TRIBAL HEALTH AND MEDICINE : A CASE STUDY AMONG THE KARBIS OF KARBI ANGLONG DISTRICT, ASSAM

DIRECTORATE OF ASSAM INSTITUTE OF RESEARCH
FOR TRIBALS AND SCHEDULED CASTES
JAWAHARNAGAR, GUWAHATI.

TRIBAL HEALTH AND MEDICINE : A CASE STUDY AMONG THE KARBIS OF KARBI ANGLONG DISTRICT, ASSAM

STUDY CONDUCTED
AND
REPORT PREPARED
BY
DISTRICT RESEARCH OFFICER,
KARBI ANGLONG, DIPHU.

SPONSORED BY
DEVELOPMENT COMMISSIONER FOR HILL AREAS OF ASSAM, DISPUR

DIRECTORATE OF ASSAM INSTITUTE OF RESEARCH
FOR TRIBALS AND SCHEDULED CASTES,
JAWAHAR NAGAR, GUWAHATI-22

2005

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ACKNOWLEDGEMENT

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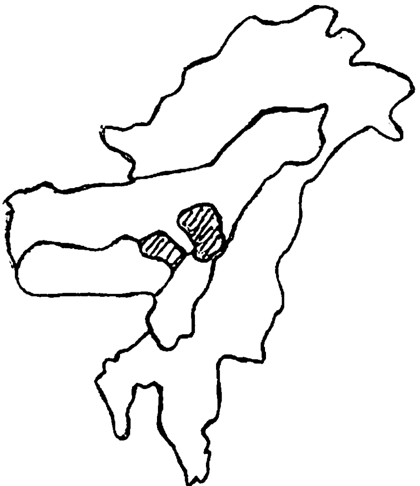


MAP OF
KARBI ANGLONG

INTRODUCTION

In India the scheduled tribes numbering 678 consist of 16.4 million households and a total population of 84.3 million as per 2001 Census. The percentage of scheduled tribe population accounts for 8.20 of the total population of the country. Assam is having 25 scheduled tribes with 5.93 lakh households and a total population of 33.08 lakh indicating 12.41% of the total population of the State. The tribes with diverse origins and rich cultural heritage have been living in various levels of development under different environmental conditions.

The health of the tribal people has been invariably connected with socio-cultural and magico-religious practices since time immemorial. They have developed traditional ways of protecting health against various diseases. According to them, some diseases are caused by deities and evil spirits. As a result, they worship them sacrificing birds and animals for their appeasement. Moreover, the traditional methods of curing ailments and diseases by applying wild roots, herbs and plants, etc., are still practised by the people. However, with the establishment of the medicare institutions such as hospitals, primary health centres and dispensaries, etc., throughout the length and breadth of the country, the tribal people have come forward to avail the benefits offered by these institutions. Of course, this does not mean that the tribal people have completely given up their traditional practices of curing diseases. As a matter of fact, they happen to practise both traditional and modern scientific methods of treatment.

The tribal people suffer from various types of diseases such as allergy, anaemia, asthma, blood pressure, bronchitis, cataract, cholera, conjunctivitis, cough, diarrhoea, dysentery, eczema, fever, goitre, headache, itching, jaundice, leprosy, leucorrhoea, pneumonia, malaria, measles, paralysis, rabies, soreness of eyes, tuberculosis and worm infection etc.

So far as the concept of health and perception of diseases in the country are concerned, Basu (1994 : 317) opines, "Attention is now being increasingly focussed on the problem of rural health, particularly with regard to the tribals and other backward groups who represent a sizeable proportion of the population in India. The World Health Organisation defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity' (WHO 1971). However comprehensive, this has rarely been practicable. Well-being is defined as a harmonious relationship between an individual or group and the physical, biological and socio-cultural environments, as also the feeling of satisfaction that is associated with this. But the concept of well-being is difficult to apply in practice, as it includes a large subjective component, namely, the 'feeling of satisfaction' which increases in magnitude as one moves from physical, through mental to social well-being. For instance, an individual or population with a poor level of well-being by our standard might experience instead a 'feeling of satisfaction' with life. Among the Pahira tribal population, 30 to 45 per cent mortality before the age of 15 years is

accepted as normal (A. Basu, 1969). The mothers are used to frequent childbearing with the aim of making up for the loss, despite the consequent risk to their own survival and physical well-being.

The concept of health, disease, treatment, life and death among the tribes is as varied as their culture. Tribal society is guided by traditionally laid down customs to which every member is expected to conform. The fate of the individual and the community depends on their relationship with unseen forces which intervene in human affairs. If men offend them, the mystical powers punish by causing sickness, death or other natural calamities. In tribal society, disease is seen to be caused by the breach of some taboo or by hostile spirits, the ghosts of the dead. They believe in the existence of benevolent and malevolent spirits, the former playing a protective role, while the latter are considered to be responsible for causing disease and epidemics. Magico-religious practices are resorted to for the treatment of diseases."

With regard to the necessity of preserving medicinal plants and herbs, Sharmathakur (1997 : 71) comments, "At present data about ethno medicine are extremely meagre and the relevant institutes like the Tribal Research Institutes should be entrusted to collect data on tribal indigenous medicine. Due to opening up of the tribal areas and due largely to the expansion of infrastructural facilities and establishment of medium and heavy industries in the tribal areas, many of the herbs and creepers having medicinal value are disappearing and the educated sections of the tribal people are depending more and more on the modern health care system. The professional doctors discourage the illiterate tribals to take recourse to traditional medicines. But the importance of ethno medicine has been emphasised by eminent researchers like Boding (1940), Elwin (1955), Bhowmik (1955), Mann and Mann (1986), Roy Burman (1986), Vidyarthi (1969), Mathur (1982) and Jain (1970) etc. The medical scientists have discovered many wonder drugs by using herbs. The Anthropological Survey of India has done a useful job by undertaking a survey on tribal system of health care among thirteen ethnic communities including Bodo Kacharis of Assam. More in-depth studies in this regard have to be undertaken before disappearance of the untouched wealth of unknown medicinal value."

The Ministry of Tribal Affairs, New Delhi has prepared the Draft National Policy on Tribals (2003) wherein health status of the tribal people inhabiting the country has been highlighted in the following manner :

"Although tribal people live usually close to nature, a majority of them need health care on account of malnutrition, lack of safe drinking water, poor hygiene and environmental sanitation and above all poverty. Lack of awareness and apathy to utilise the available health services also affect their health status. In the wake of the opening of tribal areas with highways, industrialization and communication facilities, diseases have spread to tribal areas. Endemics like malaria, deficiency

diseases, venereal diseases including AIDS are not uncommon among tribal population. However, lack of safe drinking water and malnutrition are well recognised major health hazards. Tribals suffer from a deficiency of calcium, vitamin A, vitamin C, riboflavin and animal protein in their diets. Malnutrition and undernutrition are common among Primitive Tribal Groups who largely depend upon food they either gather or raise by using simple methods. The poor nutritional status of tribal women directly influences their reproductive performance and their infants' survival, growth and development.

Tribal people who are self reliant and self-sufficient, have over the centuries developed their own medicine system based on herbs and other items collected from the nature and processed locally. They have also their own system of diagnosis and cure of diseases. They believe in taboos, spiritual powers and faith healing. There are wide variations among tribals in their health status and willingness to access and utilise health services, depending on their culture, level of contact with other cultures and degree of adaptability.

Against this background, the National Policy seeks to promote the modern health care system and also a synthesis of the Indian systems of medicine like *ayurveda* and *siddha* with the tribal system. The National Policy seeks to :

- Strengthen the allopathy system of medicine in tribal areas with the extension of the three-tier system of village health workers, auxiliary nurse mid-wife and primary health centres
- Expand the number of hospitals in tune with tribal population
- Validate identified tribal remedies (folk claims) used in different tribal areas
- Encourage, document and patent tribals' traditional medicines
- Promote the formation of a strong force of tribal village health guides through regular training-cum-orientation courses
- Formulate area specific strategies to improve access to and utilisation of health services
- Strengthen research into diseases affecting tribals and initiate action programme
- Eradicate endemic diseases on a war footing."

Taking into consideration the above facts in mind, a decision has been taken to carry out a study to bring into focus the health status of the Karbis. It may be mentioned here that the Karbis inhabit the Karbi Anglong district of Assam. According to 2001 Census the total population in the district is 8.13 lakh, the males and females being 4.22 lakh and 3.91 lakh respectively. It is be noted that the Karbis with a total population of about 2.96 lakh constitute the major ethnic group in the district. In fact, the name of the district is given after their name. Karbi Anglong is known as the

malaria infested district in Assam. Besides malaria, the Karbis suffer from tuberculosis, goitre, leprosy, typhoid, gastro-intestinal disorder and dermatological diseases, etc. Lack of environmental sanitation, safe drinking water and nutritional awareness, etc., leads to occurrence of various types of diseases among them. They try to cure diseases through traditional methods. Of course, they visit the nearest medical institution also. There are 2 Civil Hospitals, 5 Rural Hospitals, 25 PHCs, 8 State Dispensaries and 7 Subsidiary Health Centres etc. in the district of Karbi Anglong.

Objectives :

The main objectives of the study are to highlight the attitude of the Karbis towards scientific methods of treatment of diseases and the identification of the medicinal plants generally used by them generations after generations. Moreover, an attempt is being made to take into account other traditional practices for curing diseases since health and culture are closely related to socio-religious and cultural factors. The study also includes drinking water facilities, sanitation and other infrastructure facilities available in and around the selected Karbi villages.

Methodology :

Sample survey, Case study and Observation methods have been taken up for the study. The list of medical institutions located in various parts of the district are collected from the Office of the Joint Director of Health Services, Karbi Anglong, Diphu. Again, the list of Karbi villages surrounding the medicare institutions are collected. Altogether 62 villages have been selected on the basis of random sampling for the study (Table 1.1). Household schedules have been prepared and administered to each household, preferably the head of the household of the selected villages. Important particulars in relation to each village viz., location, transport and communication, civic and educational facilities and other basic amenities are recorded in the village schedule. Moreover, another schedule is used for collecting particulars from the medical institutions.

7 nos. of Research Investigators have been appointed on a purely temporary basis for a period of three months from the month of July, 2004. Necessary training was imparted to them for systematic collection of data. Again, 3 nos. of Tabulation Assistants were appointed to carry out tabulation and analysis of data for a period of three months.

After completion of analysis of data report writing was taken in hand. Secondary data were also collected from various sources viz., Government Departments, District Council offices, research journals, books and newspapers etc. Necessary map, graphs, statistical tables and photographs are incorporated into the Report. Moreover, various suggestions on the basis of the study are furnished. All the data have been systematically arranged and presented in seven chapters of the Report.

TABLE – 1 : 1

List of selected villages

Name of the Institution	Name of the village
Diphu Civil Hospital	Inglongcherop
	Sonsing Timung
Hamren Civil Hospital	Inghilangso
	Ingpoilangso
Howraghat Rural Hospital	Gorgo Engti
	Mohori Terang
Dentaghat Rural Hospital	Pharkong Engti
	Dhenta Engti
Bokulia Rural Hospital	Sotat Hanse
	Rupsing Bey
Bokajan Rural Hospital	Bormanthi
	Hurumanthi
Donkamokam Rural Hospital	Taralangso
	Borthoiso
Manja PHC	Hidim Teron
	Borjan
Borlangfer PHC	Bura Phangcho
	Bura Kramsa
Rajapathar PHC	Haroo Engti
	Sar-et Terang
Dokmoka PHC	Sabrasi Kro
	Habe Rongphar
Centre Bazar PHC	Sing Teron
	Sarthe Ronghang
Balipathar PHC	Dilawjan
	Phulbari Dilawjan
Deithor PHC	Lokhiram Tokbi
	Thong Teron
Jirikindeng PHC	Rongnihang
	Terang Arong
Ouguri PHC	Baolagug
	Amguri

Name of the Institution	Name of the village
Umpanai PHC	Umpanai
	Rongchek
Putsari PHC	Putsari
	Lemra
Baithalangso PHC	Lengry
	Long-e-Lobui
Taradubi PHC	Okrap
	Rongplangbung Kathar
Dillai S/D	Longki Kro
	Udeng Tisso
Kanduli S/D	Am-i
	Arting (A)
Mohendijua SHC	Kakoti Ronghang
	Sarmen Hanse
Okreng SHC	Kulai Kro
	Hambong Enghi
Tekelangju SHC	Kat Tisso
	Bajin Tokbi
Kheroni SHC	Rongkangtui
	Harlongsora
Tumpreng SHC	Baligaon
	Hanlokrok Engleng
Hidipi MSC	Desoi Kro
	Kania Bey
Rongmandu MSC	Rongmandu
	Sarmen Ronghang
Hongkram MSC	Hongkram Teron
	Mojadar
Sildubi MSC	Men Timung
	Doloni Teron
Total no. of villages = 62	

CHAPTER TWO

THE KARBI ANGLONG DISTRICT : A BRIEF PROFILE

Karbi Anglong is the largest district of Assam with a total geographical area of 10,434 sq. km as per 1991 Census. The district lies between latitudes 25°30′ and 26°41′ N and longitudes 92°7′ and 93°52′ E. It is bounded on the north by Nagaon and Golaghat districts, on the south by North Cachar Hills district, on the east by Golaghat district and Nagaland State and on the west by Meghalaya State. The district has a total population of 8,13,311 as per 2001 Census.

With regard to the formation of the district it may be said that the present Karbi Anglong and North Cachar Hills districts were two sub divisions viz., Mikir Hills and North Cachar Hills subdivisions of the United Mikir and North Cachar Hills District which was inaugurated on November 17, 1951 and created (vide Govt. Notification No. TAD/R 31/503/209 dt. 3.11.50) by carving out certain portions of erstwhile Nagaon (4,421 sq. km), Sibsagar (4,382 sq. km) and United Khasi and Jayantia Hills districts (1543 sq. km) and the whole of the North Cachar subdivision of Cachar district. The portions taken from Nagaon and Sibsagar districts were Partially Excluded Areas of the two districts and were called Mikir Hills Tracts. On the other hand, those portions inhabited mainly by the Karbis in the United Khasi and Jayantia Hills district were known as Excluded Areas. Again, North Cachar was constituted into a subdivision of Cachar district by the British in the year 1880 and it was administered by the Governor as an Excluded Area till India's independence in 1947. On February 2, 1970 North Cachar, the subdivision of the United Mikir and North Cachar Hills district was declared as a separate civil district while the remaining portion i.e. Mikir Hills subdivision was constituted into Mikir Hills district which was again rechristened as Karbi Anglong in 1976 vide Govt. Notification No. TAD/R/115/74/47 dt.14.10.76. In accordance with Para 2 of the Sixth Schedule to the Constitution of India, the Karbi Anglong (Mikir Hills) District Council with headquarters at Diphu came into existence on June 23, 1952. The nomenclature of the Council has been slightly changed to Karbi Anglong Autonomous Council by deleting the word District as per Sixth Schedule to the Constitution (Amendment) Act, 1995.

Physiographically, the district of Karbi Anglong consists of two hilly lobes which genetically belong to the Shillong plateau. The two lobes are separated by the Kopili valley. The eastern lobe is dome shaped and approximately double the size of the western lobe. Its altitude varies from 192 metres to more than 1341 metres above sea level. The highest peak Singhason (1357 metres) is located here. The western lobe, presenting an extremely rugged topography, slopes from south-west to north-east. The peak located at the extreme western border of the lobe is known as Umlaper (1219 metres). The altitude of the adjoining areas of the Umlaper peak varies from 762 metres to 1066

metres above sea level. Again, the Kopili , Jamuna and Dhansiri Valley region covering Lumding, Hojai and Diphu may be referred to as undulating plain with an altitude ranging from 75 to 250 metres above sea level. The important rivers of the Karbi Anglong district are the Kopili and the Dhansiri. Some tributaries of the river Kopili are the Barapani, Umium, Amreng, Kolonga and Jamuna etc. On the other hand, the tributaries of the Dhansiri are the Kaliani, Nambor, Deopani and Doigrung etc. The annual rainfall from December, 2002 to November, 2003 is recorded as 1065.2 mm. in the district. Kheroni, Amreng and Dhansiri areas of Karbi Anglong are located in the rainshadow zone. The soil is found to be sandy loam in plains and valley bottom lands and clayey loam in hilly tops with varying depth.

In the forests of Karbi Anglong various types of valuable trees are found. For example, small patches of *Sal* occur in Sildharampur, Chelabor, Jungthung and Rongkhang Reserves. *Badam* is present in Dhansiri and Daldali Reserve Forests. Again, *Bansum* is found in small quantity in Disama, Dhansiri, Longnit and Patradisa Reserves. Species like *Hollock, Gamari, Titasopa, Bhelu, Bogipama, Amari, Sam, Khokan, Karoi* and *Ajhar* etc., are normally found in the forests. Minor forest products and minerals include firewood, thatch, cane, bamboo, *patidoi, chalmugra, dhuna*, gravels, boulders, sand, limestone and medicinal herbs, etc. Forests abound in wild life also. Elephants, tigers, buffaloes, wild bear, sambar, deer, varieties of reptiles, monkeys, wild duck, pheasants, green pigeon (*haitha*) and peacock etc., are found. The hilly forest area of Karbi Anglong, adjacent to Kaziranga National Park provides shelter to the wild life during flood.

POPULATION :

It has been already mentioned that the total population in Karbi Anglong as per 2001 Census is 8,13,311. According to 1951, 1961, 1971 and 1991 Census Reports the total population in the district is 1,25,777 ; 2,25,407 ; 3,79,310 and 6,62,723 respectively. Table II.1 shows the decadal variation of population in the district since 1951.The table reveals the lowest percentage increase of population (22.72) during the decade 1991-2001. The Karbi Anglong district is inhabited by various ethnic groups. Among the tribal communities the Karbis occupy the predominant position and the district is also known after their name. Other tribes are the Dimasa Kacharis, Garos , Khasis, Jaintias, Rengma Nagas, Man-Tais, Tiwas, Hmars, Kukis, Chakmas and Bodos, etc. Moreover, there are Assamese, Bengalis, Tea and Ex-Tea Garden communities and Hindi speaking people in the district. According to 1971 and 1991 Census Reports, out of the total population of the district the number of ST population is 2,10,039 (55.37%) and 3,41,718 (51.56%) respectively. Again, as per 2001 Census, the ST population is 4,52,963 which constitutes 55.69% of the total population of the district. The tribewise population in Karbi Anglong as per 1971 and 1991 Census Reports is furnished in Table II.2. It may be mentioned here that tribewise figures according to 2001 Census are still not available.

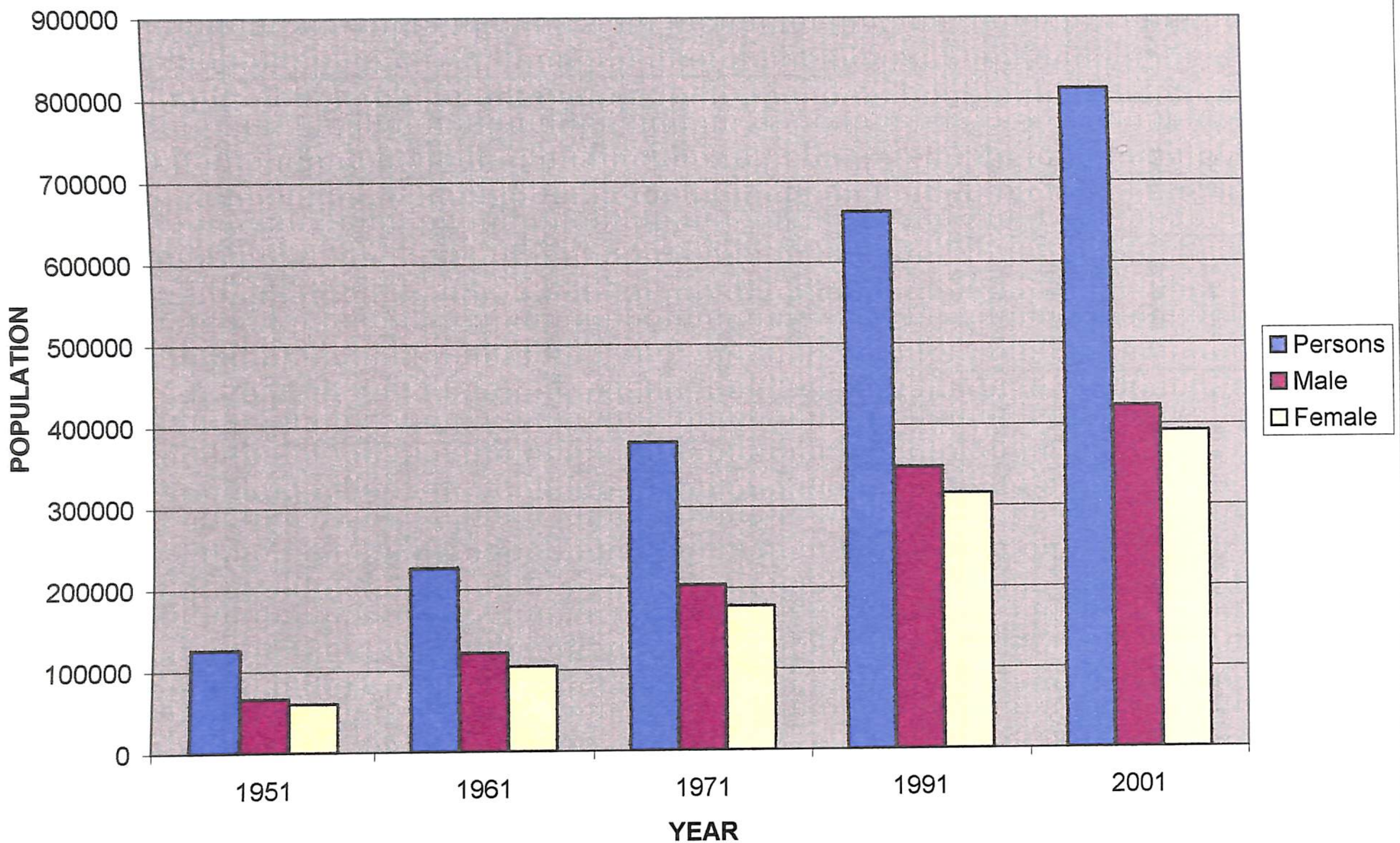

POPULATION OF KARBI ANGLONG (SEX WISE)
POPULATION
900000
800000
700000
600000
500000
400000
300000
200000
100000
0
1951
1961
1971
1991
2001
YEAR
Persons
Male
Female

TABLE II.1
Decadal variation of population

District	Year	Persons	Decadal variation	% of decadal variation	Males	Females
1	*2*	*3*	*4*	*5*	*6*	*7*
Karbi Anglong	1951	1,25,777	+ 29,736	+30.96	65,812	59,965
	1961	2,25,407	+ 99,630	+79.21	1,21,040	1,04,367
	1971	3,79,310	+1,53,903	+68.28	2,03,347	1,76,963
	1991	6,62,723	+2,83,413	+74.72	3,47,607	3,15,116
	2001	8,13,311	+1,50,588	+22.72	4,22,250	3,91,061

TABLE II.2
Scheduled tribe population

Sl. No.	Name of the tribe	Karbi Anglong	
		1971	1991
1	*2*	*3*	*4*
1	Chakma	246	3,989
2	Dimasa Kachari	14,797	15,065
3	Garo	9,080	17,460
4	Hajong	384	383
5	Hmar	13	399
6	Khasi, Jaintia, Synteng, Pnar, War, Bhoi, Lyngngam	4,763	8,452
7	Any Kuki tribes	5,937	7,711
8	Lakher	-	3
9	Man (Tai speaking)	964	1,814
10	Any Mizo	347	421
11	Mikir (Karbi)	1,72,845	2,81,587
12	Any Naga tribes	46	2,446
13	Pawi	6	569
14	Syntheng	611	350

Source : Statistical Hand Book, 1980 and Census of India, 1991, Special Tables on Scheduled Tribes

Although the Karbi Anglong district occupies the largest geographical area in Assam, the density of population per sq. km is found to be as low as 37, 64 and 78 persons against overall density of population in the State viz. 186, 286 and 340 persons as per 1971, 1991 and 2001 Census Reports respectively. The sex ratio (females per 1000 males) of the district is worked out to be 875, 907 and 926 against the State's sex ratio of 896, 923 and 935 according to 1971, 1991 and 2001 Census Reports respectively.

DISTRICT ADMINISTRATION :

The Deputy Commissioner, Karbi Anglong, Diphu functions as the head of civil administration with active co-operation rendered by Additional Deputy Commissioners, Subdivisional Officers, Extra Assistant Commissioners and Sub-Deputy Collectors, etc. The onerous responsibility for administration of justice and maintenance of law and order in the district lies with the Deputy Commissioner. He acts as District Magistrate and Session Judge also. The Deputy Commissioner conducts the Autonomous Council election as the Returning Officer. The list of Deputy Commissioners functioning in the district since its creation (United Mikir and North Cachar Hills district) is shown in Table II.3.

AUTONOMOUS COUNCIL :

The powers and functions of the Karbi Anglong Autonomous Council may be divided mainly into four heads : Legislative, Executive, Financial and Judicial. The Council has a tenure of 5 years. In accordance with the provisions of the Sixth Schedule to the Constitution of India, the Council has passed various Acts, Rules and Regulations, some of which are :

The Karbi Anglong District (Revenue Assessment) Regulation No.II of 1952

The Karbi Anglong District (Land and Revenue) Act, 1953

The Karbi Anglong District (Transfer of Land) Act, 1959

The Karbi Anglong District (Land Reforms) Act, 1979

The Karbi Anglong District (*Jhuming*) Regulation, 1954

The Karbi Anglong Grazing Regulation, 1954

The Karbi Anglong District (Forest) Act, 1957

The Karbi Anglong District (Trading by Non Tribals) Regulation, 1953

The Karbi Anglong Cart, Cycles and Boat (Taxation) Act, 1954

The Karbi Anglong District (Member's Salary and Allowances) Act, 1958

The Karbi Anglong District (Salaries & Allowances of the Executive Members) Act, 1958

The Karbi Anglong District (Chairman's and Deputy Chairman's Salary & Allowances) Act, 1963

The Karbi Anglong District (Money lending by Non Tribals) Regulation, 1953

TABLE II.3
List of Deputy Commissioners, Karbi Anglong, Diphu.

Sl. No.	Name of the D.C.	Period	
		From	To
1	*2*	*3*	*4*
1	C.S.Booth	17.11.51	15.11.53
2	J.B. Rajkonwar	15.11.53	20.08.54
3	A. Ahmed	20.08.54	3.01.55
4	B. Dowerah	3.01.55	29.05.55
5	G.C.Phukan	29.05.55	8.05.57
6	B.C.Bora (In charge)	8.05.57	6.10.57
7	C.S.Booth	6.10.57	4.11.59
8	M. Ahmed	4.11.59	7.08.61
9	B. Dowerah	7.08.61	16.06.63
10	A.K.Palit	16.06.63	7.09.63
11	P.N. Rau	11.09.63	6.03.64
12	S.C. Bhattacharjee	6.03.64	19.12.64
13	A.K.Chowdhury	19.12.64	2.03.66
14	N. Bania	2.03.66	31.5.67
15	A.K. Saikia	31.05.67	27.11.68
16	S. Goswami	27.11.68	16.01.72
17	U.C. Sarania	16.01.72	19.04.75
18	H.K. Barkakati	19.04.75	24.06.75
19	S.N. Das (In charge)	24.06.75	17.08.75
20	B.K. Misra	17.08.75	20.05.77
21	S.K. Purkayastha	20.05.77	5.05.78
22	R. Banerjee	5.05.78	11.02.80
23	A. Saikia	11.02.80	5.01.81
24	R.M. Goswami	5.01.81	6.09.82
25	R. Chatterjee	6.09.82	8.07.83
26	B.K. Gohain (In charge)	8.07.83	15.07.83
27	Sarad Gupta	15.07.83	20.12.83
28	A.C. Changkakati	20.12.83	21.11.84
29	S. Manoharan	21.11.84	27.06.85
30	M.R. Das (In charge)	27.06.85	9.08.85
31	P.P. Verma	9.08.85	10.10.86
32	C. Barua	10.10.86	14.06.87
33	L. Phangcho (In charge)	14.06.87	10.07.87
34	V. Sonowal	10.07.87	3.01.90
35	A.K. Sachan	3.01.90	3.11.93
36	A.K. Sarma Roy (In charge)	3.11.93	10.11.93
37	A. Kumar	10.11.93	19.12.94
38	B.S. Bhaskar	19.12.94	20.05.95
39	A.K. Sarma Roy (In charge)	20.05.95	27.06.95
40	Shrisailesh	27.06.95	27.09.95
41	A.K. Sarma Roy (In charge)	27.09.95	6.10.95
42	P.N. Bhuyan	6.10.95	10.11.95
43	K. Dihingia Deka	10.11.95	22.07.96
44	S.K. Khare	22.07.96	22.12.98
45	L.R. Joute (In charge)	22.12.98	21.01.99
46	Md. Alauddin	21.01.99	4.07.2001
47	L.R. Joute (In charge)	4.07.2001	9.07.2001
48	Bhaba Gogoi	9.07.2001	7.04.2003
49	Anurag Goel	7.04.2003	26.09.2005
50	G.D.Tripathi	26.09.2005	-

Source : Office of the Deputy Commissioner, Karbi Anglong, Diphu

The Karbi Anglong District (Money lending by Non Tribals) Rules, 1955

The Karbi Anglong District Council (Christian Marriage) Act, 1962

The Karbi Anglong District Council (Employees' Contributory Provident Fund) Rules, 1970

The Karbi Anglong District (Administration of Town Committee) Act, 1954 and

The Karbi Anglong District (Constitution of Town Committee) Rules, 1958 etc.

In this context it may be pointed out here that some of the Acts, Rules and Regulations have been suitably amended by the appropriate authority.

The following Development Departments of the Govt. of Assam functioning in the district were placed under the administrative control of the Karbi Anglong District Council with effect from 1st June, 1970 :

(1) Agriculture (2) PWD (Flood Control & Irrigation) (3) T.A. & W.B.C. Department (Soil Conservation) (4) Animal Husbandry, Veterinary and Fisheries (5) Forests (6) Development (Panchayat & Community Development) (7) Industries (Cottage) (8) PWD (Roads & Buildings) (9) Education (General and P.T.M .) (10) Health and Family Planning (B) (11) Health and Family Planning (A) (12) Planning and Development (Social Welfare).

However, in pursuance to Memorandum of Understanding (1st April, 1995) the following 30 Subjects/Departments have been entrusted to the Karbi Anglong Autonomous Council :

(1) Industry (2) Animal Husbandry and Veterinary (3) Forests (4) Agriculture (5) PWD (6) Sericulture (7) Education (a) Primary Education upto the level of Higher Secondary Education (b) Adult Education (8) Cultural Affairs (9) Soil Conservation (10) Co-operative (11) Fisheries (12) Panchayat and Rural Development including DRDA (13) Handloom and Textiles (14) Health and Family Welfare (15) Public Health Engineering (16) Irrigation (17) Social Welfare (18) Flood Control (19) Sports and Youth Welfare (20) Weights and Measures (21) Food and Civil Supplies (22) Town and Country Planning (23) College Education (General) including Library Services, District Museum and Archaeology (24) Land Reforms (25) Publicity/Public Relations (26) Printing and Stationery (27) Tourism (28) Transport (29) Excise and (30) Finance including Sales Tax on purchase of goods other than Newspapers, Excise, Professional Tax.

The Council Budget consists of two sections – Council Sector and State Sector. The Council Sector budget is entirely dependent upon the revenue collected through Taxation Department of the Council while the State Sector budget is financed jointly by the Centre and the Govt. of Assam.

The Karbi Anglong Autonomous Council comprises 30 members out of which 26 are elected by adult franchise while the remaining 4 are nominated by the Government. The Chairman and Deputy Chairman are elected by the members of the Council. The Chairman summons the Session

of the Council and conducts the proceedings of the Session. The Executive Committee consists of a Chief Executive Member who is elected by the members and fourteen Executive Members who are appointed by the Governor on the advice of the C.E.M. The list of Chief Executive Members since the formation of the Council is furnished in Table II.4. The Secretariat cell of the Council under the Executive Committee is headed by the Principal Secretary, generally a member of the Indian Administrative Service. He is assisted by the Deputy Secretaries and other Officers.

The total number of Constituencies of the Karbi Anglong Autonomous Council is 26. These are : (1) Duar Amla (2) Amri (3) Chinthong (4) Socheng (5) Rongkhang (6) Bithung-Rengthema (7) Kopili (8) Hamren (9) Amreng (10) Howraghat (11) Langpher (12) Phuloni (13) Langhin (14) Korkanthi (15) Mahamaya (16) Namati (17) Socheng-Dhenta (18) Lumbajong (19) Dhansiri (20) Singhason (21) Borjan (22) Sarupathar (23) Bokajan (24) Deopani (25) Nilip and (26) Duar Bagari. Out of the total number of 26 Constituencies the Lumbajong Constituency has the highest number of voters (43,866) while the Sarupathar Constituency has the lowest number of voters (6,055). Table II.5 indicates the result of 9th Karbi Anglong Autonomous Council Election, 2001.

