

**REPORT
ON**

**HUMAN DEVELOPMENT INDICATORS
FOR SCHEDULED TRIBES OF ASSAM**

219 (R)

**CONDUCTED
BY**

**ASSAM INSTITUTE OF RESEARCH
FOR TRIBALS AND SCHEDULED CASTES
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PREFACE

As is well known Tribal people are living in rural areas and lack of development among the Scheduled Tribes of Assam has always been noticed. The Scheduled Tribes inhabiting areas suffer from low agricultural productivity, poor infrastructure and poor communication and lack of education and health care. It is therefore extremely important to focus attention on Human Development Indicators to overcome these disadvantages. For measuring human development, there are three essential elements – to enable people to lead long and healthy lives, to access knowledge and education and to possess the resources needed for a reasonable standard of living. Thus the indicator will be healthy, education and material well-being. As the 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 . Lack of awareness and apathy to utilize the available health services also affect their health status. In the wake of the opening of tribal areas with highways, industrialization and communication facilities etc, diseases have spread to tribal areas. Endemics like malaria, deficiency disease, vernal disease are not uncommon among tribal population. However lack of safe drinking water and malnutrition are well recognized major health hazards. The poor nutritional status of tribal women directly influences their reproductive performance and their infant's survival, growth and development.

Plethora of studies have already been conducted on the various aspects of life and culture of the Tiwas of Kamrup and Morigaon districts, the Boros of Darrang and Udalguri districts of Assam but not much is found in respect of Human Development Indicators of these two communities

The present study is intended to get a first hand knowledge of the Human Development Indicators of the Tiwas of Kamrup, Morigaon district and the Boros of Darrang and Udalguri districts of Assam. The study pin pointed certain salient features regarding the health and socio-economic condition relating to Human Development of the two communities. The insufficiencies of Human Development Indicators have been shown along with suggestion for removing those shortcomings which will contribute largely towards formulation of pragmatic and need based Human Development of this two communities at large.

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CHAPTER-1

INTRODUCTION:

The concept of human development has a broad connotation. In its wider spectrum, besides viable economy, growth or aggregate economy, disciplines like sociology, psychology, education, medicine, art and culture have to be taken into consideration more so in case of scheduled tribes, as development of tribal cannot and should not be measured in equal terms with the development of non scheduled communities. The Assam Human Development Report 2003 rightly observed the 'human development is not simply to produce more goods and services for material enrichment but to increase the capabilities of all the people to lead full productive and satisfying lives.'

Human development implies qualitative growth of people with capabilities and potentialities to grow and develop. Education, environment, food and nutrition, information media, transport and communication, health care facilities, housing, sanitation, adjustment to changing situation are the salient ingredients of human development.

Economic development although considered as the prime mover for progress, yet education and economy go hand in hand. Without educational development economic development would be like putting the cart before the horse. "Having realized the vital role of human resources in sustaining the process of development, the socio-economic planners in the Third World Countries have been showing an increasing concern to create the necessary condition for the development of human resources. It did not take long for the policy planners in India to recognize the role of human resource development in general and that of education in particular in the process of socio-economic transformation for self reliant development of the economy" (Parminder Kaur and others- Human Resource Development , Education and Socio- Economic Development'Ed. Bhawdeep Singh- D.D Publication, New Delhi- 1997).

Of late, specially in post Independence period various plans and programmes have been introduced in the pre literate societies in the broad objective of making the hitherto down trodden societies to march with time. Here the development planners have been beset with the limitations of cultural constraints based mainly on traditional traits and peculiar socio-environmental situation hindering development of human potentials also in the adoption of new and latest scientific and technological innovations for raising the income quality of life and socio-economic condition. Education therefore plays a significant role towards rousing the consciousness for a meaningful human development.

The large volume of socio-economic studies conducted by the Tribal Research Institute, particularly by the Assam Institute of Research for Tribals and Scheduled castes indicates disheartening picture so far educational development is concerned. Unemployed educated tribal youths are becoming a burden in the families. Neither there is scope for employment, self employment nor they are eligible for agricultural activities. Besides there are sizable dropout cases right from Lower Primary to college level.

Even in agricultural arena, most of the villagers possess 5 bighas of land including homestead land which is quite insufficient to maintain a family. Below poverty line families are yet to be brought to the above that line.

Human development in the tribal areas will remain at a low key until the tribal people become conscious in respect of wasteful expenditures in socio-religious occasions. A good portion of paddy is used in preparation of rice beer. Similarly in the name of festivals and death rites, marriage ceremonies huge arrangement is made for a sumptuous feast even though the families remain below poverty line. In the name so called social obligation, the villagers spend sizable amount of money even by borrowing from the village money lenders. Besides mortgaging of land make them poorer and very often they are compelled to sell their lands being unable to pay the loan amount. Less said better in respect of indebtedness which continues for generations.

In a recent study on availability of credit to the scheduled tribes conducted by the Assam Institute of Research for Tribals and Scheduled Castes, a very disheartening picture emerges in respect of utilization of loan, impact of the credit on the living condition of the people, educational improvement, infrastructural improvement etc. What is required in a consciousness bolstering among the scheduled tribes coupled with improvement of economic condition. The respondents reported that due to poverty, insufficient loan amount, calous attitude of the collectors the loanees failed to repay the loan amount. Thus mere giving loans is not enough, viability of loanees should be pre judged and follow up measures should be taken. The avowed aim of the planners was to free the tribal people from the clutches of Mahajans. But the study showed that because of insufficiency of loan amount many villagers approached village mahajans to meet up the balance.

There is perceptible changes in the tribal areas specially after these areas were opened up while implementing welfare programmes. People's aspirations have been boosted up if there are tangible improvements in almost all sectors. But the progress is not uniform and most of the welfare schemes have not been percolated to the needy villagers. For example the study conducted by AIRTSC only last year in 40 tribal villages of Kamrup, Nagaon,

Golaghat and Jorhat pinpointed this disparity. In Kamrup district out of 150 households 17.29% households are in below poverty line and 39.01% above poverty line but below Rs. 36000.00 annual income. 60% villages have katcha fair weather roads and 20% villages have all weather katcha roads. For one village only the foot track is the link with outside world. People are basically cultivators but cultivation in small holding cannot cater the needs of a family. There are only 9.83% households where service holders are traced. Of course, due to nearness to the Guwahati city some of the households are doing business. The percentage of such households is 16.42. Awareness of towards health is gradually coming up. But still today 38% households use katcha latrine. In respect of educational standard the drop out from schools and colleges is there due to economic hardship. There were 12 student in LP, 11 students ME, 16 in HE and 5 students in college drops in the surveyed villages.

More or less similar dropout problem prevails among the scheduled tribes of Nagaon and Golaghat districts. In Nagaon there were 7 dropouts in LP, 12 in ME, 20 in HE and 13 in college standard. Likewise in Golaghat district there were 7 dropouts in L P, 18 in M E, 16 in H E and 19 in College standard. Health wise the position is not improving. Even in this 21st century 2% tribal villagers of Nagaon use open fields to respond the call of nature and 42% use katcha latrines. However 56% households have sanitary latrines.

The position is further deplorable in Jorhat and Golaghat districts. In Jorhat, the major tribes are Mishings and Deoris and they live in riverain areas. The villages are located about 10 kms from Jorhat town but sanitation is least cared in this village. 61.33 households used the open field answering call of nature and rest 36 households have katcha latrines and 2 households have sanitary latrines while in Golaghat district the 83.33% Mising tribal households possess katcha latrines, 2 households defecate in open fields and 14 households have sanitary latrines. Less said is better in respect of drinking water facilities. Thus human development among the scheduled tribes assumes added significance.

G.S.Bhatnagar opines "There are no two opinions regarding the fact that the Indian villages are undergoing a process of transformation. Thus process is likely to affect the health consciousness and utilization of the medical services by the members of village communities. The process of change in village communities has been accelerated due to the operation of factor like exposure to mass media, occupational mobility, new development activities spread of education, technological and economic advancement etc. All these factors are likely to increase the awareness and consciousness of village people towards better health and practices of personal hygiene. But a major chunk of the village population is not aware about these practices, because there is no health education in the villages. Villagers do not

understand the importance of hygiene as a preventive measure of various diseases.” (Utilizations – Changed to Practices’ by G.S.Bhatnagar and Ravinder Paul, 1997)

Thus modern resources like TV, Radio, telephone, motor bike, newspapers are entering into the far flung tribal villages but basic infrastructures facilities like roads, drinking water facilities, regular power supply etc. are far from satisfactory. There may be Public Health Centres in or near the villages but these can hardly cater to the needs of the villagers because doctors in most cases visit centres casually and modern medicines are not available. Human development is very co-related with the development of human development. The personnel engaged for welfare activities among tribals should have a dedicated spirit to serve the downtrodden.

