Spend Daily On Watching T.V.?

0. Don't Watch 1. Daily/Regularly 2. 2-3 days 3.3-4 days.

92. Do The Respondent Have Cable Connection?

0. No 1. Yes

(a) In Case If Don't Owned T.V, Where Do The Respondents Watch Television?

1. At Home 2. At Neighbours/Relative/Friends home 3. Shop

93. What Type Of Programme Do The Respondents Watch On TV?

1. News 2. Music 3. Feature Films 4. Sports

5. Documentary 6. Educational 7. Mythological Programme

8. Serals 9. Others (specify): _____

94. Which Channel Does The Respondent Watch Most?

1. Dd1 <input type="checkbox"/>	2. Ddsports <input type="checkbox"/>	3. Netv <input type="checkbox"/>	4. Espn <input type="checkbox"/>	5. Sony Tv <input type="checkbox"/>
6. Sony Max <input type="checkbox"/>	7. Sab Tv <input type="checkbox"/>	8. Mtv <input type="checkbox"/>	9. Nehifi <input type="checkbox"/>	10. Zee Tv <input type="checkbox"/>
11. Etc <input type="checkbox"/>	12. Bbc World <input type="checkbox"/>	13. Axn <input type="checkbox"/>	14. Zee Cinema <input type="checkbox"/>	15. Zee Music <input type="checkbox"/>
16. Star Plus <input type="checkbox"/>	17. Star Movies <input type="checkbox"/>	18. Star Gold <input type="checkbox"/>	19. Star Utsav <input type="checkbox"/>	20. Cartoon Network <input type="checkbox"/>
21. Discovery <input type="checkbox"/>	22. Nat Geo <input type="checkbox"/>	23. Aastha <input type="checkbox"/>	24. Ten Sports <input type="checkbox"/>	25. Sanskar <input type="checkbox"/>
26. Aaj Tak <input type="checkbox"/>	27. Cnn <input type="checkbox"/>	28. Sahara Tv <input type="checkbox"/>	29. Colours <input type="checkbox"/>	30. Ndtv 24x7 <input type="checkbox"/>
31. Ndtv Imagine <input type="checkbox"/>	32. Star News <input type="checkbox"/>	33. Hbo <input type="checkbox"/>	34. Dd Northeast <input type="checkbox"/>	35. Local Channel <input type="checkbox"/>

36. Travels & Living <input type="checkbox"/>	37. Animal Planet <input type="checkbox"/>	38. Akash Bangla <input type="checkbox"/>	39. News Live <input type="checkbox"/>	40. Any Others (Specify): _____ _____
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95. Do You Watch Health Related Programmes On Television?

0. No 1. Yes

96. If Yes, How Long Do You Spend Regularly On Watching Television?

1. Less than one hour. 2. 1-2 hours 3. More than two hours

97. Do The Respondent Watch Movies At Movies Theatre?

0. No 1. Yes

98. If Yes, How Many Times Have The Respondent Seen Cinema In The Last Three Months?

0. None 1. Two 2. Three 3. More than Three

99. What Kinds Of Movies Does The Respondent Prefer?

1. Romantic Film 2. Commercial Film 3. Art Film
 4. Action Film 6. Any Other _____

100. What Kind Of Language Does The Respondent Prefer?

1. Hindi 2. English 3. Bengali
 4. Others (Specify) _____

101. Do The Respondent Watch Movies On VCD/DVD/Computer?

0. No 1. Yes

102. If Yes, Do The Respondent Owned It?

0. No 1. Yes

103. Do The Respondent Send Letter?

0. No 1. Yes

104. Generally For What Purpose Does The Respondent Send Letters?
1. Personal 2.Official 3.Others (Specify) _____

105. Which Type Of Post Does The Respondent Prefer?
1. Ordinary 1.Speed Post 2.Registered 3.Others (Specify) _____

106. Do The Respondent Have Mobile/Telephone At Home?
0. No 1.Yes

107. How Many Calls Are Generally Made Over Telephone in A Month?
1.5-10 2.10-20 3.30-40 4.More than 50

108. Do The Respondent Have Access To Computer?
0. No 1.Yes.

109. If Yes, Where Do The Respondent Access To Computer?
1. Home 2.Cyber Cafe 3. School 4.Other Place _____

110. What Is The Purpose Of Using Computer?
1. Education 2.Buisness 3.Entertainment
4. Games 5.Others (specify) _____

111. Do The Respondents Have Internet Connection At Home?
0. No 1.Yes.

112. Do The Respondent Use Internet?
0. No 1.Yes

113. If Yes, Do The Respondent Use Internet Regularly?
0. No 1.Yes

114. What Is The Level Of Digital Literacy Of The Respondent?
0. Don't Have 1. Diploma 2. Degree 3.Learned by Experience.

115. If Employed, How Many Hours Per week do the Respondent Use Computer for Job?
1. Less than 1 hour 2. 1-5 hours 3. 6-10 hours 4.11-20 hours

116. What Type Of Media Does The Respondent Use For Sending Messages?

1. Telephone

2. By Sending a Person

3. Others

117. FAMILY DETAILS:

NO	NAME	AGE	SEX	RELATION TO THE RESPONDENT	CLAN	EDUCATION	OCCUPATION	IF DAUGHTER MARRIED TO WHICH CLAN	IF DAUGHTER -IN-LAW, NAME THE PATRICLAN

Questions Related To Patterns of Health Care

Health Awareness

1. What Is The Source Of Drinking Water?
- 1) Well 2) P.H.E Water Supply 3) Other Specify: _____
2. What Is The Mode Of Purifying The Drinking Water?
1. Water Purifier 2. Filter 3. Other Specify; _____
3. How Many Times Do They Brush Their Teeth?
1. Once 2. Twice 3. Other Specify: _____
4. What Is The Mode of Using Mosquito Protection Measure?
1. Mosquito Net 2. Liquidator 3. Coil 4. Other Specify: __
5. Do The Respondent Subscribe To Any Health Related Magazine?
0. No 1. Yes
- a. If Yes, Please Specify: _____
6. Do The Respondent Watch Any Health Related Programmes On Television/Radio?
0. No 1. Yes
- a. If Yes, Please Specify: _____
22. Do You Exercise Regularly?
0. No 1. Yes 2. Do Exercise But Not Regular.
23. Do You Smoke?
0. Never 1. Quit 2. Yes
- A) If Yes, What Is The Frequency?
1. Rarely 2. Modrately 3. Often
24. Have You Ever Skip Breakfast?
0. No 1. Yes
25. For How Long Do You Sleep At Night?
1. Less Than 7 Hours 2. 7-8 Hours
26. Do You Drink?
0. Never 1. Quit 2. Yes
- (A) If Yes, What Is The Frequency?
1. Rarely 2. Modrately 3. Often

27. Do You Participate In Any Physically Active Hobby Such As Exercise, Gardening, And Sports?

0. Never 1. Rarely 2. Sometimes 3. Often.

28. Do The Respondent Or Other Members Of The Family Practice Morning Work?

0. No 1. Yes

(A) . If Yes, Please Give Particulars.

Sl.No	Name	Relation	Age	Education	Occupation

Post Diagnosis Help Seeking Behaviour

1. Is There Any Member Of The Family Suffering From Any Disease?

0. No 1. Yes

2. If Yes, Who?

a) Relation- _____

b) Time Of Suffering- _____

c) Venue Of Treatment- _____

3. What Is The Action Taken By The Family After The Illness?

- 1) Stopped Fried Food 2) Worship God in the Village/Home
- 3) Take Veg. Food 4) Allopathic Treatment
- 5) Homeopathic Treatment 6) Ayurvedic Treatment
- 7) Local Kabiraji 8) Gave No Treatment 9) Other Specify

4. What Is The Reason Of Illness In The Family?

- 1) Improper Diet 2) Excessive Stress 3) Pollution 4) Family
 Negligence 5) Faith 6) Lack Of Cleanliness 7) Evil Spirit
 8) Lack Of Routine Life 9) Other Specify.