CIVIL SUBDIVISIONS, REVENUE CIRCLES, DEVELOPMENT BLOCKS ETC. :

The Karbi Anglong district has three civil subdivisions viz., Diphu, Hamren and Bokajan. It may be mentioned here that the Hamren and Bokajan subdivisions have come into existence on 1st January, 1972 and 15th August, 1989 respectively. The number of revenue circles is four. These are Phuloni, Diphu, Silonijan and Donka. Moreover, altogether 6 town committees have been constituted in the district. Table II.6 shows the total population, SC and ST population in the district and also population under revenue circles and town committees as per 2001 Census. The table reveals that the Phuloni Revenue Circle consists of highest number of Scheduled Castes (16,272) and Scheduled Tribes (1,48,335) population out of the total number of four Revenue Circles. Similarly the Diphu Town Committee comprises highest number of SC (1,366) and ST (20,288) population out of the total number of six Town Committees.

In order to ensure better police administration the entire Karbi Anglong district has been divided into 6 Police Stations viz., Diphu P.S. and Howraghat P.S. under Diphu Subdivision, Bokajan P.S. under Bokajan Subdivision and Baithalangso P.S., Hamren P.S. and Kheroni P.S. under Hamren Subdivision. The office of the Superintendent of Police is located at Diphu. In addition to normal duties the police personnel have to launch operations against various militant groups who have established their camps in the hills of the district.

TABLE II.4

List of Chief Executive Members of the Karbi Anglong Autonomous Council

Sl. No.	Name of the C.E.M.	Period	
		From	To
1	*2*	*3*	*4*
1	Khorsing Terang	23.06.52	28.11.55
2	Nihang Rongphar	15.12.55	25.06.56
3	Chatrasing Teron	26.06.56	9.05.57
4	Nihang Rongphar	25.06.57	2.12.57
5	Chandrasing Teron	3.12.57	25.06.62
6	Dhani Ram Rongpi	26.06.62	11.12.72
7	Joysing Doloi	12.12.72	10.05.78
8	Khorsing Bey	11.05.78	27.09.79
9	Bidyasing Engleng	28.09.79	13.12.79
10	Bidyasing Engleng	18.01.80	2.01.81
11	Birensing Engti	3.03.81	16.01.83
12	Bidyasing Engleng	26.02.83	27.02.83
13	Bidyasing Engleng	28.01.84	7.08.85
14	Khorsing Engti	9.08.85	11.09.85
15	Mangalsing Engti	15.11.85	26.11.86
16	Bidyasing Engleng	5.12.86	24.01.89
17	Dr. Jayanta Rongpi	25.01.89	20.06.96
18	Jotson Bey	21.06.96	29.07.2000
19	Mojari Hanse	31.07.2000	15.03.2001
20	Khorsing Engti	11.01.2002	18.03.2002
21	Khorsing Engti (Fresh election was held on 19.03.2002 and he was re-elected.)	19.03.2002	-

Source : Karbi Anglong Autonomous Council

TABLE II. 5

Result of 9th Karbi Anglong Autonomous Council Election, 2001
Date of Poll : 4.12.2001

No. & name of the Constituency	Name of the candidate declared elected	Name of the Party	Valid votes secured	Total valid votes	% of valid votes secured
1	2	3	4	5	6
1-Duar Amla	Joy Ram Engleng	INC	5401	10926	49.43
2-Amri	Elwin Teron	ASDC	2775	7654	36.25
3-Chinthong	Pradip Rongpi	ASDC	3799	7212	52.67
4-Socheng	Jotson Bey	ASDC	5415	8993	60.21
5-Rongkhang	Sing Teron	INC	4025	11208	35.91
6-Bithung-Rengthema	Bajong Tisso	INC	6607	15951	41.42
7-Kopili	Dhansing Kro	INC	8905	18854	47.23
8-Hamren	Chandrasing Ronghang	ASDC	3370	6796	49.58
9-Amreng	George Millick	INC	7207	17643	40.84
10-Howraghat	Khorsing Engti	INC	8033	16187	49.63
11-Langpher	Sum Ronghang	INC	8698	20059	43.36
12-Phuloni	Rabi Kumar Phangcho	CPI(ML)	4493	11088	40.52
13-Langhin	Torendra Brahma	Independent	13368	17690	75.57
14-Korkanthi	Dipendra Rongpi	ASDC	5390	12694	42.46
15-Mahamaya	Chomang Kro	ASDC	6641	13390	49.60
16-Namati	Mangalsing Engti	INC	4722	10191	46.34
17-Socheng-Dhenta	Mohan Bey	CPI(ML)	4286	9443	45.39
18-Lumbajong	Ramsing Engti	INC	13714	28091	48.82
19-Dhansiri	Bhupen Hasnu	INC	6084	14405	42.24
20-Singhason	Pradip Singnar	INC	4857	13351	36.38
21-Borjan	Ramsing Tokbi	ASDC	7336	19208	38.19
22-Sarupathar	Riso Singnar	ASDC	2623	5273	49.74
23-Bokajan	Semson Surin	INC	4804	15530	30.93
24-Deopani	Ramsing Munda	INC	4263	12414	34.34
25-Nilip	Singnoth Kro	ASDC	5124	10635	48.18
26-Duar Bagari	Benting Terang	ASDC	3131	8631	36.27

Source : Karbi Anglong Election Results since 1937

TABLE II. 6

Total population, SC & ST population – District/Circle/Town

(2001 Census)

District/Circle/Town	Total population	SC	ST
1	*2*	*3*	*4*
Karbi Anglong District	8,13,311	29,520	4,52,963
Donka Revenue Circle	2,47,169	9,457	1,46,755
Diphu Revenue Circle	2,37,235	3,550	1,07,660
Phuloni Revenue Circle	2,49,997	16,272	1,48,335
Silonijan Revenue Circle	78,910	241	50,213
Hamren (TC)	8,445	132	6,233
Donkamokam (TC)	8,240	370	5,705
Diphu (TC)	52,310	1,366	20,288
Howraghat (TC)	4,052	399	581
Dokmoka (TC)	4,664	53	2,177
Bokajan (TC)	14,219	223	829

In the Karbi Anglong district the total number of Development Blocks is eleven. These are shown in Table II.7 alongwith respective headquarters. In fact the Development Blocks play a significant role in uplifting socio-economic life of the people inhabiting the district since the *Gaon Panchayat* system functioning in the plains districts of Assam is not in existence in Karbi Anglong.

There are four Legislative Assembly Constituencies in the Karbi Anglong district. These are 17-Bokajan, 18-Howraghat, 19-Diphu and 20-Baithalangso. The total number of voters in these Constituencies as per 11th Bidhan Sabha General Elections, 2001 is found to be 4,16,251. The Diphu Constituency has the highest number of voters (1,31,623) while the Howraghat Constituency has the lowest number of voters (86,374). The number of Lok Sabha seat is only one which covers the two autonomous districts of Karbi Anglong and North Cachar Hills. This is known as 3-Autonomous Districts (ST) Constituency. The results of 11th Bidhan Sabha General Elections, 2001 in respect of 4 Constituencies and 14th Lok Sabha General Elections, 2004 in respect of single Parliamentary Constituency are furnished in Tables II.8 and II.9 respectively.

RELIGION :

According to 2001 Census 82.40% of the total population of the Karbi Anglong district follows Hinduism. Christianity is followed by 14.48% against 2.22% of Islam. Other religious communities constitute a negligible percentage of the total population of the district. Table II.10 shows religionwise population in the district of Karbi Anglong. It will be seen from the table that the percentages of Hindu population in the district are gradually decreasing (90.27% in 1971, 84.82% in 1991 and 82.40% in 2001). On the other hand, the percentages of Christian population are increasing rapidly (7.99% in 1971, 12.48% in 1991 and 14.48% in 2001). Similarly, the Muslim population has increased in the district (1.30% in 1971, 1.57% in 1991 and 2.27% in 2001).

WORKERS & NON-WORKERS :

Out of the total population of 8,13,311 in the Karbi Anglong district the number of workers as per 2001 Census is 3,30,480 which constitute 40.6% of the total population of the district. On the other hand, the non-workers numbering 4,82,831 constitute 59.4% of the total population. The distribution of Main Workers, Marginal Workers and Non-workers as per 2001 Census is furnished in Table II.11. The table reveals that main workers constitute 28.5% of total workers against 12.2% of marginal workers. Out of 59.4% of non-workers the percentages of male and female non-workers are 51.0 and 68.4 respectively. The table further shows that cultivators constitute 58.7% of the total workers. The percentages of agricultural labourers are 13.8 against 3.7 of workers engaged in household industries. Other workers include 23.9% of the total workers.

TABLE II.7
Development Blocks in Karbi Anglong

District	Subdivision	Name of the Development Block	H.Q.
1	*2*	*3*	*4*
Karbi Anglong	Diphu	Lumbajong	Manja
	Diphu	Howraghat	Howraghat
	Diphu	Samelangso	Samelangso
	Diphu	Langsomepi	Dokmoka
	Hamren	Rongkhang	Donkamokam
	Hamren	Amri	Ulukunchi
	Hamren	Socheng	Jirikinding
	Hamren	Chinthong	Hamren
	Bokajan	Bokajan	Bokajan
	Bokajan	Nilip	Chokihola
	Bokajan	Rongmongwe	Rongmongwe

TABLE II. 8
Result of 11th Bidhan Sabha General Elections, 2001
Date of Poll : 10.5.2001

No. & Name of Assembly Constituency	Name of the candidate declared elected	Name of the Party	Valid votes secured	Total valid votes	% of valid votes secured
1	*2*	*3*	*4*	*5*	*6*
17-Bokajan (ST)	Jagat Sing Engti	ASDC (U)	23518	68309	34.42
18-Howraghat (ST)	Dharamsing Teron	ASDC (U)	27058	69210	39.09
19-Diphu (ST)	Bidyasing Engleng	INC	32244	96588	33.38
20-Baithalangso (ST)	Ruponsing Ronghang	INC	39446	94351	40.97

Source : Karbi Anglong Election Results since 1937

TABLE II. 9
Result of 14th Lok Sabha General Elections, 2004

No. & Name of the Parliamentary Constituency	Name of the candidate declared elected	Name of the Party	Valid votes secured	Total valid votes	% of valid votes secured
1	*2*	*3*	*4*	*5*	*6*
3-Autonomous District (ST)	Birensing Engti	INC	125937	401377	31.37

Source : Karbi Anglong Election Results since 1937

TABLE II. 10

Population by Religion in Karbi Anglong

Sl. No.	Religious communities	1971		1991		2001	
		Population	%	Population	%	Population	%
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*
1	Hindus	342416	90.27	562102	84.82	670139	82.40
2	Christians	30298	7.99	82709	12.48	117738	14.48
3	Muslims	4929	1.30	10421	1.57	18091	2.22
4	Sikhs	292	0.08	508	0.08	379	0.04
5	Buddhists	1332	0.35	6622	1.00	6402	0.79
6	Jains	41	0.01	258	0.04	226	0.03
7	Other religious communities	-	-	71	0.01	47	0.01
8	Religion not stated	-	-	32	-	289	0.03
	Total	379310	100%	662723	100%	813311	100%

Source : Statistical Hand Book, Assam (1980, 1999, 2004)

TABLE II.11

Workers and Non-Workers in Karbi Anglong

Sl. No.	Category	Male	Female	Total
1	*2*	*3*	*4*	*5*
1	Total workers *Work participation Rate (%)*	2,06,808 *49.0*	1,23,672 *31.6*	3,30,480 *40.6*
2	Main workers *Proportion of Main workers (%)*	1,73,045 *41.0*	58,593 *15.0*	2,31,638 28.5
3	Marginal workers *Proportion of Marginal workers (%)*	33,763 *8.0*	65,079 *16.6*	98,842 *12.2*
4	Non-workers *Proportion of Non-workers (%)*	2,15,442 *51.0*	2,67,389 *68.4*	4,82,831 *59.4*
5	Cultivators *Proportion of Cultivators to total workers (%)*	1,22,555 *59.3*	71,324 *57.7*	1,93,879 *58.7*
6	Agricultural labourers *Proportion of Agricultural labourers to total workers (%)*	20,550 *9.9*	24,912 *20.1*	45,462 *13.8*
7	Workers in household industries *Proportion of Workers in household industries to total workers (%)*	3,521 *1.7*	8,754 *7.1*	12,275 *3.7*
8	Other workers *Proportion of Other workers to total workers (%)*	60,182 *29.1*	18,682 *15.1*	78,864 *23.9*

Source : Area Profile, Karbi Anglong, 2001 Census

AGRICULTURE :

Agriculture is the mainstay of the people inhabiting the district of Karbi Anglong. The people practise wet cultivation in the plains areas particularly within the jurisdictions of Howraghat, Samelangso, Langsomepi, Bokajan, Lumbajong and Rongkhang Development Blocks. Terrace cultivation has been introduced in the district also. Horticultural crops are grown in Nilip, Chinthong, Amri and Socheng Development Block areas of Karbi Anglong. On the other hand, shifting cultivation is carried out extensively in the hill slopes. Various authorities are of the opinion that the practice of shifting cultivation is to be prohibited since it leads to destruction of forests, erosion of soil, loss of soil fertility, occurrence of floods in the plains areas and imbalance in the eco-system etc. Moreover, minimum production is available from the *jhum* land at the cost of maximum labour. It may be mentioned here that a good number of schemes have been implemented to control shifting cultivation in the district. Some of the schemes are Establishment of Model Villages, Cash Crop Plantation, Composite Projects, Integrated *Jhumia* Development Programme (IJDP) and Composite Area Development Programme (CADP) etc.

The land utilization pattern in the Karbi Anglong district is furnished in Table II.12. It is apparent from the table that out of the total geographical area of 10,43,400 hectares of the district (Professional Survey), forests cover 3,13,660 hectares or 30.35% of land. It may be relevantly pointed out here that the forests of Karbi Anglong are managed by the Karbi Anglong Autonomous Council through 3 nos. of Territorial Divisions viz., Karbi Anglong East Division, Diphu ; Karbi Anglong West Division, Diphu and Hamren Division, Hamren. The total area of forest excluding unclassed State Forest as on 31.3.2003 is 2,63,385.660 hectares out of which the largest area (1,12,735.660 hectares) is covered by the Karbi Anglong West Division. The Hamren Forest Division is having the lowest area of 10,268.000 hectares. On the other hand, the East Division covers 48,042 hectares of forest area. The table further reveals that net area sown includes 1,23,308 hectares or 11.8% of the total area of land. The crop intensity is 147% in the district. Again, Table II.13 shows the number of operational holdings and areas operated by size classes. The average area under holdings is worked out to be 1.72 hectares. The **small** size of holdings with '1.0–2.0' hectares comprises 39.06% of the operational holdings and covers 28.47% of the total area operated. On the other hand, the **large** size of holdings with '10 hectares & above' constitutes 0.55% of the operational holdings and includes 7.76% of the total area operated.

Rice is the principal crop cultivated in the district. Other important crops include maize, mustard, pulses, sesame, cotton, ginger, jute, sugarcane, orange and pineapple etc. Table II.14 shows the estimated area and production under crops in Karbi Anglong. It is evident from the table that out of three varieties of rice viz., winter, autumn and summer the most extensively grown variety is

TABLE II.12

Land Utilization Pattern in Karbi Anglong (Area in hectare)

Sl. No.	Classification	1992-93	1998-99	1999-2000
1	*2*	*3*	*4*	*5*
1	Total geographical area according to (a) Professional Survey (b) Village Papers (Reported Area)	 1043400 1033400	 1043400 1033400	 1043400 1033400
2	Forest	309620	318056	313660
3	Land put to non-agricultural uses and barren and uncultivable land including other uncultivated land	593483	591905	596432
4	Net area sown	130297	123439	123308
5	Total cropped area	181269	175785	181277
6	Area sown more than once	50972	52346	57969

Source : Development Scenario of Karbi Anglong district, 2004

TABLE II. 13

No. of Operational Holdings and Areas operated by size classes in Karbi Anglong, 1995-96

Size Class (in hectare)	Operational holdings		Areas operated	
	Number	Percentage	Total	Percentage
1	*2*	*3*	*4*	*5*
Below 0.5	5237	9.85	1075	1.18
0.5 – 1.0	10781	20.27	8050	8.82
Marginal	16018	30.12	9125	9.99
1.0 – 2.0	20774	39.06	25999	28.47
Small	20774	39.06	25999	28.47
2.0 – 3.0	10091	18.97	23295	25.51
3.0 – 4.0	2796	5.26	9241	10.12
Semi Medium	12887	24.23	32536	35.63
4.0 – 5.0	1856	3.49	8039	8.80
5.0 – 7.5	1033	1.94	5748	6.29
7.5 – 10.0	327	0.61	2781	3.05
Medium	3216	6.04	16568	18.14
10.0 – 20.0	178	0.33	2937	3.22
20 hect & above	116	0.22	4152	4.55
Large	294	0.55	7089	7.76
Total	53189	100.00	91317	100.00

Source : Development Scenario of Karbi Anglong district, 2004

TABLE II. 14

Estimated area and production under crops in Karbi Anglong

Sl. No.	Name of the crop	Area (in hect)		Production (in tonnes)	
		2002-03	2003-04	2002-03	2003-04
1	*2*	*3*	*4*	*5*	*6*
1	Autumn rice	11542	10451	13203	12052
2	Winter rice	112663	119704	172850	167676
3	Summer rice	1747	1764	2361	2049
4	Wheat	1358	1276	1890	1712
5	Maize	10646	10730	8373	8457
6	Other cereals and small millets	207	207	65	66
7	Total cereals	138163	144132	198742	192012
8	Total pulses	3355	3438	1919	2026
9	Total foodgrains	141518	147570	200661	194038
10	Sugarcane	4317	5239	170002 (in cane) 16693 (in *gur*)	231290 (in cane) 22713 (in *gur*)
11	Condiments and spices	745	769	508	525
12	Banana	1711	1731	23806	24204
13	Papaya	509	517	7773	7921
14	Orange	898	906	8816	8966
15	Pineapple	1710	1724	26820	26596
16	Total oil seeds	20266	20163	10657	9107
17	Total fibres	2741	2737	24771 (in bales)	24233 (in bales)
18	Tobacco	94	71	38	28

Source : Development Scenario of Karbi Anglong district, 2004

winter rice. This is followed by autumn and summer rice. Total foodgrains which include rice, cereals and pulses are cultivated in 1,47,570 hectares of land (2003-04) and production is estimated at 1,94,038 tonnes. Again, the total area utilized in cultivation of oil seeds is 20,163 hectares which produce 9, 107 tonnes during 2003-04.

HEALTH FACILITIES :

In bygone days, the people inhabiting the Karbi Anglong district of Assam had to depend on various sources viz., offering worship / sacrifice to the gods and goddesses, application of wild herbs and roots and chanting *mantras* by *Ojha* for treatment of diseases. With the advent of time and growth of medical institutions, the people are now more cautious and dependent on scientific methods of treatment to a great extent.

The office of the Joint Director of Health Services has been functioning with headquarters at Diphu. At present, there are various categories of medical institutions viz., Civil Hospital, Community Hospital, Primary Health Centre, Dispensary, Subsidiary Health Centre, Travelling Dispensary, Rural Family Welfare Training Centre and Sub Centre in the district. Details of health and family welfare are furnished in Chapter Three.

Provision of potable drinking water facilities to the people inhabiting the district of Karbi Anglong is the basic objective of the Public Health Engineering Department (PHE). For this purpose, the Department headed by the Additional Chief Engineer has been executing both urban and rural water supply schemes. There are four Divisions and nine subdivisions under the Department. The total number of piped water supply schemes spread over the entire district is 319 as on 1.4.2002. Moreover, hand tubewells, ringwells and R.C.C.Reservoirs are provided for the benefit of the people. However, the presence of fluoride in water beyond permissible limit in some areas of the district has badly affected many people.

EDUCATION :

According to 1971 Census, the literacy rate in the Karbi Anglong district is 19.17% against 28.14% for the State of Assam. As per 1991 Census, the rate of literacy in the district is 45.57% while it is 52.89% for Assam. Again, according to 2001 Census the literacy percentage for the district is 57.70 out of which male and female literacy percentages constitute 67.2 and 47.3 respectively. However, the State's literacy rate is 63.25%, the male and female literacy rates being 71.28 and 54.61 respectively. This analysis reveals that the district of Karbi Anglong is lagging far behind in respect of education, although some amount of progress has been achieved in this sector during the last five decades.

Efforts are being made by the Education Department to enhance developmental activities in the district. The Office of the Inspector of Schools is established at Diphu in 1968. Again, the Additional Directorate of Education, Diphu has been functioning from 1997. The management of primary education is entrusted to the District Board of Primary Education by the Karbi Anglong Autonomous Council. The Executive Member i/c Education is the Chairman of the Board while the D.I. of Schools is the ex-officio Secretary.

The break-up of educational institutions (2002-03) in the district of Karbi Anglong is as follows :

Primary School = 1,398 Middle School = 273

High School = 165 Higher Secondary School = 12

The number of teachers in Primary, Middle , High School and Higher Secondary Schools of the district is 2538, 1440, 1581 and 382 respectively (2002-03).

The results of High School Leaving Certificate Examination, 2005 conducted by the Board of Secondary Education, Assam reveal that out of the total number of 6,137 candidates of the Karbi Anglong district, 1,873 have come out successful, the pass percentage being 30.54 against overall percentage of 53.07 of the State. The number of students securing 1st, 2nd and 3rd divisions is found to be 150, 471 and 1,252 respectively.

In addition, there are twelve colleges in the district. These are : Diphu Government College, P.G.Centre in Diphu Govt. College, Diphu Girls' College, Diphu B.Ed College, Diphu Law College, Semsonsing College, Kopili College, Rangsina College, Howraghat College, Waisong College, Thongnokbe College and Eastern Karbi Anglong College. Table II.15 shows the enrolment of ST, SC, OBC and other students in various colleges of the district.

Besides the abovementioned educational institutions there are one Basic Training Centre, one Hindi Training School and one Industrial Training Institute at Diphu.

ROAD COMMUNICATION :

After creation of the district attempts have been made to improve the road communication system through execution of major and minor road programmes under the different Five Year Plans. Still there are many areas which are not easily accessible even today. The total length of PWD roads in the district of Karbi Anglong as on 9.10.2004 is 3569 km out of which surfaced and unsurfaced roads are 981 km and 2588 km respectively. Moreover, out of the total road length of 3569 km, rural roads constitute 2972 km against 90 km of urban roads. Major district roads comprise 312 km whereas State Highway includes 195 km only. Road length per lakh of population in the district consists of 439 km and road length per '00' sq. km of geographical area is 34.2 km.

TABLE II.15

Enrolment of ST, SC, OBC and other students in the colleges of Karbi Anglong (2001)

Sl. No.	Name of the college	Total student	Male	Female	ST	SC	OBC	Others
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
1	Diphu Govt. College	2,114	1,425	699	1,343	71	261	439
2	Diphu Girls' College	75	-	75	20	11	14	30
3	Eastern K.A. College	50	44	6	14	11	18	7
4	Kopili College	46	32	14	29	-	9	8
5	Howraghat College	42	26	16	21	6	9	6
6	Rukasen College	50	30	20	17	7	19	7
7	Rangsina College	48	41	7	40	-	6	2
8	Waisong College	18	9	9	13	-	1	4
9	Thongnokbe College	54	42	12	35	9	10	-
10	Diphu P.G. College	71	42	29	41	3	12	15

Source : Development Scenario of Karbi Anglong district, 2004

Some of the major roads of the Karbi Anglong district are as follows :

1. Diphu – Mohendijua – Parakhowa – Doboka Road
2. Diphu – Mohendijua – Dimapur Road
3. Diphu – Lumding – Maibang – Mahur – Haflong Road
4. Diphu – Dillai – Sarihajan Road
5. Kheroni – Amreng – Jirikinding – Umkhreni – Rongpongbong Road
6. Baithalangso – Hamren – Umbasu – Rongpongbong Road
7. Diphu – Naojan Road
8. Barpathar – Dimapur Road
9. National Highway No. 39
10. Diphu – Dhansiri – Dimapur Road
11. Kheroni – Kolonga – Donkamokam – Baithalangso Road
12. Hojai – Tumpreng – Donkamokam Road
13. Nelli – Putsari – Umpanai Road

The Assam State Transport Corporation (ASTC) runs regular services from Diphu to important places. Moreover, public buses ply on various routes of the district for convenience of the people. The road distance to various places from Diphu, the H.Q. of Karbi Anglong district is furnished in Table II.15

RAILWAY COMMUNICATION :

The railway stations located within the Karbi Anglong district are twelve in number. These are Hawaipur, Lamsakhang, Pathorkhola, Borlangfer, Langcholiet, Nailalung, Diphu, Daldali, Dhansiri, Rongapahar, Khotkhoti and Bokajan. The length of railway route covered by the district constitutes 3.58% (90 km) only of the total length of 2,517.23 km of Assam (2003-04).

ELECTRICITY :

The total number of inhabited villages in the Karbi Anglong district as per 1991 Census is 2,520 out of which the number of villages electrified upto 31st March, 2004 is 1,042. The percentage of villages electrified stands at 41.35.

The Karbi Langpi Hydro Electric Project (100 MW) though started at Amtereng of Karbi Anglong in 1979 with an estimated cost of Rs. 145 crore is not yet ready for power generation. According to the Assam State Electricity Board (ASEB), one unit of the project is likely to be commissioned within December, 2005. If it really happens, the power situation will definitely improve in the district. The Bordikharu Micro Hydel Project located at a distance of 18 km from

TABLE II.16

Road distance from Diphu

Name of Place	Distance in km. (Approx.)	FROM	Name of Place	Distance in km. (Approx.)
1	*2*	*3*	*4*	*5*
Baithalangso	141		Japarajan	82
Balipathar	78		Jenkha	100
Bokakhat	158		Jirikinding	124
Bokajan	70		Jorhat	179 191 via Dimapur
Bokulia	56		Kheroni	89
Borlangfer	30		Kolonga	109
Borthal	128		Lahorijan	50
Centre Bazar	67		Langsoliet	25
Chokihola	130		Langhin	75
Deithor	144		Lanka	77
Dengaon	94		Longnit	25
Deopani	89		Lumding	39
Dergaon	152		Maibang	127
Dhansiri	25	**DIPHU**	Mailu	94
Dhentaghat	92		Manja	16
Dibrugarh	270		Manikpur	82
Dilai	35		Nagaon	148
Dimapur	56		Nellie	201
Doboka	109		Nilbagan	91
Dokmoka	85		Numaligarh	145
Dolamara	173		Parakhowa	96
Donkamokam	117 via Lumding		Phuloni	71
Golaghat	127 via Bokajan 139 via Dimapur		Rongajan	119
Guwahati	271		Rongmongwe	210
Haflong	179		Samelangso	99
Hamren	166 via Hojai		Sarihajan	72
Hidipi	45		Satgaon	117
Hojai	100		Silonijan	95
Hongkram	134		Tarabasa	69
Howraghat	73		Tika	149
Howraghat Tiniali	64		Tumpreng	110
Jagiroad	217		Ulukunchi	260 via Nagaon

Dokmoka of Karbi Anglong has already been commissioned. It may be mentioned here that the Kopili Hydro Electric Project is located at Garampani, North Cachar Hills district. The North Eastern Electric Power Corporation (NEEPCO) set up in April, 1976 has implemented the project with an estimated cost of Rs. 149.02 crore. The project has two power houses. Khandong Power House with 2x25 MW installation and Kopili Power House with 2x25 MW installation were commissioned in 1984 and 1988 respectively. Power generated from Kopili Project is transmitted to the States of Assam, Meghalaya, Manipur, Mizoram and Tripura through Kopili-Samaguri transmission line, Kopili-Khandong-Khelirhiat line, Khandong-Haflong line, Haflong-Jiribam line, Jiribam-Aizawl line and Aizawl-Kumarghat line respectively.

In conclusion, it may be said that since the formation of the district in 1951 a lot of development activities have definitely taken place. But the pace of development is not to the desired level as a result of which demand for creation of an autonomous state comprising Karbi Anglong and North Cachar Hills districts under Article 244(A) of the Constitution has been going on for a prolonged period. Karbi Anglong is inhabited by various ethnic groups who were living with mutual trust and harmony till the other day. But the situation is now quite different. The Karbi-Kuki, Karbi-Dimasa, Adivasi-Hindi speaking community clashes have claimed many innocent lives. In addition, border disputes viz., Karbi Anglong-Nagaland border and the issue of transfer of Block I and Block II areas of Karbi Anglong to Meghalaya have victimised many people. Again, the militant organisations viz., United People's Democratic Solidarity (UPDS), Karbi Longri N.C. Hills Liberation Front (KLNLF), Dima Halam Daogah (DHD), Kuki Revolutionary Army (KRA), National Democratic Front of Bodoland (NDFB), All Adivashi National Liberation Army (AANLA) and United Liberation Front of Assam (ULFA) are active in the district. It may be noted here that the Government has already signed ceasefire with UPDS, DHD and NDFB. On the whole, it is expected that the Karbi Anglong Autonomous Council, Diphu would adopt suitable strategies for augmenting development process in the district in the near future.

ETHNOGRAPHIC NOTE ON THE KARBIS

The Karbis, formerly known as the Mikirs constitute a major tribe in the autonomous hill district of Karbi Anglong, Assam. Some of them are found to settle sparsely in several districts of the State viz., North Cachar Hills, Nagaon, Morigoan, Golaghat, Sonitpur, Lakhimpur and Kamrup etc. Moreover, their settlements are known in Nagaland, Meghalaya, Manipur and Arunachal Pradesh. It is often heard that the Karbis are living in Sylhet of Bangladesh and Myanmar also.

According to 1971 Census the total Karbi population in Karbi Anglong and North Cachar Hills is 1,72,845 and 4,349 respectively. It is to be noted that the Karbis are not scheduled in the plains districts of Assam and as a result, the number of population living therein is not available from the census records. The Karbis constitute 1.21% and 11.03% of the total population and the total scheduled tribe population of the State respectively. The rate of literacy among them is 13.18%, the male and female literacy rates being 21.09 and 4.95 respectively, as per 1971 Census.

AFFINITY

Like all other tribes of Assam the Karbis also belong to the Mongoloid group. Linguistically they are included in the Tibeto-Burman branch of the Sino-Tibetan group. They constitute an "interesting tribe in the sense that though they belong to Assam-Burma group of the Tibeto-Burman linguistic family they can neither be put under Bodo nor any other linguistic group. Grierson (1904) classified them as an intermediate group between the Bodo and the Western Naga on the basis of language. Again, some others want to suggest that Karbi language shows mixture of Austric and Bodo languages, though they undoubtedly belong to the Tibeto-Burman linguistic family. According to some scholars the Karbi language has some similarities with certain Naga dialects on the one hand and Lushai-Kuki dialects on the other " (Kar, 1994 : 10).

While discussing the place of the Karbis in the Tibeto-Burman linguistic family Lyall (1971 : 153) observes , " Ever since the race has been studied, it has been noticed that it was difficult to establish its exact place and affinities in the heterogeneous congeries of the peoples who inhabit the mountainous region between India and Burma. This was remarked by Robinson in 1841 and 1849, by Stewart in 1855, by Damant in 1879. During the census of 1881 an attempt was made to bring the Mikirs into relation with the Boro or Kachari stock ; but it was then realised that more must be ascertained regarding their neighbours before any final judgement could be arrived at. Dr. Grierson, on linguistic grounds, has classed them in the *Linguistic Survey* as intermediate between the Boro and the Western Nagas. It appears, in the light of much fuller information now available, that they should

be classed rather with these tribes which form the connecting link between the Nagas and the Kuki-Chins, and that the preponderance of their affinities lies with the latter of these two races, especially those dwelling in the south of the Arakan Roma range, where the Chin tends to merge into the Burman of the Irawadi Valley".

On the basis of the ballads prevalent among the Karbis, Kathar(1988 : 4) maintains, "According to the oral history of the tribe, the Karbis once lived together with the Kuki-Chins. In the ballad *Musera*, the Kuki-Chins were referred to by a singular name *Kuki Chindaipo*. This ballad is, in fact, the ancient history of the Karbis. The other ballads from which portions of the history of the Karbis can be derived are the ballads of framing of rules for marriage ceremony, discovery of rice etc. All these ballads point to the fact that the Karbis are closely related to the Kuki-Chins. And the Karbi language belongs to the Kuki-Chin sub-group. It is, therefore, not correct to describe the Karbis as of Bodo origin. The Karbi language is also very closely related to the Naga-Kuki class of languages. Philologically the Karbi language has many similarities with the Ao, Angami and Tangkhul Nagas as well. For example, in counting, the Karbi and the Ao Naga languages are the same upto 6. For *dao* the Karbis call *nopak*. In the Ao it is *anok*. Both the Aos and the Karbis teach their kids to say *kak-kak* for no more. However, the closest affinities of Karbi language is found in the Kuki-Chin sub-group of languages............"