The human development is perhaps the most crucial sector and very important determinant of growth. The tribal people possess abundant physical ability to change the course of life provided their inherent capabilities are utilized in the right direction. Conscious effort is required to mobilize, organize and use the resources effectively and efficiently towards a better quality of life. The knowledge skills, attitudes and initiatives of the tribal people if harnessed properly, can contribute greatly towards a viable socio-economic development. In this context the latest study on credit availability to tribals mentioned above, it has been noticed that the tribal people in all the districts under survey have very little cottage industries, although there is ample scope for such industries. In case of weaving it was found that more than 50% tribal households had not taken as a cottage industry in spite of their skill and aptitude. A tribal household in the Assam situation without a loom is unthinkable and the women folk are expert weavers. Even they have the rare skill of preparing dyes from creepers, roots and leaves available locally. Modernism has deterred many women to weave clothes as young people prefer mill made clothes.

Tribal habitant is characterized by abundance of raw materials like cane, bamboo and the people learned the skills of making cane and bamboo implements. The dormitories played a significant role in this regard. There is good demand of the artifacts. What is needed a motivation and training and marketing facilities. The NGOs/SHGs can play significant role in bringing the uneducated/educated tribal youth to this venture. Here again it was noticed that NGOs/SHGs like Family Oriented Income Generating Schemes, Indira Awas Yojana, ASHA etc. could not do much. Most of the surveyed households were not benefited by the schemes.

In the above backdrop a new deal has to be incorporated for the all round development of the Scheduled Tribe and the study of human development will go a long way to usher in a growing economy among the Scheduled Tribes. The stereotyped planned

development should be replaced by a need based pragmatic approach and Human Development study is the right approach.

Decades back there was a trend of putting emphasis Gross Domestic Product (GDP) concept having made money earning as the only indicator of development. Thus more and more use of consumer articles and modern paraphernalia's because the show piece of development and affluence. Some of the economic observers of tribal study were tempted to proceed on this concept in determining the tribal development. But towards the end of 20th Century sustainable human development concept reoriented the earlier Gross Domestic Product (GDP) concept to determine the indicators of development as sustainable human development has various other indicators. A holistic approach was used to find out indicators of development. Although money has its prime role in socio-economic development, it is not the be all and end all. In the context of tribal milieu the indicators of human development have different connotations. Gathering of money and wealth is not the criteria of development in the tribal society. The egalitarianism has much to do in tribal social life. Corporate feeling is the characteristic feature among ethnic groups. The sustainable development embodies 'Sarbe Satta Sukhita Bhabantu' i.e. happiness should be bestowed upon all. Unless all are happy no one can be happy. Thus while determining indicators of tribal development and Gross Domestic Product (GDP) various networking factors need to be considered such as their poverty level ignorance level/literacy level and their capability level. Thus indicators of development based on GDP have to be studied in the perspective of tribal milieu infrastructural facilities available and their innovative characteristic and adaptability.

Infrastructure may be compared with wheels of economic activities and the inter linkage between infrastructure and development brings a sustainable human development. Again infrastructural increment contributes GDP increase. "Infrastructure is a compound of two words – infra and structure. Infra means that which lies beneath the structure. The latter is created on the foundation stone of the former. It is an underlying layer of the economy which enhances the productive capacity. They are not the factors of production but they help in fostering development process. It is used as an umbrella term for several activities often referred to as 'social overhead capital', 'Economic overhead', 'Basic Economic Facilities'."

Thus human development effort and infrastructural support have symbiotic relation and unless the infrastructural development takes precedence any hope for a sound economy of the constituent population sector is frustrated affecting the Gross Domestic Product (GDP) in its totality.

CHAPTER - II

OBJECTIVE

Over the decades since Independence many welfare schemes have been implemented for the Scheduled Tribes under the Tribal Sub Plan. But very often the tribal people are seen to come to the streets demanding certain benefits. The development activities meant for tribals have not percolated to the actual needy persons. Various studies conducted by Assam Institute of Research for Tribals and Scheduled Castes pin pointed the deficiencies of tribal development schemes. Due to the absence of holistic and inter disciplinary approach many well meaning schemes could not satisfy the aspirations of the tribal people. Thus a study on human development in the tribal context seems imperative to assess the socio-economic development enabling the planners to find out the indicators so that the disadvantages are removed. Of late study on human development gets momentum “ to increase the capabilities of all people to lead full, productive and satisfying lives.”. Human development has three basic components to enable people to lead long and healthy lives, to access knowledge and education and to possess the resources needed for a reasonable standard of living. Keeping the three essential elements in mind the study put thrust on the indicators of health, education and material well being.

In the above backdrop the Assam Institute of Research for Tribal and Scheduled Castes has undertaken the present study titled ‘Human Development Indicators for Scheduled Tribes with the following broad parameters.

1. Life expectancy at birth as a gauge of health.
2. Literacy and mean years of schooling as a measure for education and
3. Per capita GDP (adjusted for purchasing power parity)

The objectives of the study are

1. To find out current status of health, education and material well being among the Scheduled Castes of Assam
2. To find out the infrastructural facilities of human development indicators
3. To find out the structural changes needed in human development indicators for the development of the Scheduled Tribes

SAMPLING

Ten villages having more than 50% tribal population of four main districts viz. Kamrup, Morigaon, Darrang, and Udalguri were selected on random basis for micro level study. 150 tribal households were selected from each of the above mentioned districts for micro level study.

METHODOLOGY

For collection of field data, participant observation method and personal interview method were adopted. Seven Investigators were appointed for the intensive time bound study. Structured questionnaires (schedules) were prepared and the investigators were duly briefed about the field duties before sending them to the villages for collection of data. The Investigators stayed in the field for ten weeks collecting data from the far flung tribal villages as well as from the sample households by visiting the three households. Tabulation and analysis of data was performed by the Investigators extending a period of eight weeks. Preparation of the state report took eight weeks. During field work the officers of the AIRTSC visited the surveyed areas and gave necessary guidance to the Investigators.

CHAPTER - III

DATA ANALYSIS OF VILLAGE SCHEDULE

For the present research study entitled “ Study on Human Development Indicators for Scheduled Tribes of Assam”, 40 tribal villages of Kamrup, Morigaon, Darrang and Udalguri, covering a total tribal population of 37,339, male 18,235, female 19086 were studied. District wise studied tribal population has been shown below :

	District	Total tribal population	Male	Female
1	Kamrup	12485	55880	6605
2	Morigaon	11903	5536	6367
3	Darrang	6538	3433	3105
4	Udalguri	6413	3404	3009
	Total	37339	18253	19086

KAMRUP DISTRICT

Details of names of Blocks, names of Villages, names of Gaon Panchyats, Police Station, Sub Division, nos. of Households, village wise population. Kamrup District has been shown in Tables 1 and 2.

DISTRICT KAMRUP

Table - 1

General Information

Sl.No.	Name of Blocks	Name of the Villages	GP	PS	Sub - Division
1	Rani	Andhrejuli	Rani .Bhologaon	Palasbari, Rani	Guwahati
2	Rani	Raja pani Charda	Rani Bhologaon	-do-	-do-
3	Rani	Bahupara	Dakshin Rani	-do-	-do-
4	Rani	Bata bari	Rani Bhologaon	-do-	-do-
5	Rani	Rangapara	Rani Bhologaon	-do-	-do-
6	Dimoria	Hahara	Hahara	Sonapur	-do-
7	Dimoria	Rewa	Sita membor	Khetry	-do-
8	Dimoria	Tatali Guri	Sita membor	-do-	-do-
9	Dimoria	Korehia	Kumar kuchi	Sonapur	-do-
10	Dimoria	Gomoria	Hahara	-do-	-do-

Table - 2

Village wise Tribal Population of the Surveyed Villages in Kamrup District

Sl.No.	Name of Villages	Total no.of households	Population		
			Male	Female	Total
1	Andhrejuli	112	350	370	720
2	Bohupara	98	268	236	504
3	Raja pani Charda	155	500	430	930
4	Bata bari	125	310	245	555
5	Rangapara	95	260	206	466
6	Hahara	152	365	445	810
7	Rewa	215	727	888	1615
8	Tatali Guri	130	682	833	1515
9	Korehia	373	1812	2213	4025
10	Gomoria	244	606	739	1345
	Total	1699	5880	6605	12485

The topography of the villages may be characterized in three categories – hilly, plains and undwelling plains. In the first category there is only one village while eight villages are located in plains and another one in undwelling plains.

As regards compactness, nine villages are agglomerated and only one is dispersed. Table- 3.