5. Whether Any Member Of The Household Suffered In The Past From Any Of The Following:

Name Of Disease	Yes	No	Relation	Age	Time Of Suffering	Venue Of Treatment
A) Diabetes						
B) Ulcer						
C) Cancer						
D) Jaundice						
E) Heart Diseases						
F) Typhoid						
G) T.B.						
H) B.P.						
I) Dysentery						
J) Hyper Tension						
K) Gastric						

6. From Where Did You Get Information About The Health Facilities Available?

- 1) T.V. 2) Radio 3) Newspaper 4) N.G.O.
 5) From the Worker of Health Department 6) From Neighbourhood
 7) Other Specify: _____

7. Which Type Of Medicine Procedure Do You Prefer The Most?

- 1) Allopathic 2) Homeopathy 3) Branded Ayurvedic Treatment
 4) Unani 5) Folk Medicine 6) Other Specify: _____

8. Give Reasons:

1. _____
 2. _____
 3. _____

9. For Usual Illness Which Treatment Does The Respondent Prefer Mostly?

1. Homeopathy 2. Aopathy 3. Ayurvedic 4. Traditional Method

10. Do You Believe In Ethnic Or Primitive Way Of Treatment?

0. No 1. Yes

11. If Yes, Please Specify. _____

11. Do The Respondent Or Other Members Of The Family Go For Such Treatment?

0. No 1. Yes

12. If Yes, Please Give Particulars.

Sl.No	Name	Relation	Age	Education	Occupation	Reason	Remarks

Reproductive Child Health: Immunization Status

1. Is There Any Child In The Family?

0. No 1. Yes

2. If Yes,

1) Male 2) Female

3. Age:

1) 0-12 Months 2) 12-23 Months 3) Above 1 year

4) 1-5 years 5) Above 5 Years

4). Whether They Have Been Fully Immunised Between 0-23 Months?

0. No 1. Yes

5) If No, Which Of The Following Doses Have Been Given To Them?

1. BCG 2. Dpt 123 3. Opv 123 4. Hepatitis B 123

5. Measles, Mumps, Rubella (Mmr) Vaccine

6. Whether The Children Of More Than 5 Years Have Given D.T.?
0. No 1. Yes

7. Whether The Children Of More Than 10 Years Have Given T.T?
0. No 1. Yes

8. Whether The Children Of More Than 16 Years Have Given T.T?
0. No 1. Yes

9. Is There Any Case Of Adverse Event Following Immunisation?
0 No 1. Yes

10. If Yes,
1. Abscess 2. Death 3. Other Specify: _____

11. Does Any Health Worker Come For Follow Up Visit?
0. No 1. Yes

A) If Yes, Who?
1. Anm or Health Department Worker 2. NGO Member
3. Other Specify: _____

12. For How Many Days Do They Normally Take Maternity Rest (In Case Of Working Lady)?
Please Specify: _____

13. In Case Of Mother, What Do You Chose For Delivery?
1. Normal Delivery 2 Cyzarine

14. What Does The Family Prefer For Delivery?
1. Government Hospital 2. Private Clinic

(A). Please Specify The Reasons: _____

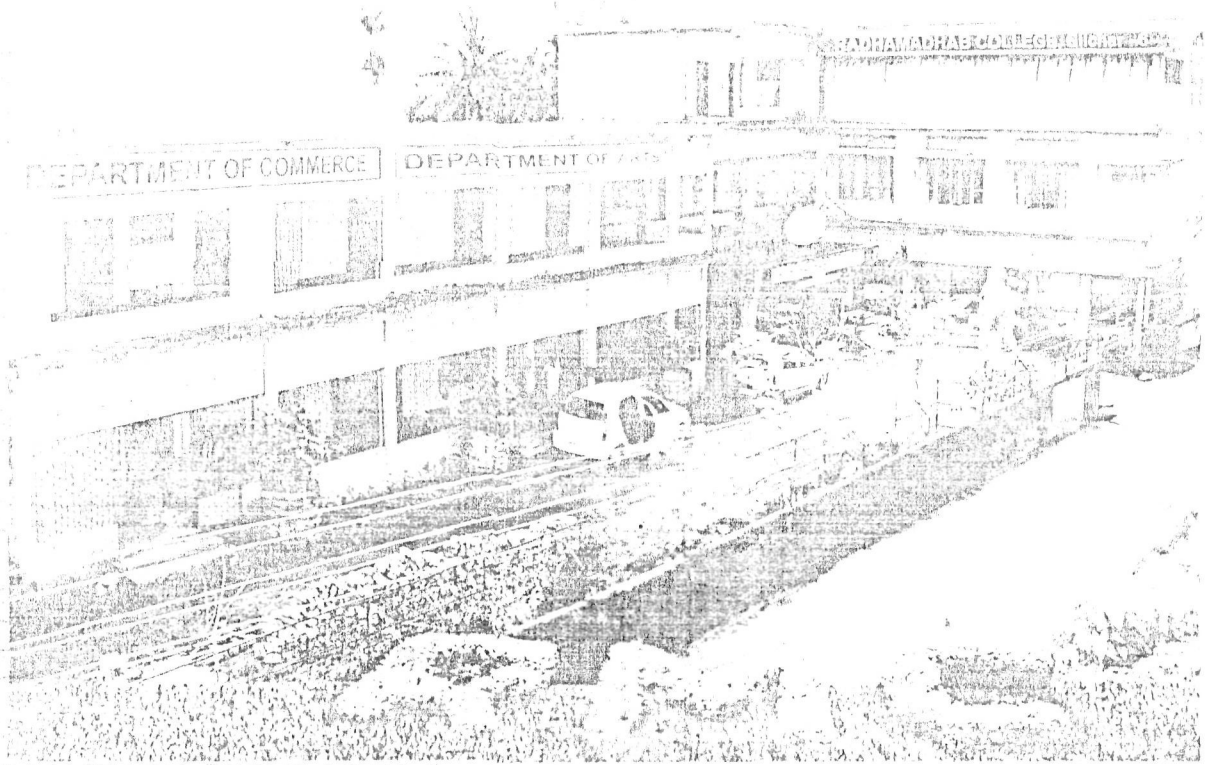
Ante Natal Care Service

1. Does Any Members (Women) Of Your Family Had Or Having ANC Service?
0. No 1. Yes

2. If Yes, Where?
1. Government Hospital 2. Private Hospitals
3. Other Specify: _____

3. Whether They Are Registered In The First Trimester (3 Months)?

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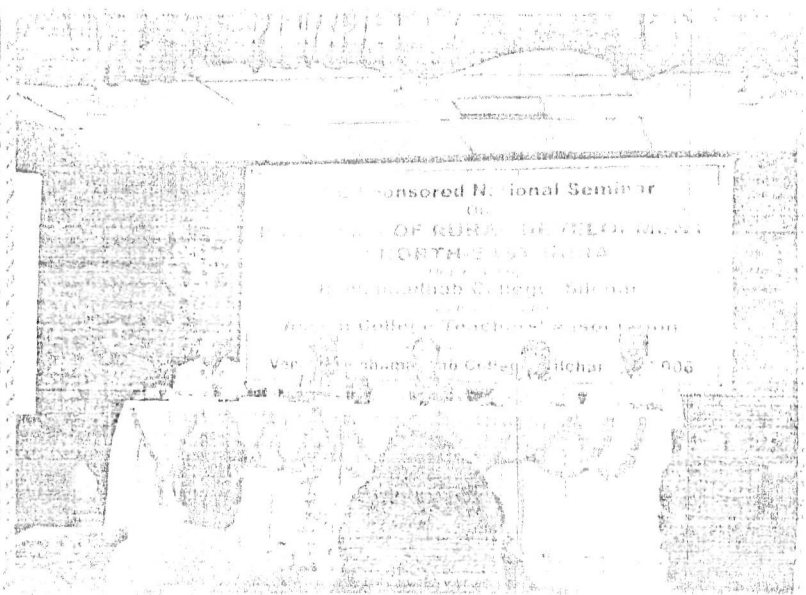
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Status of Education and Health among the Barmans of Barak Valley in Assam

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Education and health are the important indicators of development in society. We need to understand how education could play a vital role in creating health awareness in a society. According to noted Sociologists **Emile Durkheim** defined education as “*the action exercised by the older generations upon those who are not yet ready for social life. Its object is to awaken and develop in the child those physical, intellectual and moral states which are required of him both by his society as whole and by the milieu for which he is specially destined.*” This action, the socialization takes place in all societies, which helps to lead to a developed society. A society wishing to change or modernize itself has to employ or use a number of means, instruments and institutions, agents, or agencies to achieve its desired goals. In the simplest societies, where there is in any case little specialization of function, education is not organized as a separate activity. It is provided by the family, the kin group and the society as a whole through participation in this everyday routine of living. But in primitive societies above the simplest level formal instruction is given at puberty, before initiation as an adult member of the society. In more developed societies, formal education acquires a greater importance, the period of systematic instruction increases and specialized occupational group of teachers is formed.