The Karbis do not have their own script. But they are rich in folklore. Terang (1982) remarks, "The stream of Karbi life is packed with the ingredients of folklore. Like any other culturally distinct ethnic group, the Karbi society also fondly cherishes almost all aspects of folklore including myths, tales, proverbs, charms, riddles, lays, ballads, dances, ceremonies and art etc."

ORIGIN AND MIGRATION

It has already been mentioned that the Karbis were previously known as the Mikirs. But this name was given to them by some other community. "They call themselves *Arleng*, the meaning of which is 'slanting place near a hill' and thus denotes the people living in the slopes of the hills. Though many scholars use the term *Arleng* as equivalent to the word 'man', actually the *Manit* or *Munet* is the proper term used by the Karbi to denote a person. In fact, the word *Arleng* is confined to the man of Karbi tribe only. Now-a-days they identify themselves as Karbi, though the origin of the term is uncertain" (Medhi, 1988 : 8).

There are various legends with regard to the term Mikir and Karbi. Out of them, only one legend each in respect of the terms is furnished here. Once upon a time, some tribal people were searching for their pet cat lost in the jungle. In the meantime, some people of other community met them and asked about their identity. The tribal people who were in search of the cat could not understand the language of those people but said that they were looking for their lost cat i.e. *Mengkiri*

(*Meng* = cat, *kiri* = to search). From that day these people were known as *Mengkiri* which, later on, became *Mikir*. While discussing about the legend relating to the term Karbi Bordoloi (1985 : 56) observes, " The son of *Barlia*, one of their forefathers had once suffered from a very serious illness. Barlia worshipped *Hemphu*, the powerful family deity, for the recovery of his son by sacrificing some goats and fowls. When the worshipping was over, his daughter-in-law who was pregnant at that time, had suddenly developed labour pain. *Hemphu* instructed *Panjak*, a demoness to help the daughter-in-law in her delivery. *Panjak* obeyed accordingly. But unfortunately at the feast offered by *Barlia* no food could be offered to the *Panjak* since she was hiding herself from the glaring eyes of the guests. This fact came to the notice of *Hemphu* only when the serving of food was almost over. *Hemphu* then offered a portion of his food and the other guests also followed the suit. Giving something from one's plate is called *Thekar* and it is still prevalent in all worships. The people, therefore, introduced themselves as *Thekar Kibi Ache*. It is believed that the term Karbi is a derivation from *Thekar Kibi*".

The original home of the Karbis is believed to be the Western China near the rivers Yang-te-Kiang and the Howang-ho. Later on, they moved along the courses of the rivers Chindwin and Irrawaty and reached Burma and settled there for a short period. Afterwards they entered into erstwhile Assam through the north-eastern route.

The traditional stories of migration are prevalent among the Karbis. Once they lived on the banks of the Kopili and Kalong rivers and in and around the present National Park Kaziranga. But the Kachari kings drove them to the hills and as a result, they settled in the Jaintia kingdom. However, a section of the people crossed the Barapani river and lived in the Rongkhong hills establishing the capital at Socheng. On the other hand, due to constant attacks by the Jaintia kings the Karbis living therein migrated northward and lived within the Ahom kingdom. Unfortunately due to Burmese invasion they again proceeded to lower Assam and some of them went to the north bank crossing the river Brahmaputra. In course of time the capital established at Socheng was shifted to Niz Rongkhong located at Hamren.

Taking into consideration the traditional stories of migration Das (1987 : 49) comments, "...... perhaps they first made their settlement in the eastern region of the Khasi and Jayantia Hills. But for some reasons they could not go along well with the latter. Therefore, they moved to the Kachari kingdom and reached Dimapur. There too, they could not live in amity with the Kacharis for a longer time. They had to move again. Thus the stories suggest that the Karbis being surrounded by the Khasi, Kachari and the Naga were pushed from one place to another within a limited territory at different times before finally settling in Karbi Anglong. Therefore, they came in contact with different tribal groups from whom they picked up certain cultural elements including language".

SOCIAL ORGANISATION

The Karbis living in the hills are divided into three groups. These are *Chinthong, Ronghang* and *Amri*. "However, these groups or sections do not indicate true tribal division supposed to be derived from common ancestors and united in blood. These names in all probability refer to their habitats. *Amri* seems to be a Khasi river name and *Ronghang* is the legendary site of the Sot Recho capital" (Dutt, 1979 : 73). Moreover, Devi (1992 : 183) opines, "The first two (*Chinthong* and *Ronghang*) rank rather higher than the third, because, it is said that the *Amri* excused themselves from sending a man to the Ahom king in Sibasagar, when a representative was required from each of the three sections of the tribe. Hence the *Amri* is excluded from sharing the liquor at a sacrifice and are held in contempt by the western Mikirs specially". Again, the Karbis living in the plains districts are known as *Dumrali* or *Thalua*.

The Karbis have five clans (*Kur*) viz., *Teron, Inghi, Ingti, Terang* and *Timung*. All the clans are socially equal in status. Each clan is again divided into several sub-clans. Teron (1974 : 7) provides the details of the sub-clans as follows :

Teron : *i) Kongkat ii) Langne iii) Milik iv) Ai v) Chir-Ang* and *vi) Trop*

Inghi : *i) Inghi ii) Rongpi iii) Ronghang iv) Tisso v) Hanse vi) Lekthe vii) Ke-ap viii) Bongrung ix) Kramsa x) Rongpi Amri xi) Rongpi Chinthong xii) Rongpi Ronghang xiii) Rongpi Lindok xiv) Rongpi Miji xv) Ronghi xvi) Rongchedon xvii) Rongo xviii) Kete xix) Kereng xx) Kelum xxi) Durong xxii) Tisso Rongphu xxiii) Tisso Rongling xxiv) Tisso Mothou xxv) Tisso Rongchi xxvi) Tisso Rongchecho xxvii) Hanse Chinthong xxviii) Hanse Nongpip xxix) Hanse Lindok* and *xxx) Ronghang Lindok*

Ingti : *i) Ingti Kathar ii) Ingti Henchek iii) Taro iv) Ingleng* and *v) Ingti Killing*

Terang : *i) Terang Dili ii) Terang Rongchecho iii) Kro iv) Be-dum v) Be Ke-et* and *vi) Be Ke-ik*

Timung : *i) Timung ii) Rongphar iii) Singnar iv) Tokbi v) Phangcho vi) Kiling vii) Timung Phura viii) Timung Rongpi ix) Timung Kiling x) Tok Tiki xi) Singnar Miji xii) Singnar Pator xiii) Tokbi Dera xiv) Dera xv) Kleng Rongphar xvi) Rongphar Phura xvii) Rongphar Ronghang xviii) Phangcho Juiti xix) Phangcho Langteroi xx) Phangcho Ingnar xxi) Phangcho Wojaroo xxii) Sengar Musiki xxiii) Mu Sophi xxiv) Nokbare xxv) Sengnot*

xxvi) Salut Sengnot *xxvii) Tokbi Chinthong* *xxviii) Tokbi Ronghang*
xxix) Nongdu and *xxx) Nonglada*

They maintain clan exogamy. Marriage between members of the same clan is strictly prohibited. All the members of a clan are treated as brothers and sisters. Heavy punishment of excommunication is awarded to those who violate this social norm. Violation of the 'clan exogamy' rule is considered to be a social crime and is locally known as *Laisenam*. In this context it may be pointed out that marriage is not held between *Teron* and *Ingti* since they consider themselves to belong to the same family, but a boy of *Milik* sub-clan of *Teron* clan can marry an *Ingti* girl. The reasons for this restriction as well as the partial relaxation, however, could not be ascertained.

Monogamy is the usual rule among the people. Cross-cousin marriage (mother's brother's daughter) is highly preferred. Divorce with the approval of the village council and widow remarriage can take place in the society. Junior levirate is practised. Bride price is practically absent among the people. Child marriage is also not practised. Marriage by negotiation is the most common practice among them. There are mainly four phases involved in the performance of a marriage (*Adamasar*). Firstly, preliminary discussion is held between the two parties (*Nengpi Nengso Kachingki*). Secondly, proposals are sent to the girl's parents for getting the girl (*Piso Kehang* or *Kehang Ahar*). Final settlement of marriage (*Lam Kepathik* or *Lam Athir Kebi*) takes place in the third phase. In this phase it is also decided whether the bridegroom will serve in the father-in-law's house after marriage for a specific period which means a marriage by service (*Akemen*). If the bridegroom does not stay, the marriage is known as *Akejoi*. In the fourth and final phase, the date for solemnisation of the marriage is fixed (*Ajo Ari-Kepha*).

It is interesting to note that among the Karbis the wife does not change her surname obtained by birth. For example, a girl having the surname *Teronpi* married to a *Timung* will not change her surname to *Timungpi* but her children born out of wedlock will assume the surname of their father i.e., boys will be *Timung* and girls *Timungpi*. The suffix *pi* denotes females.

The Karbis are a patrilocal, patrilineal and patripotestal tribe. The girl after marriage goes to her husband's home and resides there. Generally, father is the head of the family. Sons inherit property after the death of the father. In absence of sons the nearest male relatives of the deceased inherit the same. In fact, the father distributes the land equally among his sons before his death. Although daughters have no right on the father's property they receive mother's property such as ornaments, clothes etc., equally. Adoption is not found among them.

Both nuclear and joint family systems are prevalent among the people. However, the nuclear families are numerically more than the joint families in the villages. The Report on the study of Miyungdisa Mini Compact Area Project (Das, 1991) reveals that the Project Area comprising sixteen

villages with 196 families had 148 nuclear families (75.5%) and 48 joint families (24.5%). Another Report on the study of Hidipi Mini Compact Area Project (Das, 1991) shows that the Project Area consisting of twelve villages with 239 families had 166 nuclear families (69.5%) and 73 joint families (30.5%). It has also been found in a Report on the study of Samelangso-Rongmongve Compact Area Project (Das, 1992) that out of a total of 1196 households inhabiting sixty villages, the number of nuclear families was 900 (75.25%) while that of joint families 296 (24.75%). "A survey conducted by the District Statistics Office, Diphu in 1964 revealed that the average size of a family was 5.93 in the district (then U.M. & N.C.Hills) and the average size of family in respect of the Mikir Hills Division was found to be 6.26" (Pegu, 1980 : 201). In the study "Impact of the Integrated *Jhumia* Development Programme on the Hill Tribes of Assam : A Case Study among the Karbis" the average size of family is found to be 5.38 only. It is thus apparent that the frequency of the joint family (at least structurally) is gradually decreasing among the people.

THE HOUSEHOLD

The characteristic feature of a traditional Karbi village is the smallness in its size. Few households constitute a village. Each village is usually named after the *Gaonbura* (headman).The village is preferably established on the hill slope/top. However, with the passage of time, many villages have been established in the plains areas. Although the traditional housing pattern of the Karbis is pile dwelling *(hemthengsong)*, at present, most of the people construct houses on the grounds (*hemlongle*). The various parts of a pile dwelling house have been nicely described by Barkataki (1969 : 53) in this manner, "Houses are built of split, flattened out bamboo, the roof being thatched with *sunn-grass*. The house is divided into separate compartments. A partition (*arpong*) running longitudinally divides it into two main parts. The one on the left is called *kut*, where the paddy is stored and the inmates of the family also sleep here. There is also a fire-place in it. The other part is called *kam* which is meant for guests. The *kut* has only one door, while the *kam* has a door in front and another at the back. There are two fire-places in the *kam*. In this room, on a platform or *chang* (called *tibung*), at a level higher than the floor, they keep their water-*chungas* (bamboo tubes). There is a verandah in the front (*hongkup*) and another at the back (*pang-hongkup*) beyond which there is an unroofed platform (*pang*). On the left-hand side of the *kut* a portion with its floor at a lower level is partitioned off for the fowl and goat (*vo roi*). *Dam-tak* in the *kut* is where the members sleep and the paddy is stored. Behind the fire-place in the middle of the *kut* is the *dam-buk* where the grown up children sleep. *Theng-poi-roi* is the place for storing fire-wood. In large houses a space is provided for guests to spend the night (*hong-pharla*). The platform of the house is reached by the *don-don* at the right".

Normally, a Karbi family possesses the following household tools and implements for their day-to-day use.

anchoho : small measuring basket, generally used for cooking rice
anlumphlak : spoon for distributing boiled rice
anphule : utensil for cooking rice
anthong : wooden saucepan for keeping boiled rice
beleng : winnowing-tray
bongchin : utensil made of pumpkin for carrying rice beer
bongkari : water vessel with a spout
bongkok : container made of big size pumpkin for keeping water
burup : basket with a narrow neck used for keeping fish or dried chilli
chir : hunting spear
cho : axe
chobak : large wooden spoon for distributing rice
choklet : fishing implement
dobor : utensil for keeping betel nut and leaf
hak : bamboo basket having four legs without lid used for carrying paddy and other objects
han-lumphlak : spoon for distributing curry
han-phule : utensil for cooking curry
hatan : measuring basket
hijap : fan made of bamboo
horbong : container made of gourd with tapering mouth for keeping rice beer
inghoi : wooden stool
ingkrung : sieve
kilat : drinking glass
kasu : dish
kasu rahap : shelf for keeping dish
ku : spade
langbong : pitcher
langpong : bamboo pipe for bringing water
lengpum : pestle
long : mortar
mehip : fire-place
nohirangso : sickle

nok	:	sword
nokanti	:	different form of *dao*
nopak	:	*dao*
noksu	:	small knife
tar	:	sleeping mat
thai	:	bow
thaiaso	:	arrow
therang	:	loom

Besides, some of the Karbi families possess guns with proper licence from the Deputy Commissioner's office. Moreover, at present, some of them possess watch, bicycle, motorbike, car, radio, newspaper and television etc.

ECONOMIC ORGANISATION

Agriculture is the primary occupation of the Karbis. They practise *jhuming* in the hilly areas and wet cultivation in the low lying areas. Terrace cultivation has also been recently adopted by the people. The Karbis rear cattle, pigs and poultry etc. Bamboo and cane products are meant for household purpose only and not for sale. Women are found to be more laborious than the menfolk. Besides domestic works, they remain engaged in agricultural activities practically throughout the year. But the economic condition of the people does not seem to be very satisfactory. In *jhuming* they get minimum yield with maximum labour. Consumption of rice beer (*Horlang* and *Hor Arok*) leads to the utilisation of a huge portion of paddy. For most of the people, land alienation and indebtedness are almost a part of their life. Das (1987 : 181) comments, "........... among the Karbis, the tendency to lease their land for fixed produce is so great that most families even though they are otherwise capable of doing good cultivation, resort to frequent and regular mortgaging, despite the abolition of the *paikas* system in the area. Our study of 200 families have revealed that 80 per cent of the Karbis are involved in *paikas* system of mortgaging and indebtedness". In another survey conducted in five Karbi villages inhabited by 430 Karbi and 72 non-tribal families and located within the jurisdiction of the Howraghat Development Block of Karbi Anglong district, Bordoloi (1991 : 260) observes, "43.48 per cent or 187 families have alienated 859.62 acre of land mainly in the forms of *Paikas, Khoi Bandhak* and *Adhi*. There are some cases of sale, *Sukti Bandhak* and encroachment also. The alienated land constitutes 30.79 per cent of the total landholdings of the

scheduled tribe families in the five villages and also constitutes 61.70 per cent of the total landholdings of the land alienator families. In these five villages no land is found to have been acquired for public purposes. The area of alienated land from tribals to tribals is found to be 386.31 acres involving 106 Karbi families. The alienated land constitutes 13.83% of the total landholdings of the scheduled tribe families under the purview of the survey and 27.71% of the total landholdings of the land alienated families. Since transfer of land, whether be it of temporary or permanent nature, from tribals to tribals is not prohibited by the existing land laws of the Karbi Anglong District Council, alienation of 386.31 acres of land from tribals to tribals is not illegal. In this case the families involved constitute 24.65% of the total scheduled tribe families in the five villages. Our main concern is, however, with the transfer of land from tribals to non-tribals. It is found that 81 tribal families (18.83% of the total families) have alienated 473.31 acres of their land to non-tribals. The alienated land constitutes 16.96 per cent of the total landholdings of the Karbi families in the five villages and 33.98% of the landholdings of the land-alienated families of the five surveyed villages. The magnitude of the problem can be understood from the fact that the alienated land from tribals to non-tribals constitutes 64.33% of the total landholdings of 81 Karbi families. In other words these families have under their possession only 35.67% of their landholdings for self cultivation making the families almost landless".

Rongker and *Hacha Kekan* are the main agricultural festivals performed by the Karbis. *Rongker* is celebrated before the beginning of cultivation by worshipping various deities for the welfare of the people inhabiting the village concerned. The people sacrifice animals and birds in order to appease the deities so that they get rid of diseases and other natural disasters. Moreover, they expect to reap a good harvest without destruction of crops by wild animals and birds during the year. Entry of women into the worship area is strictly prohibited. "There is another kind of *Rongker* performed on a greater scale. This type of *Rongker* which is performed at the beginning of every five years is called *Wofong Rongker*. This *Wofong Rongker* is performed for the well-being of all the people of the villages that fall within the jurisdiction of a *Mouza* (a revenue administrative unit consisting of a number of revenue villages). Each revenue village is represented by the village headman and a number of village elders (males only) in the performance of the *Wofong Rongker*. While the *Rongker* performed for a village is only of one day's duration, the *Wofong Rongker* continues for two days" (Bordoloi, 1987 : 67). So far as the *Hacha Kekan* festival is concerned, it has been found that the festival is celebrated after the harvest. This is, in fact, a merry-making festival which is marked by community feasts, traditional dances and songs. Females are not allowed to participate. "The *Hacha Kekan* festival was not mentioned by Stack and Lyall. In that study, the traditional *Rongker* festival found a place where gods are invoked for the well-being of the people, to

ward off dreadful diseases, to save the villagers from the attack of wild animals. But the *Hacha Kekan* is associated with the after harvest rejoicings. There is no fear element in it and there is no need to propitiate any god. It is not the pre-receipt payer to god, it is rather the thanks giving ceremony where *Lakhimi*, the goddess of affluence is thanked for bestowing prosperity in the form of rice" (Bhattacharjee, 1986 : 155). In this context it may be mentioned that the Karbi Anglong Autonomous Council, Diphu has declared holidays for the employees for observing *Rongker*, *Hacha Kekan* and *Botor Kekur* (prayer for timely monsoon) every year.

It may be relevantly noted here that dance and music are an indispensable part of the Karbi life. The musical instruments include *pongsi* (flute), *muri* (fife), *cheng* (drum) and *kum* (one stringed fiddle) etc.

With regard to their food habit it may be said that the staple diet of the people is rice with leafy vegetables, edible roots and tubers etc. Pork, chicken and fish, particularly dry fish are their great delicacies. They use to take meals twice a day – in the morning and in the evening. Normally, the people drink black tea without milk and sugar. Rice beer is their favourite beverage. *Eri* silk worm (*attacus ricini*) is their favourite food item.

It may not be out of place here to provide a brief introduction on their dress and ornaments. The Karbis have their traditional dress and ornaments. The women wear *mekhela (Pini)* around the waist and over it a piece of cloth called *Wamkok* is worn like a belt. Another piece of cloth (*Jiso*) is taken over the breasts. The men wear loin cloth (*Rikong*), shirt (*Choi*) and traditional hat (*Poho*). At present, the pattern of dress, however, has undergone some changes, particularly among the members of the younger generation. Of course, the women have not completely given up their traditional dresses and weave necessary clothes with artistic designs in their indigenous looms (*Therang*) or in fly shuttle looms. The ornaments used by the womenfolk are generally made of silver. Gold ornaments are also used now-a-days. Bracelet (*Roi*), string of beads (*Lek*), ring (*Arnam*), ear rings (*No thengpi*) and silver tube (*Kadengchinro*) etc., are some of the ornaments used by them.

RELIGIOUS ORGANISATION

As regards religion it may be said that though Hinduism has exerted influence on the Karbis, they have still high regard for their traditional beliefs and practices. They believe in Supreme God (*Arnam Kethe*). Moreover, they believe in the existence of innumerable deities, both benevolent and malevolent and regularly worship them. The names of some of them are *Hemphu, Mukrang, Peng, Rasinja, Rit Anglong, Arnam Pharo, Chinthong Arnam, Chomag-ase, Ajo-ase* and *Theng-thon* etc. However, it is to be noted that the Karbis do not have any idol, temple or shrine. Trees and animals are not worshipped by them. People believe in witchcraft (*maja*). When a man suffers from sickness

for a prolonged period, a male diviner (*Uche*) or a female diviner (*Uchepi*) attempts to ascertain the cause of sickness by counting rice or cowry. This method is locally known as *sang-kelang* (Assamese - *mangal soa*). However, in this respect a witch (*Lodeppi*) is considered to be more result oriented since she has got divine power. The Karbis use charms (*pherem*) in order to cure ailments such as headache, indigestion, inflamed swelling and blood dysentery etc. Oaths and ordeals are also in practice among them. So far as human sacrifice among the people is concerned, Phangcho (1984 : 32) comments, "I am inclined to believe that the practice of human sacrifice for the satisfaction of the deities has possibly been copied from the *Mon-Khmer* (Austric) culture of the Khasi-Syntengs. The human sacrifice was very much in vogue in *Vopong Rongker* and *Rekpi Rongker*, the two important *pujas* of the Karbis (*Deodhai Asam Buranji*). The practice of human sacrifice was widely prevalent in the *Mon-Khmer* culture of the Khasis and the Syntengs. Even the goddess Kamakhya (*Ka-meikha*, a Khasi origin) the most esteemed and respected of all *Tantrik* and *Sakta* deities at Nilachal, Guwahati also used to receive human sacrifice from the devotees in earlier days. The Khasi *Thien*, a serpent deity often used to receive human blood which had to be provided by the keeper family. The Syntengs not only slaughtered the human being at the altar but also often held the ceremonial cannibalism (Encyclopaedia Britannica Vol. 13, pp. 361-362). Therefore, it is quite likely that the Khasi-Syntengs being more numerous and powerful, could also influence the neighbouring Karbis and probably it was followed by the Kacharis at a later date. The Karbis are so mild and meek that it is hard to accept for them to have adopted such a cult or practice as human sacrifice. It is said to be still prevalent in some of the interior places of Karbi Anglong while in the plains districts it is altogether absent".

One of the important household religious festivals of the Karbis is *Chojun* or *Swarag* which is observed at an interval of 2-3 years. The god of heaven (*Barithe*) is mainly worshipped for the welfare of the household with the help of the priest (*Kurusar*). Moreover, *Arpi* (*Rudra*), *Birne* (Fire) and other minor deities are also worshipped in the festival. Pigs and fowls are sacrificed for the purpose. In order to accommodate the people in the festival small huts are constructed for females and males separately. The hut made for the females is known as *Kunturi* while that for the males is *Hamren*. Sometimes the whole village performs the festival and then it is known as *Rek Apirthat*.

However, the most important and highly expensive religious performance of the Karbis is the *Chomangkan* i.e. *Shraddha* ceremony. This is performed in order to redeem the soul of the dead. Three types of the festival are prevalent among them. These are *Kan Fla Fla, Langtuk* and *Harne*. Generally, the first is observed for the common people. The second is performed for the person who achieved respectable position in the society while the third is performed for the person occupying the highest social status during life-time. Since the festival involves a huge amount of expenditure, it may be organised after a long lapse of time, even after a decade of the death of a person. It may be

relevantly noted here that the Karbis cremate the dead bodies in the place fixed for each clan (*Tipit*) in the cremation ground (*Thiri*). But the dead bodies of those who commit suicide or die due to leprosy, pregnancy and attack by wild animals etc., are cremated by the riverside. They consider such unnatural death as inauspicious. In the *Chomangkan*, the *Uchepi* (the woman who prepares meal for the deceased), the *Lunchepi* (female singer who requests the deceased with a pathetic tune to take meal) and the *Duhuidi* (expert drummer) play important roles. All the village people extend full co-operation and helping hands towards smooth functioning of the ceremony. The celebration may continue for 4-5 days. "Drums, pipes, shields, swords and *Jambili Athon* (a decorative wooden post) are most essential for *Chomangkan* festival. In the morning hour of the last day of *Chomangkan*, some descriptive verses called *Musera Kehir* are sung under the decorative *Jambili athon*. The verses describe the legendary story of creation of human beings" (Teron, 1996).

Regarding prevalence of Christianity, it may be stated here that Christianity has gradually influenced a section of the Karbi society. The first mission centre was established in the year 1897 at Tika, 14 km away from the subdivisional H.Q. Hamren.

TRADITIONAL ADMINISTRATION

The traditional Karbi society is governed by a three-dimensional system of administration. At the top, there is the *Lindokpo*. At the middle, the *Habes* and at the grass root level, the *Sarthes* are the functionaries. Although the system is gradually disintegrating with the passage of time, even then the Karbi *Recho* still plays a significant role in the socio-religious life of the Karbi people, particularly inhabiting the Hamren subdivision of Karbi Anglong district.

In bygone days there were three local kings at Rongkhong, Chinthong and Amri. At present, the kings are considered as local chiefs only. Among them the highest position is occupied by the Karbi *Recho* of Rongkhong followed by the *Lindokpo* of Chinthong and the *Lindokpo* of Amri. In the Rongkhong area, there are 4 (four) *Lindokpos* selected from (i) *Ronghang* (ii) *Rongchaicho* (*Teron*) (iii) *Kiling* and (iv) *Rongpi* sub-clans. In the Chinthong area the number of *Lindokpos* is 3 (three) – (i) *Chinthong* (*Hanse* sub-clan) (ii) *Nonglada* (*Rongpi* sub-clan) and (iii) *Nongpli* (*Timung Rongphar*). Again, in the Amri area, there are 2 (two) *Lindokpos* – (i) *Du* (*Hanse* sub-clan) and (ii) *Nongkirla* (*Teron*).

The traditional capital of the Karbis is at Niz Rongkhong which is located at a distance of about 21 km from Hamren. The village is also known as Raja Gaon because of the fact that the families of the clans (four) out of which the Karbi *Recho* and the three *Lindokpos* of Rongkhong are chosen, reside in this village.

A *Lindokpo* is selected democratically and after his demise, the members of the respective clan select a person who is well conversant with the traditional customs. In the Rongkhong area, the Karbi *Recho* is always selected from the *Ronghang* sub-clan only.

The traditional administration is maintained by the *Lindokpo* with the help of several functionaries viz., *Dili, Katharbura, Pator* and *Dengja* etc., who constitute the *Pinpomar* (Parliament). Moreover, the kingdom (*Hawar*) is divided into several regions which are known as *Longri. Habe* is the head of the *Longri.* He is appointed by the *Lindokpo.* Each *Longri* consists of several villages and each village is headed by a *Sarthe* who is appointed by *Habe.* It is to be noted that *Sartheship* is hereditory.

The legislative, executive and judicial powers are entrusted to the *Pinpomar.* Only when the *Pinpomar* fails to decide any case, it will then be referred to the *Lindokpo* whose decision will be considered as final. Again, *Arnampharo Amei* i.e. council of wise men drawn from clans and sub-clans is the supreme Appellate Authority.

With regard to this system Bhattacharjee (1986 : 58) comments, "The traditional line-up of administration is facing a challenge from the District Council. The traditional system largely depends on the willing compliance by the people and it is not backed by any enforceable coercive sanction. The Council, on the other hand, can enforce its authority because it is financially viable and also backed by proper sanction".

VILLAGE COUNCIL

It has already been mentioned above that each Karbi village is headed by a *Sarthe* (headman). Moreover, there is a village council (*Mei*) consisting of all the adult members of the village as members (*Chakri*) and the headman as the President. In order to assist the president in the council, there are several functionaries like *Risobasa* (Assistant headman), *Pheranke* (Informer), *Kurusar* (Priest) and *Ubebarium* (Adviser of the Bachelor's dormitory) etc. *Risobasa* holds charges of the *Mei* in the absence of the *Sarthe.* The main duty of the *Pheranke* is to inform the people when a meeting is summoned by the *Sarthe.* Moreover, he has to arrange board and lodging for the guests. The *Mei* appoints an aged and wise person to act as the adviser of the young boys of the *Jirkedam.* He is known as *Ubebarium.* He teaches the young boys not only the art of handicrafts but also about the Karbi culture. In fact, he is the linkman between *Jirkedam* and the *Mei. Kurusar* (*Deuri*) is the priest-cum-physician of the village. He performs religious duties for the welfare of the people. He also propitiates various gods with cock and wine for quick recovery of an ailing person.

The Mei is the primary unit of the Karbi traditional institution. It performs various development activities for the benefit of the village people. It is also the trial court of the village.

Disputes arising out of land ownership, adultery, theft and quarrels etc., are solved through it. Fines imposed on the guilty person generally do not exceed Rs. 50.00. Cases which cannot be settled are referred to the *Habe* or *Lindokpo*. Now-a-days unsettled cases are also sent to the Autonomous Council. The *Mei* maintains law and order in the village and ensures peace amongst the people. Maintenance of unity and co-operation among the people is also another objective of the *Mei*. Fixation of dates for the observation of various festivals is done through it. Moreover, in the event of death in any family of the village, the *Mei* informs the people immediately and entrusts them with various duties so that the concerned family does not face difficulties. Serious decisions like shifting of the village to a new place due to epidemic or some other reasons and distribution of *jhum* sites among the people are also taken up through the *Mei*. It is interesting to note that appeals may be made to the *Lindokpo* against the decision of the *Mei* and if necessary, fines may be imposed upon the *Mei* by the highest authority.

At present, development schemes like NREP, JRY and RLEGP etc., have been undertaken in and around the villages through the help rendered by the *Mei*. Although the schemes are not directly implemented by the *Mei*, the co-operation extended by it substantially contributes to the proper execution of the same.

BACHELOR'S DORMITORY

The bachelor's dormitory which is known as *Terang / Farla / Jirkedam* among the Karbis is a social institution which is, in fact, an educational centre for the youths of the village to achieve manhood with dignity.

The dormitory is a pile dwelling house with thatched roof and its inside portion is decorated with artistic design. The youths of the village usually from the age of 12 years until marriage are the members and they sleep at night in the dormitory. Generally, on the eve of *Rongker* festival, the young boys of the village approach the *Sarthe* who selects the leader to carry out the activities for a period of three years. There are altogether 26 office-bearers for smooth conduct of the institution. Some of them are :

1. *Kleng sarpo* - Leader
2. *Kleng dun* - Deputy Leader
3. *Soder kethe* - Asstt. Leader
4. *Soder so* - Deputy Asstt. Leader
5. *Borlan po* - Surveyor
6. *Motan Ar-a* - Guide
7. *Motan Arvi* - Asstt. Guide
8. *Than Are* - Convenor

9. *Than Arvi* - Asstt. Convenor
10. *Chengbrup kethe* - Chief Drummer
11. *Chengbrup so* - Asstt. Drummer
12. *Me Apai* - Fire Keeper
13. *Lang Apai* - Water keeper
14. *Kove Thok* - Collector of betel nut and leaf
15. *Phan kri kethe* - Distributor

Gohain (1984 : 51) provides a descriptive account on the functioning of *Jirkedam* in this manner, "In olden days, any villager might approach the *kleng sarpo* and *kleng dun* offering them gourds of liquor for helping him in the field. *Kleng Sarpo* might accept the gourd and then would order the boys and the girls for collective work (*Jirkedam*) in the field of the villager. The boys and the girls would collect in front of the *Terang* and the *Thar-lon-po* would stand first with his measuring bamboo pole followed by the Assistant Drummer (*Chengbrup so*) on the left and the Chief Drummer on the right, followed by *Chinhak kethe, Chinhak so, Motan Ar-a, Motan Arvi* and others. The last boy would be the *Kleng sarpo*. Then *Banwakpi* (cloth supplier) and *Banwak so* (Assistant cloth supplier) amongst girl would follow. Other girls would follow these two. Food stuff would be collected from house to house by *Phankri kethe* and *Phankri so*. The rice was given in packet of leaves and if there was any uneatable thing in the packet the family would have to pay fine as punishment. The entrusted functionaries would carry these. In the field *Motan Arvi* and *Motan Ar-a* would take right and left positions and *Barlon po* (*Tharlon po*) would measure the land. The entire plot would be divided into two parts. In one part *Kleng dun* would be in charge, in the other *Kleng sarpo*. The *Put checkpo* would fix the index signs on the field and the *Kleng dun* would take left side while *Kleng sarpo* would take right side. All the functionaries with *Kethe* or *Po* suffix would take right side and all the functionaries with *So* suffix would take left side. The *Phankri kethe* and *Phankri so* would distribute betel nut. The other functionaries would supply specified items. After work, they would return to *Terang* systematically. In the *Terang, Kleng sarpo* and *Kleng dun* would take seats and take betel nut supplied by *Phankri*. The girls do not stay in the *Terang* at night. The income from the joint cultivation could be kept for 3 years and at the end of 3 years the boys and the girls would celebrate *Chojun puja* and end the *Jirkedam*. The yearly feast of the youth is called *Harlin kejun* which is attended by songs and dances".