Table 3
Showing Topography and Settlement Pattern of the Surveyed Villages in Kamrup District

Sl No.	Name of villages	Topography of the villages				Settlement Pattern			
		Hilly	Plains	Undwelling plain	Others	Agglomerated	Dispersed	Isolated	Others
1	Andhrejuli	-	1	-	-	1	-	-	-
2	Bohupara	-	1	-	-	1	-	-	-
3	Raja pani Charda	-	1	-	-	1	-	-	-
4	Bata bari	-	1	-	-	1	-	-	-
5	Rangapara	-	1	-	-	1	-	-	-
6	Hahara	-	1	-	-	1	-	-	-
7	Rewa	1	-	-	-	1	-	-	-
8	Tatali Guri	-	1	-	-	1	-	-	-
9	Korehia	-	1	-	-	1	-	-	-
10	Gomoria	-	-	1	-	1	1	-	-
	Total		1	8	1	-	9	1	-

The transport and communication facilities are not very conveniently located. Only 5 villages have transport facilities within 0 -2 kms. and rest of the five villages are located within 5-15 kms. Railway facilities are located at a distance of 5 to 15 kms while block office is located at 0-2 kms for 5 villages and for rest of the villages the office is located at a distance of 5 -15 kms. Table – 4

Table – 4
Showing Transport and Communication facilities of Surveyed Villages in Kamrup District

Sl.No.	Facilities	Distance (in Km of the Villages from the nearest facility)				
		0--2	2-5	5 -10	10 -15	More than 15
1	Transport station	5 (50%)		2 (20%)	1 (10%)	2 (20%)
2	Railway Station			7(70%)		3 (30%)
3	Block Office	5 (50%)		2(20%)	1(10%)	2(20%)
4	Sub divisional Headquarter				3(30%)	7(70%)

Only one village has katcha all weather motorable and graveled road. 6 villages have katcha fair weather roads and 2 villages have only foot tracks. Table – 5

Table -5
Showing Condition of the Roads of the Surveyed Villages in Kamrup District

Total no. of villages	Food track	Katcha fair weather motorable roads	Katcha all weather motorable roads	Gravelled	Other
10	2 (20%)	6(60%)	1 (10%)	1(10%)	

All the surveyed villages use motor, bus for going out from the villages. Table – 6

Table – 6
Showing mode of conveyance in the surveyed villages in Kamrup District

Total no.of villages	Mode of conveyance			
	Motor bus	Rail	Car	Boat
10	10 (100%)	-	-	-

All the villages possess TV, radio, telephone while 9 villages have news papers, 5 villages have community centre and only two villages have libraries. Table – 7

Table – 7
Table showing Mass Communication facilities in the Surveyed Villages in Kamrup District

Total No. of Villages	Means of Mass Communication					
	TV	Radio	Telephone	Newspapers	Community centre	Libraries
10	10 (100%)	10(100%)	9 (90%)	2(20%)	5 (50%)	10 (100%)

Most of the villages have civic facilities like post office, telegraph office, STD booth, pharmacy /medical shop, weekly market, Fair Price shop within 1-5 kms, 2 villages have post office at a distance 5-10 kms. 5 villages have telegraph office at a distance of more than 15

kms while banks are located at a distance of 10-15 kms (6 villages), 5-10 kms (3 villages), 2-15 kms (1 village). 4 villages have weekly markets at a distance of 5 – 10 kms. Table -8.

Table – 8

Showing the Table Civic and Other facilities in the Surveyed Villages in Kamrup

District

Total no. of villages	Category		Distance (in Km) from the villages					
			Within the Village	1-2	2-5	5-10	10-15	More than 15
10	1	Post Office	-	6 (60%)	2 (20%)	2 (20%)	-	-
	2	Telegraph Office	-	2 (20%)	3 (30%)	-	-	5 (50%)
	3	STD Booth	-	4 (40%)	4 (40%)	-	2 (20%)	-
	4	Bank	-	-	1 (10%)	3 (30%)	6 (60%)	-
	5	Pharmacy or Medical Shop	-	3 (30%)	4 (40%)	-	2 (20%)	1
	6	Weekly Market	-	2 (20%)	4 (40%)	4 (40%)	-	-
	7	Fair Price shop	-	6 (60%)	4 (40%)	-	-	-

The drainage facility in majority of the villages lies openly. Only one village has underground drainage while 2 villages have no drainage system. Table – 9

Table – 9

Showing type of drainage facility in the surveyed villages in Kamrup District

Total no. of village	Drainage Facility		
	Underground	Open	No
10	1 (10%)	7 (70%)	2 (20%)

As regards toilet 4 villages have katcha latrines, 2 villages have sanitary latrines and 4 villages have no latrines. The villagers in this last category use open field for defecation.

Table – 10

Table – 10

Showing type of Toilet facility in the surveyed villages in Kamrup District

Total no. of village	Drainage Facility			
	Open field	Katcha Latrine	Sanitary	Any others
10	1 (10%)	7 (70%)	2 (20%)	-

Regarding house 5 villages have semi pucca, 3 villages have katcha and 2 villages have pucca houses. Table – 11

Table – 11

Showing type of House structure in the surveyed villages in Kamrup District

Total no. of village	Drainage Facility		
	Pucca	Semi Pucca	Katcha
10	2 (20%)	5 (50%)	3 (30%)

Table – 12

Showing type of Major Crops growing in the surveyed villages in Kamrup District

Total no. of Villages	Kharif	Rabi
10	10 (100%)	8 (80%)
		-

10 villages grow kharif crop and 8 villages grow rabi crops.. Table 12

Rain water is the only source of irrigation for all the villages. However, 1 village irrigates land from well water. Table – 13

Table – 13

Showing the Table Main Source of Irrigation in the surveyed villages in Kamrup District

Total no. of Villages	Main Source of Irrigation facility					
	Rain water	Tank water	Stream/River	Well	Tube well	Pump set
10	10 (100%)	-	-	1(10%)	-	-

9 villages are electrified out of 10 villages and 6 villages get regular supply while rest of the villages get irregular supply of electricity. Table – 14

Table – 14

Showing the Table Electrification in the surveyed villages in Kamrup District

Total no. of Villages	Villages Electrified			
	Electrified	Not Electrified	If Electrified	
10	9 (90%)	1(10%)	Regularly supply	Irregular supply
			6 (60%)	4 (40%)

5 villages each have L P and Anganwadi schools within the villages while 5 villages each have the same schools with 1-2 kms. 5 villages have ME schools at a distance of 2-5 kms, 3 within 1-2 kms and 2 within the villages. H.E. schools are located at 1 -2 kms for 2 villages, 2-5 kms for 8 villages. H S schools are located beyond 10-15 kms for 3 villages, 5-10 kms for 5 villages and 2-5 kms for 2 villages. Colleges are located at beyond 15 kms for 3 villages. 10-15 kms for 3 villages and 5-10 kms for 4 villages. Table – 15

Table – 15

Showing the Table Education facilities in the Surveyed Villages in Kamrup District

Total no. of villages	Category		Distance (in Km) from the villages to the market category					
			Within the Village	1-2	2-5	5-10	10-15	More than 15
10	1	Anganwadi	5 (50%)	5 (50%)	-	-	-	-
	2	Primary school	5 (50%)	5 (50%)	-	-	-	-
	3	Middle school	2 (20%)	3 (30%)	5 (50%)	-	-	-
	4	High school	-	2 (20%)	8 (80%)	-	-	-
	5	H.S. school	-	-	2 (20%)	5 (50%)	3 (30%)	-
	6	College	-	-	-	4 (40%)	3 (30%)	3 (30%)

The Medical sub centre is located within the villages for 4 villages and sub centre for 6 villages are located at a distance of 1-2 km. Public Health Centre is located 1-2 kms for 4 villages and 2-5 kms for 6 villages. Community Health Centre is located 1-2 kms for 4

villages, 2-5 kms for 4 villages and 5-10 kms for 2 villages. Government dispensaries are located 1-2 kms for 4 villages, 2-5 kms for 4 villages and more than 15 kms for 2 villages. Government hospitals are 2 -5 kms for 5 villages and above 15 kms for 5 villages. Private clinics and hospitals are located 5- 15 kms. Table – 16.

Table – 16

Showing the Table Health facilities in the Surveyed Villages in Kamrup District

Total no. of villages	Category		Distance (in Km) from the village to the nearest category	Distance (in Km) from the village to the nearest category				
				1- 2	2-5	5-10	10-15	More than 15
10	Health facility (nearest to the villages)		Within the Village					
	1	Sub Centre	4 (40%)	6 (60%)	-	-	-	-
	2	Primary Health Centre	-	4 (40%)	6 (60%)	-	-	-
	3	Community Health Centre	-	4 (40%)	4 (40%)	2 (20%)		-
	4	Govt. Dispensary	-	4 (40%)	4 (40%)	-	-	2 (20%)
	5	Govt. Hospital	-	-	5 (50%)	-	5 (50%)	5 (50%)
	6	Private Hospital	-	-	-	5 (50%)	-	-
	7	Private Hospital				2 (20%)	3 (30%)	5 (50%)

Only 2 villages get medical assistance from private doctors at one village gets help from visiting doctor. The ASHA workers are serving all the villages. Only 3 villages utilize services of traditional birth attendants and 3 villages get assistance from mobile unit. Table-17

Table – 17

Table showing the Availability of Health provider in the Surveyed Villages in Kamrup District

Total No. of Villages	Health provider				
	Private Doctor	Visiting Doctor	V.H.G (ASHA)	Traditional birth attendant	Mobile health unit visit
10	2 (20%)	1(10%)	10 (100%)	3(30%)	3 (30%)

In respect of age of mothers of child bearing age, it is found that there are 16 mothers in 15-19 age group, 21 mothers in 20-24 age group, 14 in 25-29 age group, 10 in 30-34 age group, 2 in 35-39 age group and 1 in 40-44 age group. Table-18

Table – 18

Table showing the total mother of child bearing age (15-44) age group) in the Surveyed Villages in Kamrup District

Total No.of Villages	Age Group					
	15-19	20-24	25-29	30-34	35-39	40-44
10	16	21	14	10	2	1

Out of 10 villages 6 villages get medical facilities while 4 villages do not get the same. Table-19

Table – 19

Table showing the Medical facilities in the Surveyed Villages in Kamrup District

Total No. of Village	Medical facilities	
	Yes	No
10	6 (60%)	4 (40%)

Patients are taken to government hospital by the villagers of 8 nos. of villages. The tribal people of 1 village each bring the patients to private health centre and private hospitals respectively for treatment. Table – 20

Table – 20

Table showing the type of health care to the sick persons in the Surveyed Villages in Kamrup District

Total No.of Villages	Govt. Hospital	Private Health Centre	Private Hospital	Village Medicine man/magic man	Other
	10	8 (80%)	1 (10%)	1 (10%)	

The people of all the surveyed villages have faith in Allopathic medicine it is reflected in the following table.