Health is the general conditions of a person in all respects. **The World Health Organisation defined Health as “a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity”**. In fact, how we feel plays a pivotal part in our sense of well-being. So, Health is more than the absence of illness. The tribal society which is undergoing a social change is now intended towards more specialised and formal institution. The study examines the status of education and health among the Barman tribe of Barak Valley in Assam. The Barmans of Barak Valley that have been a part of greater Dimasa Kachari tribe largely influenced by the Hindu Bengali culture.

Objectives of the Study:

The study has the following objectives:

1. To understand the level of Health awareness in tribal society.
2. To understand the types of Health practices in tribal society.

Hypotheses of the Study:

The major hypotheses of the study are as follows:

- There is a positive relationship between the level of education and awareness of health.

Methodology:

The study is located in, Bijoypur of Borkhola Circle of Cachar District. The data are being collected from all the adult family member of the village household (N= 125). To understand the patterns of health care practices and awareness the data is being collected covering every generation and education level of the tribe. The data is being collected by observation, informal discussion and administering a highly structured interview schedule on a purposive sampling.

The Findings of the Study:

Education:

Education is an important aspect in development of a society. The relation between education and health is well established, well educated people are said to experience better health than the poorly educated people. The Education of the Respondents are tabulated and analyzed as follows:

Education Qualification

Code No	Education of the Respondent	Frequency Percentage (%)			
		Male	Female	Total	00
1	Illiterate				
2	Primary School	10	21	31	24.8
3	High School	24	23	47	37.6
4	Matriculate	12	09	21	16.8
5	Higher Secondary	09	08	17	13.6
6	Graduate and above	05	04	09	7.2
7	Technical	00	00	00	00
8	Professional	00	00	00	00
	Total	60	65	125	100

The data reveals that most of the Respondents have i.e. 37.6% High School level of Education, whereas, 24.8% of the Respondents have Primary level of Education, 16.8% of the Respondents have qualified Matriculate, 13.6% of the Respondents have Higher Secondary level of Education. And a very few Respondents i.e. only 7.2 % have Graduate level of education.

Supply of Drinking Water:

Supply of safe drinking water is a great asset to health. It is one of the major supports to the health care system. In order to analyze the sources of drinking water of the villagers a question was asked from where they got water for drinking purpose.

Sources of Drinking Water

Code No.	Sources of Drinking Water	Frequency	Percentage (%)
1	Tube Well	00	00
2	Pond	02	1.6
3	Well	00	00
4	P.H.E water supply	123	98.4
	Total	125	100

The data reveals that most of the Respondents i.e. 98.4% depend on P.H.E water supply for drinking purpose and only 1.6% of the Respondents have to depend on Pond for drinking purpose.

Purify the Drinking Water

Code No.	Do they Purify the Drinking Water	Frequency	Percentage (%)
0	No	02	1.6
1	Yes	123	98.4
	Total	125	100

The data shows that most of the Respondents i.e. 98.4% purify their water before drinking, while 1.6 % of the Respondents do not purify water.

Sanitation:

The problem of rural sanitation is one of the important factors related to health care. Very little has been throughout the modern period and most village people live, even today in primitive sanitary conditions. To analyze the status of sanitary latrine in the village a question has been asked whether they have sanitary latrine or not and most of the villagers are found to have sanitary latrine

Sanitary Latrine

Code No.	Do they have Sanitary Latrine	Frequency	Percentage (%)
1	No	54	43.2
2	Yes	71	56.8
	Total	125	100

The data shows that more than half of the Respondents i.e. 56.8% have Sanitary Latrine in their house, while 43.2% of the Respondents do not have Sanitary Latrine in their house.

Cleanliness:

To analyze the cleanliness level of the Respondents they have been asked whether they wash their hands after coming out from toilet and whether they Brush regularly or not. They are also asked if they have cattle in their house what is the frequency of cleaning the cattle shed.

Hygiene

Code No.	Did they wash their hands after coming out from toilet?	Frequency	Percentage (%)
1	No	00	00
2	Yes	125	100
	Total	125	100

The data reveals that all the Respondents wash their hands after coming out from toilet.

Brush the Teeth

Code No.	Do they Brush regularly?	Frequency	Percentage (%)
1	No	11	8.8
2	Yes	114	91.2
	Total	125	100

The data reveals that 91.2% of the Respondents brush their teeth regularly.

Cleaning the Cattle Shed

Code No.	How frequently Do they clean the Cattle shed?	Frequency	Percentage (%)
1	Daily	41	93.1
2	Weekly	03	6.8
3	Monthly	00	00
4	Fortnightly	00	00
5	Rarely	00	00
	Total	44	100

The data shows that 41% of the Respondents clean their Cattle shed daily, while 6.8% of the Respondents weekly clean their cattle shed.

Mosquito Protection Measure

Code No.	Do they use Mosquito Protection Measure?	Frequency	Percentage (%)
1	Mosquito Net	125	125
2	Liquidator	00	00
3	Coil	00	00
4	Smoke	00	00
5	Hit Spray	00	00
	Total	125	125

The data reveals that all the respondents use Mosquito Net as Mosquito Protection Measure during sleeping.

Disposal of Wastage and Drainage connectivity:

Proper disposal of wastage and drainage connectivity is important in order to make a hazard free environment. Very few of the places are found to be clean due to inadequate drainage and sewage systems. In order to understand this, Respondents were asked whether they have drainage connectivity for waste water outlet. And where they mainly dispose their daily wastage.

Drainage Connectivity

Code No.	Drainage Connectivity for Waste Water Outlet	Frequency	Percentage (%)
1	Closed Drainage	71	56.8
2	Open Drainage	54	43.2
3	No Drainage	125	100
	Total	125	100

The data reveals that most of the Respondents have closed drainage connectivity for waste water outlet, while 43.2% of the Respondents have open drainage connectivity.

Disposal of Wastage

Code No.	Place to throw daily Wastage	Frequency	Percentage (%)
1	Personal Composed Pit	00	00
2	Common Village Pit	00	00
3	Do Not Maintain any specific Place	38	30.4
4	At the back of the house	87	69.6
	Total	125	100

The data reveals that most of the Respondents of the village dispose their daily wastage at the back of their house, while 38% of the respondents do not maintain any specific place. It shows that the villages do not maintain any personal or common village pit where they can throw their daily wastage.

Village Health and Sanitary Committee

Code No.	Know About Village Health and Sanitary Committee?	Frequency	Percentage (%)
1	No	81	64.8
2	Yes	44	35.2
	Total	125	100

The data reveals that most of the respondents i.e. 64.8% of the Respondents do not know about any Village Health and Sanitation Committee, while 44% of the Respondents are aware about the Village Health and Sanitary Committee.

Village Sanitation Committee

Code No.	Ever Attended the Village Sanitation Committee?	Frequency	Percentage (%)
1	No	125	100
2	Yes	00	00
	Total	125	100

The data reveals that all the Respondents of the village have never attended any Village Sanitation Committee.