Besides agricultural activities, the boys remain engaged in handicrafts and the girls in spinning and weaving. In marriage ceremony, *Chomangkan* (death ceremony) or any other festival held in the village, they take active part under the direction of *Kleng sarpo*. Moreover, the elderly members of the dormitory help the juniors in learning traditional dance and music in a proper

manner. On the whole, the spirit of co-operation, sense of discipline and the idea of rendering social services are inculcated among the youths through the dormitory. But this important institution has practically disappeared from the Karbi society due to various forces viz., spread of modern education, impact of Christianity, practice of settled cultivation and acculturation etc. However, the reminiscence of the dormitory institution is observed in the remote areas of the district. For example, in Patikindok village, about 13 km from Ulukunchi, the members of *Jirkedam* completed the period of 3 years in February, 1991. Of course, the members did not sleep in the dormitory but they used to stay at night in their own homes. In *Wanpung* village under Baithalangso Police Station, *Jirkedam* is performed for 4–5 months i.e., during cultivation period only. In Dokhara Bey village under Bokajan Police Station the youths use a part of the residence of the village headman for their meetings and other occasions. It may, therefore, be assumed that the future Karbi generations will be quite at dark about the manifold activities of this institution unless the Autonomous Council authority comes forward to undertake certain positive measures for revival of the dormitory in some form or other, considering its glorious ancient past, in toto.

YOUTH CLUB

As the name signifies, it is the association of the youths. The main function of the youth club (*Risomar*) is to perform socio-cultural activities in and round the village. An executive committee consisting of president, secretary and treasurer etc., takes the overall responsibility for smooth management of the *Risomar*. Its functions are more or less similar to the *Jirkedam* but the office-bearers are quite different. Moreover, the former is generally found in the plains portion of the district while the latter is mainly confined to the hill areas, particularly in the Hamren sub-division.

The youth club takes keen interest in traditional games and sports, dance and music etc. The youth festival which is, now-a-days, held every year with great enthusiasm in the Karbi Anglong district is perhaps the modified form of the *Risomar*. It may be noted here that some of the youth clubs have been recognised by the Karbi Anglong Autonomous Council, Diphu which has offered grants-in-aid. For example, the youth clubs of Dhentaghat, Sonapur Bey and Plong Kro under Samelangso Development Block ; Phelongpi, Menmiji and Jengkailangso under Rongkhang Development Block have received financial grants from the Council authority.

GRAIN BANK

One of the indigenous institutions prevalent among the Karbis is the *Kerung Amei* which literally means grain bank. Its main objective is to preserve paddy in the granary (*Apuru*) and provide assistance to the needy or poor families of the village particularly during the lean season, against interest. Thus, it plays a vital role in resisting any of the family members of the village from going to

the *Mahajans* or shopkeepers for loans who charge exorbitant rate of interest. This institution not only serves as the co-operative credit society but also imparts training to the village people to extend help and co-operation towards fellow men in crisis and to save the poor families from the brink of starvation. In addition, it inspires the youths of the village to carry out social works for the welfare of the people.

Generally, three types of grain banks are functioning in the Karbi villages in the district.

TYPE I

All the families of the village are members of the institution and each of them has to contribute 40 kg of paddy immediately after completion of the harvest. The total amount of paddy is preserved in the granary (*Apuru*). When any family is in need of assistance it collects the necessary quantity of paddy on the condition that 50% interest would be paid in kind alongwith the capital after the next harvest. However, in case of widows, physically handicapped persons or patients afflicted with chronic disease etc., the interest may be exempted.

An executive committee consisting of four members is formed in order to manage the affairs relating to the grain bank. The village elders select a president and a secretary from the members. Moreover, there is one store keeper who is in-charge of the granary. The village elders may dissolve the executive committee or remove any member if charges of malpractices are found to be true after proper verification.

TYPE II

The adult boys of the village carry out cultivation of paddy in a specific plot of land and the produce thus obtained is preserved in a granary. Necessary amount of paddy is given to the needy person against 50% interest while the surplus quantity is sold to the village people, normally at a discount of 10% of the ongoing market price. The entire amount is either deposited in the post office or in the rural bank. Later on, they utilise a portion of the accumulated amount to acquire land on mortgage for expansion of cultivation or for some other works like construction of village road, improvement of school building or village library etc. In this type also, an executive committee consisting of president, secretary, storekeeper and auditor takes care of the management of the grain bank.

TYPE III

The aged male members of the village take the responsibility of maintaining this type of grain bank. All families of the village are its members. A suitable plot of land is cultivated by them and the produce is kept in the granary. As soon as the price of paddy goes up, they sell the entire quantity of paddy and afterwards, offer the families who are in need of assistance, the required

amount of money on the condition that they have to repay the said amount with 100% interest. The executive committee consisting of the president, secretary, treasurer and auditor looks after the affairs of the grain bank.

Most of the grain banks located in the Karbi villages in the district are not functioning effectively except in few cases. Interestingly, there are three grain banks in Bini Hanse Gaon under Samelangso Development Block – (I) managed by women (ii) managed by men and (iii) managed by the girls only. Each bank is under the supervision of an executive committee consisting of the president, secretary and some other office-bearers. They collect 40 kg of paddy from each member and preserve the same in a godown. The needy member takes loan @ 100% interest. All the three grain banks are functioning effectively.

STATUS OF WOMAN

Status of woman in the Karbi society cannot be said to be inferior to that of man. A female does not change her surname after the marriage. In fact, throughout her life, she is known by the clan in which she was born. The suffix *pi* is always used by them after their surnames to denote gender. Marriage of a girl cannot take place without proper consent of the girl. There is no *purdah* system among the women. In every walk of life the females are the companions of the males. Besides performing household works and taking care of the children the women work with the menfolk in clearing *jhum* lands, in collecting fire-wood from the forests, in carrying out agricultural activities and in purchasing essential commodities from the markets etc.

Of course, there are certain taboos in respect of women. A woman cannot attend the village council for any trial. They cannot partake food with the males in the community feasts. They are not allowed to participate in the *Rongker* festival.

TRENDS OF CHANGE

A society is not stable rather it is dynamic in nature. In other words, change is inevitable. "The study of change in a society generally reveals that some of the changes are endogenic in nature, while some are exogenic. Some changes may take place spontaneously i.e. due to the internal stress and strains within the community. Changes may also be inspired and directed by the outside agencies deliberately in a planned programme" (Barua, 1978 : 152). Significant changes have also taken place among the Karbis. In respect of the social institutions viz., family and marriage it has been observed that the traditional joint family system has gradually disintegrated resulting formation of nuclear family system due to economic hardship and development of ideology of individualism and materialism etc. Previously marriage of a girl took place normally within her teenage period. At present, it is hardly practised. The boys do not like to enter into matrimonial relationship until they

are in a position to stand on their own feet. Modern education has also played a positive role in this aspect. Marriageable age of boys and girls is, therefore, increasing considerably.

In earlier times, the people laid much emphasis on worship of deities and spirits / indigenous drugs / *mantras* etc., for treatment of various types of diseases. Such type of practice is still prevalent in the villages. But now-a-days the people do not hesitate to proceed to the nearest medical institution for scientific treatment of diseases. In the field of education, it is observed that the people have realised the importance of modern education. As a result, the number of students in the educational institutions is increasing day by day. In respect of dress and ornaments we find striking changes. The young people attire themselves in western style. The young girls use cosmetics, vanity bags, chemical ornaments and other luxurious articles which were quite unknown to them a few decades back. The females are, of course, in the habit of using traditional dresses. Hair design as found in the Hindi and foreign films has become very popular among the teenagers. A tendency has grown among the people to possess household properties such as cycle, radio, watch, tap recorder, scooter, bike and car etc. Various types of dwelling houses other than pile dwelling are also found among them. Utensils made of stainless steel have occupied a favourable place among them. Although the people have not completely given up the age-old method of shifting cultivation they practise terrace and wet cultivation. They are also interested in horticultural activities.

A good number of political leaders have come out of the Karbi community. Some of the prominent personalities are Chatrasing Teron, Nihang Rongphar, Gandhiram Timung, Dhaniram Rongpi, Joysing Doloi, Sai Sai Terang, Chandrasing Teron, Song Bey, Barelong Terang, Khorsing Terang, Samsing Hanse, Birensing Engti, Bidyasing Engleng, Dr. Jayanta Rongpi, Holiram Terang, Dharamsing Teron and Khorsing Engti etc. The Karbis have become so much politically conscious that a section of them is demanding autonomous state while the other section is demanding separate state (*Hemprek Kangthim*).

In the field of literature we find Padmashree Rong Bong Terang, Lankam Teron, Phukan Phangcho, Lunse Timung, Bidorsing Kro, Bidyasing Rongpi, Joysing Tokbi, Dhaneswar Engti, Arun Teron and Sar-et Hanse etc. The organisation *Karbi Lammet Amei* has contributed immensely towards the growth and development of the Karbi language. Two daily Karbi newspapers *Arleng Daily* and *Thekar* are being published regularly from Diphu.

The number of Karbi doctors, engineers, ACS officers and other gazetted and non-gazetted officers is increasing with the passage of time.

In short, it may be said that the effects of mass communication like radio, TV and newspapers etc., road facilities, railways, post offices, educational and financial institutions, weekly and daily markets, science and technology and various development plans and programmes of the Government have generated significant change in the life and culture of the Karbis.

THE DEPARTMENT OF HEALTH AND FAMILY WELFARE

Before formation of the Karbi Anglong district in 1951 this region was confronted with problems of dreaded diseases and weak health infrastructure. Previously thousand of people lost their lives due to *Kala-azar*, malaria, tuberculosis and other infectious diseases. At that time in this region only four public health dispensaries namely, Mohendijua, Kolonga, Baithalangso and Dengaon were functioning to cater the medical needs particularly *Kala-azar* cases. At present, the the Department of Health & Family Welfare with headquarters at Diphu has been rendering medical facilities to the people of the district.

The stress in the National Health Policy is on the provision of Preventive, Promotive, and Rehabilitative health services to the people, thus representing a shift from medical care to health care and from urban to rural population. The main objective is to place the people through the primary health care approach.

The delivery of primary health care is the foundation of rural health care system and forms an integral part of the National Health care system. Primary health care is essential health care made universally accessible to individual and acceptable to them through their full participation and at a cost the community and country can afford.

In the rural areas services are provided through a net work of integrated Health & Family Welfare delivery system.

Primary Health care pay particular attention to the point of initial contact between the members of the community and the health services. Sophisticated and specialized needs are referred to secondary and tertiary levels.

Primary Health care infrastructure has been developed as a three-tier system and is based on the following population norms :

CENTRE	POPULATION NORMS	
	PLAIN	HILLY
Sub-centre	5,000	3,000
PHC (Primary Health Centre)	30,000	20,000
CHC (Community Health Centre)	1,20,000	80,000

SUB-CENTRE :

It is the most peripheral contact point between the primary health care system and the community. It is MANNED by one ANM (Auxiliary Nurse Midwife) and one female attendant.

PRIMARY HEALTH CENTRE :

[illegible] the first [illegible] point between village community and the Medical Officer and is MA[illegible] Me[illegible]r supported by 14 Paramedical and other staff. It acts as a referral un[illegible] sub[illegible]t has 6 beds for patient. Activities of the PHC involve curative, preventive, promotive and family welfare services.

COMMUNITY HEALTH CENTRE (CHC) :

Under MINIMUM NEEDS PROGRAMME it is MANNED by four medical specialists *(SURGEON, PHYSICIAN,* GYNAECOLOGIST AND PAEDIATRICIAN) supported by 21 Para medical & other staff. It has 30 indoor beds with one Operation Theatre, X-ray, Labour Room and Laboratory facilities. It serves as a referral centre for 4 PHCs.

The programme of establishing Block Level Primary Health Centre in each Community Development Block having a population of 60,000 to 80,000 was launched as an integral part of the community development programme on October 2, 1952. Each Block level Primary Health Centre complex consisted of the main centre with 6 beds at the block headquarters and 4 sub-centres. The staff consisted of one subdivisional level Medical officer, Senior Medical Officer & one Medical & Health Officer, ANM-4, Sanitary Inspector-1, Block Extension Educator-1, Computor-1. Rural Family Welfare Centre is attached to the Block level PHC. It is the main reporting centre to the district headquarters for medical and health system. There are altogether 94 FW sub-centres functioning in the district at present.

Medicare facilities in the district are extended to the people through Civil Hospital (2 nos.), 30 bedded Rural Hospital (5), Block PHC (25), State Dispensary (8), Subsidiary Health Centre (7), Medical sub-centre (9), Family welfare sub-centre (94), District Tuberculosis Centre (1), Leprosy sub-centre (54), Survey Education Treatment (SET) Centre (17), Treatment Centre of leprosy (27), Anti-malaria activities through 19 sectors and 78 nos. of sections with malaria workers. Moreover, this department is providing School Health & Health Education through School Health & Health Education Bureau, Diphu. Various National Programmes like National Family Planning Programme, National T.B. Control Programme, National Vector borne Disease Control Programme (Malaria), National Blindness Control Programme, National Leprosy Eradication Programme, National AIDS Control Programme, National Iodine Deficiency Programme, National Reproductive Child Health Programme etc., are being implemented in the district with a sound result. The Department had obtained one Blood Bank during the year 2001 and since then it is functioning at Diphu Civil Hospital complex. The Drug De-Addiction Centre is running at Diphu Civil Hospital since 2000 in order to de-addict the drug-addicted people.

The operation theatre of Diphu Civil Hospital was modernised during the year 2000-01 with necessary equipments. One more X-ray machine and one Ultra-sound machine were installed during the year 2000-01 at Diphu Civil Hospital. The General Laboratory of Diphu Civil Hospital has been performing various tests on stool / blood / urine etc.

District T.B. Centre attached to Diphu Civil Hospital is having indoor ward with 20 beds and is providing T.B. control measures and public awareness in the district. At present Revised National T.B. Control Programme is implemented in the district under Dist. T.B. control society.

Laboratory facilities are available in all Health Institutions except sub-centres of the district and X-ray facilities are available in Bokajan CHC, Bokulia CHC, Howraghat CHC and Hamren Civil Hospital.

Repair and Maintenance of vehicles and other equipments of Health Department is done by Mobile Maintenance Unit (MMU), Diphu under the supervision of Service Engineer.

The District Medical Store attached to the Office of the Joint Director of Health Services, is providing medicines and surgical instruments etc., to the different Health Institutions of the district. The store is run by a Medical Officer.

To detect adulteration and sub-standard in quality for food-stuff one Food Inspector is functioning at Diphu attached to the Office of the Joint Director of Health Services.

One post of Drug Inspector is also available to collect and detect the samples of drugs and chemicals to examine the quality at central laboratory for Drugs and Cosmetics, Guwahati.

The list of medical institutions functioning under the Joint Director of Health Services, Karbi Anglong is furnished in Table IV.1. The table reveals that the Diphu Civil Hospital was established as early as in 1955. Again, the Hamren Subdivisional Hospital has been functioning since 1983. Moreover, there are three C.H.C.s or 30-bedded Rural Hospitals, ten Primary Health Centres, three Subsidiary Health Centres and three Medical Sub-centres under the Diphu Subdivision. The Hamren subdivision is having one CHC.or 30-bedded Rural Hospital, ten PHCs, three SHCs and three MSCs. The number of medical institutions viz., CHC. SD, PHC, SHC and MSC under the Bokajan subdivision is 1, 3, 6, 1 and 2 respectively. It may be noted here that Diphu and Bokajan Subdivisions do not have S/D and SHC respectively. The list of functioning Family Welfare Sub-centres under Block Primary Health Centres in the district of Karbi Anglong is furnished in Table IV. 2. It has been found that out of the total number of 94 functioning Sub-centres, maximum Sub-centres (31) fall under the Howraghat Block PHC while the minimum Sub-centres (5) fall under the Umpanai Block PHC.

TABLE IV.1

Locationwise list of medical institutions under the Jt. Director of Health Services, Karbi Anglong

Name of the Health Institution	Development Block	P.O.	Subdivision	L.A. Constituency	Year of Estt.
1	2	3	4	5	6
A. Civil Hospital – 2 (Two) Nos.					
1. Diphu Civil Hospital	Lumbajong	Diphu	Diphu	Diphu	28.5.55
2. Hamren Subdivisional Hospital	Rongkhang	Hamren	Hamren	Baithalangso	15.8.83
B C.H.C. or 30-Bedded Rural Hospital - 5 (Five) Nos.					
1. Bokajan C.H.C.	Bokajan	Bokajan	Bokajan	Bokajan	8 11.77
2. Bokulia C.H.C.	Howraghat	Howraghat	Diphu	Howraghat	2.10.88
3. Howraghat C.H.C.	Howraghat	Howraghat	Diphu	Howraghat	6.6.84
4. Donkamokam C.H.C.	Rongkhang	Donka	Hamren	Baithalangso	11.4.94
5. Dentaghat C.H.C.	Samelangso	Dentaghat	Diphu	Howraghat	14.7.94
C. State Dispensary – 8 (Eight) Nos.					
1. Dillai St. Dispensary	Bokajan	Dillai	Bokajan	Bokajan	2.11.87
2. Borpathar St. Dispensary	Bokajan	Borpathar	Bokajan	Bokajan	1979-80
3. Deihori St. Dispensary	Nilip	Deihori	Bokajan	Bokajan	1998-99
4. Kolonga St. Dispensary	Rongkhang	Kolonga	Hamren	Baithalangso	1.9.89
5. Rongpangbong St. Dispensary	Socheng	Rongpangbong	Hamren	Baithalangso	
6. Khanduli St. Dispensary	Socheng	Khanduli	Hamren	Baithalangso	1977-80
7. Borgaon St. Dispensary	Amri	Borgaon	Hamren	Baithalangso	27.2.92
8. Amtereng St. Dispensary	Socheng	Amtereng	Hamren	Baithalangso	
D. Primary Health Centre – 25 Nos.					
1. Bokajan Block PHC	Bokajan	Bokajan	Bokajan	Bokajan	1.4.62
2. Baithalangso Block PHC	Chinthong	Baithalangso	Hamren	Baithalangso	1966
3. Chowkihola Block PHC	Nilip	Chowkihola	Bokajan	Bokajan	1969
4. Donkamokam Block PHC	Rongkhang	Donkamokam	Hamren	Baithalangso	1.4.62
5. Howraghat Block PHC	Howraghat	Howraghat	Diphu	Howraghat	1.4.62
6. Manja Block PHC	Lumbajong	Manja	Diphu	Diphu	1981
7. Umpanai Block PHC	Amri	Umpanai	Hamren	Baithalangso	1969
8. Zirikindeng Block PHC	Socheng	Zirikindeng	Hamren	Baithalangso	1980
9. Balipathar (Mini PHC)	Bokajan	Balipathar	Bokajan	Bokajan	29.5.94
10. Borlangpher (New PHC)	Lumbajong	Borlangpher	Diphu	Diphu	10.10.75
11. Centre Bazar (New PHC)	Samelangso	Centre Bazar	Diphu	Howraghat	21.10.93
12. Dhansiri (New PHC)	Lumbajong	Dhansiri	Diphu	Diphu	1985
13. Dengaon (Mini PHC)	Samelangso	Dengaon	Diphu	Howraghat	26.2.92

1	2	3	4	5	6
14. Dolamara (New PHC)	Nilip	Dolamara	Bokajan	Bokajan	1977-78
15. Deithor (New PHC)	Nilip	Deithor	Bokajan	Bokajan	
16. Dokmoka (New PHC)	Samelangso	Dokmoka	Diphu	Howraghat	4.7.97
17. Langhin (Mini PHC)	Samelangso	Langhin	Diphu	Howraghat	24.5.93
18 Ouguri (New PHC)	Amri	Ouguri	Hamren	Baithalangso	1988-89
19. Putsari (New PHC)	Amri	Putsari	Hamren	Baithalangso	7.9.89
20. Phuloni (New PHC)	Samelangso	Phuloni	Diphu	Howraghat	1998
21. Rongchek (New PHC)	Chinthong	Rongchek	Hamren	Baithalangso	1985-86
22. Rajapathar (New PHC)	Howraghat	Rajapathar	Diphu	Howraghat	1979-80
23. Rongpangbong (New PHC)	Chinthong	Rongpangbong	Hamren	Baithalangso	1.9.89
24. Taradubi (New PHC)	Rongkhang	Taradubi	Hamren	Baithalangso	
25. Rongmongve (New PHC)	Rongmongve	Rongmongve	Bokajan	Bokajan	1984-85
E. Subsidiary Health Centre – 7 Nos.					
1. Balijuri S.H.C.	Rongmongve	Balijuri	Bokajan	Bokajan	1983-84
2. Hawaipur S.H.C.	Rongkhang	Hawaipur	Hamren	Baithalangso	1979-80
3. Kheroni S.H.C.	Rongkhang	Kheroni	Hamren	Baithalangso	1982-83
4. Mohendijua S.H.C.	Lumbajong	Manja	Diphu	Howraghat	
5. Okreng S.H.C.	Howraghat	Howraghat	Diphu	Diphu	29.4.85
6. Tekelangjun S.H.C.	Samelangso	Samelangso	Diphu	Howraghat	26.7.91
7. Tumpreng S.H.C.	Rongkhang	Tumpreng	Hamren	Baithalangso	1982-83
F. Medical Sub-centre – 9 Nos.					
1. Hidipi M.S.C.	Bokajan	Hidipi	Bokajan	Bokajan	
2. Tinglijan M.S.C.	Bokajan	Tinglijan	Bokajan	Bokajan	1979-80
3. Manikpur (Langhin) M.S.C.	Howraghat	Langhin	Diphu	Howraghat	
4. Sildubi M.S.C.	Amri	Sildubi	Hamren	Baithalangso	
5. Langlokso M.S.C.	Samelangso	Langlokso	Diphu	Howraghat	29.11.77
6. Parkup Pahar M.S.C.	Samelangso	Parkup Pahar	Hamren	Baithalangso	29.11.77
7. Hongkram Kathar Bungalow M.S.C.	Rongkhang	Hongkram	Hamren	Baithalangso	1979-80
8. Dikisir M.S.C.	Socheng	Dikisir	Diphu	Howraghat	
9. Rongmandu M.S.C.	Rongkhang	Rongmandu	Hamren	Baithalangso	29.11.77

Source : Office of the Joint Director of Health Services, Karbi Anglong, Diphu.

TABLE IV.2

List of functioning F.W. Sub-centres under Govt. Building and Rented House

Name of Block PHC	Name of Sub-centre in Govt. Building	Name of Sub-centre in Rented House
1	2	3
Manja Block PHC	1. Mohendijua 2. Disobai 3. Dhansiri 4. Doldoli 5. Rongapahar 6. Borlangfer 7. Langsoliet 8. Taralangso	1. Sotalangfer 2. Upper Hapjan 3. Upper Dilaji 4. Tissom Gaon 5. Rongkhelan 6. Geeta Nagar 7. 8 KM Lumding Road 8. Kherbari
Bokajan Block PHC	1. Upper Deopani 2. Deopani 3. Barpathar 4. Senso Bey Gaon 5. Sarihajan 6. Safapani 7. Gharialdubi 8. Bornoria Ronghang Gaon 9. Santipur 10. Bormoria Mouzadar Gaon	1. Khotkhoti 2. Longkather (Kera Gaon) 3. Mora Kordoiguri 4. Dilawjan 5. Mohkhuti 6. Amarajan Garampani
Chowkihola Block PHC	1. Mera Bheti 2. Dirring 3. Koilamati 4. Rongagora 5. Silimkhowa 6. Kaliveti 7. Deithor 8. Dolamara 9. Rongmongwe	1. Deopani Balijuri
Baithalangso Block PHC	1. Rongchek 2. Badong 3. Punja Borpathar 4. Voksong 5. Borkok	1. Tikka

1	2	3
Howraghat Block PHC	1. Uttar Borbil 2. Parakhowa 3. Sildharampur 4. Virvar 5. Kunjuk Athoi 6. Palam Engti 7. Donghap 8. Langsomepi 9. Phonglokpet 10. Ghorajan 11. Centre Bazar 12. Tekelanjun 13. Bheloghat 14. Dighali Majgaon 15. Jaipong 16. Samaguri 17. Panditghat 18. Cherakani 19. Basa Tiplong 20. Kasojan 21. Samelangso	1. Hanbuka 2. Borganga Kehai Terang 3. Padum Pukhuri 4. Hatipura 5. Hidibonglong 6. Amoni 7. Dumukhi Jaljuri 8. Phongbrik 9. Habe Kro 10. Pachim Sunpura
Umpanai Block PHC	1. Umpanai 2. Umsowai 3. Ulukunchi 4. Ouguri	1. Umlapher
Donamokam Block PHC	1. Jengkha 2. Borthol 3. Mailoo 4. Taradubi 5. Hanlokrok	1. Satgaon 2. Hawaipur 3. Bithung Rongthema 4. Langchithing 5. Doyangmukh

Total sanctioning FW Sub-centre = 136

Total functioning FW Sub-centre = 94 (Upto February, 2005)

(a) In Govt. Building = 62

(b) Rented House = 32

The staff pattern in the medical institutions located in the district of Karbi Anglong is shown in Table IV. 3. It is evident from the table that there are as many as 94 posts lying vacant under various categories. Out of the total number of 134 posts of allopathic doctors, 65 posts are still lying vacant. Under the categories Pharmacist, Laboratory Technician and Staff Nurse the number of vacant posts is 14, 1 and 14 respectively. Unless the posts are filled in, the people of the district will not be able to derive maximum benefit out of the medical institutions.

Table IV.4 indicates the number of indoor and outdoor patients treated and surgical operations performed in various medicare institutions in the district for 2003-04 and 2004-05. The table reveals that the number of patients treated and surgical operations performed during 2004-05 is increasing. Therefore, it may be said that the people do not hesitate to visit the medical institutions for treatment of diseases. Table IV.5 shows the number of beds, indoor and outdoor patients treated and surgical operations performed in the Diphu Civil Hospital, Diphu. It is found that the number of beds available in the hospital is 200. The total number of indoor patients treated during 2004-05 (1091) is more or less same with that of patients treated during 2003-04 (1100). But the number of outdoor patients treated during 2004-05 is 94600 against 82005 during 2003-04. The number of surgical operations performed is 342 in 2003-04 and 431 in 2004-05. It is to be noted that surgical operations are performed in Diphu Civil Hospital only.

Annual deaths from selected causes in the district of Karbi Anglong is shown in Table IV.6. It is evident from the table that respiratory diseases, child birth, malaria and fever are the major causes of death. During the period of 2003-04 as many as 21 patients died due to tuberculosis. On the other hand, only 9 patients died as a result of TB during the period 2004-05.

Measures adopted under various programmes viz., Health Education, School Health Services, Registration of Birth and Death, Leprosy Control, Goitre and Malaria are shown in Table IV.7. It is seen that a good number of Health Check-up and Health Education Camps have been organised to generate awareness among the people. Moreover, Health Education posters, leaflets and booklets have been distributed among them. Similarly, the programme School Health Services covers the examination of health of students. The prevalence rate of leprosy per ten thousand shows a decreasing trend from 0.83 in 2003-04 to 0.68 in 2004-05. However, the number of deaths due to malaria has increased from 18 (2003-04) to 34 (2004-05).

The performance of Family Welfare Bureau in the district is furnished in Table IV.8. The table indicates that the number of persons availing the benefits under the schemes 'Nirodh users' and 'M.T.P.' is decreasing during the period 2004-05. But the number of people has considerably increased under the schemes 'Cop-T', 'Sterilization' (Tubectomy) and 'Oral pill users'.

TABLE IV.3

Staff Pattern in the medical institutions of Karbi Anglong

Staff Pattern	Existing Staff	Vacant Posts	Total Posts
1	*2*	*3*	*4*
1. Allopathic Doctor	69	65	134
2. Ayurvedic Doctor	16	-	16
3. A.N.M	68	-	68
4. Pharmacist	55	14	69
5. Lab. Tech	47	1	48
6. N.M.A	73	-	73
7. Staff Nurse	74	14	88
8. Radiographer	7	-	7
9. Vaccinator	24	-	24
10. Dresser	11	-	11
11. Sanitary Inspector	11	-	11
12. Health Assistant	9	-	9
13. Rural Health Inspector	7	-	7
14. L.D.A.	31	-	31
15. U.D.A.	15	-	15
16. Computor	1	-	1
17. Stock Keeper	2	-	2
18. Driver	24	-	24
19. B.E.E.			
20. S.W.	74	-	74
21. Dhai	2	-	2
22. W.P.O	1	-	1
23. Ward Boy	20		
24. Ward Girl	11		
25. Peon	18		
26. Chowkidar	23		
27. Sweeper	32		
28. Others	252		

TABLE IV.4

No. of indoor and outdoor patients treated and surgical operation in Karbi Anglong

Year	No. of indoor patients treated		No. of outdoor patients treated		No. of surgical operations
	M	F	M	F	
1	2	3	4	5	6
2003-04	852	840	82472	83308	342
2004-05	2328	1979	109173	107074	431

TABLE IV. 5

No. of beds, indoor and outdoor patients treated and surgical operation in Diphu Civil Hospital

Name of the Hospital	Year	No. of beds	Category				
			No. of indoor patients treated		No. of outdoor patients treated		No. of surgical operation
			M	F	M	F	
1	2	3	4	5	6	7	8
Diphu Civil Hospital	2003-04	200	587	513	40587	41418	342
	2004-05	200	608	483	48286	46314	431

Sl. No.	Causes of death	No. of annual deaths	
		2003-04	2004-05
1	*2*	*3*	*4*
1	Cholera	NIL	NIL
2	Fever	16	18
3	Small pox	NIL	NIL
4	Dysentery	1	1
5	Diarrhoea	2	5
6	Respiratory diseases	81	80
7	Child birth	34	33
8	Malaria	23	33
9	*Kala Azar*	NIL	NIL
10	T.B.	21	9
11	Snake bite	NIL	NIL
12	Any other diseases	93	107

Sl. No.	Programme	Measures adopted during	
		2003-04	2004-05
1	*2*	*3*	*4*
1	Control of Blindness		
	a) Cataract		
	b) Glaucoma		
	c) Trachoma		
	a) Vitamin 'A' Deficiency		
	b) Injury		
	c) Infection and injury		
	d) Refractive errors		
	e) Others		
2	Health Education		
	a) No. of Health Check-up held	20 Nos.	12 Nos.
	b) No. of Health Education Camp held	20 Nos.	12 Nos.
	c) No. of Health Education Poster distributed	23450 Nos	26550 Nos.
	d) No. of Health Education leaflet distributed	23450 Nos.	26550 Nos.
	e) No. of Health Education booklet distributed	554 Nos.	316 Nos.
	f) No. of Cinema Show on Health Education held	NIL	NIL
	g) No. of Health day observance		
	h) No. of Health week observance		
	i) No. of Health meeting held	58 Nos.	102 Nos.
3	School Health Services		
	a) Total student population of school covered during the year under different Health Institutions	4585 Nos.	4275 Nos.
	b) Total no. of new cases (Students examined)	889 Nos.	1529 Nos.
	c) Total no. of students found defective	136 Nos.	107 Nos.
	d) No. of students referred to various Hospitals / Referral Institutions	11 Nos.	40 Nos.
	e) No. of old cases flow up	17 Nos.	37 Nos.
4	Registration of Birth and Death		
	a) Birth	10079 Nos.	1600 Nos.
	b) Death	1571 Nos.	102 Nos.