Table – 21

Table showing the System of Medicine which have more faith among the villagers in the Surveyed Villages in Kamrup District

Total No. of Villages					
	Allopathic	Ayurvedic	Homeopathic	Occult medical/Traditional	Any Others
10	10 (100%)				

Polio, BCG, DPT vaccines are given to the children in all the villages. Chicken pox/ measles vaccination is given in 5 villages. Table - 22.

Table – 22

Table showing the Vaccination given to the children of in the Surveyed Villages in Kamrup District

Total no. of villages	Yes	No	Polio	BCG	DPT	Chicken pox / Measles	Any other (Pl. specify)
10	10 (100%)		10 (100%)	10 (100%)	10 (100%)	5(50%)	

There are only 2 mobile health centre in the surveyed villages. Table - 23

Table – 23

Table showing the Mobile Health Centre in the Surveyed Villages in Kamrup District

Total no. of villages	Yes	No
10	2 (20%)	8 (80%)

People of all the villages reported that family planning measures are adopted. Table - 24

Table – 24

Table showing the Family Planning in the Surveyed Villages in Kamrup District

Total no. of villages	Yes	No
10	10 (100%)	-

None of the villages have any special child health care unit. Table – 25

Table – 25

Table showing Special Child Health Care facilities in the Surveyed Villages in Kamrup District

Total no. of villages	Yes	No
10	-	10 (100%)

All the surveyed villages have records of diseases like Malaria, Diarrhoea, and Dysentery, Influenza ,Enteric fever .Only 4 villages reported cases of Gastroenteritis .Table - 26

Table – 26

Showing number of diseases generally suffered by the villages in surveyed villages in Kamrup District

Total no. of villages	Diseases							
	Malaria	Diarrhea	Dysentery	Influenza	Seabie	Fluoride relates	Entric fever	Gastroente ritis
10	10 (100%)	10 (100%)	10 (100%)	10 (100%)			10 (100%)	4 (40%)

Three villages out of 10 have records of death due to communicable diseases. Table – 27.

Table – 27

Showing causes of death due to major communicable disease in surveyed villages

Total no. of villages	Yes	No
10	3 (30%)	7 (70%)

Only one village out of 10 reported of epidemic cases. Table – 28

Table -28

Showing epidemic cases in the surveyed villages in Kamrup District

Total no. of villages	Yes	No
10	1 (10%)	9 (90%)

The villagers of 6 villages spend Rs.1000.00 to 5000.00 P.A. on education, 1 village spends Rs.5000.00 to 10000.00 and 3 villages spend above 15000.00 P.A on education.

Table- 29

Table -29

Showing annual expenditure (in thousand) towards education in surveyed villages in Kamrup District

Total no. of villages	1000 -5000	5000 -10000	10000 -15000	Above -15000
10	6 (60%)	1(10%)		3(30%)

In health care 5 villages spend Rs.1000 .00 to 5000.00 . 2 villages spend Rs.10000.00 to 15000.00 P.A and 3 villages spend above Rs.15000.00 P.A. Table -30.

Table -30

Showing annual expenditure (in thousand) towards health in surveyed villages in Kamrup District

Total no. of villages	1000 -5000	5000 -10000	10000 -15000	Above -15000
10	5 (50%)		2(20%)	3(30%)

On food items families of 9 villages spend above Rs.15000.00 P.A. and one village spend Rs.10000.00 to 15000.00 P.A. **Table – 31**

Table -31

Showing annual expenditure (in thousand) towards food in surveyed villages in Kamrup District

Total no. of villages	1000 -5000	5000 -10000	10000 -15000	Above -15000
10			1(10%)	9(90%)

On the material welfare head 8 villages spend Rs.1000.00 to 5000.00 P.A. and 2 villages spend Rs.5000.00 to 10000.00 P.A. Table-32

Table -32

Showing annual expenditure (in thousand) towards food in surveyed villages in Kamrup District

Total no. of villages	1000 -5000	5000 -10000	10000 -15000	Above -15000
10	8(80%)	2(20%)		

ANALYSIS OF VILLAGE SCHEDULE
MORIGAON DISTRICT

In Morigaon district 10 tribal villages with total tribal population of 11903 were selected for the study. Details of names of village, names of Gaon Panchayat, Police Station, Blocks and population have been shown in Table 1 and 2.

Table -1
General Information

Sl. No.	Name of Block	Name of the villages	G.P.	P.S.	Sub-Division
1	Mayong Development Block	Pachim Nagaon Village	Jagiroad G.P.	Jagiroad	Marigaon
2	-do-	Tagheria village	Deoshal	-do-	-do-
3	-do-	Makaria village	Shilchang	-do-	-do-
4	-do-	Dohali village	-do-	-do-	-do-
5	-do-	Dorapani Village	-do-	-do-	-do-
6	-do-	Doyang falguri Village (Bongpho)	Bakshr	-do-	-do-
7	-do-	Niskhula Village	Shilchang	-do-	-do-
8	-do-	Nokhula Village	Jagiroad	-do-	-do-
9	-do-	Deusal Village	Deushal	-do-	-do-
10	-do-	Shilchang Village	Shilchang	-do-	-do-

Table - 2
Village wise Tribal population of Surveyed Village

Sl. No.	Name of Village	Total Nos. of Household	Population		
			Male	Female	Total
1	Pachim Nagaon Village	410	1191	839	2030
2	Tagheria Village	125	275	395	670
3	Makaria Village	235	344	516	860
4	Dohali Village	155	421	514	935
5	Dorapani Village	175	351	525	876
6	Doyang falguri Village	270	396	486	882
7	Niskhula Village	145	392	478	870
8	Nokhula Village	502	1130	1380	2510
9	Deusal Village	362	815	995	1810
10	Shilchang Village	92	221	239	460
		2471	5536	6367	11903

Except one village which is located in hills, rest of the 9 villages are located in planes.
 .All the villages are agglomerated. Table -3.

Table – 3

Topography and Settlement pattern of the village under Study

Name of Village	Topography of Village							
	Hill y	Plai n	Undewe lling Plain	Others	Agglo merated	Dis- persed	Iso- lated	Others
Pachim Nagaon Village	1	-	-	-	1	-	-	-
Tagheria Village	-	1	-	-	1	-	-	-
Makaria Village	-	1	-	-	1	-	-	-
Dohali Village	-	1	-	-	1	-	-	-
Dorapani Village	-	1	-	-	1	-	-	-
Doyang falguri Village	-	1	-	-	1	-	-	-
Niskhula Village	-	1	-	-	1	-	-	-
Nokhula Village	-	1	-	-	1	-	-	-
Deusal Village	-	1	-	-	1	-	-	-
Shilchang Village	-	1	-	-	1	-	-	-
	1	9	-	-	10	-	-	-

4 villages have transport station located at a distance of 0-2 kms, 5 villages have the same at a distance 2-5 kms and one village is located at a distance of 5-10 kms from the transport station.