Information about the Health Facilities Available

Code No.	From where did you get Information about the Health Facilities Available?	Frequency	Percentage (%)
1	Television	00	00
2	Radio	00	00
3	Newspaper	01	0.8
4	N.G.O	00	00
5	From the worker of Health Department	74	59.2
6	From Neighborhood	43	34.4
7	Close Relative	07	5.6
	Total	125	100

The data reveals that most of the Respondent i.e. 59% gets information about the Health facilities from the workers of health department. While 34.4% and 5.6% of the Respondents get information from their neighborhood and close relatives respectively. Only 0.8% of the Respondents get health information from Newspaper.

Traditional Practices:

Traditional Health Care practices are ancient and culture-bound medical practices which existed in human societies before the application of modern science to health. It is based on the theory and beliefs and experiences indigenous to different cultures, was developed and handed down from generation to generation. To analyze the impact of traditional practices in the Barman tribe the Respondents were asked whether they still practice the indigenous health care practices.

Traditional Health Practices

Code No.	Practice any Traditional Health Practice?	Frequency	Percentage (%)
1	No	50	40
2	Yes	31	24.8
3	Sometime	44	35.2
	Total	125	100

The data reveals that most of the Respondents do not go for traditional practices in the case of health, while 35.2% of the Respondents sometime favour traditional practices. And only 31% of the Respondents seek for traditional practices.

Disease:

To analyze the status of illness, the Respondents were asked whether they or any member of the Family are suffering from any major disease. Then, the Respondents were asked to mention the name

of the disease and what are the causes of the Illness and what measure has been taken by the family member to cure it. And

Family Suffering from Disease

Code No.	Any Member of the Family Suffering from any Disease?	Frequency	Percentage (%)
1	No	94	75.2
2	Yes	31	24.8
	Total	125	100

The data reveals that most of the Respondents i.e. 75.2% of the Respondents are found to be physically healthy; they do not suffer from any major disease. While 24.8% of the Respondents are suffering from disease.

Name of the Disease

Code No.	Name of the Disease.	Frequency	Percentage (%)
1	Diabetes	08	25.8
2	Heart Disease	02	6.5
3	Blood Pressure	08	25.8
4	Gastric	06	19.3
5	Eye Problem	02	6.5
6	Mentally Challenged	01	3.2
7	Joint Pain	02	6.5
8	Nerve Problem	02	6.5
9	Total	31	100

The data reveals that most of the Respondents i.e. 25.8% are suffering from Diabetes, while 19.3% of the Respondents are having Gastric problem, 6.5% of the Respondents are suffering from Heart Disease and Eye Problem and Joint Pain. And 3.2 % of the Respondents are found to be mentally challenged.

Action taken by the Family

Code No.	Action taken by the Family after the Illness	Frequency	Percentage (%)
1	Stopped Fried Food	00	00
2	Worship God in the Village	00	00
3	Take Vegetarian Food	00	00
4	Allopathic Treatment	26	83.8
5	Homeopathic Treatment	02	6.5
6	Ayurvedic Treatment	02	6.5
7	Local Kobiraj	00	00
8	Gave No Treatment	01	3.2
9	Total	31	100

The data shows that 83.8% of the Respondents are prefer Allopathic treatment regarding medicine. While 6.5% of the Respondents are go for Homeopathic and Ayurvedic treatment and 3.2% of the Respondents do not seek any medical practices.

Reason of Illness

Code No.	Reason of Illness in the Family	Frequency	Percentage (%)
1	Improper Diet	14	45.2
2	Excessive Stress	03	9.6
3	Pollution	00	00
4	Family Negligence	02	6.5
5	Faith	00	00
6	Lack of Cleanliness	00	00
7	Evil Spirit	00	00
8	Lack of Routine Life	12	38.7
	Total	31	100

The data shows that most of the Respondents i.e. 45.2% are suffering from disease due to improper diet, while 38.7% of the Respondents due to the lack of routine life, 9.6% of the Respondents having disease due to excessive stress. And 6.5% of the Respondent are suffering because of the family negligence.

Medicine:

To analyze the medicine preference of the Respondent, they were asked what type of medicine prefers in the time of illness in the family.

Medicine Preferences

Code No.	Type of Medicine Prefer	Frequency	Percentage (%)
1	Allopathic Treatment	115	92
2	Homeopathic Treatment	00	00
3	Ayurvedic Treatment	05	4
4	Local made Treatment	00	00
5	Folk Medicine	00	00
6	Unani	00	00
7	Both Allopathic + Homeopathic Medicine	05	4
	Total	125	100

The data reveals that 92% of the Respondents seek Allopathic treatment in the time of illness while only 4% of the Respondents seek for Ayurvedic treatment or both Allopathic + Homeopathic treatment.

Food:

To analyze this, the Respondents were asked what type of food they mainly take.

Food Habit

Code No.	What Type of Food Do the Respondents Take?	Frequency	Percentage (%)
1	Vegetarian	03	2.4
2	Non-Vegetarian	122	97.6
	Total	125	100

The data reveals that most of the Respondents i.e. 97.6% are Non-Vegetarian, while only 2.4% of the Respondents are Vegetarian.

Conclusion:

The above study shows that the Barman tribes of the Bijoypur village is look mostly look forward to modern medicine for relief from pain, suffering from physical ailments. The tribes mostly consult health professionals on matters relating to health practices and health conditions. The infrastructure of the village regarding health services is somehow found to be satisfactory. As most villagers have sanitation facilities, supply of safe drinking water

The use of traditional health care practices among the Barman tribe of the village is not regular. The tribes mostly rely on modern medical science. Modernization and Urbanization has influenced this change, these changes are slowly eradicating the traditional beliefs of the community in the village

There are no doubts that, the village have been able to avail the facilities provided by modern medical facilities. But there is a lack of proper Health Education among the villagers. The Village does not have any Non-Governmental Organization (N G.Os) relating to health education or any programmed has conducted in the village Health is an individual responsibility, if the individual is not health conscious and does not he make the necessary efforts to be healthy, not outside agency can provide him The maxim 'health is wealth' is not about how you treat your body in the illness but it is also about to remain disease free. The modern medicine system (Allopathic treatment) has no doubt plays a significant role in health treatment but at the same time it has its own limitations. Therefore, it is recommended that educational and information campaign should be conducted by the Department of Health to increase the awareness and knowledge of people and to have an appropriate healthy routine live, in the far-flung communities, on the use of alternative medicine such as herbals and ayurvedic in the treatment of illnesses or disorders.

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ETHNICITY, COMMUNICATION AND SOCIAL DEVELOPMENT

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A few words about North East India Social Science Forum

North East India the erstwhile greater Assam, presently the land of seven sisters and one brother covers political units namely the states of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, and Sikkim. The indigenous inhabitants of this region, who are mostly tribes, are bewildering in their variety, ethnicity, culture, and folklore. The area is endowed with rich resources of land, water, forests, and minerals etc., and perched at the confluence of countries like China and Tibet in the North, Myanmar in the East, and Bangladesh in the West. This region is connected with the rest of India by a narrow corridor between Nepal and Bangladesh. This has greatly enhanced its strategic importance.