1	2	3	4
5	Leprosy Control		
	a) New detected cases	51 Nos.	56 Nos.
	b) Total discharged cases	82 Nos.	68 Nos.
	c) Total remaining cases and treated as on 31st March	70 Nos.	58 Nos.
	d) Gr.II deformity cases during the year	NIL	2 Nos.
	e) S.T. cases detected	39 Nos.	29 Nos.
	f) S.C. cases detected	8 Nos.	9 Nos.
	g) Prevalence rate	0.83 / 10000	0.68 / 10000
	h) Estimated population	840669	855213
6	Goiter	NIL	NIL
7	Malaria - National Health Programme		
	a) Population (as per Malaria survey)	807818	817593
	b) Active blood slide collection and examination	70658	76213
	c) Mass and control blood slide collection and examination	2117	6589
	d) Passive blood slide collection and examination	96085	82737
	e) No. of F.T.D. (Fever treatment depot) functioning	80	96
	f) No. of D.D.C. (Drug Distribution Centre) functioning	761	810
	g) Positive case		
	P.V. case 0 – 1 yr	93	63
	1 – 5 yrs	291	220
	5 – 15 yrs	659	414
	15 +	1220	755
	P.F. case 0 – 1 yr	417	524
	1 – 5 yrs	1515	2088
	5 – 15 yrs	3798	3701
	15 +	5491	4998
	h) No. of death due to Malaria	18	34

Month	Period	PERFORMANCE							
		Sterilization				Cop-T	Oral pill users	Nirodh users	M.T.P.
		Vas	Tub	Lap	Total				
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*
April	2003-04	0	01	0	01	57	77	146	83
	2004-05	0	06	0	06	152	84	185	32
May	2003-04	0	01	0	01	102	87	197	202
	2004-05	0	3	0	3	140	80	221	43
June	2003-04	0	03	0	03	86	82	150	125
	2004-05	0	6	0	6	116	58	135	105
July	2003-04	0	4	0	4	121	92	214	110
	2004-05	0	2	0	2	184	104	233	115
Aug	2003-04	0	3	0	3	115	87	190	120
	2004-05	0	2	0	2	164	119	213	94
Sept	2003-04	0	4	0	4	192	99	213	97
	2004-05	0	9	0	9	156	93	120	95
Oct	2003-04	0	2	0	2	216	96	144	41
	2004-05	0	6	0	6	157	108	135	85
Nov	2003-04	0	2	0	2	194	101	210	97
	2004-05	0	4	0	4	153	99	138	71
Dec	2003-04	0	0	0	0	167	105	228	129
	2004-05	0	2	0	2	159	100	123	82
Jan	2003-04	0	2	0	2	205	109	203	128
	2004-05	0	5	0	5	182	105	166	54
Feb	2003-04	0	4	0	4	179	101	210	166
	2004-05	0	4	0	4	190	112	171	76
March	2003-04	0	3	0	3	252	111	212	101
	2004-05	0	3	0	3	200	122	185	98
Total	2003-04	0	29	0	29	1886	1147	2317	1399
	2004-05	0	52	0	52	1953	1184	2025	950

It may be relevantly mentioned here that in order to perform clean and safe delivery of the pregnant women, 340 nos. of village level Dais have been trained under R.C.H. programme since 2001. Again, under this programme 8 nos. of R.C.H. camps (3 in 2002-03 and 5 in 2003-04) have been organized in inaccessible areas of the district. Moreover, 150 nos. of ANM and 38 nos. of Health Workers (Male) have undergone skill development training from 2001 under the said programme.

Table IV.9 shows monthwise delivery, immunization and IFA Tabs. Distribution performance in the district of Karbi Anglong. We come to know from the table that most of the deliveries take place at home with the help of LHV / ANM, trained Dai or untrained persons. For instance, during the period 2004-05, out of the total number of 7316 delivery cases, 1867 (25.52%) and 1845 (25.22%) nos. were performed with the help of LHV / ANM and Trained Dais respectively. The total number of deliveries carried out at home with untrained persons stands at 1724 (23.56%). In other words, it may be said that out of 7316 delivery cases, 5436 (74.30%) have taken place at home. On the other hand, the number of cases performed in the medical institutions of the district is 1880 (25.70%) only. Again, the Office of the Additional Chief Medical & Health Officer (Family Welfare), Diphu has made necessary provisions for giving Tetanus Oxoid to 24,685 nos. and IFA Tabs., including prophylactic and therapeutics to 24,655 nos. during the period 2004-05.

The monthwise immunization performance for two consecutive periods viz., 2003-04 and 2004-05 in the district of Karbi Anglong is shown in Table IV. 10 which reveals the performance under the items BCG, OPV, DPT, Measles, Vit-A and TT etc. It has been found that out of the total number of 1,92,517 children, 14,139 (7.34%), 41,539 (21.58%) and 41,522 (21.57%) nos. have received BCG, OPV and DPT respectively. Again, 12,128 (6.30%) children have been provided with measles. 9,702 (5.04%) have received OPV Boosters while 9,710 (5.04%) have received DPT Boosters. The total number of beneficiaries under the item Vit-A is 16,183 (8.41%). On the other hand, the highest number of beneficiaries with a total of 47,594 (24.72%) is seen under the item TT. If we look at the immunization performance during the period 2003-04, we will find that out of 1,73,499 children, 13571 (7.82%) and 34,788 (20.05%) have availed benefits under the items BCG and OPV respectively. The item DPT includes maximum number of children with a total of 49,328 (28.43%) followed by 48,959 (28.22%) under the item TT. Again, 10,609 (6.11%), 7561 (4.36%) and 8683 (5%) have derived benefits under the items Measles, OPV Booster and DPT Booster respectively. However, it may be noted that the performance under the item Vit-A was nil during this period.

TABLE IV. 9

Monthwise Delivery, Immunization and IFA Tabs. Distribution Performance in Karbi Anglong

Sl. No.	Month	Period	ANC Registration	Performance				Total	T.T. (PW)			IFA Tabs.			
				Institutional Delivery	Domiciliary							Prophylactic		Therapeutics	
					LHV / ANM	Trained Dai	Untrained & Others		i	ii	B	Initial	Complicated	Initial	Complicated
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	April	2003-04	1081	158	153	142	122	575	840	598	241	852	525	153	142
		2004-05	1220	155	129	153	124	561	909	747	311	951	684	269	200
2	May	2003-04	1189	137	157	129	111	534	907	693	282	911	555	266	211
		2004-05	1259	161	151	157	124	593	962	770	297	956	696	303	219
3	June	2003-04	1166	173	134	151	131	589	881	714	285	859	585	211	195
		2004-05	1133	131	156	134	126	547	862	692	271	896	619	236	180
4	July	2003-04	1204	150	159	156	120	585	907	745	297	909	698	295	191
		2004-05	1362	227	170	159	128	684	1040	860	322	1090	688	271	106
5	August	2003-04	1115	115	143	155	134	547	875	680	240	921	682	178	156
		2004-05	1247	171	114	170	162	617	947	753	300	957	646	267	120
6	Sept	2003-04	1147	206	142	143	131	622	825	802	322	891	674	254	167
		2004-05	1176	165	146	114	102	527	887	723	289	858	707	394	244
7	Oct	2003-04	1037	186	134	142	123	585	746	645	276	853	608	184	124
		2004-05	1283	182	136	146	150	614	966	790	317	961	755	325	187
8	Nov	2003-04	1165	159	156	134	158	607	864	715	301	959	623	192	185
		2004-05	1302	194	95	136	173	598	1007	867	295	992	652	310	162
9	Dec	2003-04	1122	151	153	156	141	601	831	687	291	893	642	209	201
		2004-05	776	146	223	95	95	559	606	519	170	683	549	81	77
10	Jan	2003-04	1137	151	154	153	117	575	860	739	277	892	648	214	162
		2004-05	1648	129	163	223	200	715	1229	1116	419	1237	689	403	141
11	Feb	2003-04	1130	154	157	154	154	619	840	729	288	892	551	220	143
		2004-05	1221	86	189	163	184	622	896	771	323	924	528	240	126
12	March	2003-04	1411	145	183	168	155	651	1030	882	381	1151	308	249	162
		2004-05	1521	133	195	195	156	679	1058	931	463	735	786	353	202
Total		2003-04	13904	1885	1783	1825	1597	7090	10406	8629	3481	10983	7099	2625	2039
		2004-05	15148	1880	1845	1867	1724	7316	11369	9539	3777	11240	7999	3452	1964

Month	Period	BCG	OPV			DPT			Measles	Vit. A	OPV Boost.	DPT Boost.	Vit.A				DT 5 yrs		TT 10 yrs		TT 16 yrs	
			i	ii	iii	i	ii	iii					2	3	4	5	1	2	1	2	1	2
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
April	2003-04	1007	1089	1060	975	1089	11060	975	746		650	650					760	737	568	602	535	633
	2004-05	1232	1223	1173	1082	1223	1173	1082	894	266	780	780	262	84	75	82	613	654	645	599	603	555
May	2003-04	990	1066	1013	982	1066	1013	982	800		578	578					561	842	475	651	476	770
	2004-05	1203	1222	1144	1072	1222	1144	1072	844	414	761	761	242	98	64	57	688	703	657	600	618	595
June	2003-04	1162	1253	1076	1073	1253	1076	1073	919		717	717					744	771	676	566	734	705
	2004-05	953	1050	1045	932	1050	1045	932	777	197	707	707	207	60	47	48	648	764	661	592	607	660
July	2003-04	1120	1157	1188	1119	1157	1188	1119	969		911	911					873	824	685	732	763	738
	2004-05	1192	1244	1149	1229	1244	1149	1229	1019	380	860	860	341	65	102	92	686	974	635	723	587	820
Aug	2003-04	1092	1129	1007	948	1129	1007	948	826		640	640					673	716	689	699	611	663
	2004-05	1187	1177	1109	1084	1177	1109	1084	950	460	787	787	336	90	83	138	773	718	811	633	678	641
Sept	2003-04	1259	299	279	244	890	1009	1003	926		185	740					741	885	670	663	584	738
	2004-05	1029	1027	999	960	1027	999	960	792	312	751	751	448	72	75	68	631	643	590	526	547	558
Oct	2003-04	1090	268	245	249	1114	1056	1052	967		187	754					710	833	556	694	502	582
	2004-05	992	1157	1139	1084	1157	1139	1084	870	530	760	760	510	196	249	146	624	924	483	465	424	465
Nov	2003-04	1229	1196	1086	1031	1196	1086	1031	918		750	750					670	941	534	680	552	626
	2004-05	1134	1300	1163	1114	1300	1163	1114	1038	586	801	801	439	212	159	131	709	812	690	763	674	643
Dec	2003-04	996	1075	1066	949	1075	1066	949	769		637	637					693	770	618	627	595	607
	2004-05	754	879	786	718	859	784	718	638	241	528	528	176	87	48	34	517	392	517	322	909	337
Jan	2003-04	1037	1249	1117	1111	1249	1117	1111	872		739	739					816	650	711	577	703	562
	2004-05	1619	1622	1509	1392	1622	1509	1392	1204	995	1087	1087	680	297	287	178	718	1001	758	944	703	864
Feb	2003-04	1023	1118	1075	986	1118	1075	986	802		691	691					722	681	602	590	559	570
	2004-05	1391	1298	1278	1103	1303	1278	1103	993	534	879	879	452	188	151	172	686	898	641	713	617	588
Mar	2003-04	1566	1440	1268	1302	1440	1268	1302	1095		876	876					896	812	861	761	726	717
	2004-05	1453	1453	1363	1260	1453	1363	1260	2109	2109	1001	1009	521	290	257	118	739	804	748	829	599	738
Total	2003-04	13571	12339	11480	10969	13776	23021	12531	10609		7561	8683					8859	9462	7645	7742	7340	7911
	2004-05	14139	14652	13857	13030	14637	13855	13030	12128	6970	9702	9710	4614	1739	1597	1263	8032	9287	7936	7709	7166	7464

In this context it is considered necessary to highlight some activities carried out under the Integrated Child Development Services (ICDS) scheme. The ICDS is a centrally sponsored scheme with the package of services like Supplementary Nutrition, Immunization, Health Check-up and Non-Formal Education etc. The overall administration of the scheme is controlled by the Department of Social Welfare. The Programme Officer, ICDS Cell, Diphu implements the scheme with the help of CDPO, ACDPO, Circle Supervisors and Anganwadi workers etc., in the district of Karbi Anglong.

Table IV.11 reflects the project population as per Anganwadi Survey Register (March, 2005). The table shows that the total population of Anganwadis of all age groups in 9 nos. of ICDS Project Blocks is 4,20,966, the males and females being 2,22,137 and 1,98,829 respectively. In the age group '0-6' yrs the total number of children is found to be 77,957. Again, the total number of pregnant women / nursing mothers is 11,976. Moreover, there are 192 cases of live birth and 12 cases of still birth. Eight cases of death are also reported from two Project Blocks. But there is no report of death of any woman during pregnancy and delivery.

The classification of nutritional status along with level of achievement in the ICDS Project Blocks is shown in Table IV.12. It is evident from the table that 4,880 (94.03%) out of 5,190 pregnant women have received SNP for 15 days or more. Again, 5,305 (80.78%) nursing mothers out of the total of 6,567 have received SNP for 15 days or more. The total number of eligible children of the broad age group '6 months - 6 yrs' is worked out to be 68,869 out of which 56,532 (82.09%) have received SNP for 15 days or more. Again, 31,838 and 5,746 children have been measured by weight for age and by colour strip respectively.

Level of achievement in respect of health check-up and referral services is furnished in Table IV.13. The table indicates that as many as 8,998 children of the age group '0-6' yrs have been examined by ANM / DHV / MO and 638 children have been referred to PHC, CHC and Sub-centre for further treatment. Similarly, out of 3,904 pregnant women and nursing mothers examined by the medical experts 626 nos. are referred to PHC, CHC and Sub-Centre.

Health immunization status in case of pregnant women and children is furnished in Table IV.14. We come to know from the table that 2,193 pregnant women are given Tetanus Toxoid and 20,764 children are given DDP, Polio, DT Booster, Polio Booster and DT etc., on the basis of the age groups '0-1' yr, '1-3' yrs and '3-6' yrs.

Thus, we find that efforts are being made to execute the package of services for the benefit of the children belonging to the age group '0-6' yrs and nursing mothers living below the poverty line.

TABLE - IV. 11

ICDS Project population in reporting Anganwadis as per Anganwadi Survey Register (March, 2005)

Sl. No.	ICDS Project Block	No. of pregnant women / nursing mother	Total population of Anganwadis (of all age groups)		Children				Reported Birth & Death			
			Male	Female	Below 6 months	6 months to 1 year	1 year to 3 years	3 years to 6 years	Children			Death of women during pregnancy and delivery
									Live birth	Still birth	Death	
1	2	3	4	5	6	7	8	9	10	11	12	13
1	Lumbajong	823	21890	20986	455	915	1654	2263	35	-	-	-
2	Rongkhang	3351	44264	36265	1980	2729	5639	8824	16	2	-	-
3	Howraghat	2210	57528	52711	1188	3565	5829	8761	38	-	-	-
4	Bokajan	1061	23592	23600	637	1398	2022	3001	35	9	-	-
5	Nilip	1260	28000	27000	-	1300	1400	2450	18	-	4	-
6	Socheng	480	2609	2368	308	493	465	729	3	1	-	-
7	Chinthong	612	3920	2720	307	970	1224	2193	13	-	-	-
8	Amri	1034	14100	6434	940	1880	2350	1645	-	-	-	-
9	Rongmongwe & Samelangso	1145	26234	26745	672	1648	2375	3748	34	-	4	-
Total in Karbi Anglong		11976	222137	198829	6487	14898	22958	33614	192	12	8	-

TABLE - IV. 12

Supplementary Nutrition in all reporting Anganwadis / Classification of Nutritional Status : Level of Achievement (March, 2005)

ICDS Project Block	Pregnant Women (No. in 000s)		Nursing mother		Children 6 m – 3 yrs		Children 3 yrs to 6 yrs		No. weighed	By weight for age					By colour strip			
	No. of eligible women	No. of women receiving SNP for 15 days or more	No. of eligible mothers	No. of mothers receiving SNP for 15 days or more	No. of eligible children	No. of children receiving SNP for 15 days or more	No. of eligible children	No. of children receiving SNP for 15 days or more		No. with normal	No. in Gr.I	No. in Gr.II	No. in Gr III	No. in Gr IV	No. mea-sured	No. in green zone	No. in yellow zone	No. in red zone
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Lumbajong	359	359	437	437	2545	2545	2168	2168	763	416	322	25	-	-	141	111	30	-
Rongkhang	1317	1110	1980	1110	8269	4440	8824	4440	8195	6287	1883	20	5	-	-	-	-	-
Howraghat	1022	982	1188	1043	9394	8222	8761	8074	7622	3096	2908	1618	-	-	-	-	-	-
Bokajan	433	423	589	589	3288	3077	3001	2962	2512	1176	928	347	61	-	-	-	-	-
Nilip	640	610	620	600	2700	2585	2450	2335	4905	1730	1730	755	690	-	3690	2630	1060	-
Socheng	170	170	305	300	958	958	729	732	585	305	197	65	15	3	769	324	444	1
Chinthong	306	306	306	306	2193	1862	2193	1989	1755	1709	41	05	-	-	1146	1112	34	-
Amri	470	470	470	470	2820	2820	940	940	4797	2401	1199	717	480	-	-	-	-	-
Rongmongwe & Samelangso	473	450	672	450	3896	2783	3740	3600	704	271	219	204	10	-	-	-	-	
Total	5190	4880	6567	5305	36063	29292	32806	27240	31838	17391	9427	3756	1261	3	5746	4177	1568	1

TABLE – IV. 13

Health Check-up and Referral Services : Level of Achievement (March, 2005)

Sl. No.	ICDS Project Block	Health Check-up by ANM/DHV/MO (No. of Persons)				Referral Services					
		Children		Pregnant women	Nursing mothers	No. of children referred to			No. of mothers referred to		
		0 – 3 yrs	3 – 6 yrs			PHC	CHC	Sub-centre	PHC	CHC	Sub-centre
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*
1	Lumbajong	307	930	122	239	34	-	19	23	-	10
2	Rongkhang	321	312	239	207	-	-	-	-	-	-
3	Howraghat	254	262	229	218	164	160	244	211	122	238
4	Bokajan	271	224	150	157	-	-	-	-	-	-
5	Nilip	2250	2200	610	600	-	-	-	-	-	-
6	Socheng	216	280	37	30	-	-	-	-	-	-
7	Chinthong	328	278	271	217	-	-	-	-	-	-
8	Amri	-	-	-	-	-	-	-	-	-	-
9	Rongmongwe & Samelangso	235	330	310	268	10	-	07	13	-	09
Total		4182	4816	1968	1936	208	160	270	247	122	257

TABLE – IV. 14

Health Immunization Status (March, 2005)

Sl. No.	ICDS Project Block	Pregnant women given T.T.		Children											
				0-1 year					1-3 years			3-6 years			
						DDP			POLIO			DT	POLIO	DT	
				BCG	Measles	1st dose	2nd dose	3rd dose	1st dose	2nd dose	3rd dose	Booster	Booster	1st dose	2nd dose
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	Lumbajong	34	35	51	48	81	48	41	62	60	60	67	273	112	54
2	Rongkhang	139	116	246	150	225	197	160	225	197	160	96	96	24	46
3	Howraghat	166	157	194	205	153	124	119	153	124	119	37	30	25	27
4	Bokajan	105	98	124	113	141	143	127	141	143	127	240	-	95	96
5	Nilip	610	-	-	-	1230	1180	1150	1230	1180	1150	1150	1150	1700	1550
6	Socheng	85	65	17	14	13	132	75	125	117	-	65	74	73	17
7	Chinthong	64	53	44	37	29	31	29	29	31	29	-	-	-	-
8	Amri	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9	Rongmongwe & Samelangso	248	218	135	112	145	132	113	214	198	175	75	98	64	73
Total		1451	742	811	679	2017	1987	1814	2179	2050	1820	1730	1721	2093	1863

CHAPTER FIVE

INFRASTRUCTURE FACILITIES, DEMOGRAPHY AND ECONOMY

The total number of villages surveyed for the present study is 62 out of which 32 (51.61%) are situated in plains areas while 23 (37.10%) are located on undulating surface. Moreover, there are 7 (37.10%) villages established on hillocks.

TRANSPORT & COMMUNICATION FACILITIES :

According to the field investigation the number of villages located within '0-2' km and '3-5' km from the nearest motorable road is 48 (77.42%) and 11 (17.74%) respectively. The remaining 3 (4.84%) villages are located at a distance of '6 km & Above' from the motorable road. It is, therefore, seen that most of the villages are suitably located from the nearest motorable road. However, it is to be noted that bus services are limited in number and some of the roads are devoid of proper maintenance. The distance of the villages from the nearest motorable road is furnished in Table V.1. So far as the condition of the road to the respective village from the nearest motorable road is concerned, it may be mentioned here that out of 62 villages, 2 (3.22%) and 18 (29.03%) have black topped and gravelled road respectively. 19 (30.65%) have *katcha* all weather motorable road while 16 (25.81%) have *katcha* fair weather motorable road. On the other hand, people from 7 (11.29%) villages have to move on foot tract in order to reach the nearest motorable road.

The people of the surveyed villages cannot derive much benefit from the railway facilities. It has been found that only 14 (22.58%) villages are located at a distance of '0-15' km from the nearest railway station. Again, there are 17 (27.42%) villages situated at a distance of '16-31' km from the railway station. Moreover, the people from 31 (50%) villages have to move '32 km & Above' to arrive at the nearest railway station. Table V.2 shows the distance of the villages from the nearest railway station.

The field investigation reveals that out of the total number of 62 villages, 17 (27.42%) and 30 (48.39%) are located at a distance of '0-15' km from the Revenue Office and Block H.Q. respectively. On the other hand, the location of 22 (35.48%) villages at a distance of '16-31' km from both the Revenue Office and Block H.Q. is observed. But 23 (37.10%) and 10 (16.13%) villages are situated in the range of '32 km & Above' from the Revenue Office and Block H.Q. respectively. Thus, it is seen that location of the surveyed villages from the Block H.Q. is in an advantageous position in comparison to that of the Revenue Office. Table V.3 reveals the distance of the villages from the Revenue Office and Block H.Q.

TABLE V.1

Distance of the villages from the nearest motorable road

Sl. No.	Distance (in km)	No. of villages	Percentage
1	*2*	*3*	*4*
1	0-2	48	77.42
2	3-5	11	17.74
3	6 km & Above	3	4.84
	Total	62	100%

TABLE V.2

Distance of the villages from the nearest railway station

Sl. No.	Distance (in km)	No. of villages	Percentage
1	*2*	*3*	*4*
1	0-15	14	22.58
2	16-31	17	27.42
3	32 km & Above	31	50.00
	Total	62	100%

TABLE V.3

Distance of the villages from the Revenue Office and Block H.Q.

Sl. No.	Distance (in km)	No. of villages		Percentage	
		Revenue Office	Block H.Q.	Revenue Office	Block H.Q.
1	*2*	*3*	*4*	*5*	*6*
1	0-15	17	30	27.42	48.39
2	16-31	22	22	35.48	35.48
3	32 km & Above	23	10	37.10	16.13
	Total	62	62	100%	100%

The total number of villages located at a distance of '0-25' km from the Subdivisional and District Headquarters is found to be 16 (25.81%) and 6 (9.68%) respectively. Again, there are 21 (33.87%) villages situated in the range of '26-51' km from the Subdivisional H.Q. against 6 (9.68%) villages in the same range from the District H.Q. Moreover, 13 (20.97%) and 8 (12.90%) villages are located in the category of '52-77' km from the Subdivisional and District Headquarters respectively. On the other hand, 12 (19.35%) villages are found at a distance of '78 km & Above' from the Subdivisional H.Q. while 42 (67.74%) villages are located in the same range from the District H.Q. This indicates that most of the villages are conveniently located from the Subdivisional H.Q. The distance of the villages from the Subdivisional and District H.Q. is furnished in Table V.4.

POST & TELEGRAPH FACILITIES :

The location of the post offices within a comfortable distance from most of the villages in comparison to that of the telegraph offices has helped the people to derive much more benefit from the post offices. Table V.5 indicates the approximate distance of the villages from the nearest post and telegraph office. From the table we come to know that as many as 58 (93.55%) villages are located at a distance of '0-10' km from the nearest post office while 8 (12.90%) villages are located from the nearest telegraph office in the same range. Again, in the range of '11-21' km we find 1 (1.61%) and 10 (16.13%) villages from the post office and telegraph office respectively. On the contrary, 3 (4.84%) villages are located at a distance of '22 km & Above' from the post office while 44 (70.97%) villages are located in the same range from the telegraph office. In this context it may be pointed out here that as a means of mass communication radio is available in all the surveyed villages. Television is found in 51 (82.26%) while circulation of newspaper is found in 31 (50%) villages. Again, telephone services are available in 4 (6.45%) villages only.

MEDICARE FACILITIES :

With regard to the medicare facilities available in and around the surveyed villages it may be said that 3 (4.84%), 10 (16.13%), 20 (32.26%), 3 (4.84%), 7 (11.29%) and 8 (12.90%) villages are located at a distance of '0-5' km from the nearest Civil Hospital, Rural Hospital, PHC, S/D, SHC and MSC respectively. Again, in the category of '6-11' km, we find the location of 2 (3.23%) villages under PHC and 1 (1.61%) village each under S/D and SHC. Moreover, there are 1 (1.61%), 4 (6.45%) and 2 (3.23%) villages situated at a distance of '12 km & Above' from the nearest Civil Hospital, PHC and SHC respectively. It may be mentioned here that the people of the surveyed villages can derive benefits from the private medical practitioners also. It has been found that 50

TABLE V.4

Distance of the villages from the Subdivisional and District H.Q.

Sl. No.	Distance (in km)	No. of villages		Percentage	
		Subdivisional H.Q.	District H.Q.	Subdivisional H.Q.	District H.Q.
1	*2*	*3*	*4*	*5*	*6*
1	0-25	16	6	25.81	9.68
2	26-51	21	6	33.87	9.68
3	52-77	13	8	20.97	12.90
4	78 km & Above	12	42	19.35	67.74
	Total	62	62	100%	100%

TABLE V.5

Distance of the villages from the nearest Post & Telegraph Office

Sl. No.	Distance (in km)	Post Office		Telegraph Office	
		No. of villages	Percentage	No. of villages	Percentage
1	*2*	*3*	*4*	*5*	*6*
1	0-10	58	93.55	8	12.90
2	11-21	1	1.61	10	16.13
3	22 km & Above	3	4.84	44	70.97
	Total	62	100%	62	100%

(80.65%) villages are located at a distance of '0-5' km from the nearest private medical practitioners. Out of the remaining twelve villages, 7 (11.29%) and 5 (8.06%) are situated in the range of '6-11' km and '12 km & Above' from the private medical practitioners respectively. Table V.6 shows the distance of the villages from the nearest medical institution.

MARKETING & BANKING FACILITIES :

Out of the total number of 62 villages, 45 (72.58%) and 40 (64.52%) are located at a distance of '0-5' km from the nearest daily / bi-weekly / weekly markets and bank branches respectively. Again, it is seen that in the range of '6-11' km the number of villages is 10 (16.13%) from the nearest market and 14 (22.58%) from the nearest bank. The total number of villages located at a distance of '12 km & Above' is found to be 7 (11.29%) from the nearest market and 8 (12.90%) from the nearest bank. In Table V.7 the distance of the surveyed villages from the nearest market and bank is furnished.

SOURCES OF DRINKING WATER :

The people of the surveyed villages are found to be dependent mainly on *katcha* or *pucca* well and tubewell for drinking water. According to the field investigation, the people of 49 (79.03%) and 34 (54.84%) villages use water from well and tubewell respectively. The people of 12 (19.35%) villages fetch water from the nearby river. Similarly, stream water is used by the people of 11 (17.74%) villages. Ten (16.13%) villages have ponds. Tap water facilities are available in 8 (12.90%) villages only. It may be noted here that most of the people are not aware of scientific treatment of water except the traditional method of filtration as a result of which the people are likely to suffer from water-borne diseases.

ELECTRICITY :

Only 36 (58.06%) villages out of the total number of 62 have been provided with electricity by the concerned authority. The people of these villages use it for household consumption only. However, it may not be out of place to mention here that erratic power supply is a major problem not only for the surveyed villages but also for the district as a whole.

TABLE V.6

Distance of the villages from the nearest medical institution

Sl. No.	Distance(in km)	No. of villages from the nearest					
		C.H.	R.H.	PHC	S/D	SHC	MSC
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*
1	0-5	3	10	20	3	7	8
2	6-11	-		2	1	1	
3	12 km & Above	1		4		2	
Total		4	10	26	4	10	8

TABLE V.7

Distance of the villages from the nearest Market and Bank

Sl. No.	Distance (in km)	Market		Bank	
		No. of villages	Percentage	No. of villages	Percentage
1	*2*	*3*	*4*	*5*	*6*
1	0-5	45	72.58	40	64.52
2	6-11	10	16.13	14	22.58
3	12 km & Above	7	11.29	8	12.90
Total		62	100%	62	100%

TABLE V.6

Distance of the villages from the nearest medical institution

Sl. No.	Distance(in km)	No. of villages from the nearest					
		C.H.	R.H.	PHC	S/D	SHC	MSC
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*
1	0-5	3	10	20	3	7	8
2	6-11	-		2	1	1	
3	12 km & Above	1		4		2	
Total		4	10	26	4	10	8

TABLE V.7

Distance of the villages from the nearest Market and Bank

Sl. No.	Distance (in km)	Market		Bank	
		No. of villages	Percentage	No. of villages	Percentage
1	*2*	*3*	*4*	*5*	*6*
1	0-5	45	72.58	40	64.52
2	6-11	10	16.13	14	22.58
3	12 km & Above	7	11.29	8	12.90
Total		62	100%	62	100%

DEMOGRAPHIC STRUCTURE :

The study area is inhabited by 1,683 households with a total population of 9,692. The distribution of villages by size of population reveals that 9 (14.52%) villages fall in the category 'Upto 100' while 12 (19.35%) villages fall in the category 'Above 200'. On the other hand, maximum villages numbering 41 (66.13%) are in the category '101-200'.

The distribution of population according to age group in the villages under study is furnished in Table V.8. It is evident from the table that the age groups '0-15' yrs and '61yrs. & Above' include the highest and lowest population numbering 3,495 (36.06%) and 369 (3.81%) respectively. In the age group '16-30' yrs the total population is 3,226 (33.28%) while in the age group '31-45' yrs it is 1,718 (17.73%) only. Again, the age group '46-60' yrs includes 884 persons i.e. 9.12% of the total population. The two age groups '10-15' yrs and '61 yrs & Above' covering 3,864 persons may be considered as dependent age group while the age groups '16-30' yrs, '31-45' yrs and '46-60' yrs covering 5,828 persons may be considered as active age group. We, therefore, find that the active and dependent age groups constitute 60.13% and 39.87% of the total population respectively.

The number of males and females out of the total population of 9,692 is worked out to be 4,919 and 4,773 respectively. The sex-ratio of the total population is 1000 : 970. According to 2001 Census the sex-ratio is 1000 : 926 in Karbi Anglong and 1000 : 935 in Assam. Thus, it is seen that the number of females per 1000 males is much higher than that of the district or state. Moreover, it may be noted here that the female population exceeds the male population in 24 (38.71%) villages.