One village has railway station within 0-2 kms, 7 villages within 2-5 kms and 2 villages beyond 15 kms. Block office is located at a distance of 5-15 kms. Sub-Divisional head quarter is located beyond 15 kms. Table-4

Table – 4

Transport and Communication facilities of surveyed Village

Sl. No.	Facilities	Distance (km) of the village from the nearest facility				
		0 -2	2 - 5	5 - 10	10 - 15	More than 15
1	Transport station	4(40%)	5(50%)	1(10%)		
2	Railway station	1(10%)	7(70%)			2(20%)
3	Block office			3(30%)	2(20%)	5(50%)
4	Sub-Divisional headquarter				1(10%)	9(90%)

2 villages have foot tracks, 4 village have katcha fair weather and 3 villages have katcha all weather and 1 village has graveled road. Table-5

Table – 5
Condition of the Roads of the Surveyed Village

Total no. of Village	Condition of the Road				
	Food track	Katcha fair weather motorable road	Katcha all weather motorable road	Gravelled	Other
10	2(20%)	4(40%)	3(30%)	1(10%)	

6 villages use motor bus, 1 village uses railway and 3 villages use cars at mode of conveyance. Table-6

Table – 6
Mode of Conveyance in the Surveyed Village

Total no. of Village	Mode of Conveyance			
	Motorbus	Rail	Car	Boat
10	6(60%)	1(10%)	3(30%)	

TV, Radio, newspaper are found in all the villages. 9 villages have telephones and 3 villages have community centre. Table-7

Table -7
Means of mass Communication Facilities in the Surveyed Village

Total no. of Village	Means of mass Communication Facilities					
	TV	Radio	Newspaper	Library	Community centre	Tele-mobile facility
10	10(100%)	10(100%)	10(100%)		3(30%)	

Civic facilities like Post office, Telegraph office, STD booth, bank, pharmacy, fair price shops are located at a distance of 1 to 5 kms from the villages. Only 1 post office, 1 telegraph office and 2 banks are located beyond 5 to 10 kms. Table-8

Table – 8
Civic other facility in the Village under study

Sl. No.	Total no. of Village	Category	Distance from Village					
			Within the Village	1 - 2	2 - 5	5 - 10	10 - 15	Morethan 15
1	10	Post office		3(30%)	5(50%)	1(10%)		
2		Telegraphs office		3(30%)	5(50%)	1(10%)		1(10%)
3		STD Both		6(60%)	3(30%)			
4		Bank		1(10%)	7(70%)	2(20%)		
5		Pharmacy or medicine store		3(30%)	6(60%)			
6		Weekly market		1(10%)	7(70%)			
7		Fair price shop		3(30%)	7(70%)			

8 villages use rain water and 2 villages use tank water for irrigation purposes. Table-9

Table - 9

Irrigation Facilities in the surveyed village

Total no. of Village					
	Rain water	Tank water	Stream River	Well	Tube well
10	8(80%)	2(20%)			

Electricity is provided in 6 villages (60%) and only 4 villages get regular supply of electricity. Table - 10^f

Table - 10

Electrification Facilities in the surveyed village

Total no. of Village	Village Electrification			
	Electrified	Not Electrified	If Electrified	
			Regular supply	Irregular supply
10	6(60%)	4(40%)	4(40%)	6(60%)

There are L P schools within the villages for 6 villages. 4 villages have L P schools within 1 - 2 kms. 4 M.E, 4 H.E , 1 H.S, 1 college and 8 Anganwadi Centres are located within the villages. 4 L.P. , 4 M.E, 2 H.E and 2 Anganwadi Centres are located at a distance of 1-2 kms from the villages. Rest of the educational institutions are located beyond 2-15 kms. Table - 11

Table - 11

Educational Facilities in the surveyed village

Total no. of Village	Category	Distance (in km) from the village to the nearest category					
		Within the village	1 - 2	2 -5	5 -10	10 - 15	More than 15
10	Primary School	6(60%)	4(40%)				
	Middle School	4(40%)	4(40%)	2(20%)			
	High School	4(40%)	2(20%)	2(20%)	2(20%)		
	H.S. School	1(10%)		4(40%)	4(40%)	1(10%)	
	College	1(10%)		3(30%)	3(30%)		3(30%)
	Anganwadi	8(80%)	2(20%)				

2 nos. Medical Sub Centres, 1 Primary Health Centre and 1 Private Clinic are located within the villages, 2 Medical Sub Centres, 1 Primary Health Centre, 1 Community Health Centre, 2 Government Dispensaries , 1 Government Hospital, 1 Private Clinic and 1 Private

Hospital are located within 1-2 kms from the villages. Most of Primary Health Centres, Government Dispensaries, Government Hospitals, Private Clinics are located at a distance of 5 – 10 kms. Table – 12

Table – 12

Health Facilities of the Surveyed Village

Total no. of Village	Health Facility (Nearest to the Village)	Distance (in km) from the village to the nearest category					
		Within the village	1 - 2	2 - 5	5 - 10	10 - 15	More than 15
10	Sub centre	4(40%)	2(20%)	2(20%)	2(20%)		
	Primary health centre	1(10%)	1(10%)		8(80%)		
	Community health centre		1(10%)		1(10%)		
	Govt. dispensary		2(20%)		5(50%)	2(20%)	
	Govt. Hospital		1(10%)		4(40%)	4(40%)	
	Private clinic	1(10%)	1(10%)	2(20%)	3(30%)	3(30%)	
	Private Hospital		1(10%)		2(20%)		6 (60%)

Private doctors are available for 8 villages, 3 villages get facilities from visiting doctors, all the 10 villages are served by ASHA workers. 5 villages have traditional birth attendant and 5 villages get the medical help from mobile health unit. Table 12(A)

Table – 12 (A)

Availability of Health provider in the surveyed village

Total no. of Village					
	Private Doctor	Visiting Doctor	VHG (ASHA)	Traditional Birth attendant	Mobile health unit visit
10	8(80%)	3(30%)	10(100%)	5(50%)	5(50%)

Incidence of Malaria, Dysentery is found in 10 villages while 9 villages each reported cases of Diarrhea and Enteric fever. Table 12(B)

Table – 12 (B)

Table showing the Number of Disease Generally Suffered by the Village in the surveyed village

Total no. of village								
	Malaria	Diarrhea	Dysentery	Influenza	Seabis	Fluride related	Enteric fever	Gastro enteric
10	10(100%)	9(90%)	10(100%)				9(90%)	

Drainage is kept open in all the villages . Table 12 (C).

Table – 12 (C)

Table showing in the type of Draying Facilities to the surveyed village

Total no. of village	Draying Facility		
	Under graved	Open	No
10		10(100%)	

Most of the villages have katcha latrines (40%). 3 villages have sanitary latrines. Open field is used for answering call of nature by 3 villages. Table 12(D).

Table – 12 (D)

Table showing in the type of Toilet Facilities to the surveyed village

Total no. of village	Open field	Katcha latrin	Sanitary latrin	Other
10	3(30%)	4(40%)	3(30%)	

5 villages have semi pucca , 3 villages have pucca houses and 2 villages have katcha houses. Table 13.

Table – 13

Showing the table type of house structure in the surveyed village

Total no. of village	Pocca	Semi pocca	Katcha
10	3(30%)	5(50%)	2(20%)

90% villages grow Kharif crops and 100% villages grow Rabi crops. Table – 14

Table – 14

Table showing the type of Major Crops grown in the surveyed village

Total no. of village	Kharif	Rabi
10	9(90%)	10(100%)

The child bearing age of the mothers in the tribal villages varies . In the age group 15-19, 20% of the villages have such mothers, in 20-24 age group and 25-29 age groups there are 3 villages each having mothers of child bearing age while in 30-34 age group and 35-39 age group the percentage comes down to 10% each in 2 villages respectively. Table – 15.

Table – 15

Table showing total mother of child bearing age of the particulars in the surveyed village

Total no. of village	Mother of child bearing age					
	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44
10	2(20%)	3(30%)	3(30%)	1(10%)	1(10%)	

Only 5 villages get medical facilities easily during emergency and rest 5 villages do not have such medial facility.-Table 16(A).

Table – 16 (A)

Table showing Medical Service easily in the surveyed village

Total no. of village	Medical facility easily	
	Yes	No
10	5(50%)	5(50%)

In case of diseases the village take the patients to PHC and 2 villages take the patients to hospital. Table 16(B)

Table – 16 (B)

Table showing in the fall sick generally to the patient in the surveyed village

Total no. of village	Govt. Hospital	Primary Health Centre	Private Hospital	Village medicine men	Other
10	2(20%)	8(80%)			

The villagers prefer Allopathic medicine (100%). Table 16 (C)

Table – 16 (C)

Showing system of medicine which have wider acceptance the surveyed village

Total no. of village	Allopathic	Ayurvedic	Homeopathic	Medicine traditional	Any other
10	10(100%)				

All the surveyed villages are availing the benefits of Polio, BCG, DPT. Table 16(D)

Table – 16 (D)

Showing the table of administration of any vaccination in the surveyed village

Total no. of village	Yes	No	Pollio	B.C.G.	D.P.T.	Chicken measles	Any other
10	10(100%)		10(100%)	10(100%)	10(100%)		

7 villages have mobile health care facilities and 3 villages do not have such health care facilities. Table 16(E)

Table – 16 (E)

Showing the table Mobile health centre in the surveyed village

Total no. of village	Yes	No
10	7(70%)	3(30%)

All the villages family planning method is popular. Table (16F)

Table – 16 (F)

Showing the table family planning in the surveyed village

Total no. of village	Yes	No
10	10(100%)	

There are no special child care centres in the villages Table 16(G)

Table – 16 (G)

Showing the table special child health care facilities in the surveyed village

Total no. of village	Yes	No
10		10(100%)

Communicable diseases are not found in 9 villages and only one village has such disease. Table 16(H)

Table – 16 (H)

Table showing the table of death to the major communicable disease in the surveyed village

Total no. of village	No	Yes
10	9(90%)	1(10%)

9 villages had not faced any epidemic recently while 1 village had epidemic diseases. Table 16(I)

Table – 16 (I)

The showing the table of village face any kinds of epidemic recently in the surveyed village

Total no. of village	Yes	No
10	1(10%)	9(90%)