North East India is the land of co-existence of the extreme forms of both tradition and modernity. Ethnically the tribes of North East belong to the Indo-Mongoloid racial stock. The tribal people of this region speak languages of different divisions and sub-divisions of the Sino-Tibetan Linguistic family. However, a few speak Mon-Khmer (Austro-Asiatic) languages. Majority of the tribes are patriarchal while, matriarchal tribal societies also exist in few areas

The process of globalization in India in last twenty years has brought many changes in Indian economy as well as brought plenty of scope for mass media communication to expand its network at global level. Everywhere, the mass media flow defies national boundaries. Recent advancements in the mass communication have influenced the working of cultural life in

are the portrayal of realism and she tries to prove it by giving special reference to one of his novels

At the end it must be admitted that the research papers included in this book may not present all aspects of ethnicity communication and social development however, some significant aspects have been dealt with the pursuit of helping the students teachers and researchers policy-makers planners and administrators

Golaghat Assam
1st December 2012

Amulya Kumar Borah
Editor

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Status of Health Care among the Barman tribe of Bijoypur Village in Cachar District of Assam

Ms. Phirmi Bodo

Health is seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources as well as physical capabilities. The WHO defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Health care is the treatment and prevention of illness. The theories of Durkheim, Marx and Weber offer valuable insights into contemporary issues of health work, such as the relationship between social structure, health status and health inequalities and the nature of power relationships in health organization. Weber's idea about bureaucracy has influenced current thinking about the nature of power relationships in health work organization. Their theories of economic and social class cast a long shadow over most discussions of poverty, class and inequalities in health status. Functionalists point out that health care is essential to the preservation of the human species and organized social life. Talcott Parson (1951) expands on the functionalist position in his analysis of the sick role, a set of cultural expectations that define what appropriate behaviour is for people with disease or health problems. Parson assumes illness must socially control lest it impair societal functioning. He says one way societies contain the negative effects of health problems is through institutionalizing illness in a special role.

Freidson (1970) argued that the medical profession had extended its monopoly over health and illness both through subordination or exclusion of other health work occupations such as nursing and through control of the process of diagnosis, treatment

and hospitalization. He argued that Freidson argued that illness was actually negotiated initially through lay culture. When patients presented themselves, doctors did not just diagnose disease; they also involved in treating illness and therefore in creating meanings and frameworks of social knowledge which they could impose upon patients. **Marxists claim** that, although capitalism and professionalized medicine have improved standards of living, there is still glaring global and local inequalities in health- the social class gradients' - and there is still evidence of class conflict in health work. **Lesley Doyal (1979)** has argued that 'the way health and illness are defined, will vary according to the social and economic environment in which they occur.' Symbolic interactionists contend that "sickness" is culturally created meanings we attach to certain conditions. **Anselm Strauss (1963)** developed the concept of 'negotiated order' to describe the management of interactions between patients and staff in modern hospitals, and **Strong (1979)** has written of the 'ceremonial order' that exists in clinic. **Erving Goffman in Stigma (1964)** explored how individuals understood and came to terms with their particular disabilities, and how they 'managed' and presented themselves in their relationships with others so that the dangers to self were minimized.

Sociologists and social anthropologists in India have been concerned with the tribal health since long time. Their researches included ethno medicine, health status particularly of women and children, health seeking behavior, impact of modern medicine etc. the health status of men and women in almost all countries and cultures without any exception. **World Development Report (1993)** says the female disability is especially high in Asia (Devi 1998:2). In Indian context, it is said that the story of indifferent attitude towards women starts from the moment it is known that the conceived baby is a girl and it runs throughout her childhood, adolescence, married life, old age and ends only with her death. In other words, 'the discrimination starts from womb and ends up in the tomb' (Nigam 1999:11)

Prof Mahapatra points out the paucity of data on the concept of health among the tribal populations groups of India. According to him, in the context of Indian socio-economic constraints, it may be realistic to handle the concept of health in a bipolar nexus. The concept of health in almost all the tribal societies is a functional one not a clinical one. **Prof Swain** examined in depth the aetiology of perception of health and perception of illness prevailing among the different tribal groups of India. It has been realized that disease are not only due to physical, chemical or biological processes but also due to a number of socially and culturally determined actors. It is found that the tribal, whether the most primitives or the relatively modern ones, are in the various stages of transition. The concept that the tribal are resistant to modern medical care system has not been found to be true. **Dr Bhupinder Singh** in his thought provoking article examined in depth the complex interplay of several forces and factors influencing health of tribal communities namely, a) Physical environment, b) Socioeconomic state, c) Nutritional availability and dietary habits, d) Psycho-socio culture, e) Health culture and health related behavior, f) Mortality and morbidity patterns) Genetic diseases and disorders, h) Therapeutic system in vogue, and i) Health delivery systems. Dr. Singh pointed out that issues concerning tribal health, nutrition and genetic-environmental aspects are grossly under-researched. **Prof. Sachidananda** referred the vicious circle of poverty, ignorance and ill health prevailing among the tribal population of India. He tried to view the field of tribal health into two main aspects a) as a cultural complex i.e. a complex of material objects, tools techniques knowledge, idea and values and b) a part of social structure and organization i.e. network of relations between groups, classes and categories of persons.

Methodology :

The study is located in Silchar town of Cachar District and a village namely, Bijoypur of Borkhola Circle of Cachar District. As the study is confined to the Barman tribe only, the interplay between education, communication and patterns of health care can be analyzed

more directly. It helps in controlling background factors to a great extent. The data are collected from all about 300 the adult family member of the village household (N= 125). The tribal society which is undergoing a social change is now intended towards more specialized and formal institution of health education. The Barmans of Barak valley have been a part of greater Dimasa Kachari tribe, largely influenced by the Hindu Bengali culture. Health education which is the profession of educating people about health, mass media play a crucial role in this context. Mass media communication plays a crucial role in spreading health education in many developed and tribal societies. The study is an attempt to understand the status of health care among the Barman tribe of Bijoypur Village.

Findings of the Study

Supply of Drinking Water :

Supply of safe drinking water is a great asset to health. It is one of the major supports to the health care system. In order to analyze the sources of drinking water of the villagers a question asked from where they got water for drinking purpose.

Table No: 1
Sources of Drinking Water

Serial No	Sources of Drinking Water	Sex		Total	Percentage (%)
		Male	Female		
1	Tube Well	00	00	00	00
2	Pond	21 {43.7%} (35.6%)	21 {56.2%} (41.1%)	48	38.4
3	Well	00	00	00	00
4	P.H.E. Water-Supply	38 {49.3%} (64.4%)	39 {50.6%} (59.1%)	77	61.6
	TOTAL	59	66	125	100

The data reveal that most of the Respondents i.e. 98.4% depend on P.H.E water supply for drinking purpose and only 1.6% of the Respondents have to depend on Pond for drinking purpose.

Table No: 2 Purify the Drinking Water

The data show that most of the Respondents i.e. 98.4% purify their water before drinking, while 1.6 % of the Respondents do not purify water.

Serial No	Do they Purify the Drinking Water	Sex		Total	Percentage (%)
		Male	Female		
1	No	10 {38.4%} (17.4%)	16 {61.5%} (24.2%)	26	20.8
2	Yes	49 {49.5%} (83.05%)	50 {50.5%} (75.7%)	99	79.2
	TOTAL	59	66	125	100

Table No: 3 Mode of Purifying Water

Serial No.	With whom they purify the Drinking Water	Sex		Total	Percentage (%)
		Male	Female		
1	Filter	19 {44.2%} (38.7%)	24 {55.8%} (48%)	43	34.4
2	Boil	30 {53.6%} (61.2%)	26 {46.4%} (52%)	56	44.8
3	Use Alum	00	00	00	00
4	Use Coitton Net	00	00	00	00
	TOTAL	49	50	99	100

The data reveal that most of the Respondents i.e. 62.5% of the Respondents use Filter for purify the Drinking water, while 37.5% of the Respondents boil water for drinking purpose

Sanitation

The problem of rural sanitation is one of the important factor related to health care. Very little has been throughout the modern period and most village people live, even today in primitive sanitary conditions. To analyze the status of sanitary latrine in the village a question has been asked whether they have sanitary latrine or not and most of the villagers are found to have sanitary latrine

Table No: 4 Sanitary Latrine

Serial No.	Do they have sanitary Latrine	Sex		Total	Percentage (%)
		Male	Female		
1	No	21 (38.8%) (35.6%)	33 (61.1%) (50%)	54	43.2
2	Yes	38 (53.5%) (64.4%)	33 (46.5%) (50%)	71	56.8
	TOTAL	59	66	125	100

The data show that more than half of the Respondents i.e. 56.8% have Sanitary Latrine in their house, while 43.2% of the Respondents do not have Sanitary Latrine in their house.