LITERACY POSITION :

In the surveyed villages the total population in the age group '0-6' yrs consists of 1314, the males and females being 664 and 650 respectively. The total number of literates excluding the population of this age group is found to be 5,581 (66.61%) out of which the male literates are 3,073 (72.22%) while the female literates are 2,508 (60.83%). Table V.9 indicates the number of literates in the selected villages. The percentage of literacy in Karbi Anglong district as per 2001 Census is 57.70. The male literacy rate is 67.2% while the female literacy rate is 47.3%. This reveals that the percentage of literacy in the surveyed villages is higher than that of the district. So far as educational facilities are concerned, it has been found that as many as 42 (67.74%) villages have been provided with primary schools by the Karbi Anglong Autonomous Council, Diphu. Only twelve (19.35%)

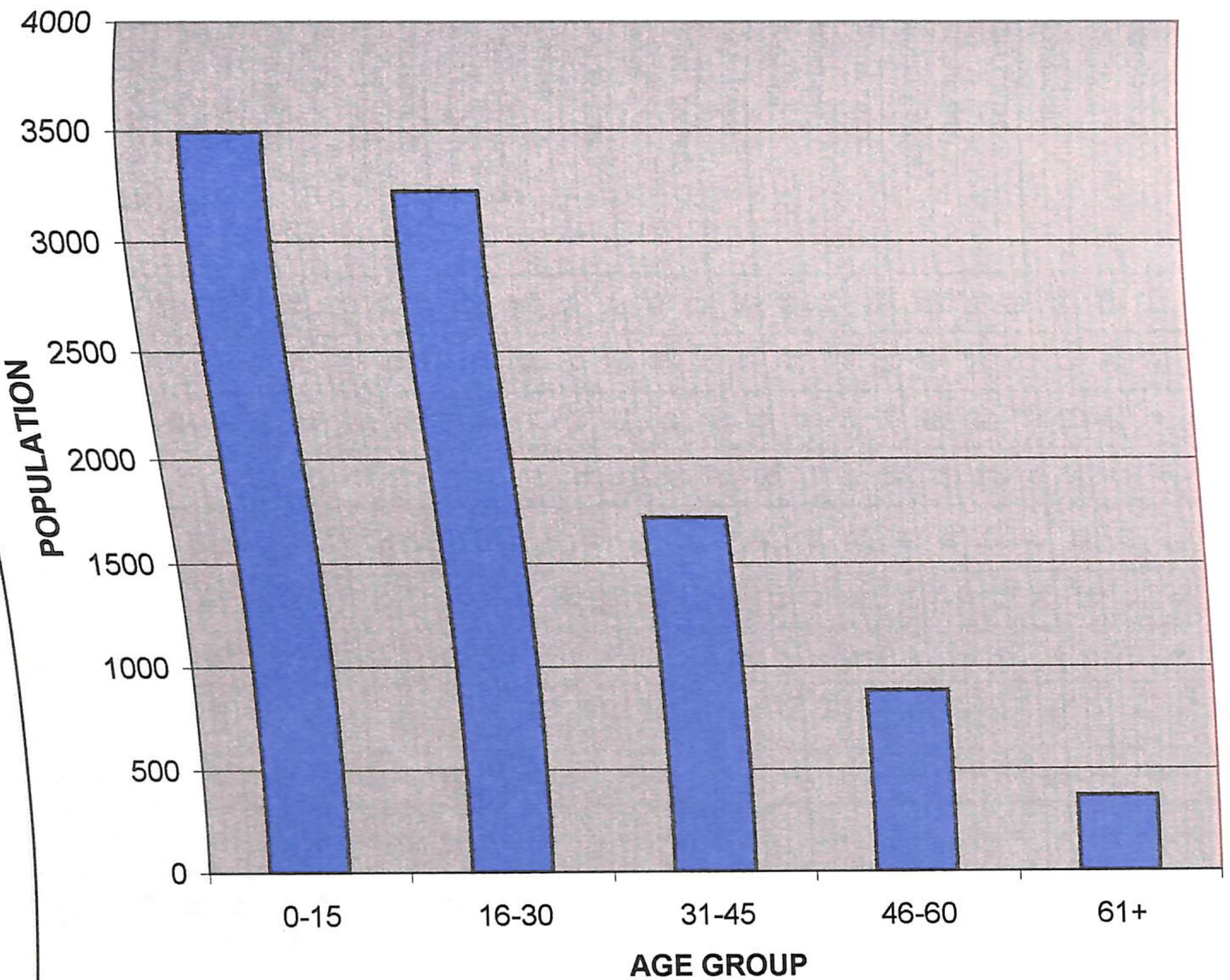

POPULATION ACCORDING TO AGE GROUP IN THE SURVEYED VILLAGES
4000
3500
3000
2500
2000
1500
1000
500
0
POPULATION
0-15
16-30
31-45
46-60
61+
AGE GROUP

TABLE V.8

Distribution of population according to age-group

Sl. No.	Name of the village	Age group 0-15 yrs		16-30 yrs		31-45 yrs		46-60 yrs		61 yrs & above		Total population		
		M	F	M	F	M	F	M	F	M	F	M	F	T
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*	*15*
1	Inglong Cherop	35	51	52	36	27	34	24	11	2	3	140	135	275
2	Sonsing Timung	19	24	22	22	10	9	10	7	1	2	62	64	126
3	Inghinlangso	8	5	5	14	5	8	5	1	-	-	23	28	51
4	Ingpoilangso	14	15	6	8	13	9	1	1	2	1	36	34	70
5	Bormanthi	50	30	25	33	12	15	10	4	1	4	98	86	184
6	Hurumanthi	39	27	34	29	18	22	6	1	4	2	101	81	182
7	Sotat Hanse	30	33	21	22	13	16	7	8	3	3	74	82	156
8	Rupsing Bey	27	29	28	25	13	14	5	3	3	8	76	79	155
9	Pharkong Engti	24	20	26	27	10	12	5	6	9	10	74	75	149
10	Dhenta Engti	23	33	13	20	18	13	4	3	4	5	62	74	136
11	Taralangso	32	30	27	34	21	17	6	3	1	2	87	86	173
12	Borthoiso	36	35	21	24	17	11	2	6	2	2	78	78	156
13	Gorgo Engti	24	17	21	29	12	11	4	3	1	-	62	60	122
14	Mohori Terang	22	27	24	25	12	8	4	7	1	2	63	69	132
15	Lengry	56	56	33	39	25	22	5	9	6	4	125	130	255
16	Long-eh Lobui	31	36	20	27	18	6	9	6	3	5	81	80	161
17	Dilawjan	38	26	21	35	25	20	8	7	8	4	100	92	192
18	Phulbary Dilawjan	8	15	14	15	5	9	3	3	2	1	32	43	75
19	Bura Phangcho	30	32	38	38	13	8	7	9	9	8	97	95	192
20	Bura Kramsa	31	33	19	18	7	10	11	15	9	2	77	78	155
21	Sarthe Ronghang	35	38	26	44	24	13	4	7	4	5	93	107	200
22	Sing Teron	26	15	20	21	13	15	8	10	6	6	73	67	140
23	Lokhiram Tokbi	25	23	29	24	14	15	10	9	3	2	81	73	154
24	Thong Teron	32	16	29	22	22	24	5	4	5	5	93	71	164
25	Sabrasi Kro	22	10	27	39	9	4	11	15	4	2	73	70	143
26	Haberam Rongphar	12	18	44	33	10	6	10	16	3	1	79	74	153
27	Rongnihang	17	18	15	14	11	10	4	8	4	-	51	50	101
28	Terang Arong	26	26	18	21	7	11	8	1	1	-	60	59	119
29	Hidim Teron	16	12	11	13	9	6	2	4	1	-	39	35	74
30	Borjan	35	43	37	43	19	14	11	9	7	3	109	112	221

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
31	Amguri	41	30	22	32	16	19	7	4	2	4	88	89	177
32	Baolagug Gaon	29	17	16	12	21	18	3	2	1	5	70	54	124
33	Putsari Hindu (No.1)	24	27	24	20	9	7	8	8	2	2	67	64	131
34	Lemra (Kramsa Gaon)	15	23	17	20	11	9	3	1	2	-	48	53	101
35	Haroo Engti	19	21	16	16	11	14	8	5	1	3	55	59	114
36	Sar-et Terang	25	21	12	20	14	18	10	7	2	4	63	70	133
37	*Okrap*	31	18	29	26	10	11	9	8	2	1	81	64	145
38	*Ronglangbung*	16	28	41	58	15	17	9	12	6	3	87	118	205
39	*Umpanai*	38	38	32	32	12	11	11	12	4	4	97	97	194
40	Rongchek	41	43	21	23	10	15	12	4	1	3	85	88	173
41	Longki Kro	33	28	26	31	18	5	7	10	2	-	86	74	160
42	Udeng Tisso	39	48	40	37	11	12	11	9	2	-	103	106	209
43	Am-i	8	6	21	18	13	18	9	4	1	1	52	47	99
44	Arting (A)	56	57	31	50	27	24	11	6	4	5	129	142	271
45	Kakoti Ronghang	37	31	38	30	19	16	6	8	6	2	106	87	193
46	Sarmen Hanse	61	54	23	24	15	14	9	10	5	3	113	105	218
47	Kulai Kro	30	14	15	14	19	13	4	7	1	5	69	53	122
48	Hambong Enghi	55	41	40	52	32	26	19	9	3	2	149	130	279
49	Kat Tisso	30	21	20	18	17	16	7	7	1	1	75	63	138
50	Bajin Tokbi	24	20	22	28	8	9	9	7	1	1	64	65	129
51	Baligaon	30	31	41	40	16	14	12	13	6	2	105	100	205
52	Engleng Gaon (Hanlokrok)	26	32	30	26	13	14	4	6	1	1	74	79	153
53	Rongkangtui Terang	13	11	11	18	12	8	11	5	2	1	49	43	92
54	Harlongsora	13	9	13	10	14	17	7	1	1	1	48	38	86
55	Desoi Kro	47	54	32	36	15	15	10	7	3	4	107	116	223
56	Kania Bey	49	39	23	29	19	14	6	7	1	4	98	93	191
57	Hongkram Teron Gaon	41	28	41	45	15	13	10	13	7	2	114	101	215
58	Mojadar Gaon	18	29	25	21	10	12	4	5	1	3	58	70	128
59	Rongmandu	3	3	20	9	8	8	2	3	7	2	40	25	65
60	Sarmen Ronghang	20	10	11	12	7	5	6	5	6	6	50	38	88
61	Men Arong (Menmiji)	30	38	52	43	13	12	10	10	4	1	109	104	213
62	Doloni Teron	34	33	27	24	15	5	3	7	2	2	81	71	152
	Total	1799	1696	1558	1668	897	821	466	418	199	170	4919	4773	9692

TABLE V.9

Number of Literate and Illiterate Persons

Sl. No.	Name of the village	Literate		Illiterate (including 0-6 population)		Total population			0-6 population	
		M	F	M	F	M	F	T	M	F
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*
1	Inglong Cherop	109	91	31	44	140	135	275	11	13
2	Sonsing Timung	26	18	36	46	62	64	126	6	9
3	Inghinlangso	21	24	2	4	23	28	51	-	-
4	Ingpoilangso	24	20	12	14	36	34	70	5	1
5	Bormanthi	67	50	31	36	98	86	184	13	7
6	Hurumanthi	58	41	43	40	101	81	182	18	13
7	Sotat Hanse	47	48	27	34	74	82	156	13	7
8	Rupsing Bey	47	42	29	37	76	79	155	9	10
9	Pharkong Engti	52	41	22	34	74	75	149	5	4
10	Dhenta Engti	42	35	20	39	62	74	136	2	14
11	Taralangso	60	47	27	39	87	86	173	9	10
12	Borthoiso	47	28	31	50	78	78	156	15	22
13	Gorgo Engti	49	41	13	19	62	60	122	8	13
14	Mohori Terang	46	41	17	28	63	69	132	10	17
15	Lengry	79	63	46	67	125	130	255	16	26
16	Long-eh Lobui	41	33	40	47	81	80	161	13	21
17	Dilawjan	76	65	24	27	100	92	192	10	7
18	Phulbary Dilawjan	27	33	5	10	32	43	75	2	3
19	Bura Phangcho	38	21	59	74	97	95	192	15	15
20	Bura Kramsa	28	17	51	61	77	78	155	15	14
21	Sarthe Ronghang	61	64	32	43	93	107	200	12	15
22	Sing Teron	48	35	25	32	73	67	140	8	6
23	Lokhiram Tokbi	65	59	16	14	81	73	154	5	3
24	Thong Teron	64	37	29	34	93	71	164	7	5
25	Sabrasi Kro	41	29	32	41	73	70	143	9	7
26	Haberam Rongphar	61	48	18	26	79	74	153	4	7
27	Rongnihang	21	5	31	45	51	50	101	5	6
28	Terang Arong	35	23	25	36	60	59	119	12	11
29	Hidim Teron	32	21	7	14	39	35	74	6	6
30	Borjan	41	37	68	75	109	112	221	20	22

1	2	3	4	5	6	7	8	9	10	11
31	Amguri	50	42	38	47	88	89	177	19	9
32	Baolagug Gaon	44	33	26	21	70	54	124	10	6
33	Putsari Hindu (No.1)	41	27	25	37	67	64	131	8	14
34	Lemra (Kramsa Gaon)	25	27	23	26	48	53	101	6	8
35	Haroo Engti	44	38	11	21	55	59	114	5	6
36	Sar-et Terang	48	49	15	21	63	70	133	9	4
37	Okrap	60	40	21	24	81	64	145	7	1
38	Ronglangbung	57	68	30	50	87	118	205	6	15
39	Umpanai	63	59	34	38	97	97	194	18	9
40	Rongchek	52	46	32	42	85	88	173	12	15
41	Longki Kro	53	45	33	29	86	74	160	11	8
42	Udeng Tisso	62	50	41	56	103	106	209	18	18
43	Am-I	34	32	18	15	52	47	99	-	-
44	Arting (A)	63	56	65	86	129	142	271	22	26
45	Kakoti Ronghang	52	36	54	51	106	87	193	14	14
46	Sarmen Hanse	45	34	68	71	113	105	218	26	21
47	Kulai Kro	46	28	23	25	69	53	122	17	7
48	Hambong Enghi	104	81	45	49	149	130	279	17	14
49	Kat Tisso	53	36	22	27	75	63	138	18	12
50	Bajin Tokbi	49	46	15	19	64	65	129	11	9
51	Baligaon	67	61	38	39	105	100	205	9	9
52	Engleng Gaon (Hanlokrok)	35	37	39	42	74	79	153	16	20
53	Rongkangtui Terang	36	28	13	15	49	43	92	1	2
54	Harlongsora	37	25	11	13	48	38	86	2	-
55	Desoi Kro	59	61	48	55	107	116	223	19	22
56	Kania Bey	66	46	32	47	98	93	191	18	11
57	Hongkram Teron Gaon	55	46	59	55	114	101	215	14	6
58	Mojadar Gaon	40	44	18	26	58	70	128	8	8
59	Rongmandu	26	13	14	12	40	25	65	-	-
60	Sarmen Ronghang	34	25	16	13	50	38	88	8	5
61	Men Arong (Menmiji)	73	60	36	44	109	104	213	13	18
62	Doloni Teron	47	32	34	39	81	71	152	19	19
Total		3073	2508	1846	2265	4919	4773	9692	664	650

villages have M.E. Schools. Other educational institutions viz., High School, Higher Secondary School and College, etc., are located outside the surveyed villages.

The number of students attending the educational institutions from the villages under study is furnished in Table V.10. It is evident from the table that the total number of students accounts for 3023, the male and female students being 1,632 (53.99%) and 1,391 (46.01%) respectively. Again, it is found that out of the total of 1,119 children reading in primary standard, 583 (52.10%) are boys while 536 (47.90%) are girls. In M.E. standard we find 831 students out of which the male students are 448 (53.91%) and female students are 383 (46.09%). The total number of students reading in High School standard stands at 783, the male and female students being 416 (53.13%) and 367 (46.87%) respectively. In Higher Secondary level we find 216 students out of which 138 (63.89%) are males and 78 (36.11%) are females. On the other hand, the number of students reading in colleges is found to be extremely low. It is seen that there are only 47 (63.51%) male students and 27 (36.49%) female students reading in colleges out of the total number of 74 students. From the analysis we come to know that most of the children give up study immediately after the primary standard of education. Moreover, many students do not prosecute further study after passing the H.S.L.C. examination as a result of which the number of students in Higher Secondary level is very low. Similarly, after passing the H.S.S. examination most of the students do not take admission in colleges. On the whole, the attitude of the students for higher education cannot be said to be satisfactory.

ECONOMIC PROFILE :

According to 2001 Census 88.70% of the total population of Karbi Anglong district live in rural areas. The main source of livelihood of the people is agriculture including shifting cultivation. The economy of the district is, therefore, predominantly agrarian. Here an attempt is being made to reflect the economy of the people, under study, on the basis of their occupation, land-holding pattern and annual income & expenditure.

Occupational Structure :

In order to present the occupational structure of the households, the classification of primary and secondary occupations has been taken into consideration. 'The source which contributes the largest single share to the total family income is considered as the primary occupation of the household. Other associated sources of income, if any, are taken as secondary occupations of the household' (Saikia, 1968 : 26). From our field investigation we come to know that out of the total

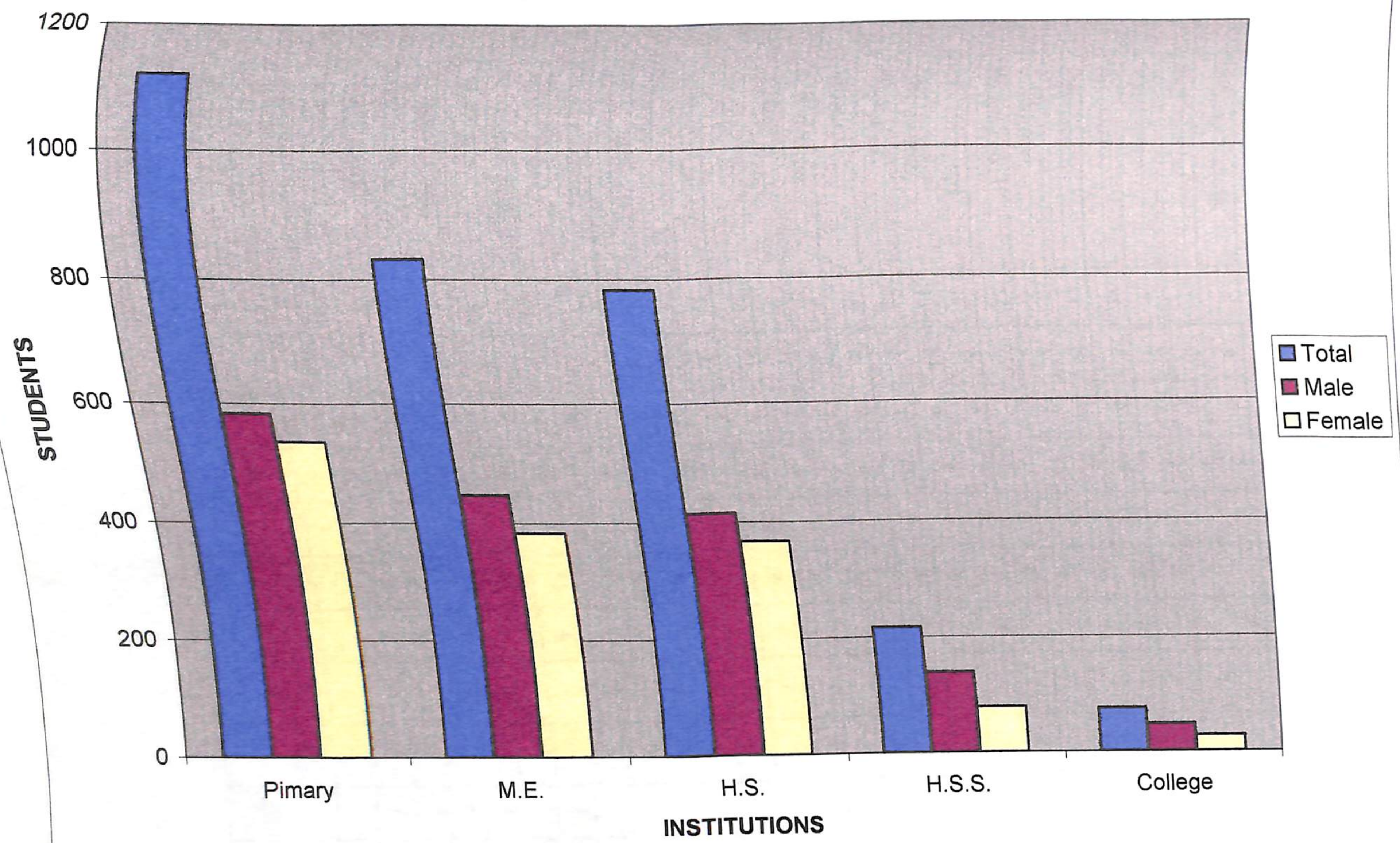

ENROLMENT OF STUDENTS IN EDUCATIONAL INSTITUTIONS
STUDENTS
1200
1000
800
600
400
200
0
Total
Male
Female
Pimary
M.E.
H.S.
H.S.S.
College
INSTITUTIONS

TABLE V.10

Students reading in educational institutions

Sl No.	Name of the village	Primary		M.E.		H.S.		H.S.S.		College		Total
		M	F	M	F	M	F	M	F	M	F	
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*
1	Inglong Cherop	11	16	4	13	24	14	17	11	10	6	126
2	Sonsing Timung	4	4	4	5	2	3	3	-	-	-	25
3	Inghinlangso	3	2	5	3	4	7	-	1	-	-	25
4	Ingpoilangso	4	8	5	1	-	2	-	-	-	-	20
5	Bormatnhi	15	9	16	12	13	9	1	1	1	-	77
6	Hurumanthi	11	10	14	9	9	4	2	-	-	-	59
7	Sotat hanse	6	8	8	11	7	9	7	-	-	1	57
8	Rupsing Bey	12	15	8	5	6	6	-	-	-	-	52
9	Pharkong Ingti	15	4	6	9	5	7	2	-	-	-	48
10	Dhenta Engti	12	10	6	5	7	6	2	1	-	-	49
11	Taralangso	12	6	8	11	6	8	4	-	3	-	58
12	Borthoiso	15	8	7	3	4	5	3	-	-	-	45
13	Gorgo Engti	9	1	7	4	6	11	2	2	-	-	42
14	Mohori Terang	9	4	1	4	5	4	5	2	-	-	34
15	Lengry	20	15	12	11	16	8	2	1	-	-	85
16	Long-eh Lobui	12	8	5	8	2	1	1	1	-	-	38
17	Dilawjan	9	11	14	10	15	12	5	7	2		85
18	Phulbary Dilawjan	3	8	4	1	3	5	2	4	-	2	32
19	Bura Phangcho	2	-	4	2	6	4	3	-	-	-	21
20	Bura Kramsa	-	-	5	5	5	-	-	2	-	-	17
21	Sarthe Ronghang	16	12	7	17	6	13	4	2		1	78
22	Sing Teron	9	3	7	8	11	8	1	-	1	-	48
23	Lokhiram Tokbi	9	5	8	12	9	12	7	6	3	1	72
24	Thong Teron	14	5	8	3	9	7	6	3	4	-	59
25	Sabrasi Kro	8	1	6	3	4	6	2	1	-	1	32
26	Haberam Rongphar	6	7	5	6	11	8	6	2	4	2	57
27	Rongnihang	-	-	2	2	5	-	-	-	-	-	9
28	Terang Arong	9	9	5	4	6	4					37
29	Hidim Teron	5	5	8	2	5	3	1	1			30
30	Borjan	4	13	6	7	8	5	2	-			45

1	2	3	4	5	6	7	8	9	10	11	12	13
31	Amguri	9	8	10	9	8	11					55
32	Baolagug Gaon	10	5	10	4	7	4					40
33	Putsari Hindu (No.1)	12	9	7	7	5	2	1	-			43
34	Lemra (Kramsa Gaon)	7	10	5	7	5	2	1	-			37
35	Haroo Engti	7	7	4	7	11	6	3	1			46
36	Sar-et Terang	6	7	9	9	6	11	4	3			55
37	Okrap	8	7	13	8	10	7	3	-	1	1	58
38	Ronglangbung	5	3	2	9	11	13	10	9	-	2	64
39	Umpanai	12	14	8	12	12	7					65
40	Rongchek	16	19	9	8	6	4					62
41	Longki Kro	12	15	7	3	6	4	2	1		1	51
42	Udeng Tisso	12	13	15	13	6	5	1				65
43	Am-I	6	4	3	1	2	6					22
44	Arting (A)	19	20	12	8	5	8					72
45	Kakoti Ronghang	3	10	14	6	4	3		2	1		43
46	Sarmen Hanse	31	27	1	2							61
47	Kulai Kro	11	4	2		2	5	2				26
48	Hambong Enghi	14	19	16	9	14	4	2		3	1	82
49	Kat Tisso	10	6	5	4	7	5					37
50	Bajin Tokbi	8	7	6	6	4	6		2			39
51	Baligaon	6	15	11	6	9	7	3	5	5	2	69
52	Engleng Gaon (Hanlokrok)	5	8	7	6	4	8	1		1		40
53	Rongkangtui Terang	7	4	2		1	7				1	22
54	Harlongsora	11	4	5	4	7	6	1				38
55	Desoi Kro	16	25	8	9	10	7		1			76
56	Kania Bey	17	19	19	7	2	2					66
57	Hongkram Teron Gaon	8	6	9	6	1	6	3		2	3	44
58	Mojadar Gaon	5	15	5	4	7	5	2	1	2	2	48
59	Rongmandu	1	-	3		1						5
60	Sarmen Ronghang	6	4	5	1		1					17
61	Men Arong (Menmiji)	7	8	8	8	14	12	8	5	4		74
62	Doloni Teron	12	7	3	4	10	2	1				39
	Total	583	536	448	383	416	367	138	78	47	27	3023

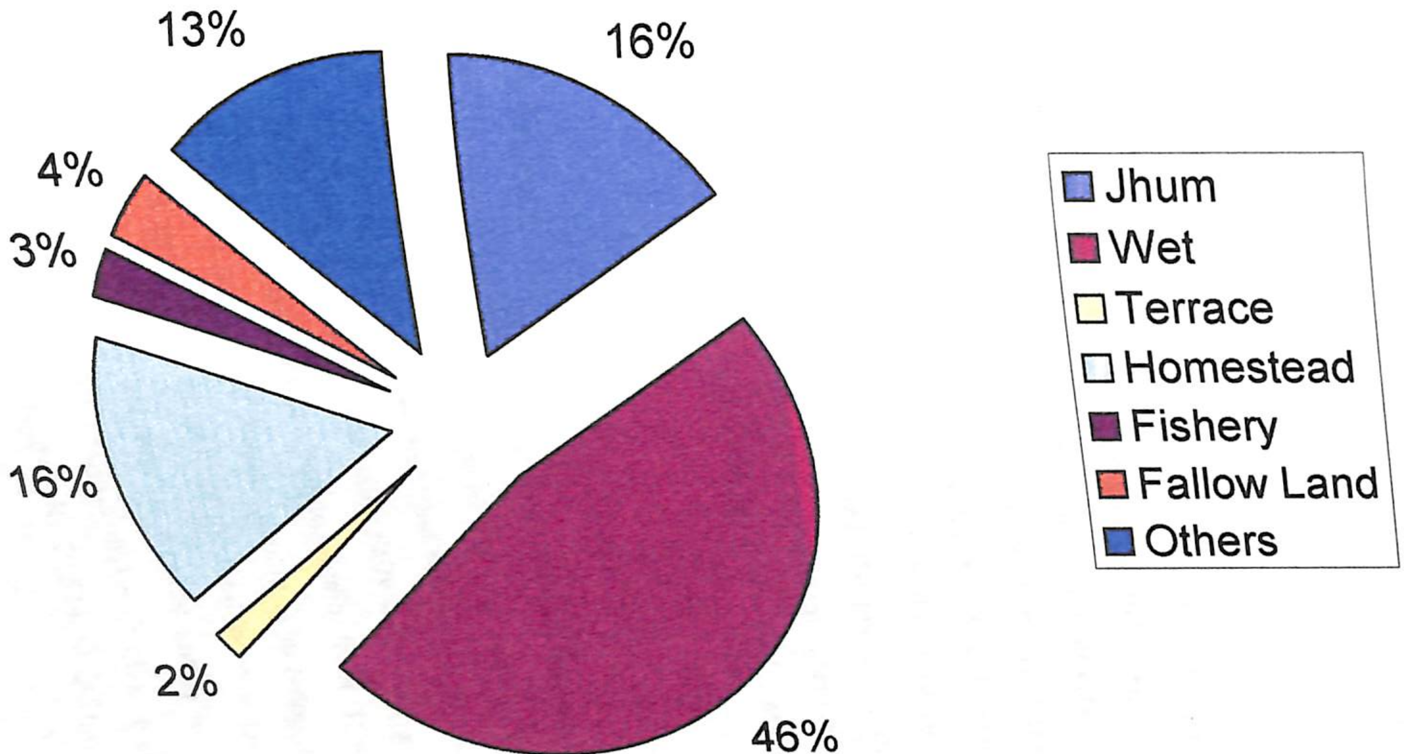
households of 1683, the number of households practising cultivation as primary occupation is 1132, the percentage being 67.26. Again, 339 (20.14%) and 154 (9.15%) households have accepted service and business as the main occupation respectively. It may be noted here that there are also 58 (3.45%) households adopting daily wage as the primary occupation for their sustenance. On the whole, the analysis reveals that agriculture plays the pivotal role in the economy of the people, under study.

So, far as secondary occupation is concerned, it has been found that out of 1,683 households, 1,340 (79.62%) are engaged in secondary occupation. The number of households engaged in cultivation is worked out to be 407 (30.37%). Only 32 (2.39%) households are found in the service category. Again, 333 (24.85%) households have accepted business as secondary occupation. Moreover, it is painful to note that as many as 568 (42.39%) households have adopted daily wage as secondary occupation for their livelihood.

In order to know the position of workers and non-workers in the surveyed villages, the total population is classified into three categories viz., earners, earning dependents and non-earning dependents. In the category 'earners' we have included those persons who contribute significant income towards smooth maintenance of the households. Again, in the category 'earning dependents' we have included all the persons of the broad age group '16-60' yrs except those of the category 'earners'. In the category 'non-earning dependents' all the members of the age groups '0-15' yrs and '61 yrs & Above' have been included. It is to be noted that by the term 'workers' we refer to both earners and earning dependents. On the other hand, by the term 'non-workers' we mean 'non-earning dependents' only. According to the field investigation, out of the total population of 9692, the number of earners is 1,683 which constitute 17.36% of the total population. The number of earning dependents is found to be 4145, the percentage being 42.77. In case of non-earning dependents it is seen that the total members are 3,864 i.e. 39.87% of the total population. This analysis reveals that the number of earners is comparatively less. But it is worthwhile to mention here that the females and other adult members contribute significantly towards maintenance of the families among the tribal societies. If we take into account the number of earners (1,683) and earning dependents (4,145) as the total working force, we find 5,828 (60.13%) to be workers against 3,864 (39.87%) of non-earning dependents or non-workers in the surveyed villages.

Land-holding pattern :

It is indeed very difficult to discuss the land-holding pattern prevalent in the surveyed villages since the traditional method of shifting cultivation is practised by the people and proper land


LAND UTILIZATION PATTERN
13%
16%
4%
3%
16%
2%
46%
Jhum
Wet
Terrace
Homestead
Fishery
Fallow Land
Others

records from the Cadastral Survey are not available. Despite the constraints mentioned above, we have attempted to throw some light on the land-holding pattern in the surveyed villages

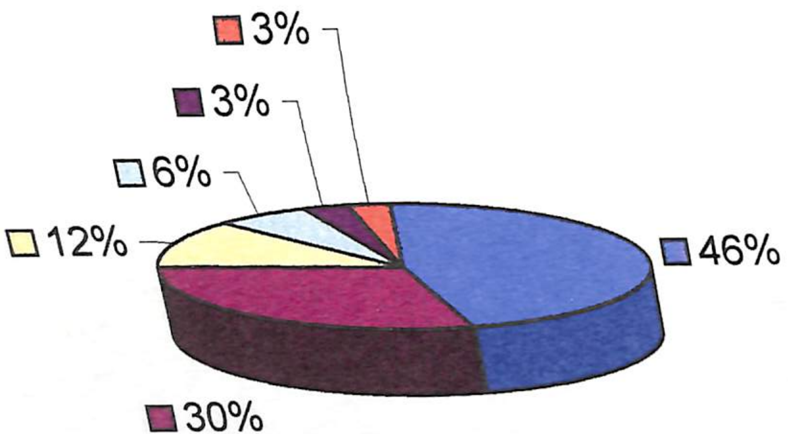
It has been found that out of 1,683 households, 233 possess lands in the category '0-5' bighas, the percentage being 13.84. In the category '5-10' bighas the number of households is worked out to be 429 (25.49%). However, maximum households numbering 490 (29.11%) is found in the category '12-17' bighas. Moreover, 281 (16.70%) possess lands in the category '18-23' bighas while only 250 (14.85%) possess lands in the category '24 bighas & Above'. On the whole, it may be said that 919 (54.6%) households of the surveyed villages possess lands in the broad category '6-17' bighas.

While dealing with land-holding of various types prevalent among the households, it is seen that out of the total area of 26,298 bighas, the area of land brought under *jhum* and wet paddy cultivation is 4,197 (15.96%) and 12,408 (47.18%) bighas respectively. Only 413 (1.57%) bighas are found in terrace cultivation. The total area of land under homestead accounts for 4,089 bighas, the percentage being 15.55. The area of land under fishery is 768 (2.92%) bighas only. The quantity of fallow land is 979 (3.72%) bighas. Other lands covering horticulture, bamboo plantation etc., consist of 3,444 bighas the percentage being 13.10. In fact, the people of the surveyed villages utilize 64.71% of the total lands in *jhum*, wet paddy and terrace cultivation. The average land-holding per household and per capita land-holding in the villages under study, are 15.63 bigha and 2.71 bigha respectively.

Annual Income & Expenditure :

With regard to the annual income of the households of the surveyed villages, it may be said that the people derive 46.05% (Rs.306.30 lakh) of the total income (Rs. 665.19 lakh) from land alone. This reveals that agriculture plays the dominant role in the economic life of the people. The next source of income is 'Paid employment including daily wage'. Here we find 29.52% (Rs.196.36 lakh) of the total income to be derived by the people. Again, from 'Livestock' category the people obtain 12.26% (Rs.81.56 lakh) of the total annual income. The amount of income from 'Trade & Commerce' is found to be 6.38% (Rs.42.43 lakh) of the total income. On the other hand, the amount of income from 'Fishery' and 'Cottage Industry' is worked out to be 3.11% (Rs.20.69 lakh) and 2.68% (Rs. 17.85 lakh) respectively. This analysis makes it clear that the average gross annual income of a household in the surveyed villages is Rs.39,524.00 and the per capita annual income is Rs. 6,863.00 only.