4 villages incur expenditure amounting to Rs.1000.00 to 5000.00 or each PA on education. Another four villages incur expenditure of Rs.5000.00 to 10000.00 each PA on education. 2 villages spend Rs.10000.00 to 15000.00 each PA on education. Table 17

Table – 17

The showing the table of family annual expenditure towards education in the surveyed village

Total no. of village	1000 - 5000	5000 - 10000	10000 - 15000	15000 - above
10	4(40%)	4(40%)	2(20%)	

4 nos. of villages spend Rs.1000.00 to 5000.00 each PA on health and 6 villages spend Rs.5000.00 to 10000.00 each PA on health. Table 17(A)

Table – 17 (A)

Table showing of family annual expenditure towards health in the surveyed village

Total no. of village	1000 - 5000	5000 - 10000	10000 - 15000	15000 - above
10	4(40%)	6(60%)		

6 villages spend Rs.10000.00 to 15000.00 PA each on food, 3 spend Rs.15000.00 and above PA each and 1 village spends Rs.1000.00 to 5000.00 PA on food. Table 17(B)

Table – 17 (B)

The showing the table of family annual expenditure towards food in the surveyed village

Total no. of village	1000 - 5000	5000 - 10000	10000 - 15000	15000 - above
10	1(10%)		6(60%)	3(30%)

For material well being 7 villages spend Rs.1000.00 to 5000.00 PA each and 3 villages spend Rs.5000.00 to 10000.00 PA each.

Table – 17 (C)

The showing the table of family annual expenditure towards material well being in the surveyed village

Total no. of village	1000 - 5000	5000 - 10000	10000 - 15000	15000 - above
10	7(70%)	3(30%)		

ANALYSIS OF VILLAGE SCHEDULE

DARRANG DISTRICT

In Darrang district 10 tribal villages with a total population of 6538 (male 3433, female 3105) were selected for the present study. Details of names of the villages, names of Gaon Panchayats, Police Station, Blocks and population have been shown in table 1 and 2.

All the villages are in plains and they are agglomerated . Table – 3

Table – 1

General Information

Sl. No.	Name of Block	Name of Village	G.P.	P.S.	Sub-Division
1	Mangaldai	Bezpara	Chopai	Mangaldai	Mangaldai
2	Bechimari	Botabari	Baruajhar	Dolgaon	- do -
3	Bechimari	Dhekerigaon	Dolgaon	Dolgaon	- do -
4	Dhula	Kacharipara	Bhakatpara	Dhula	- do -
5	Sipajhar	Kuwarigaon	Ganeshkuwari	Sipajhar	- do -
6	Sipajhar	Kholihoi pathar	Dumunisaki	Sipajhar	- do -
7	Dhula	Cherapur Bhakatpara	Chopai	Dhula	- do -
8	Sipajhar	Kholihoi	Ganeshkuwari	Sipajhar	- do -
9	Bechimari	Syalmari	Syalmari	Dolgaon	- do -
10	Bechimari	Botabari	No.5 Baruajar	Dolgaon	- do -

Table – 2

Blocks and Village wise Tribal population of s Surveyed villages of Darrang

Sl. No.	Name of Block	Name of Village	Total No. of households	Population		
				Male	Female	Total
1	Mangaldai	Bezpara	85	378	343	721
2	Bechimari	Botabari	161	447	341	788
3	Bechimari	Dhekerigaon	53	226	278	504
4	Dhula	Kacharipara	68	247	264	511
5	Sipajhar	Kuwarigaon	40	126	93	219
6	Sipajhar	Kholihoi pathar	45	163	147	310
7	Dhula	Cherapur Bhakatpara	45	110	96	206
8	Sipajhar	Kholihoi	46	173	145	318
9	Bechimari	Syalmari	115	463	398	861
10	Bechimari	Botabari	350(Approx)	1100(Approx)	1000(Approx)	2100
			1008	3433	3105	6538

Table – 3

Topography and Settlement pattern of villages under Study

Sl. No	Name of Villages	Topography of villages				Settlement Pattern			
		Hilly	Plain	Undwelling Plain	Other	Agglomerated	Dispersed	Isolated	Others
1	Bezpara	-	1	-	-	1	-	-	-
2	Botabari	-	1	-	-	1	-	-	-
3	Dhekerigaon	-	1	-	-	1	-	-	-
4	Kacharipara	-	1	-	-	1	-	-	-
5	Kuwarigaon	-	1	-	-	1	-	-	-
6	Kholihoi pathar	-	1	-	-	1	-	-	-
7	Cherpur Bhakatpara	-	1	-	-	1	-	-	-
8	Kholihoi	-	1	-	-	1	-	-	-
9	Syalmari	-	1	-	-	1	-	-	-
10	Botabari	-	1	-	-	1	-	-	-

The nearest transport, railway, block office, SDO office are located at a distance beyond 15 kms in most cases. Table 4

Table - 4

Transport and Communication facilities of surveyed village

Sl. No.	Facilities	Distance (in km) of the villages from the nearest facility				
		0 - 2	2 - 5	5 - 10	10 - 15	More than 15
1	Transport station	-	2(20%)	2(20%)	1(10%)	5(50%)
2	Railway station	-	-	-	-	10(100%)
3	Block office	-	-	-	2(20%)	8(80%)
4	Sub-Divisional headquarter	-	-	-	-	10(100%)

3 villages each have katcha fair weather and katcha all weather roads respectively while 3 villages have graveled road. One village has no road rather the people use foot track.

Table - 5

Table - 5

Condition of the roads of the surveyed village

Total no. of villages	Condition of the roads				
	Foot Track	Katcha fair weather motorable road	Katcha all weather motorable road	Gravelled	Other
10	1(10%)	3(30%)	3(30%)	3(30%)	

Motor bus is used by all the villages. Table - 6

Table – 6**Mode of Conveyance in the surveyed villages**

Total no. of villages	Mode of Conveyance			
	Motor bus	Rail	Car	Boat
10	10(100%)	-	-	-

TV, radio, news paper and telephone are found in all the 10 villages. 5 villages have community centres each and 3 villages have libraries each. Table – 7

Table – 7**Table showing of mass communication facilities in the surveyed villages**

Total no. of villages	Means of mass communication					
	TV	Radio	Newspaper	Library	Community Centre	Telephonic facilities
10	10(100%)	10(100%)	10(100%)	3(30%)	5(50%)	10(100%)

Post office, telegraph office, STD booth, bank, pharmacy, weekly market, fair price shops are located beyond 2 – 5 kms in most of the cases. Only 2 villages have pharmacy within 1-2 kms. Table – 8

Table No. 8**Civic and other facilities in the villages under study**

Total no. of villages	Category	Distance (in km) from the village					
		Within the village	1 - 2	2 - 5	5 - 10	10 - 15	More than 15
10	Post office	-	-	2(20%)	3(30%)	4(40%)	1(10%)
	Telegraph office	-	-	-	-	2(20%)	8(80%)
	STD Booth	-	-	7(70%)	3(30%)	-	-
	Bank	-	-	-	7(70%)	3(30%)	-
	Pharmacy or Medicine shop	-	2(20%)	3(30%)	5(50%)	-	-
	Weekly market	-	-	-	2(20%)	3(30%)	5(50%)
	Fair price shop	-	-	-	-	-	-
			2	12	20	12	16

Drains are open in all the villages. Table – 9

Table – 9**Showing type of drainage facility in the surveyed villages**

Total no. of villages	Drainage facility		
	Under ground	Open	No
10	-	10(100%)	-

8 villages have katcha latrines and 2 villages have sanitary latrines. Table – 10

Table – 10**Showing the table type of toilet facility in the surveyed villages**

Total no. of villages	Open field	Katcha latrine	Sanitary latrine	Any other
10	-	8(80%)	2(20%)	-

Katcha houses are found in all the villages. Some houses have half pucca and help katcha. Table - 11.