Cleanliness

To analyze the cleanliness level of the Respondents they have been asked whether they wash their hands after coming out from toilet and whether they Brush regularly or not. They are also asked if they have cattle in their house what is the frequency of cleaning the cattle shed.

Table No: 5 Hygiene

Serial No.	Did they wash their hands after coming out from toilet	Sex		Total	Percentage (%)
		Male	Female		
1	No	00	00	00	00
2	Yes	59 (47.2%) (100%)	66 (52.8%) (100%)	125	100
	TOTAL	59	66	125	100

The data reveal that all the Respondents wash their hands after coming out from toilet.

Table No: 6 Brush the Teeth

Serial No.	Do they brush regularly	Sex		Total	Percentage (%)
		Male	Female		
1	No	05 (45.4%) (8.4%)	06 (54.5%) (9.1%)	11	8.8
2	Yes	54 (47.3%) (91.5%)	60 (52.6%) (91.1%)	114	91.2
	TOTAL	59	66	125	100

The data reveal that 91.2% of the Respondents brush their teeth regularly.

Table No: 7 Cattle in the House

Serial No.	Cattle in the House	Sex		Total	Percentage (%)
		Male	Female		
1	No	39 (48.1%) (66.1%)	42 (51.8%) (63.6%)	81	65.8
2	Yes	20 (45.4%) (33.9%)	24 (54.5%) (36.3%)	44	34.2
	TOTAL	59	66	125	100

The data reveal that 34.2% of the Respondents have cattle in their house, while 65.8% Respondents do not have it.

Table No: 8 Cleaning the Cattle Shed

Serial No.	If yes How frequently do they clean the cattle shed	Sex		Total	Percentage (%)
		Male	Female		
1	Daily	19 (46.3%) (95%)	22 (53.6%) (91.6%)	41	93.1
2	Weekly	01 (33.3%) (33.3%)	02 (66%) (8.3%)	03	6.8
3	Monthly	00	00	00	00
4	Fortnightly	00	00	00	00
5	Rarely	00	00	00	00
	TOTAL	20	24	00	100

The data shows that 41% of the Respondents clean their Cattle shed daily, while 6.8% of the Respondents weekly clean their cattle shed.

Table No: 9 Mosquito Protection Measure

Serial No	Do they use this/this Protection Measure	Sex		Total	Percentage (%)
		Male	Female		
1	Mosquito Net	50 (44.6%) (84.7%)	22 (53.6%) (91.5%)	41	93.1
2	Liquidator Coil	00 09 (69.2%) (15.2%)	00 04 (30.7%) (6.1%)	00 00	00 00
4	Smoke	00	00	00	00
5	Hi Spray	00	00	00	00
	TOTAL	59	66	125	125

The data reveal that all the respondents use Mosquito Net as Mosquito Protection Measure during sleeping.

Disposal of Wastage and Drainage connectivity :

Proper disposal of wastage and drainage connectivity is important in order to make a hazard free environment. Very few of the places found to be cleaned due to inadequate drainage and sewage systems. In order to understand this, Respondents asked whether they have drainage connectivity for wastewater outlet and where they mainly dispose their daily wastage

Table No: 10 Drainage Connectivity

Serial No.	Know About village Health and Sanitary Committee	Sex		Total	Percentage (%)
		Male	Female		
1	Closed Drainage	00	00	00	00
2	Open Drainage	03 (42.8%) (5.1%)	04 (57.1%) (6.06%)	07	5.6
3	No Drainage	56 (47.4%) (95.1%)	62 (52.5%) (94.3%)	118	94.4
	Total	59	66	125	100

The data reveal that most of the Respondents have closed drainage connectivity for waste water outlet. while 43.2% of the Respondents have open drainage connectivity.

Table No: 11 Disposal of Wastage

Serial No.	Do they use Mosquito Protection Measure	Sex		Total	Percentage (%)
		Male	Female		
1	Mosquito Net	50 {44.6%} (84.7%)	22 {53.6%} (91.6%)	41	93.1
2	Liquidator Coil	00 09 {69.2%} (15.2%)	00 04 {30.7%} (6.1%)	00 00	00 00
4	Smoke	00	00	00	00
	TOTAL	59	66	125	125

The data reveal that most of the Respondents of the village dispose their daily wastage at the back of their house, while 38% of the respondents do not maintain any specific place. It shows that the villages do not maintain any personal or common village pit where they can throw their daily wastage.

Aware about Village Health and Sanitary Committee :

Table No: 12 Village Healths and Sanitary Committee

Serial No.	Know about village Health and Sanitary Committee	Sex		Total	Percentage (%)
		Male	Female		
1	No	40 {47.05%} (67.8%)	45 {53.4%} (68.2%)	85	68
2	Yes	19 {47.5%} (32.2)	21 {52.5%} (31.8%)	40	32
	TOTAL	59	66	125	100

The data reveals that most of the respondents i.e. 64.8% of the Respondents do not know about any Village Health and Sanitation Committee, while 44% of the Respondents are aware about the Village Health and Sanitary Committee.

Attended Village Sanitation Committee Programme:

On the basis of the attending Village Sanitation Committee Programme, the distribution of the respondents is shown in Table No: 13

Table No: 13 Village Sanitation Committee Programme

Serial No.	Ever Attended the Village Sanitation Committee Programme	Sex		Total	Percentage (%)
		Male	Female		
1	No	59 {47.2%} (100%)	66 {52.8%} (100%)	125	100
2	Yes	00	00	00	00
	TOTAL	59	66	125	100

The data reveal that all the Respondents of the village have never attended any Village Sanitation Committee.

Table No: 14 Information about the Health Facilities Available

Serial No.	From Where did you get Information about the Health Facilities Available	Sex		Total	Percentage (%)
		Male	Female		
1	Television	00	00	00	00
2	Radio	00	00	00	00
3	Newspaper	00	00	01	0.8
4	N.G.O	00	00	00	00
5	From the Worker of Health Department	34 {46.4%} (57.6%)	40 {54.1%} (60.6%)	74	59.2
6	From Neighborhood	21 {48.8%} (35.6%)	23 {53.5%} (34.8%)	43	34.4
7	Close Relative	04 {57.1%} (6.7%)	03 {42.8%} (4.5%)	07	5.6
	Total	59	66	125	100

The data reveal that most of the Respondent i.e. 59% gets information about the Health facilities from the workers of health department. While 34.4% and 5.6% of the Respondents get information from their neighborhood and close relatives respectively. Only 0.8% of the Respondents get health information from Newspaper.

Disease :

To analyze the status of illness, the Respondents were asked whether they or any member of the Family are suffering from any major disease. Then, the Respondents were asked to mention the name of the disease and what are the causes of the Illness and what measure has been taken by the family member to cure it. And

Table No: 15 Families Suffering from Disease

Serial No.	Any Member of the family Suffering from any Disease	Sex		Total	Percentage (%)
		Male	Female		
1	No	44 (46.8%) (74.6%)	50 (53.2%) (75.7%)	94	75.2
2	Yes	11 (35.5%) (18.6%)	20 (64.5%) (30.3%)	31	24.8
	TOTAL	59	66	125	100

The data reveals that most of the Respondents i.e. 75.2% of the Respondents are found to be physically healthy: they do not suffer from any major disease while 24.8% of the respondents are suffering from disease.

Table No: 16 Name of the Disease

Serial No.	Name of Disease	Sex		Total	Percentage (%)
		Male	Female		
1	Diabetes	05 (62.5%) (38.4%)	03 (37.5%) (16.6%)	08	25.8
2	Heart Disease	00	02 (100%) (11.1%)	02	6.5
3	Blood Pressure	04 (100%) (30.7%)	04 (100%) (8.3%)	08	25.8
4	Gastric	03 (100%) (23.1%)	03 (100%) (11.1%)	06	19.3
5	Eye Problem	00	02 (100%) (11.1%)	02	6.5
6	Mentally Challenged	00	01 (100%) (5.5)	01	3.2
7	Joint Pain	00	02 (100%) (11.1%)	02	6.5
8	Nerve Problem	01 (100%) (7.7%)	01 (100%) (5.5%)	02	6.5
	Total	13	18	31	100

The data reveal that most of the Respondents i.e. 25.8% are suffering from Diabetes, while 19.3% of the Respondents are having Gastric problem, 6.5% of the Respondents are suffering from Heart Disease and Eye Problem and Joint Pain. And 3.2% of the Respondents are found to be mentally challenged.