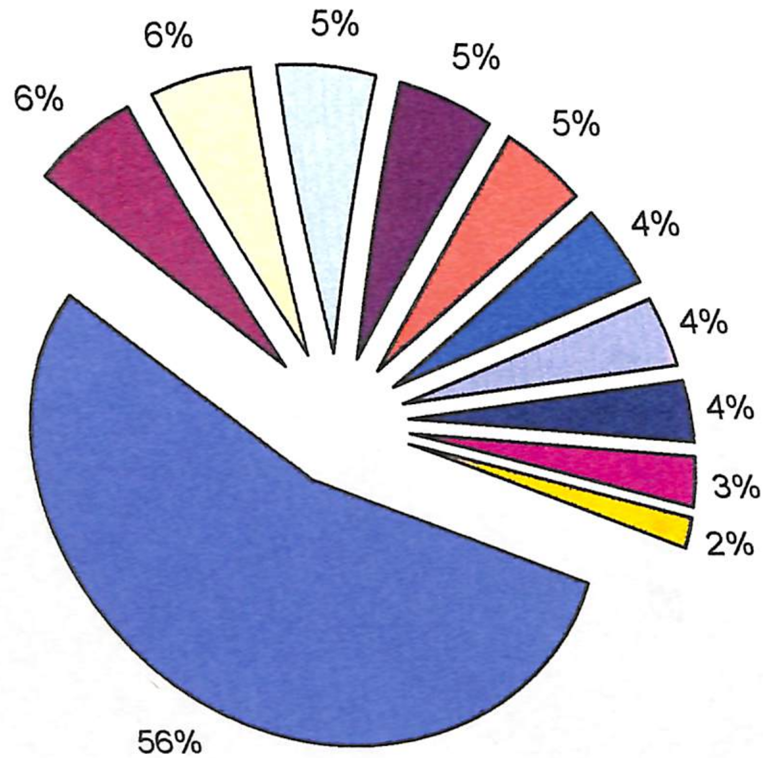
ANNUAL INCOME OF THE HOUSEHOLDS



So far as annual expenditure is concerned, it is found that the people spend the major portion of the total amount of expenditure in food items. In other words, they utilize 55.25% (Rs.325.66 lakh) of the total expenses (Rs.589.41 lakh) on food. The next item of expenditure which represents 6.34% (Rs. 37.34 lakh) is found to be dress & ornaments. Again, 6% (Rs.35.38 lakh) of the total expenditure is incurred on education. On the other hand, expenditure on health is estimated at 5.47% (Rs.32.24 lakh) only. The people spend 5.33% (Rs.31.53 lakh) of the total expenses in residential houses and furniture. They are also in the habit of spending 4.64% (Rs.27.33 lakh) in amusement, festivals & ceremonies and 4.39% (Rs.25.87 lakh) in travelling & transport. The amount of expenditure is 3.82% (Rs.22.49 lakh) in beverage, tobacco & betelnut while it is 3.77% (Rs.22.24 lakh) in toilet, kerosine & electricity. The people are also found to have spent 2.92% (Rs.17.23 lakh) in radio, watch, bicycle & TV etc. Moreover, we find 2.05% (Rs.12.10 lakh) of the total expenditure under the item 'miscellaneous' which includes expenditure in relation to land tenure and purchase of utensils etc. On the whole, the average annual expenditure of a household is Rs.35,021.00 and the per capita expenditure is Rs.6,081.00.

It is, therefore, seen that the average household is having a marginal surplus budget of Rs.4,503.00 only. Per capita surplus is worked out to be Rs. 782.00 per annum. The pattern of livelihood of the people is, therefore, not satisfactory and the economy of the people is at subsistence level.

ANNUAL EXPENDITURE OF THE HOUSEHOLDS



CHAPTER SIX

HEALTH CARE AND THE PEOPLE

In this chapter an attempt is being made to highlight the health care practices prevalent among the people of the surveyed villages. It may be mentioned here that all the villages, under study are exclusively inhabited by the Karbis.

According to the field investigation, the number of dwelling houses possessed by 1,683 households in the selected villages is 3,037 and the number of other houses viz., kitchen, cow-shed, granary and accommodation for guests etc., is 1,238. Out of the total of 3,037 houses, the number of thatched, *katcha* A.T. and *pucca* A.T. houses is found to be 2,050 (67.50%), 641 (21.11%) and 209 (6.88%) respectively. There are also 119 (3.92%) pile dwellings which signify the traditional housing pattern of the Karbis. Moreover, we find 18 (0.59%) R.C.C. buildings constructed in nine villages. It may be pointed out here that 455 (27.03%) of the households have not made any provision for removing smoke of the hearth as a result of which the smoke circulates inside the house and makes the atmosphere unhygienic. However, 677 (40.23%) of the households have made provisions viz., window with ventilation, chimney etc., for removing smoke of the hearth attached to the main house. The number of households having separate kitchen with provision of outlet for smoke is worked out to be 551 (32.74%). Very few households use LPG for the purpose of cooking. This analysis reveals that more than 70% of the households have realised the importance of adopting suitable measures to get rid of air pollution.

The people of the surveyed villages rear animals and birds viz., bullocks, buffaloes, cows, goats, pigs and poultry etc. Bullocks are mainly used for agricultural activities. Rearing of pigs and poultry is meant for domestic consumption as well as for offering worship to various deities. Surplus quantities are also sold in the nearby markets to augment their economy. However, it is to be noted here that most of the households do not adopt scientific rearing as a result of which animals and birds move freely and make the entire area unhygienic.

With regard to the toilet system prevalent in the selected villages it may be said that out of 1,683 households, 327 (19.43%) possess sanitary latrines while 780 (46.35%) possess service latrines. The people of the remaining 576 (34.22%) households have to go to fields/forests for defecation. So far as the drainage system of the households is concerned, it is seen that only 256 (15.21%) have constructed permanent drainage in and around their compounds. Other households (84.79%) make temporary arrangement by digging small canals for draining water during the summer season. Therefore, the drainage system cannot be said to be satisfactory.

While dealing with drinking water facilities in the villages, under study it has been found that the people of 49 and 34 villages use to take water from 757 wells / ringwells and 539 tubewells respectively. As many as 44 ponds are being used for drinking purpose by the inhabitants of ten villages. Again, the people of 12 and 11 villages depend on river and spring water respectively. Water supply schemes have been implemented in eight villages only. Majority of the households, except the application of traditional method of filtering water for the purpose of drinking, do not adopt any suitable measure for purification of water to get rid of water-borne diseases. This indicates that the people have been using drinking water in an unscientific manner without least consideration of health hazard. Moreover, it may be mentioned here that fluoride in water has been detected in some of the surveyed villages. In fact, the presence of fluoride in water was first detected in Tekelangjun area of Karbi Anglong district by Mr. A.B. Paul, Additional Chief Engineer, PHE, Diphu in 1996. Regarding detrimental effects of fluoride Saikia (2002 : 6) comments : "Fluorosis in initial stages causes body pains, yellowing of teeth and subsequently causes skeletal deformity making the person disabled. Fluorosis affects dental and skeletal tissues. Fluoride level between 1.5 – 3.0 mg/litre in drinking water and consumed over a period of 5-10 years causes mild form of dental fluorosis. Severe form of dental fluorosis and mild form of skeletal fluorosis occur when it is consumed over a period of 15-20 years in a level of 4-8 mg/litre. At a level of above 8 mg/litre on consumption for over a period of 5-10 years severe form of dental as well as skeletal fluorosis takes place. Dental fluorosis is characterised by mottling of teeth, and this is one of the earliest and most easily recognisable features of fluorosis. In mottled teeth, the enamel losses its lustre and becomes rough, opaque and chalky white, followed by pitting and chipping of enamel and brown and black pigmentation. The latter once established tends to remain there permanently. Mottling is most conspicuous on the upper maxillary central incisor teeth. Skeletal fluorosis is characterised by back pain in the lumber and cervical region, rigidly and fixity of spine and chest and inability to close fists, limitation of the movement of joints and spine, generalised flexion with the ankylosis of spine, hips and knees, coxavara, genu valgum and wind swept deformities of legs, inability to walk and crippling. Flrorosis is accompanied by adverse affects on other systems and organs of the body namely, liver, kidneys, muscles, heart, lungs, blood and hormonal functions. High fluoride intake over a period of time can cripple one for life. Apart from fluorosis it may also cause stomach problems, gastrointestinal problems namely, loss of appetite, nausea, vomiting and pain in stomach, gas formation, bloated feeling in the stomach, chronic constipation and intermittent diarrhoea and flatulence in expectant and lactating mothers, hard- working young adults, foetus and children.

The new study shows that very high levels of fluoride can also destroy brain cells involved in learning and memory."

Personal hygiene :

The people of the surveyed villages wash their faces early in the morning. There are various methods of cleaning teeth among them. The study reveals that out of the total of 1,683 respondents, 983 (58.41%) use tooth brush, paste and powder while 426 (25.31%) clean their teeth with the help of charcoal. Moreover, 274 (16.28%) respondents use twigs for cleaning teeth. Normally, beard shaving is done two/three times a week, nail clipping once in one or two weeks and hair cutting once in one or two months. Regular bath is taken by 1,291 (76.71%) respondents. On the other hand, regular use of soap during bath is found among 962 (57.16%) respondents only.

Food habits :

Generally, the people of the surveyed villages prefer black tea to tea with milk. They drink tea twice daily – in the morning and in the evening. The study shows that out of 1,683 respondents, only 367 (21.81%) drink tea with milk and sugar. As much as 824 (48.96%) respondents drink black tea without sugar while 492 (29.23%) drink black tea with sugar.

The normal diet of the people consists of rice with leafy vegetables. They take meals twice daily. *Dal* and mustard oil are used by them occasionally. Both home grown and wild vegetables are consumed by the people. Some of the home grown vegetables are potato, brinjal, bean, cabbage, cauliflower, carrot, gourd, pumpkin, banana, tomato, arum, ladies finger, raddish, peas, papaya, leafy and green vegetables, cornered gourd, club gourd, drumstick, spinach and turnip etc. Some of the wild vegetables used by the Karbis are mentioned in their language along with botanical names. These are : Hanthu (*Gnetum gnemon*), Hanserong (*Hibiscus sabdariffa*), Mehek (*Rhynchotechum ellipticum*), Hanresong (*Aristolochia saccata*), Delap (*Polygonum species*), Dido (*Anaranthus viridis*), Dumkek (*Cyclosorus species*), Kurveng (*Comellina bengalensis*), Hansangbi (*Pothos species*) and Lopong (*Lippia alba*) etc

Pork, chicken, fish and dry fish are their favourite food items. It is seen that out of the total respondents of 1683, 543 (32.26%) prefer pork while 485 (28.82%) prefer dry fish. Again, 381 (22.64%) and 274 (16.28%) respondents prefer chicken and fish respectively. In order to maintain good health the people must have proper supply of carbohydrate, protein and vitamin etc. The quantity of carbohydrate generally obtained from rice, should comprise 50-60% against 10-20% of protein in diet. Protein is available in all varieties of *dal*. Fish meat and egg supply protein for non-vegetarians. It is seen that although their food habits include carbohydrate in

sufficient proportion, deficiency of vegetable or animal protein deprives them from balanced diet. In other words, the nutritional status of the people is poor.

Rice beer is the favourite drink of the Karbis. Most of the households prepare it for consumption and religious purposes. Nowadays, some of them prepare it for commercial purpose also. It is needless to say that excessive use of alcohol adversely affects not only the economic condition but also health of the people. Smoking of *bidi*, cigarette and chewing of tobacco and betel nut are observed among the people. Generally, use of betel nut is most common among the villagers. The study reveals that out of 1683 respondents, 1252 (74.39%) are interested in chewing betel nut while 431(25.61%) are habituated with smoking and chewing of tobacco. It may be mentioned that the Karbis have the habit of using the leaves of *Loring* tree as wrapper for tobacco smoking. Although smoking and chewing of tobacco have proved to be injurious to health, the number of persons addicted to both categories appears to be increasing day by day.

Diseases :

The most common diseases prevalent among the people of the surveyed villages are malaria, dysentery, diarrhoea and jaundice. According to the field investigation, out of the total number of 62 villages, 58 (93.55%), 55 (88.71%), 40 (64.52%) and 35 (56.45%) have been affected by malaria, dysentery, diarrhoea and jaundice respectively. Moreover, the people suffer from skin diseases, gastroenteritis, influenza, small pox, cough, eye problems, fever, headache, leprosy, goitre, elephantiasis and tuberculosis etc.

With regard to the perception of aetiology it may be said that the people subscribe to supernatural and physical factors for various types of diseases. It has been found that out of 1,442 non-Christian respondents, 115 (7.98%) consider black magic, witchcraft and evil eye of a person as the causes while 129 (8.95%) believe that diseases occur due to breach of social norms and taboos. There are also 348 (24.13%) respondents who consider wrath of deities and evil spirits as the causes of diseases. 407 (28.22%) believe that the people are afflicted by various types of diseases due to excessive heat, sunshine and rainfall. However, as many as 443 (30.72%) respondents consider the consumption of wrong food as the causes of ailments and diseases.

In order to get rid of diseases the people offer worship to the deities and evil spirits with the help of different categories of priests like *Kurusar* and *Deuri* etc. The names of some of the deities and evil spirits including those responsible for causing diseases are : *Ajo Ase, Ano Avur Kamatha, Arnam Pharo, Arni, Barithe, Birne, Botor Kekur, Chinthong Arnam, Chojun Arnam, Choklim Kangthur, Dor Thelen, Duikhrani, Duari, Habit Ase, Harata, Hemphu, Kam Partok, Langhe Langroi Anglong, Langlung Karsung, Lamki, Longle Ahiei, Mini Kekur, Mukrang,*

Munsin Avur, Murti Chekama, Panjak, Peng, Pirtu, Pirda, Rasinja, Rit Anglong, Sar Anthak, Someme and Tiki Anglong etc. However, names of some deities and evil spirits associated with specific diseases are furnished in Table VI.1.

A person suffering from illness or complicated disease may consult a male/female diviner (*Uche/Uchepi*) who diagnoses the cause of disease by counting rice or cowry and this process is called *Sang Kelang*. There is another method known as *Lodep Karju* among them. In this case, the *Lodeppi* (a woman who goes into a trance) is invited offering liquor and betel nut. According to her advice necessary offerings are made for curing the patient. She performs an important role in the society. Moreover, some of the households of the surveyed villages are in the habit of using charms for curing ailments. Amulets are also in use among them. The practice of black magic is believed by the people. But the number of persons having first-hand experience in this regard is very limited. One respondent said that during the funeral ceremony of his father the head of a goat was observed inside the stomach of the dead. According to him death occurred due to black magic. Another person informed that a packet containing nail, leather, hair, teeth, red coloured thread packed with banana leaf was found under the floor of the bedroom. The consequence was that a member of the family died after prolonged illness. A widow said that at the time of her husband's funeral ceremony a tortoise like thing was thrown out of his stomach. This signifies that his death was due to the effect of black magic.

The people of the surveyed villages believe that diseases can be cured with proper application of medicinal plants and herbs also. Therefore, they approach the medicine man for treatment of various diseases. Table VI.2 shows the medicinal plants/herbs with botanical names and also in in Assamese, Karbi and English equivalents alongwith portion used for treatment of different types of diseases while Table VI.3 shows the plants/herbs with botanical names and in Karbi language only and portion used for treatment of the diseases.

From the analysis we come to know that the priests and medicine men play important roles in diagnosis and treatment of diseases in Karbi society. In order to get a clear picture three case studies have been furnished below :

Case No. 1

Mr. Chandra Sing Timung, aged 75 yrs is a resident of Rong Ali Timung Arong and a retired teacher. His educational qualification is Class VI passed. Besides his wife he has four sons and one daughter. He was interviewed on 19.8.2004 at his home to know something about the activities of the priest (*Kurusar*).

TABLE VI.1

DEITIES & SPIRITS ASSOCIATED WITH DISEASE

Sl. No.	Name of the disease	Deities & Spirits
1	*2*	*3*
1	Headache	RUITING
2	Fever	DUIKHRAI
3	Dysentery	PARAI ASE
4	Cough	HENRU AHONG
5	Jaundice	SE-MEK-ET
6	Boils	KARPONG ASE
7	Skin disease	DOR
8	Stomach pain	BOOT ASE
9	Eye disease	INGHUN-ASO
10	Snake bite	LOKROK ASE
11	Rheumatism	BEHALI
12	Malaria	HEM ANGTAR
13	Paralysis	ARNAM KETHE
14	Intermittent fever	MUKRANG AVUR
15	Recurring illness	THENG THOW
16	Frequent death of infant	SOMEME
17	Delivery	ANO AVUR KAMATHA PANJOK

TABLE VI.2 (A)
MEDICINAL PLANTS / HERBS

Sl. No.	Name of the plant/herb (Botanical name)	Assamese name	Karbi name	English name	Name of the disease	Portion used for treatment
1	2	3	4	5	6	7
1	CLERODENDRUM COLEBROOKIANUM	নেফাফু	PHERKLUM	Nefafu	High pressure	Leaf
2	OCIMUM SANCTUM	তুলসী	TULUHI	Basil	Cough	Leaf
3	ZINGIBER OFFICINALE L.	আদা	HANSO	Ginger	Cough	Rhizome
4	AZADIRACHTA INDICA A.JUSS.	নিম	NIM	Margosa	Dysentery / Skin disease	Leaf
5	AVERRHOA CARAMBOLA	কৰ্দৈ	TORTE	Acid fruit	Jaundice	Fruit
6	PHYLLANTHUS EMBLICA	আমলখি	THELU	Emblic Myrobalan	Dysentery	Fruit
7	BUGENIA JAMBOLENA	জামু	JANGMI	Black berry	Diabetes	Fruit
8	PSIDIUM GUYAVA	মধুৰি	SOPRIM	Guava	Dysentery	Young shoots
9	CURCUMA LONGA	হালধি	THERMIT	Turmeric	Bleeding	Rhizome
10	SACCHARUM OFFICINARUM	কুঁহিয়াৰ	NOK	Sugarcane	Jaundice	Stem
11	MUSA PARADISIACA	কঁচকল	LOTHE	Banana	Dysentery	Fruit
12	GENTIANA CHIRAYITA	চিৰতা	CHUKOK	Chiretta	Stomach pain/Malaria	Leaf
13	RICINUS COMMUNIS L.	এৰা	INGKIAN	Castor	Body pain	Leaf
14	GARCINIA PEDUNCULATA	থেকেৰা	PRANPRI	Gamboze	Dysentery	Fruit
15	BRYOPHYLLUM PINNATUM	পাটেগজা	ME-ABAP	Acid plant	Burning	Leaf
16	CITRUS MEDICA	নেমু	NEMU	Lemon	Dysentery	Fruit
17	ALLIUM SATIVUM	নহৰু	HARSUN KELOK	Garlic	Skin disease	Stem
18	FICUS RELIGIOSA	আঁহত	CHERI	Peepul	Jaundice	Bark
19	ANANAS COMOSUS	আনাৰস	PAROK JANGPHONG	Pineapple	Jaundice	Leaf
20	COLOCASIA ANTIQUORUM	কচু	HENRU	Arum	Ear ache	Latex
21	CAJANUS CAJANS	ৰহৰ	THEKEK	Pigeon pea	Jaundice	Leaf
22	MUSA SAPIENTUM	ভীমকল	NUSADOR	Banana	Diarrhoea	Latex
23	MANGIFERA INDICA	আম	THARVE	Mango	Headache	Root
24	MIMOSA PUDICA	নিলাজী বন	BAP-THERAK	Touch me not	Jaundice	Root
25	CANARIUM BENGALENSE	ধুনা	HIJUNG	Resin	Fracture	Powder
26	GOSSYPIUM HERBACEUM	কপাহ	PHELO	Cotton	Snake bite	Leaf
27	CARICA PAPAYA	অমিতা	MENSOPI	Papaya	Gastric	Fruit
28	LASIA SPINOSA	চেঙমৰা	CHUSOT	Arum like plant with pricks in the trunk	Jaundice	Root

TABLE VI.2 (B)
MEDICINAL PLANTS / HERBS

Sl. No.	Name of the plant/herb (Botanical name)	Karbi name	Name of the disease	Portion used for treatment
1	2	3	4	5
1	MURRAYA PANICULATA	DENGJIR	Dental problem	Twigs
2	KAEMPFERIA GAALANGA	BITHI PHAKNUR	Dog bite	Leaf
3	GARCINIA LANCEAEFOLIA	PRANSO	Diarrhoea	Fruit
4	EQUISETUM EQUISETIFOLIA	TISO LANGPONG	Fracture	Stem
5	RUAWOLFIA SERPENTINA	METHAN KROKDI	Dysentery	Root
6	COSTUS SPECIOSUS	AIUPPO	Jaundice	Stem
7	ACORUS CALAMUS	LANK ABAP	Gastric	Rhizome
8	HOUTTUYNIA CORDATA	HAN KUMPHI	Whooping cough	Leaf / Tuber
9	PAEDERIA FOETIDA	RIKANGNEMTHU	Dysentery	Leaf / Fruit
10	SWERTIA CHIRATA	BAP KEHO	Malaria / blood dysentery	Leaf
11	MIKANIA SCANDENS	RIKANG JAPAN	Blood dysentery	Leaf
12	CENTELLA ASIATICA	CHONG MOK	Gastric	Leaf
13	VITIS QUADRANGULARIS	HARJURA	Rheumatism	Plant
14	MICROPTERIS SP.	BAP KESO	Rheumatism	Leaf
15	BAPHICANTHUS CUSIA	SIBU	Dog bite	New leaf
16	AGRATUM CONYZOIDES	BONGNAI	Wound	Leaf
17	BAMBUSA TULDA	CHEK	Mumps	New leaf
18	BASELLA ALBA	CHITU	Boil	Leaf
19	SOLANUM TORVUM	HEPI-KUMBONG	Dental problem	Fruit
20	JATROPHA CURCAS	LONGLE PHARCHE	Eye disease	Latex
21	STERCULIA VILLOSA	PHARKONG	Dysentery	Root
22	MIRABILIS JALAPA	HUNMILI	Malaria	Leaf
23	CURANGA AMORA	PHARHO	Stomach ailment	Leaf
24	CAESALPINIA BONDUCELLA	KANGBURU	Tonsil	Latex

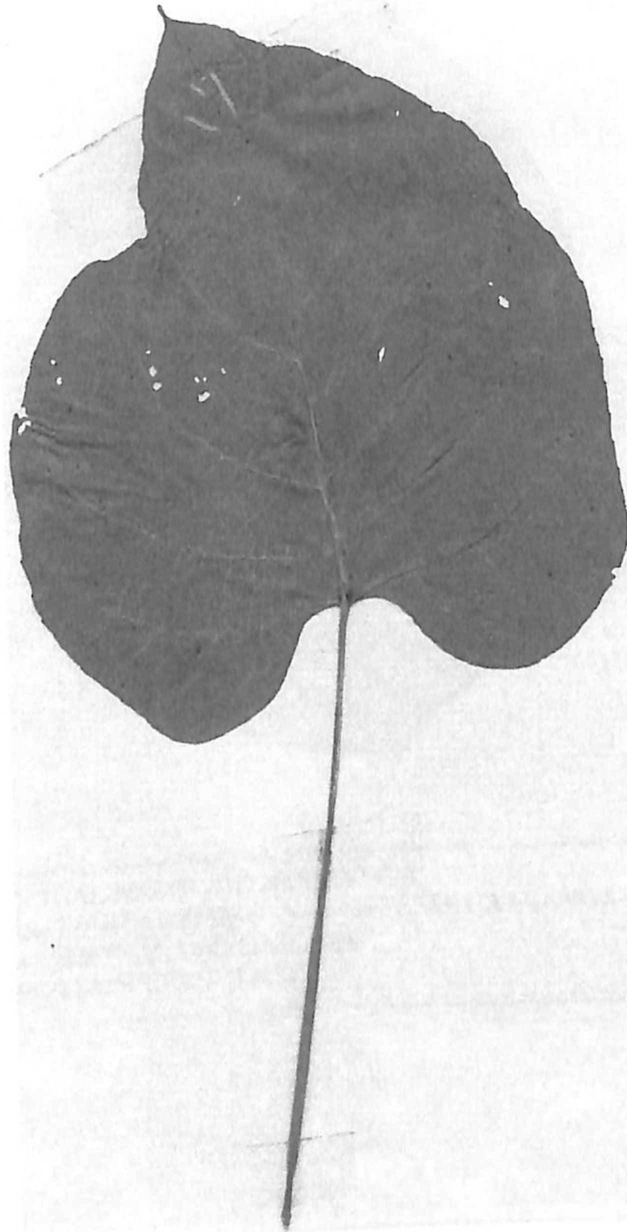
According to him the Karbis exist since the creation of the universe. Nobody can so far tell when and where the Karbis originate from. But they have one thing in common, that being sure, the Karbis since existence are *Honghari (*Hinduism) by religion. The so called *Hongharis* have so far no religion book in common like the Bible, the *Bhagwat Gita* etc. They get the knowledge of religion from the elders handed down from one generation to the next. They have no particular day of worship. Any day is a day to worship for the Karbis. The priest performs his duties or *pujas* by / through the tale of gods/goddesses. The priest is a genius. He can master the long verse with no single mistake, since there are some *pujas* in which, if the verse is mistaken, the priest himself may face trouble or is inviting trouble for himself.

The Karbis are the worshippers of many gods and goddesses. As such, the priests are of various categories. Every individual priest has different knowledge. For example (1) There are priests who only practise black magic which the others may be ignorant about it. They are called *Thekkere*. They can kill people or curse to kill but do not know how to prevent it. There are some *Thekkere* who can kill or at the same time prevent the evil doings of others. (2) There are some priests who only can perform *pujas* of their own home guarding gods or goddesses (*Hem Angtar*). The Karbis being the worshippers of many gods and goddesses, so the same *Hongharis* may have different *Hem Angtar* or may not worship the same god or goddess which their forefathers had been offering to deities. They may have same religion but they may also have different *Hem Angtar* like *Rap Asor, Thoi Asor, Arnam Kethe or Chojun, Peng Kapirdong, Thermit or Hidi Ase* etc. Depending upon the locality they may have different gods /goddesses. (3) There are some priests who can predict or tell if someone has lost anything. They can also prophesy or tell about the cause of illness. Again, the same priests may perform differently. Some may use ginger, some rice, some betel nut, etc. The ginger or betel nut is cut into two equal halves. Then *mantras* are chanted and it is thrown into the net (net means sieve which is made of bamboo and used for cleaning rice – Assamese – *Saloni*, Karbi –*Ingkrung*). Some priests may use *banta* which usually consists of betel nut and leaves folded by banana leaf and is taken for observation. This priest is often called *Lodeppi* or *Lodep*.

The *Kurusar* and the *Thekkere* have their own meanings even though people may think they are the same. (I) The *Kurusar* literally means a person who only practises and performs *pujas* of *Hem Angtar* or *puja* for good or benefit. (2) Thekkere literally means a person who practises black magic and also a person who prevents or can prevent evil doings of others.

If any member of a family becomes ill or is suffering from illness for a long period, the other members of the family go to the priest (*Kurusar*) for *san kelang* or *kove kelep*. The priest

PLATE - 1

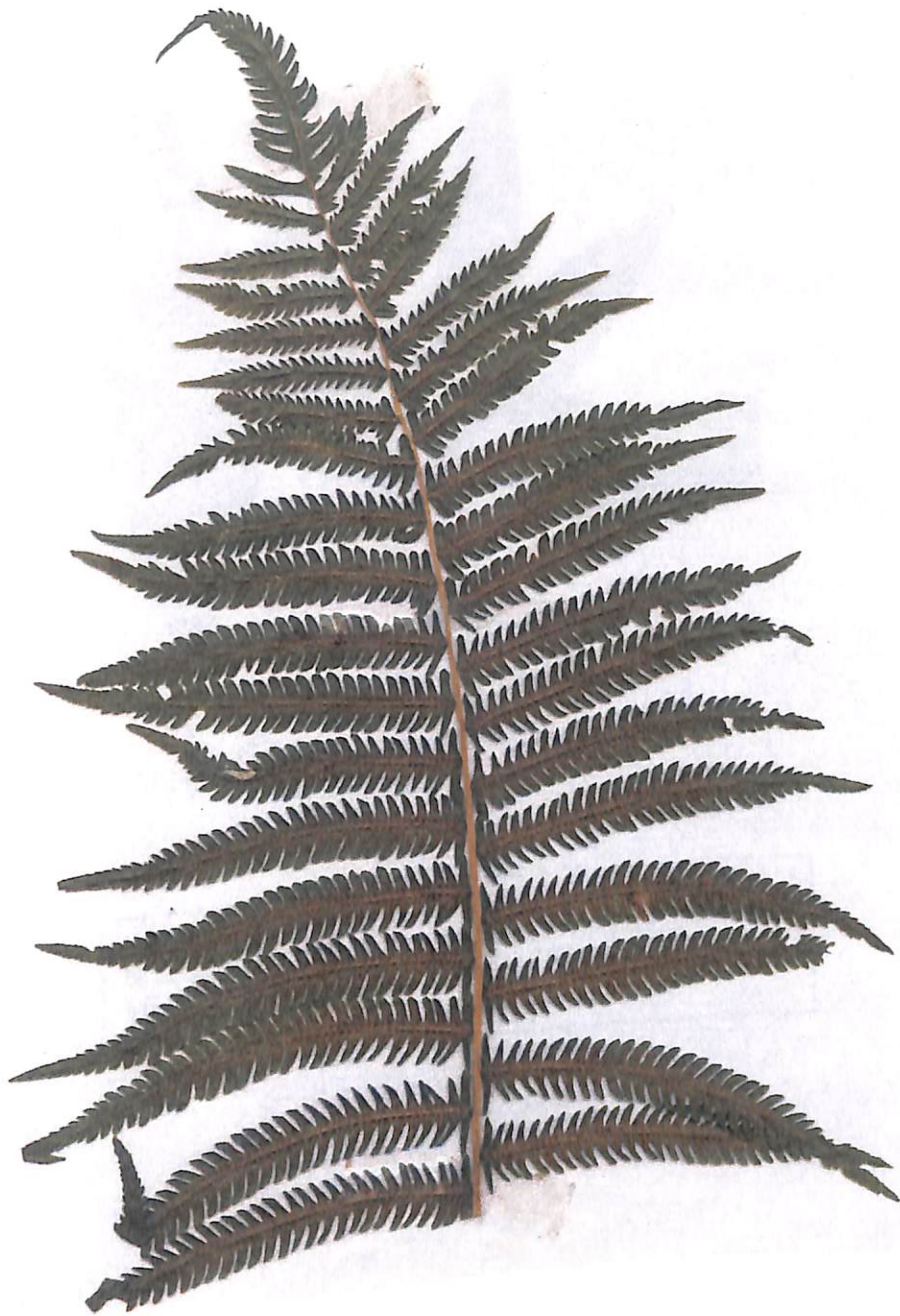


LOCAL NAME : PHERKLUM
BOTANICAL NAME : CLERODENDRUM COLEBROOKIANUM
MEDICINAL USE : HIGH PRESSURE
PORTION USED : LEAF

PLATE - 2

LOCAL NAME : BITHIPHAKNUR
BOTANICAL NAME : KAEMPFERIA GAALANGA
MEDICINAL USE : DOG BITE
PORTION USED : LEAF

PLATE - 3



LOCAL NAME : BAP KESO
BOTANICAL NAME : MICROPTERIS SP.
MEDICINAL USE : RHEUMATISM
PORTION USED : LEAF

PLATE - 4

LOCAL NAME : BAP KEHO
BOTANICAL NAME : SWERTIA CHIRATA
MEDICINAL USE : MALARIA/BLOOD DYSENTERY
PORTION USED : LEAF

PLATE - 5

LOCAL NAME : LANK ABAP
BOTANICAL NAME : ACORUS CALAMUS
MEDICINAL USE : GASTRIC
PORTION USED : RHIZOME

performs the *puja*. In *sang kelang* the *Kurusar* bisects the ginger into two equal halves and tells the cause of the ailments. Above all pujas, the Karbis have the most high and powerful God whom they trust and worship. The name of the *puja* is called *Arnam Kethe*, *Chojun* or *A Kangtui Asor*. It is also believed that the cause of lightning to any person is due to the anger of *Arnam Kethe*. Again, this *puja* may not be performed by all the *Hongharis*. Whether this *puja* is to be performed or not is told by the *Kurusar*. If this *puja* is to be performed, it has to be done in three phases – First, Second and Third. However, this may not be done in consecutive years. The *Hongharis*, as already said, do not have the same gods or goddesses, so the name of the *puja* may be the same but the verse or words may not be the same. In *Chojun*, for the purpose of sacrifice, chickens, pigs but not goats or ducks are taken. In the first phase usually 2 pigs are taken, then 3 and then 4 pigs. Like different *pujas* different animals and fowls are required.