Table – 11**Showing the table type of house structure in the surveyed villages**

Total no. of villages	Pucca	Semi Pucca	Katcha
10	-	-	10(100%)

All the villages are electrified but one village does not get regular supply of electricity. Table 12

Table – 12**Electrification facilities in the surveyed villages**

Total no. of villages	Villages Electrification		
	Electrified	Electrified but irregular	Electrified and regular supply
10	9(90%)	1(10%)	

There are 17 L P schools within the villages. 3 ME schools are also located within the villages. 21 Anganwadi centres are within the villages. Most of the ME, HE and HS schools are located beyond 2 – 5 kms. Table 13

Table – 13

Educational facilities in the surveyed villages

Sl. No.	Category	Number	Distance (in km) from the village to the nearest category					
			Within the village	1 - 2	2 - 5	5 - 10	10 - 15	More than 15
1	Primary	17	17	-	-	-	-	-
2	Middle school	9	3	-	6	-	-	-
3	High school	4	-	-	4	-	-	-
4	H.S. school	3	-	-	-	2	-	-
5	College	2	-	-	-	-	-	2
6	Anganawadi	21	21	-	-	-	-	-

All the villages kharif and Rabi crops are grown. Table - 14

Table – 14

Showing type of major crops growing in the surveyed villages

Total no. of villages	Kharif	Rabi
10	10(100%)	10(100%)

90% villages use rain water and 10% village use stream/river water for irrigating their lands. Table - 15

Table – 15

Showing main source of irrigation facility in surveyed village

Total no. of villages	Main source of irrigation facility					
	Rain water	Tank water	Stream/river	Well	Tubwell	Pumpset
10	9(90%)	-	1(10%)	-	-	-

Three villages have medical sub centers within the villages and 6 villages has it at a distance of 1-2 kms. 3 villages have community health centers within 1-2 kames, 4 villages within 2-5 kames and 8 villages within 5-10 kames. Primary health centers are not easily reachable by the villagers as these are situated at a distance of 5 – 10 kms. Similarly government dispensary is located at a distance of 10-15 kms for all the villages. Government

hospital is located beyond 15 kms and private clinics and private hospitals are located beyond 5 -10 kms. Table – 16

Table – 16

Table showing Health facilities in the surveyed villages

Sl. No	Total no. of villages	Health facility (nearest to the village)	Distance (in km) from the village to the nearest category					
			Within the village	1 - 2	2 - 5	5 - 10	10 - 15	More than 15
1	10	Sub centre	3(30%)	1(10%)	6(60%)	-	-	-
2		Primary health centre	-	-	-	10(100%)	-	-
3		Community health centre	-	3(30%)	4(40%)	3(30%)	-	-
4		Govt. Dispensary	-	-	-	-	10(100%)	-
5		Govt. Hospital	-	-	-	-	-	10(100%)
6		Private clinic	-	-	-	4(40%)	6(60%)	-
7		Private Hospital	-	-	-	-	-	10(100%)

It is seen that all the villages are served by only ASHA health workers. 7 villages have traditional birth attendants. Table – 17

Table – 17

Table showing availability of Health in the surveyed villages

Total no. of villages	Health Provider				
	Private Doctor	Visiting Doctor	V.H.G (ASWA)	Traditional Birth Attendante	Mobile health unit
10	No	No	10(100%)	7(70%)	No

Most of the mothers (23 nos.) have the age 20-24 years for child bearing status followed by 17 nos. of mother whose child bearing age is 25-29 years. There are 8 women of child bearing age 30-34 and 3 in age group 33-39 years. In the age group 15-19 there are 2 child bearing mothers. Table – 18

Table – 18

Table showing total mother of child bearing age (15-44 age groups) in the surveyed villages

Total no. of villages	Age groups					
	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44
10	2	23	17	8	3	

Out of 10 villages only 5 villages get medical facilities during emergency situation.

Table – 19

Table – 19

Table showing medical service is easily available in the surveyed villages

Total no. of villages	Medical facility	
	Yes	No
10	5(50%)	5(50%)

In case of serious illness 4 villages take the patients to government hospitals, 3 to Public Health Centers, 2 to private hospital and one village depend upon local medicine man.

All the villagers prefer Allopathic medicine. But 50% of the villages go for Ayurvedic, 40% Homoeopathic and 10% occult medicine also. Table 2

Table – 20

Table showing the patients taken to various health centers when fallen sick suddenly

Total no. of villages	Govt. Hospital	Primary health centre	Private Hospital	Village medicine men	Other
10	4(40%)	3(30%)	2(20%)	1(10%)	

Table – 21

Table showing system on medicine which have been favoured in the surveyed villages

Total no. of villages	Allopathic	Ayurvedic	Homeopathic	Occult medical/ Traditional	Any others
10	10(100%)	5(50%)	4(40%)	1(10%)	

BCG, POLIO vaccines are given in all the villages. 80% villages reported DPT vaccination and 60% villages were vaccinated for prevention of the diseases. Table – 22

Table – 22**Showing vaccination your children in the surveyed villages**

Total no. of villages	Yes	No	Polio	BCG	DPT	Chicken Pox measles	Any other(PL special)
10	10(100%)	-	10(100%)	10(100%)	8(80%)	6(60%)	-

There is no mobile health centre in the villages under survey. Table -23

Table – 23**Showing Mobile Health Center in the surveyed villages**

Total no. of villages	Yes	No
10	-	10(100%)

Family planning methods are adopted in 4 villages only. Table – 24

Table – 24**Table showing the family planning in the surveyed villages**

Total no. of village	Yes	No
10	4(40%)	6(60%)

Out of 10 villages 2 villages have special child care facilities. Table - 25

Table – 25**Table showing special child health care facilities in the surveyed villages**

Total no. of village	Yes	No
10	2(20%)	8(80%)

The common diseases for all the villages are Malaria, Diarrhea, Dysentery, Influenza, Jaundice. Table – 26

Table – 26**Table showing the number of diseases generally by the villages in the surveyed villages**

Total no. of village	Disease				
	Malaria	Diarrhea	Dysentery	Influenza	Jaundice
10	10(100%)	10(100%)	10(100%)	10(100%)	10(100%)

There was no death cases due to communicable diseases for 70% of the villages. 30% villages, however had death cases due to the disease. Table – 27

Table – 27

Table showing the causes of death to major communicable disease in the surveyed villages

Total no. of village	No	Yes
10	7(70%)	3(30%)

There was no epidemic cases in the villages. Table – 28

Table – 28

Table showing fail any kind of epidemic in the surveyed villages

Total no. of village	Yes	No
10	-	10(100%)

3 villages spend Rs.1000.00 to 5000.00, 3 villages spend 5000.00 to 10000.00 and 4 villages spend Rs.10000.00 to 15000.00 on education each PA. Table – 29

Table – 29

Showing the table family annual expenditure (thousand) toward education in surveyed villages

Total no. of village	1000 - 5000	5000 - 10000	10000 - 15000	15000 Above
10	3(30%)	3(30%)	4(40%)	-

4 villages spend Rs.10000.00 to 15000.00, 3 villages spend Rs.5000.00 to 10000.00, 2 villages spend Rs.1000.00 to 5000.00 each PA and 1 village spends above Rs.15000.00 PA on health.. Table – 30

Table – 30

Showing annual expenditure (in thousand) towards health in the surveyed villages

Total no. of village	1000 - 5000	5000 - 10000	10000 - 15000	15000 Above
10	2(20%)	3(30%)	4(40%)	1(10%)

On food, all the villages spend Rs.15000.00 and above PA.. Table -31

Table – 31

Showing the table family annual expenditure (in thousand) towards food in the surveyed villages

Total no. of village	1000 - 5000	5000 - 10000	10000 - 15000	15000 Above
10	-	-	-	10(100%)

3 villages spend Rs.5000.00 to 10000.00, 5 villages spend Rs.10000.00 to 15000.00 and 2 villages spend above Rs.15000.00 PA each on material well being. Table - 32

Table – 32

Showing family annual expenditure (in thousand) towards material well being in the surveyed villages

Total no. of village	1000 - 5000	5000 - 10000	10000 - 15000	15000 Above
10	-	3(30%)	5(50%)	2(20%)

DISTRICT UDALGURI

ANALYSIS OF VILLAGE SCHEDULES

In this district 10 tribal villages with a total population of 6413 (male 3404, female 3009) were selected for the study. Details about names of the villages, Gaon Panchayats, Police Station, Sub Division and village wise population have been shown in Table 1 and 2

Table - 1
General Information

Sl. No.	Name of Blocks	Name of Villages	GP	PS	Sub - Division
1	Bechimari	Lailong para village	Lalpool	Lalpool	Udalguri
2	Udalguri	No.3 Sapekhaiti	Udalguri	Udalguri	-do-
3	Bechimari	Khajua bil	Kopati	Lalpool	-do-
4	Bechimari	Dolakati Jungle	Kopati	Lalpool	-do-
5	Bechimari	Jukuapara	Kopati	Lalpool	-do-
6	Udalguri	Kahibari	Sastrapara	Udalguri	-do-
7	Bechimari	Bhalukmari	Borbazar	Lalpool	-do-
8	Bechimari	Gerna Lailongpara	Gerna Lailong	Lalpool	-do-
9	Udalguri	Bekigaon	Udalguri	Udalguri	-do-
10	Shiyalmari	Shiyalmari	Shiyalmari	Lalpool	-do-

Table - 2

Blocks and village wise Tribal population of Surveyed villages of Udalguri

Sl. No.	Name of Block	Name of Village	Total No. of households	Population		
				Male	Female	Total
1	Bechimari	Lailong para	160	310	250	560
2	Udalguri	No.3 Sapekhaiti	42	193	215	408
3	Bechimari	Khajna bil	110	340	230	570
4	Bechimari	Dolakati Jungle	120	290	192	482
5	Bechimari	Jakuapara	134	173	156	329
6	Udalguri	Kahibari	193	473	393	866
7	Bechimari	Bhalukmari	300	770	696	1466
8	Bechimari	GeruaLailong para	160	322	394	716
9	Udalguri	Bekigaon	139	367	332	699
10	Bechimari	Shiyalmari	115	166	151	317
			1473	3404	3009	6413

All the villages are situated in plains and these are agglomerated. Table 3 and 4

Table – 3 and 4

Topography and Settlement Pattern of Villages under Study

Sl. No	Name of Villages	Topography of villages				Settlement Pattern			
		Hilly	Plain	Undwelli ng Plain	Others	Agglo mered	Dis- persed	Isolated	Others
1	Laillong para		1			1			
2	No.3 Sapekhaiti		1			1			
3	Khajna bil		1			1			
4	Dolakati Jungle		1			1			
5	Jakuapara		1			1			
6	Kahibari		1			1			
7	Bhalukmari		1			1			
8	Gerua Lailong para		1			1			
9	Bekigaon		1			1			
10	Shiyalmari		1			1			

Most of the villages are located at a distance of 2-15 kms from the nearest transport, railway, block office, SDO office. Details are shown in Table -5

Table – 5

Transport and Communication facilities of Surveyed Villages

Sl. No.	Facilities	Distance (in km) of the villages from the nearest facility				
		0-2	2-5	5-10	10-15	More than 15
1	Transport Station	-	1 (10%)	6 (60%)	3 (30%)	-
2	Railway Station	-	2 (20%)	-	3 (30%)	5 (50%)
3	Block Office	-	2 (20%)	3 (30%)	3 (30%)	2 (20%)
4	Subdivision Headquarter	1 (10%)	2 (20%)	-	-	7 (70%)

Only 4 villages have graveled roads. 2 villages have fair weather katcha motorable road, 1 village has all weather katcha motorable road and 3 villages use only foot tracks.