Table No: 17 Action taken by the Family

Serial No.	Action taken by the Family after the illness	Sex		Total	Percentage (%)
		Male	Female		
1	Stopped Fried Food	00	00	00	00
2	Worship God in the Village	00	00	00	00
3	Take Vegetarian Food	00	00	00	00
4	Allopathic Treatment	12 {46.1%} (92.3%)	14 {53.8%} (77.7%)	26	83.8
5	Homeopathic Treatment	00	02 {100%} (11.1%)	02	6.5
6	Ayurvedic Treatment	01 {100%} (7.7%)	01 {100%} (5.5%)	02	6.5
7	Local Kobiraj	00	00	00	00
8	Gave No Treatment	00	01 {100%} (5.5%)	01	3.2
-	Total	13	18	31	100

The data shows that 83.8% of the Respondents are prefer Allopathic treatment regarding medicine. While 6.5% of the Respondents are go for Homeopathic and Ayurvedic treatment and 3.2% of the Respondents do not seek any medical practices.

Table No: 18 Reason of Illness

Serial No.	Reason of illness in the family	Sex		Total	Percentage (%)
		Male	Female		
1	Improper Diet	05 {35.7%} (33.3%)	00	00	00
2	Excessive Strees	02 {66.6%} (13.3%)	00	00	00
3	Pollution	00	00	00	00
4	Family Negligence	01 {50%} (6.6%)	14 {53.8%} (77.7%)	26	83.8
5	Faith	00	02 {100%} (11.1%)	02	6.5
6	Lack of Cleanliness	00	01 {100%} (5.5%)	02	6.5
7	Evil Spirit	00	00	00	00
8	Lack of Routine Life	07 {56.3%} (46.6%)	01 {100%} (5.5%)	01	3.2
-	Total	15	18	31	100

The data show that most of the Respondents i.e. 45.2% are suffering from disease due to improper diet, while 38.7% of the Respondents due to the lack of routine life, 9.6% of the Respondents having disease due to excessive stress. And 6.5 % of the Respondents are suffering because of the family negligence.

Medicine

All human societies have medical beliefs that provide explanations for birth, death and disease. Throughout history, illness has been attributed to incantations, demons, astral influence, or the will of the gods. These ideas still retain some power, with faith healing and shrines still used in some places, although the rise of scientific medicine over past millennium has altered or replaced mysticism in most cases. The ancient Egyptians and Babylonians both introduced the concepts of diagnosis, prognosis, and medical examination. Although, there is no record to establish when plants were first used for medical purposes (herbalism), the use of plants as healing agents is an ancient practice. Over time through emulation of the behaviour of fauna a medical knowledge base developed and was passed between generations. As tribal culture specialized species castes, Shamans and Apothecaries performed the "nice occupation" of healing.

The principle of ancient Indian medicine appears to have change from time to time. Besides, indigenous system of medicine (traditional medicine). Ayurvedic medical theology has also plays a significant role. Ayurvedic medical theories came into existence and developed during Vedic period about 3500 years ago. In the development of Ayurvedic medical theories, a great deal of help was taken from religion and philosophy to integrate empiricism with thoughts. Later, Muslim invader introduced their own 'unani' medical system in India. At last, Allopathic medicine came to Indian with the European Colonization. Due to urbanization and industrialization modern medical system has widely expanded. This expansion of modern medical facilities is an important organ of modernization and effects. To analyze the medicine preference of the Respondent, they were asked what type of medicine prefers in the time of illness in the family.

Table No: 19 Medicine Preferences

Serial No	Type of Medicine Preferred	Sex		Frequency	Percentage (%)
		Male	Female		
1	Allopathic Treatment	56 {87%} (95.1%)	59 (51.3%) (89.4%)	115	92
2	Homeopathic Treatment	00	00	00	00
3	Ayurvedic Treatment	03 {60%} (5.1%)	02 (40%) (3.03%)	05	4
4	Local Made Treatment	00	00	00	00
5	Folk Medicine	00	00	00	00
6	Unani	00	00	00	00
7	Both Allopathic + Homeopathic Medicine	03 {60%} (5.1%)	02 (40%) (3.03%)	05	4
	Total	59	66	125	100

The data reveal that 92% of the Respondents seek Allopathic treatment in the time of Illness while only 4% of the Respondents seek for Ayurvedic treatment or both Allopathic + Homeopathic treatment.

Child in the Family :

On the basis of the Child in the Family, the distribution of the respondents is shown in the Table No: 20

Table No: 20 Child in the Family

Serial No.	Child in the Family	Sex		Total	Percentage (%)
		Male	Female		
1	Yes	11 (42.3%) (18.6%)	15 (57.7%) (22.7%)	26	20.8
2	No	48 (48.4%) (81.3%)	51 (51.5%) (77.3%)	99	79.2
	TOTAL	59	66	125	100

The data show that majority of the respondents do not have child in their family, while one fifth of the respondents have child in the family.

Ante-Natal Care

On the basis of Ante-Natal Care service, the distribution of the respondents is shown in Table No.21

Table No: 21 Ante Natal Care Service

Serial No.	ANC	Sex		Total	Percentage (%)
		Male	Female		
1	Yes	00	30 (100%) (45.4%)	30	24
2	No	00	36 (100%) (54.5%)	36	28.8
	TOTAL	00	66	66	52.8

The data reveal that in most of the cases women do not go for ANC service, while less than one third of the respondents had ANC service.

Child Birth :

On the basis of child birth, the distribution of the respondents is shown in Table No: 22

Table No: 22 Child Birth

Serial No.	Child Birth	Sex		Total	Percentage (%)
		Male	Female		
1	Hospital	25 (47.2%) (42.4%)	28 (52.8%) (42.4%)	53	42.4
2	Nursing Home	00	00	00	00
3	At Home	34 (47.2%) (57.6%)	38 (52.7%) (57.5%)	72	57.6
	Total	59	66	125	100

The data show that majority of the respondents have child delivery at home, while, a little more than half of the respondents have child delivery at hospital.

Who Conducted Child Delivery?

The distribution of the respondents is shown in table No: 23.

Table No 23

Serial No.	Who Conducted in case of Child Delivery	Sex		Total	Percentage (%)
		Male	Female		
1	P.H.C. Doctor	24 (42.1%) (41.7%)	33 (57.9%) (50%)	57	45.6
2	RMP	00	00	00	00
3	Local Dasr/Hojajak	35 (51.5%) (59.3%)	33 (48.5%) (50%)	68	54.4
	Total	59	66	125	100

The data show that majority of the Respondent's family i.e. 57% child delivery are conducted by Local Dais (*Hojajik*), while 45.6% of the Respondents' family child delivery are conducted by P.H.C Doctor.

Child Immunization

On the basis of Child Immunization, the distribution of the respondents is shown in Table No: 24

Table No: 24 Child Immunizations :

Serial No.	Child Immunization	Sex		Total	Percentage (%)
		Male	Female		
1	Yes	11 (42.3%) (100%)	30 (100%) (45.4%)	26	20.8
2	No	00	00	00	00
	TOTAL	59	66	26	100

Rural Health Care System :

Primary Health Centre is the first contact point between village community and medical officer. The P.H.Cs is envisaged to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. To analyze the frequency of visiting P.H.C in the village, the Respondents were asked whether they have visited P.H.C in the last 6 months. The Respondents were also asked whether they have gone outside the locality for medical treatment in the last one year and what is the level of satisfaction.