When enquired about the duties and functions of the priest (*Kurusar*) Mr. Timung informed that depending upon the nature of the *puja* a person takes bottle of wine either rice beer or distilled liquor to the priest. Then the priest seeks blessing from god / goddess which is called *Horbong arnam kepu*. Again, depending upon the type of puja, sometime before the day break for *puja* there is pre worship called *Se Kasadi*. Here the *Kurusar* along with the elders, with some bottles of distilled liquor and rice beer seeks blessing or perform *puja* for the next day *puja*. To perform any *puja*, the priest along with some helpers prepares all the necessities. Using bamboo sticks or bamboo branch he builds houses and stands for putting some materials. When everything is ready, before performing the main *puja*, he sometimes takes wine. By chanting the *puja* verse, he one by one kills the required fowls or animals. When the fowl is sliced, the blood is sprinkled on the altar. Then it is thrown in front of the altar to observe the position of the fowl/fowls. The intestine is taken out for observation. If pig or goat is taken, the liver and heart of the animal are studied. Experts can tell by studying the heart or liver, if any misfortune is going to happen or good omen is shown. They can also tell if black magic is performed on him.The people usually take *kunchi* (the assembled parts of horn, tail, ear, finger etc., of animal to offer to god) of goat and pig. After cleaning the fowls or animals they cook separately for the gods/goddesses for *kebo* which means offering to God before they can partake. They are prohibited to partake or even taste before offering first to God or the deities.

So far as the *Thekkere* is concerned, Mr. Timung comments that such type of priest is dangerous. With no second thoughts they spell black magic on others and kill them. They can also perform *puja* of *Kurusar*. If they are insulted or have a jealous mind, they do not hesitate to spell black magic. There are some *Thekkere* who are good doers or prevent the evil doings of

others. Usually the *Thekkere* are issueless or even if they have, their siblings become insane, atleast one of them due to the curse from God, according to their belief.

Case No. 2

Mr. Bajong Bey born at Umrinti village in 1926, spent 30 years of his life in that village practising *jhum* cultivation. He read up to Class III. After his marriage he shifted residence to Thailangso where he owned one *bigha* of homestead land and four *bighas* of *jhum* land. He has five children. He was interviewed on 15.9.2004 at his home.

Mr. Bey went to Killing Ahavar (southern part bordering Meghalaya) where he started learning how to become *Kurusar*. He met his *Guru* Parting Hokola Timung. He stayed for one year. After completion of his training he came to Langmekang where he became *Kurusar* at the age of 54 years. From Langmekang he returned to Thailangso where he is presently living. His 20 years of practices as *Kurusar* have made him well known among the Karbis. As a result, many people from the neighbouring and far away places come to him to check their life line. He also went to different places like Nagaon, Diphu and Shillong for his demonstration and healing as per invitation. In course of discussion he mentioned the following *pujas* :

1) *Donri vo sangtar* : This is done during the night
2) *Hemphu avur* : This is done in the morning
3) *Mukrang avur* : This is done in the morning
4) To find out the cause of disease two parts i) *Voti sanglang* and ii) *Sang kelang* have to be done
5) *Sovai sovoi ase* : This is done during pregnancy for safe delivery
6) *Ahop aphi* : for children/infant
7) *Mehip abirne* : This is done to ascertain whether food items are contaminated
8) *Arlo avur ase* : This is done during pregnancy
9) *Hemphu Teran* : This is done to stop infant mortality rate
10) *Thipthang ase* : This is done to recover from malnutrition
11) *Lamki kepi maja* : This is done for swelling which is due to black magic

Betel nut, chicken, pig, goat and egg etc., are necessary to perform the above *pujas*. During his 20 years of performance he has earned about Rs. 14,000/- as gift. He claims to have cured about twenty persons effectively.

Case No. 3

Mr. Stephan Phangcho was born at Rongkhelan (Block I) in the southern part bordering Meghalaya. Here he grew up as *pegan*. His parents are Mr. Saret Phangcho and Mrs. Kahi Tissopi. He read upto Class VI. He was interviewed on 24.9.2004 at his home.

In his youth he went to Molahin (Kiling land) where he learnt herbal medicines. After spending there for about one and a half years he came back to his uncle's home at Badong. From there he went to Phongjangre where he met his beautiful wife Mrs. Mary Inghipi in the year 1989. After his marriage he settled at Inghinlangso. Luckily he got MR in PWD in 1991. He has five children (2 daughters and 3 sons).

Side by side he started to practise his medicine initially experimenting on himself. By 2000 AD he became very popular in the surrounding area and the people began to visit him. The names of diseases for which he provides herbal medicine are : stomach ache, TB, measles, boils, snake bite, inflamation, swelling, malaria, fresh wounds, epilepsy and fracture etc. For curing TB and snake bite he prescribes medicine in the following manner :

TB : Ginger + black pepper + stream snail + longleangprim + Nampi thengkur + Ingnu tungme angkur + Noklang + Ingroto arvo + birik athe

Snake bite : Chap keho ahu (bark)
Phelo arvo (leaf)
Hunmili aphurni (root)

Mr. Phangcho comments that he has so far cured four epilepsy patients and other persons suffering from fever, fracture, cut injuries and throat swelling etc. His future plan is to acquire more knowledge about the medicinal plants and herbs so that he can cure patients suffering from various types of diseases.

Modern medical treatment :

With the establishment of Civil Hospitals, Rural Hospitals, Primary Health Centres, State Dispensaries, Subsidiary Health Centres and Medical Sub centres throughout the length and breadth of the Karbi Anglong district, the people of the surveyed villages have shown interest in accepting modern treatment of diseases viz., allopathic, homeopathic and ayurvedic. However, the majority of the persons suffering from diseases like to visit the nearest medicare institution for allopathic treatment. Homeopathic medicine is used by the people mainly for treatment

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of children since there is no side effect and the children do not hesitate to take it due to its sweetness. People have faith on *ayurvedic* medicine also. It is interesting to note that some households initially practise traditional methods of treatment such as propitiation of deities and application of wild herbs, roots and tubers. When the condition of the patient gets deteriorated, he/she is rushed to the nearest medicare institution. Again, there are some households who practise traditional methods after failure of modern treatment. Moreover, few households like to continue both traditional and modern methods of treatment simultaneously for quick recovery of the patient.

According to the field investigation, out of the total households of 1683, 1057 (62.80%) have expressed satisfaction over the functioning of the medicare institutions located in and around their villages while 626 (37.20%) have expressed utter dissatisfaction primarily due to non availability of sufficient doctors, nurses, paramedical staff, modern equipments for diagnosis, medicine and ambulance etc. Even some of the households complain that they have to purchase saline from the market although it is available in the medical store or pay charges for injection etc. In this context it may be mentioned here that due to prevailing situation in the district many doctors have got transferred to other places. On the other hand, new doctors are not willing to join here. As a result, the patients have to go to Nagaon, Golaghat and Guwahati etc., for necessary treatment of diseases spending lot of money, time and energy.

So far as infant mortality is concerned, it has been found that the total number of deaths in the surveyed villages is 226 out of which the males and females are 117 and 109 respectively. In this context it may be pointed out here that the infant mortality rate (per 1,000 live births) in the Karbi Anglong district is 79 / 1,000 during 2004-05.

In order to check effectively the growth of population the only remedial solution is the adoption of scientific methods of family planning and birth control. Otherwise any attempt for all round development of the people will be nothing but a wild goose chase only. The field study reveals that out of 1,683 households, 618 (36.72%) have accepted various birth control measures like condom, oral pill, M.T.P. and tubectomy etc., while 1,065 (63.28%) have not come forward to take advantage of the measures.

The traditional method of child rearing is prevalent among the people of the surveyed villages. For the purpose of safe delivery, certain *pujas* are performed by the elders. As soon as the baby is born, he/she is bathed. The umbilical cord is cut with the help of feather or bamboo blade. Later on, name giving ceremony is observed. The baby is usually breast fed. However, the first milk is never fed, rather it is squeezed out. If the mother's milk is insufficient, rice gruel is

fed to the baby. Soft rice is given upto 8 months or so alongwith breast feeding. As the baby grows, he/she starts taking same food as adult, often sharing the mother's plate. Babies are kept in cradle (*Ja-e*) made of cloth. The mother sings lullaby and jerks gently in order to make the baby fast asleep. Sometimes the baby is carried on the back of the parents with a special cloth (*Pehba*). However, with the availability of health facilities in the surrounding areas the people go for immunization of children against polio, pox, diptheria and measles etc. Data were collected from 15 villages in order to know the attitude of the people towards immunization, visit of the health workers to the villages and visit of the expectant mothers to the medicare institutions etc. The study reveals that out of 307 households, 301 (79.84%) have sent their children for immunization which is provided free of cost in the villages or in the medical centres. On the other hand, 76 (20.16%) are not aware of the benefits of immunization. In respect of health workers it has been found that they visit the villages twice or thrice monthly. Again, 176 (46.68%) expectant mothers visit the nearest medicare institution regularly while 201 (53.32%) have not gone for check-up. In most cases, delivery takes place at home with the help of elderly women and relatives. Sometimes doctors, nurses and dais are invited for smooth delivery. However, it is heartening to note that the number of delivery cases in the medicare institutions is gradually increasing.

In order to know the functioning of the medicare institutions some records collected from a PHC and a State Dispensary are furnished below :

TARADUBI PRIMARY HEALTH CENTRE

1. Year of establishment : 17th March, 1991
2. Staff pattern : M & HO-1 - 1, ANM - 1, NMA - 1, GDA - 2, W/G - 1, Sweeper - 1
3. No. of beds : 3 (Three)
4. No. of indoor patients treated during 2003-04 : 178
5. No. of outdoor patients treated during 2003-04 : 22,277 (From 1st January/03 to 9th August/04)
6. No. of surgical operations during 2003-04 : 138
7. No. of annual deaths (2003-04) : Fever – 3, Malaria – 2, Respiratory diseases – 5 and Tuberculosis – 7 (The number of death in hospital is nil. The number is shown on area basis.)
8. Performance of FWB : I.U.D. – 27 C.C. Users or condom – 790 Oral pill – 1302 nos. and M.T.P. – 13

9. Measures adopted by the medical institution for :
   a) Control of Blindness : Under one year all the children are given Vitamin A solution with other vaccine.
   b) Health Education : With the help of ICDS workers a monthly meeting is held between ANM staff and guardians.
   c) School Health Services : A yearly health check-up camp is held in primary school with the help of school teacher.
   d) Registration of Birth and Death : Birth and Death Registration Certificates are issued regularly from Block PHC under the area.
   e) TB Control : From July, 2004 Revised National Tuberculosis Control Programme (RNTCP) has been implemented for control of TB and a DOT Centre is established at Taradubi PHC.
   f) Leprosy Control : NMA staff search and visit the suspected areas and the patient is medicated under this programme.
   g) Goitre : There is no specific measure for goitre under the institution except sympathetic treatment despite some central scheme like supplementation of iodine in salt and other food materials.
   h) F.W. & M.C.H. : Under this programme regular monthly meeting between parents and paramedical staff with the help of ICDS workers is held.
   i) Immunization. : Immunization is given on Wednesday of every week regularly.
   j) Malaria : S/Ws collect the blood slides and antimalarial drug is supplied by the institution.

10. Common diseases prevalent :
    - Fever (Malaria, Typhoid, Viral fever etc.)
    - Diarrhoea, Dysentery, Amoebiasis, Giardiasis
    - Cough, COPD, Respiratory Tract Infection, Tuberculosis, Asthma
    - Skin infection like fungal, bacterial or mixed infection
    - Body ache, Joint pain, Arthritis, etc.

11. Genetic & Environmental diseases :

    The prevalence of genetic diseases is minimal in comparison to other environmental diseases. The genetic diseases among the Karbis is noticed sometimes but death due to such diseases is rare.

12. Sexually transmitted diseases, alcoholism and drug addiction :
    The sexually transmitted diseases among the Karbis like gonorrhoea, syphilis, AIDS are rare. Instead some other genital diseases like leucorrhoea, cervicitis, trachomoniasis etc., are noticed. About alcoholism it may be said that it is more than the drug addiction in comparison to other communities.
13. Suggestions for improvement of health status of the Karbis :
    - Awareness about the health status and to take hygienic food.
    - To give up old traditional process of treatment, to give up treatment from quack and non-medical individual.
    - To avoid alcohol, tobacco, *bidi*, cigarette and other toxic materials, instead to take nutritious food and safe drinking water.
    - To come forward to know the cause of disease, treatment and the measures to prevent the disease.

DILLAI STATE DISPENSARY

1. Area covered : North – Saijang South – Lahorijan West – 16th Mile East – Rongpirongthom
2. Staff Pattern : M & H.O.-1 - 1 Pharmachist – 1 Lab Tech – 2 Health Asstt. - 1 S.I. (M) – 1 S.W. (M) – 3 Jr.. Grade - 2 N.M.A – 1 A.N.M. – 4
3. No. of beds – 2 (Two)
4. No. of indoor patients treated during 2003-04 : Nil
5. No. of outdoor patients treated during 2003-04 : 6,879
6. No. of annual deaths (2003-04) : Malaria – 2
7. Performance of FWB :
   I.U.D. – 15 C.C.Users or condom – 105 Oral pill – 81 M.T.P. – 81
8. Measures adopted by the medical institution for
   a) Control of Blindness : Vitamin A is given for control of blindness.
   b) Health Education : The field staff provide health education at village level.
   c) T.B. Control : It is covered by DOTS programme.
   d) FW & MCH : ANMs give FW & MCH care services.
   e) I.C.D.S. : There are *Anganwadi* workers for ICDS programme.
   f) Malaria : Well staffed malaria section has been provided.

9. Common diseases prevalent :

   Malaria is the dominant ailment in the area. Others are Respiratory Tract Infections, Tuberculosis, Hepatitis, Enteric fever, Malnutrition, Diarrhoeal diseases, Intestinal worms, Scabies and other skin diseases.

10. Genetic & Environmental diseases : Cannot be certified due to lack of laboratory facilities.

11. Sexually transmitted diseases, alcoholism and drug addiction :

    The Karbi people are traditionally monogamous. STD among them are hard to find.

    Alcoholism is present. Drug addiction is difficult to find.

12. Suggestions for improvement of health status of the Karbis :

    Health is directly related to educational status of a society. The need of the hour is to go for time-bound programme to achieve 100% literacy rate in the district of Karbi Anglong. An educated person can appreciate all health related information and is likely to participate actively in the innumerable programmes initiated by the Government. Moreover, uniform distribution of health workers in all the units of the district is highly essential.

CHAPTER SEVEN

CONCLUDING OBSERVATIONS AND SUGGESTIONS

The present study attempts to highlight the prevailing health scenario among the Karbis of the Karbi Anglong district of Assam. All the relevant data collected from various sources have been arranged in a systematic manner in this report under several chapters. In the introductory chapter an effort is being made to provide a brief discussion on the concept of health, perception and treatment of diseases prevalent among the tribal people inhabiting the country. It has been observed that the health of the tribal people is inextricably linked with socio-cultural and magico-religious practices. For prevention and cure of diseases they worship a good number of deities and spirits sacrificing birds and animals. Traditional medicine prepared from plants and herbs is also in vogue among them. However, as a result of establishment of hospitals, primary health centres and dispensaries etc., the people have come forward to avail the benefits offered by these institutions. In order to improve the health status of the tribal people the Draft National Policy on Tribals (2003) intends to adopt suitable measures which are incorporated into this chapter. Moreover, the main objectives of the study such as attitude of the people towards modern methods of treatment, traditional methods of curing diseases, identification of herbal medicine, sanitation and drinking water facilities etc., and the methods and techniques used for carrying out the study and the list of selected villages have been mentioned in this chapter.

A brief profile of the Karbi Anglong district is presented in the second chapter. It includes the process of formation of the district, physiography, population, district administration, autonomous council, civil subdivisions, revenue circles, development blocks, religion of the inhabitants, workers and non-workers, agriculture, health facilities, education and communication network etc. Although Karbi Anglong is the largest district of Assam in terms of geographical area and it is constituted under the provisions of the Sixth Schedule to the Constitution of India, surprisingly it happens to be the poorest district of the State as per Assam Human Development Report, 2003. Since the development activities are moving at a snail's pace, various militant groups have established their camps and jeopardised the peace and tranquility in the district.

The Karbis constitute the largest ethnic group in the district and the present study is carried out among them. It is, therefore, considered necessary to furnish an ethnographic note with emphasis on affinity, origin and migration, socio-economic and religious organisations, traditional administration and status of woman etc., in the third chapter. The Karbis were living in a semi nomadic state prior to the formation of the district. However, after the creation of the district in 1951 they have settled permanently in various parts of the district and started living

cefully. It has been observed that certain changes have taken place among them. In respect of cial institutions viz., family and marriage it is seen that the traditional joint family system has dergone significant changes giving way to the nuclear family system. The study reveals that ut of the total number of 1,683 households, 1221 (72.55%) and 462 (27.45%) are nuclear and oint families respectively. The marriageable age of the boys and girls has also gone up in comparison to the earlier times. In respect of treatment of diseases, education, religious beliefs and practices etc., changes have taken place. Moreover, we observe striking changes in material culture viz., in dress & ornaments, hair style, household articles, food habits, house type and occupational pattern etc. Prominent political leaders, renowned literateurs, doctors and engineers have also come out of this tribe.

In the fourth chapter activities of the Health and Family Welfare Department with headquarters at Diphu have been provided. Locationwise list of medical institutions reveals that there are 2 Civil Hospitals, 5 Rural Hospitals, 8 State Dispensaries, 25 Primary Health Centres, 7 Subsidiary Health centres, 9 Medical Subcentres and 94 Family Welfare Subcentres in the district. While dealing with staff pattern in the medical institutions it has been observed that 65 posts of allopathic doctors, 14 posts of Pharmacists, 14 posts of staff nurses and 1 laboratory technician under the Department are lying vacant. Unless the posts are filled in, provision of proper health care to the needy people is merely a distant dream. It may be mentioned here that the number of patients treated and surgical operations performed in the medical institutions has been increasing day by day. Annual deaths in respect of respiratory diseases, child birth and malaria during the year 2004-05 are found to be 80, 33 and 33 respectively in the district. Measures taken by the department for health education, school health services, registration of birth and death, leprosy control, malaria, monthwise Family Welfare performance, monthwise delivery, immunization and IFA tablets distribution performance have been furnished. Moreover, various activities performed by the Programme Officer, Divisional ICDS, Diphu are incorporated into this chapter. Details of supplementary nutrition in respect of pregnant women, nursing mothers and children in the age group '6m – 6yrs', health check-up by ANM / DHU / MO and health immunization to pregnant women and children in the age group '0 – 6yrs' have been presented.

In the fifth chapter we have discussed at length the transport and communication, post and telegraph, medicare, marketing, banking and drinking water facilities available in and around the surveyed villages. It has been found that although most of the villages are located within a comfortable distance from the nearest motorable road, limited bus services and

ons stand in the way of safe journey of the people. Railway facilities are o the villagers since only 14 villages are located at a distance of '10 – 15' railway station. The remaining villages are situated beyond 15 km. The offices is within easy reach of the people in comparison to that of the Only seven villages are located at a distance of '12 km & Above' from the nstitution while 50 villages are located in the range of '0-11' km from the institution. As many as 45 and 40 villages are suitably situated at a distance of he nearest market and bank respectively. The people of the selected villages on *katcha* or *pucca* well for drinking water. Water from the wells is used by the villages while water from the tubewells is used by the people of 34 villages. e people use traditional methods of filtration. As such, occurrence of water-borne frequent in the villages.

o far as demographic structure is concerned, it has been found that there are 1,683 olds with a total population of 9,692. The highest population (3,495) is found in the age '0-15' yrs against the lowest population (369) in the age group '61 yrs & Above'. In the ad age group '16-60' yrs the total population is 5,828. Sex-ratio is higher (1000 : 970) in the urveyed villages in comparison to that of the district (1000 : 926) as per 2001 census.

Literacy rate is worked out to be 66.61% against 57.70% in the district. 42 and 12 villages have primary and M.E. schools respectively. High school, H.S.S. and college are located outside the selected villages.

Agriculture is the mainstay of the people. The number of households having cultivation as primary occupation is 1,132 (67.26%). On the other hand, 339 (20.14%), 154 (9.15%) and 58 (3.45%) households have adopted service, business and daily wage as primary occupation. The potential working force constitutes 60.13% of the total population. As many as 1,152 (68.45%) households possess lands in the category '0-17' bighas while the remaining 531 (31.55%)) have lands above 17 bighas. With regard to land-holding of various types, it has been found that the area of land brought under wet cultivation constitutes 47.18% against 15.96% of *jhum* land. The practice of terrace cultivation is very limited and it accounts for 1.57% only of the total area of land. Percentages of homestead land, fishery and fallow land are worked out to be 15.55, 2.92 and 3.72 respectively. Moreover, we find 13.10% of other lands covering horticulture and bamboo plantation etc. The average land-holding per household is 15.63 bigha. Per capita land-holding is 2.71 bigha only. The people of the surveyed villages obtain 46.05% of the total annual income from land. Other sources of income include 'Paid employment including daily wage'

deplorable road conditions stand in the way of safe journey of the people. Railway facilities are not easily accessible to the villagers since only 14 villages are located at a distance of '10 – 15' km from the nearest railway station. The remaining villages are situated beyond 15 km. The location of the post offices is within easy reach of the people in comparison to that of the telegraph offices. Only seven villages are located at a distance of '12 km & Above' from the nearest medicare institution while 50 villages are located in the range of '0-11' km from the nearest medicare institution. As many as 45 and 40 villages are suitably situated at a distance of '0-5' km from the nearest market and bank respectively. The people of the selected villages depend mainly on *katcha* or *pucca* well for drinking water. Water from the wells is used by the people of 49 villages while water from the tubewells is used by the people of 34 villages. Generally, the people use traditional methods of filtration. As such, occurrence of water-borne diseases is frequent in the villages.

So far as demographic structure is concerned, it has been found that there are 1,683 households with a total population of 9,692. The highest population (3,495) is found in the age group '0-15' yrs against the lowest population (369) in the age group '61 yrs & Above'. In the broad age group '16-60' yrs the total population is 5,828. Sex-ratio is higher (1000 : 970) in the surveyed villages in comparison to that of the district (1000 : 926) as per 2001 census.

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(29.52%), 'Livestock' (12.26%), 'Trade & Commerce' (6.38%), 'Fishery' (3.11%) and 'Cottage Industry' (2.68%). The average annual income of a household is Rs. 39,524.00 and the per capita annual income is Rs. 6,863.00. On the other hand, food (55.25%) is the major head of expenditure of the people. Other items of expenditure are 'dress & ornaments' (6.34%), education (6%), health (5.47%), 'residential house & furniture' (5.33%), 'amusement, festivals & ceremonies' (4.64%), 'travelling & transport' (4.39%), 'beverage, tobacco & betel nut' (3.82%), 'toliet, kerosine & electricity' (3.77%), and 'radio, watch, bicycle, TV etc.' (2.92%). The item 'miscellaneous' includes expenses relating to land tenure and purchase of utensils etc and the percentage of expenditure is 2.05. The average annual expenditure of a household is Rs. 35,021.00 and the per capita expenditure is Rs.6,081.00. On the whole, the average household possess a marginal surplus budget of Rs.4,503.00 only. This reveals that the people are living in a subsistence level of economy.

Health care practices prevalent among the people of the selected villages have been presented in the sixth chapter. The study reveals that about 73% of the households have made necessary arrangement for removing smoke of the hearth while 27% do not have any provision as a result of which the people suffer from air pollution. Although the people are in the habit of rearing birds and animals, most of them do not practise scientific rearing of livestock. Animals and birds are allowed to move freely and this creates an unhygienic situation. 19.43% of the households have sanitary latrines against 46.35% of households having service latrines. Others use open fields / forests for the purpose of defecation. Drainage system is not satisfactory. 15.21% of the households have permanent drainage while 84.79% make temporary canals to drain water during the rainy season. Presence of fluoride in water in some villages has also created problems. So far as personal hygiene is concerned, it is found that 58.41% of the respondents use tooth brush, paste and powder for cleaning teeth. Others use charcoal or twigs. Beard shaving is usually done 2/3 times a week, nail clipping once in 1 / 2 weeks and hair cutting at an interval of 1 / 2 months. 76.71% of the respondents take regular bath while 57.16% of the respondents use soap during bath regularly.

With regard to food habits, it may be said that the people prefer black tea to tea with milk. 48.96% and 29.23% of the respondents drink black tea without sugar and black tea with sugar respectively. Only 21.81% drink tea with milk and sugar. Rice with leafy vegetables is their normal diet. Vegetables are cultivated in their fields or collected from the nearby forests. Their delicacies are pork, chicken, fish and dry fish etc. Ricebeer is their favourite beeverage. Chewing of betel nut is common irrespective of sex. 74.39% of the respondents use betel nut and 25.61%

smoke *bidi*, cigarette and chew tobacco. The number of persons habituated with drinking, smoking and chewing of tobacco appears to be increasing in the surveyed villages.

Malaria, dysentery, diarrhoea and jaundice are found to be common diseases among the people. Other diseases like fever, headache, eye problems and scabies etc. also occur. 7.98% of the respondents believe that diseases occur due to black magic, witchcraft and evil eye of a person. According to 8.95%, 24.13%, 28.22% and 30.72% of the respondents, diseases occur due to breach of social norms and taboos, wrath and deities and evil spirits, excessive heat, sunshine and rainfall, and consumption of wrong food respectively. The people offer worship to deities and spirits for prevention and cure of the diseases. Sometimes the help of *Lodeppi* is also sought for curing diseases. Moreover, charms and amulets are in use among them. The people take the help of medicine man who can cure diseases by applying medicinal plants and herbs. However, with the creation of health institutions in and around the surveyed villages, the attitude of the people towards scientific treatment of diseases appears to be satisfactory. Allopathic treatment is preferred by the people. Ayurvedic and homeopathic medicines are also used by them. The study reveals that 62.80% of the respondents are satisfied with the functioning of the nearest medicare institution. On the contrary, 37.20% of the respondents are not satisfied due to dearth of doctors, nurses, paramedical staff, equipments and medicine etc. Family planning measures cannot be said to be satisfactory because of the fact that only 36.72% of the respondents have adopted certain measures.

It is heartening to note that about 80% of the respondents send their children for immunization which is available in the villages or in the health institutions free of cost. Again, 46.68% of the expectant mothers pay regular visit to the nearest medical institution for check up. But most of the delivery cases take place at home with the help of relatives and elderly women. If any complicacy arises, the people invite the doctors and nurses or rush them to the nearest health institution for safe delivery. Of course, with the passage of time, there has been an increase of delivery cases in the health institutions. This reveals that the people do not like to take risk at home and therefore, they send the pregnant women to the health institution.

<u>SUGGESTIONS :</u>

On the basis of the study, we would like to put forward the following suggestions for favour of necessary consideration by the appropriate authorities :

1. *All the posts lying vacant in the health institutions of the district should be filled in as early as possible for the benefit of the people.*

2. *The medicare institutions should be provided with adequate supply of medicine and diagnostic equipments. Sub standard drugs should not be supplied at any cost.*

3. *Efforts should be made to achieve 100% literacy rate in the district so that the people come forward to participate in the health related programmes executed by the Government.*

4. *Provisions for safe drinking water should be made in the villages in order to protect the people from the water-borne diseases.*

5. *Health education viz., health check-up, health education camp and cinema show on health education should be enhanced.*

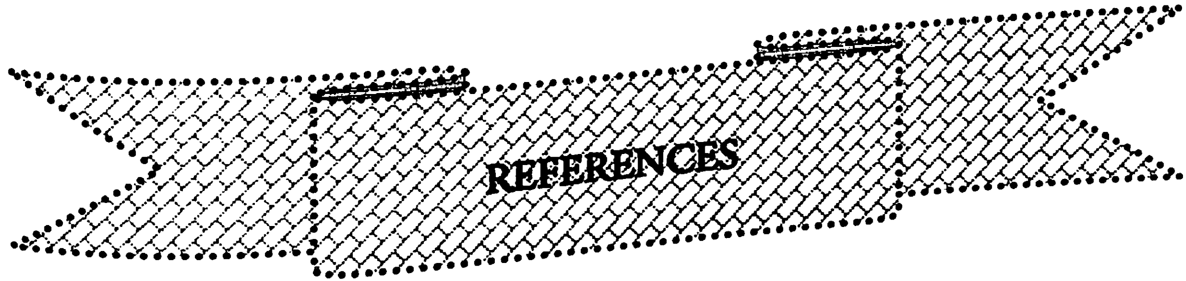
6. *Attempts may be made to include more student population in a calendar year under School Health Services.*

7. *Pulse polio immunization should be provided to all children below the age of 5 years. The people should be motivated for this purpose.*

8. *Income generating schemes should be provided to the people to augment their economy since most of them are not in a position to spend lot of money for modern methods of treatment*

9. *The need of the hour is to identify and preserve plants and herbs having preventive and curative qualities in respect of various diseases.*

10. *NGOs should come forward to improve the health status of the people.*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APPENDICES

GOVERNMENT OF ASSAM
ASSAM INSTITUTE OF RESEARCH FOR TRIBALS AND SCHEDULED CASTES
JAWAHARNAGAR, GUWAHATI-22.

"TRIBAL HEALTH AND MEDICINE : A CASE STUDY AMONG THE KARBIS OF KARBI ANGLONG DISTRICT, ASSAM"

Data collected by :

Supervised by :

SCHEDULE II
(Village Schedule)

Date -

Date -

Name of the Informant	Age	Sex	Education	Occupation
i)				
ii)				
iii)				

1. General Information :
   - (a) Village :
   - (b) Police Station :
   - (c) Development Block :
   - (d) Revenue Circle/Office :
   - (e) Subdivision :
   - (f) District :
   - (g) Total no. of households :
   - (h) Total population :

     Male .... Female ....

   - (i) Religion of the people :

2. Topography of the village :

   The village is situated on a plain / on an undulating surface / on a plateau / on a hillock / at the bottom of depression. (Give tickmark whichever is applicable)

3. Give a short note covering the aspects of housing, sanitation, etc., in the village.

4. Health :

   (a) Write a brief note on the general health of the people.

   (b) What are the common diseases people generally suffer from ? (Malaria, Diarrhoea, Dysentery, Influenza, Scabies, Entric fever, Gastroenterities, Others (Specify).

   (c) Did any disease break out in epidemic form during the last five years ? Yes/No. If yes, give details of the epidemic.

   (d) Is there any leprosy patient / physically handicapped person, etc., in the village ? Yes / No. If yes, give number of such persons categorywise.

5. Transport & Communication Facilities :

   A] Distance of the village from the nearest

		Name	Km.
i)	Motorable Road		
ii)	Railway Station		
iii)	Market		
iv)	Block Office		
v)	Bank		
vi)	Revenue Circle/Office		
vii)	Subdivisional H.Q.		
viii)	District H.Q.		

B] Condition of the road to the village :

(i) Foot tract (ii) Katcha all weather motorable road

(iii) Gravelled road (iv) Katcha fair weather motorable road

(v) Others (specify).

C] Means of conveyance :

Automobile / Bullcok Cart / On foot / Others (specify)

(Use tickmark whichever is applicable)

D] Other means of mass communication available in the village :

Radio/Newspaper/Library/Television/Others (specify)

(Use tickmark whichever is applicable)

6. Civic facilities :

A] Distance of the village from the nearest

		Name	Km.
i)	Post Office		
ii)	Telegraph Office		
iii)	Hospital		
iv)	PHC		
v)	Dispensary		
vi)	Subcentre		
vii)	Private medical practitioner : Allopathic, Homoeopathic, Ayurvedic		

7. Educational Facilities available in the village :

8. Drinking Water :

(a) What are the sources of drinking water in the village ?
Pond / Well / River / Tubewell / Tap water / Others (specify)

(b) Write a short note on the quality of drinking water.

(c) Whether the drinking water is sufficient throughout the year ? Yes/No.

9. Power & Electricity :
   Is the village electrified ? Yes/No.

   If yes, specify whether electrification covers agriculture (irrigation, etc.) connection, domestic lighting purpose, industrial purpose, street light, etc.

10. What are child rearing practices prevalent in the village ?

11. Do you think that existing facilities of the nearest medicare institution have benefitted the people of the village ? If yes, how ? If not, what measures are to be adopted by the Health Department for the welfare of the people ?

SCHEDULE III
PARTICULARS FROM MEDICARE INSTITUTIONS

Name of the Research Investigator :
Date :

1. Name of the medicare institution :

2. Year of establishment :

3. Area covered :

4. Staff Pattern :

5. No. of beds :

6. No. of indoor patients treated during 2003-04 :

7. No. of outdoor patients treated during 2003-04 :

8. No. of surgical operations during 2003-04 :

9. Annual deaths from selected causes of death :

Sl. No.	Causes of death	No. of annual deaths (2003-04)
1	Cholera	
2	Diarrhoea	
3	Child birth	
4	Dysentery	
5	Fever	
6	Kala Azar	
7	Malaria	
8	Respiratory diseases	
9	Small pox	
10	Snake bite	
11	T.B.	
12	Any other (specify)	

10. Performance of Family Welfare Bureau (FWB) :

Scheme	Performance (2003-04)
1. I.U.D.	
2. Sterilisation a) Vasectomy b) Tubectomy c) Laparscopy	
3. Jellies/Creams	
4. Foam tablet	
5. Diaphragm	
6. C.C.Users or condom	
7. Oral pill	
8. M.T.P.	

14. What are sexually transmitted diseases prevalent among the Karbis? Also furnish in detail about alcoholism and drug addiction among them.

15. Any suggestion for improvement of health status of the Karbis?