Table No: 25 Member visited P.H.C

Serial No	Any member visited PHC in the last 6 months	Sex		Total	Percentage (%)
		Male	Female		
1	No	58 (47.5%) (98.3%)	64 (52.4%) (97.6%)	122	97.6
2	Yes	01 (33.3) (1.7%)	02 (66.6%) (3.03%)	03	2.4
	TOTAL	59	66	125	100

The data reveal that most of the Respondents did not go P.H.C in the last 6 months, only 2.4% of the Respondents gone for treatment in the last 6 months.

Visited Outside the Region for Treatment:

On the basis of the frequency of visiting outside the region for treatment, the distribution of the respondents is shown in Table No: 26

Table No: 26 Visited Outside the Region for Treatment

Serial No	Visited Outside the Region for Treatment in the last One Year	Sex		Total	Percentage (%)
		Male	Female		
1	No	57 (47.9%) (96.6%)	62 (52.1%) (94.3%)	119	95.2
2	Yes	02 (33.3%) (3.4%)	04 (66.6%) (6.06%)	06	4.8
	TOTAL	59	66	125	100

The data shows that only 9.8% of the Respondents have gone outside the locality for treatment.

Services Provided at S.M.C :

On the basis of the satisfaction on services provided at S.M.C. the distribution of the respondents is shown in Table No: 27

Table No: 27 Satisfied with the facilities and services provided at S.M.C

Serial No.	Satisfied with the facilities and services provided at S.M.C	Sex		Total	Percent-age (%)
		Male	Female		
1	No	02 (33.3%)	04 (66.6%)	06	4.8
2	Yes	53 (48.6%)	56 (51.4%)	109	87.2
	Can't Say	04 (40%)	06 (60%)	10	8
TOTAL		59 (5.7%)	66 (9.1%)	125	100

The data reveals that most of the Respondents i.e. 87.2% are satisfied with the facilities and services provided by the S.M.C.

Janani Suraksha Yojna:

On the basis of the awareness about Janani Suraksha Yojna, the distribution of the respondents is shown in Table No: 28

Table No: 28 Awareness about Janani Suraksha Yojna

Serial No.	Do they aware about Janani Suraksha Yojna	Sex		Total	Percent-age (%)
		Male	Female		
1	No	24 (44.4%)	30 (55.5%)	54	43.2
2	Yes	35 (41.7%)	36 (45.4%)	71	56.8
	TOTAL	59 (59.3%)	66 (54.5%)	125	100

The data reveal that most of the Respondents i.e. 56.8% are aware about Janani Suraksha Yojna. while 43.2% of the Respondents are unaware about it.

Programme Conducted in the Village:

On the basis of whether Janani Suraksha Yojna Conducted in the Village, the distribution of the respondents is shown in Table No: 29

Table No: 29 Programme conducted in the Village

Serial No.	If Yes, Whether this Programme conducted in your area	Sex		Total	Percent-age (%)
		Male	Female		
1	No	59 (47.2%)	66 (52.8%)	125	100
2	Yes	00 (100%)	00 (100%)	00	00
TOTAL		59	66	125	00

The data shows that Janani Suraksha Yojna Programme has not conducted in the village.

Mamoni Scheme:

On the basis of the awareness about Mamoni Scheme, the distribution of the respondents is shown in Table No: 30

Table No: 30 Aware about Mamoni Scheme

Serial No.	Do they aware about Mamoni Scheme	Sex		Total	Percent- age (%)
		Male	Female		
1	No	22 (42.3%)	30 (57.75%)	52	41.6
2	Yes	37 (51.8%)	36 (49.3%)	73	58.4
TOTAL		59	66	125	100

The data reveal that most of the Respondent i.e. 58.4% of the Respondents is aware about the Mamoni Scheme. Family Member availed the Scheme.

On the basis of whether availing the Mamoni Scheme, the distribution of the respondents is shown in Table No. 31

Table No: 31 Family Member Received amount from the Scheme

Serial No.	Has any Member of the Family Member Received amount from the Scheme (Memorial Scheme) ?	Sex		Total	Percent- age (%)
		Male	Female		
1	No	55 (46.2%)	64 (54.8%)	119	95.2
2	Yes	04 (66.6%)	02 (33.3%)	06	4.8
TOTAL		59	63	125	100

The data show that only 6% of the Respondents received amount from the scheme.

Family Planning:

On the basis of the Family Planning Measure, the distribution of the respondents is shown in Table No 32

Table No: 32 Family Undergone the Facilities (Family Planning Measure)

Serial No	Has any Member of the Family Undergone the Facilities (Family Planning Measure)?	Sex		Total	Percent- age (%)
		Male	Female		
1	No	50 (47.1%)	56 (52.8%)	106	84.8
2	Yes	09 (47.3%)	10 (52.6%)	19	15.2
TOTAL		59	66	125	100

The data show that most of the Respondents has not gone for any Family Planning Measure, while, less than one fifth of the respondents have gone for this measure.

Food:

Food is the most basic prerequisite of life; it builds the body, provides energy for living and working and regulates the bodily mechanisms essential for health and survival. It is therefore, the foundation of health. To analyze this, the Respondents asked about what type of food they mainly take.

Table No: 33 Types of Food

Serial No.	What Type of Food Do the Respondents Take	Sex		Total	Percent- age (%)
		Male	Female		
1	Vegetarian	01 (33.3%)	02 (66.6%)	03	2.4
2	Non Vegetarian	58 (47.5%)	64 (52.4%)	122	97.6
TOTAL		59	66	125	100

The data reveal that most of the Respondents i.e. 97.6% are Non-Vegetarian, while only 2.4% of the Respondents are Vegetarian.

Conclusion

The above study shows that the Barman tribes of the *Biroypur* village is look mostly look forward to modern medicine for relief from pain, suffering from physical ailments. The tribes mostly consult health professionals on matters relating to health practices and health conditions. The infrastructure of the village regarding health services somehow found to be satisfactory. As most villagers have sanitation facilities, supply of safe drinking water.

The use of traditional health care practices among the Barman tribe of the village is not regular. The tribes mostly rely on modern medical science. Modernization and Urbanization has influenced this change, these changes are slowly eradicating the traditional beliefs of the community in the village.

There are no doubts that, the village has been able to avail the facilities provided by modern medical facilities but there is a lack of proper Health Education among the villagers. The Village does not have any Non-Governmental Organization (N.G.Os) relating to health education or any programmed has conducted in the village. Health is an individual responsibility; if the individual is not health conscious and does not make the necessary efforts to be healthy, not outside agency can provide him. The maxim 'health is wealth' is not about how you treat your body in the illness but it is also about to remain disease free. The modern medicine system (Allopathic treatment) has no doubt plays a significant role in health treatment but at the same time it has its own limitations. Therefore, it recommends that educational and information campaign should conduct by the Department of Health to increase the awareness and knowledge of people and to have an appropriate healthy routine live. in the far-flung communities, on the use of alternative medicine such as herbs and ayurvedic in the treatment of illnesses or disorders.

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MARKSHEET

AWARDSHEET OF INTREGATED PRE-Ph.D COURSE WORK EXAMINATION, 2009 (Both for M Phil & Ph D Research Scholars Admitted in 2009)


The following is the marks obtained by **PHIRMI BODO**
 Roll IPP No 908240010 Registration No 24400300 Year 2004-2005
 of the Department of **SOCIOLOGY** under School of **SOCIAL SCIENCES**
 of this University at the Intregated Pre-Ph D Course Work Examination held in **May, 2009**

COURSE TITLE	Full Marks	Pass Marks	Marks Obtained
501 Research Methodology (University Level)	100	60/55	60
502 Philosophy & Techniques of Social Science	100	60/55	66
503 Theoretical Orientations in Sociological Any	100	60/55	61
504 Term Paper/ Departmental Level	100	60/55	79
RESULT	Qualified		

* 60 for Ph D Registration
 * 55 for M Phil Registration


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 Date: _____