Table – 6

Table – 6

Condition of the Roads of the Surveyed Villages

Total no. of Village	Condition of the Road				
	Food track	Katcha fair weather motorable road	Katcha all weather motorable road	Gravelled	Other
10	3(230%)	2(20%)	1(10%)	4(40%)	

The popular mode of conveyance is motor bus for all the villages. Table – 7

Table – 7

Mode of Conveyance in the Surveyed Villages

Total no. of Village	Mode of Conveyance			
	Motorbus	Rail	Car	Boat
10	10(100%)	x	x	x

Mass communication facilities like TV, radio, news papers, telephone , mobile phone are found in all the households. Table – 8

Table -8

Table showing the means of Mass Communication facilities in the Surveyed Village

Total no. of Village	Means of mass communication					
	TV	Radio	Newspaper	Library	Community centre	Tele mobile facility
10	10(100%)	10(100%)	10(100%)	x	1(10%)	10 (100%)

Most of the villages have civic facilities at a distance of 5 -10 kms. 10 villages have STD booths within 1-2 kms, 3 villages have post office within 2-5 kms and 2 villages within 1-2 kms. 3 villages have banks within 2-5 kms. Details are shown in Table – 9.

Table No. 9

Civic and other facilities in the villages under Study

Total no. of villages	Category	Distance (in km) from the village					
		Within the village	1 - 2	2 - 5	5 - 10	10 - 15	More than 15
10	Post office	-	2 (20%)	3(30%)	3(30%)	2(20%)	-
	Telegraph office	-	-	-	7 (70%)	3(30%)	-
	STD Booth	-	10 (100%)	-	-	-	-
	Bank	-	-	3(30%)	3(30%)	4 (40%)	-
	Pharmacy or Medicine shop	-	2(20%)	-	10(100%)	-	-
	Weekly market	-	-	-	10(100%)	-	-
	Fair price shop	-	-	-	-	-	-
				2	12	20	12

The drainage system in the villages is traditional open type. Table – 10

Table – 10

Showing the table type of Drainage facility in the Surveyed Villages

Total no. of villages	Drainage facility		
	Under ground	Open	No
10	-	10(100%)	-

Seven villages have katcha latrines and 3 villages have sanitary latrines. Table – 11

Table – 11

Showing the table type of Toilet facility in the Surveyed Villages

Total no. of villages	Open field	Katcha latrine	Sanitary latrine	Any other
10	-	7(70%)	3(30%)	-

Out of 10 villages 6 villages have katcha Assam Type, 2 villages have semi pucca Assam Type and 2 villages have pucca Assam Type houses. Table – 12

Table – 12

Showing the table type of House Structure in the Surveyed Villages

Total no. of villages	Pucca	Semi Pucca	Katcha
10	2 (20%)	2 (20%)	6(60%)

6 villages have electricity but current is irregular while 4 villages have electricity with regular currents. Table – 13

Table – 13

Electrification facilities in the surveyed villages

Total no. of villages	Villages Electrification		
	Electrified	Electrified but irregular	Electrified and regular supply
10	10(100%)	6(60%)	4 (40%)

There are 13 L P schools in 10 nos of studied villages located with the villages. 7 ME schools are located within the villages and 2 HE schools are located within the villages.

Table-14

Table – 14

Educational facilities in the Surveyed Villages

Sl. No.	Category	Number	Distance (in km) from the village to the nearest category					
			Within the village	1 - 2	2 - 5	5 - 10	10 - 15	More than 15
1	Primary	13	13	√		-	-	-
2	Middle school	7	7		√	-	-	-
3	High school	4	2		√	-	-	-
4	H.S. school	1	-	-	√		-	-
5	College	1	-	-	-	-	-	
6	Anganawadi			-	-	-	-	-

Both Kharif and Rabi crops are grown in the villages. Table – 15

Table – 15

Showing type of Major Crops growing in the Surveyed Villages

Total no. of villages	Kharif	Rabi
10	10(100%)	10(100%)

The villagers depend upon rain water for irrigation purposes (80%). Two villages have pumpsets. Table – 16

Table – 16

Showing main source of irrigation facility in surveyed village

Total no. of villages	Main source of irrigation facility					
	Rain water	Tank water	Stream/River	Well	Tubewell	Pumpset
10	8(80%)	-	-	-	-	2(20%)

Medical Sub Centers, Primary Health Centre, Community Health Centre, government dispensary, government hospital are found within the villages. 6 nos. of Sub Centers are located within the 6 villages. 4 Primary Health Centre are located within the villages. 10 government dispensaries are located within the 10 villages. Table-17

Table – 17

Table showing Health facilities in the Surveyed villages

Sl. No	Total no. of villages	Health facility (nearest to the village)	Distance (in km) from the village to the nearest category					
			Within the village	1 - 2	2 - 5	5 - 10	10 - 15	More than 15
1	10	Sub centre	6(60%)	2(20%)	2(20%)	-	-	-
2		Primary Health Centre	4(40%)	-	-	-	-	-
3		Community Health centre	1(10%)	-	-	-	-	-
4		Govt. Dispensary	10(100%)	-	-	-	-	-
5		Govt. Hospital	6(60%)	-	-	-	-	-
6		Private Clinic	-	-	-	-	-	-
7		Private Hospital	-	-	-	-	-	-

ASHA workers are available in all the villages 6 villages have traditional birth attendants. 2 villages get the services of private doctors. Table-18

Table – 18

Table showing availability of Health in the Surveyed Villages

Total no. of villages	Health Provider				
	Private Doctor	Visiting Doctor	V.H.G (ASWA)	Traditional Birth Attendant	Mobile health unit
10	2(20%)	No	10(100%)	6(60%)	No

Age at child bearing mothers vary. In the age group 15-19 there is one mother, in 20-24 age group there are 27 mothers, 25-29 age group has 16, 30-34 has 6 mothers and 35-39 age group has 4 mothers. Table-19

Table – 19

Table showing total Mother of Child bearing age (15-44 age groups) in the Surveyed Villages

Total no. of villages	Age groups					
	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44
10	1	27	16	6	4	-

Medical facilities during emergency is available only in 3 villages. Table-20

Table – 20

Table showing Medical service is easily available in the Surveyed Villages

Total no. of villages	Medical facility	
	Yes	No
10	3	7

Sick persons are brought to government hospitals in 5 villages, *** Primary Health Centers 3 villages, private hospital 1 village and village medicine man-1 village. Table-21

Table – 21

Table showing the fall sick generally take the patient in the surveyed villages

Total no. of villages	Govt. Hospital	Primary health centre	Private Hospital	Village medicine men	Other
10	5(50%)	3(30%)	1(10%)	1(10%)	

10 villages prefer Allopathic, 7 Ayurvedic, 6 Homeopathic and 1 village take guidance from village medicine man. Table-22

Table – 22

Table showing System on Medicine which have been followed in the Surveyed Villages

Total no. of villages	Allopathic	Ayurvedic	Homeopathic	Occult medical/ Traditional	Any others
10	10(100%)	7(70%)	6(60%)	1(10%)	

All the 10 villages get vaccination to their children for prevention of Polio and BCG. 7 villages get the facilities for DPT and 4 villages get chicken pox vaccines. Table-23

Table – 23

Showing vaccination given to the children in the surveyed villages

Total no. of villages	Yes	No	Polio	BCG	DPT	Chicken Pox measles	Any other(PL special)
10	10(100%)	-	10(100%)	10(100%)	7(70%)	4(40%)	--

There is no mobile health centre in of the surveyed villages Table-24

Table – 24

Showing Mobile Health Center in the surveyed villages

Total no. of villages	Yes	No
10	-	10(100%)

Only 3 villages adopted family planning methods and 7 villages abstained from adoption of family methods . Table-25

Table – 25

Table showing the Family Planning in the Surveyed Villages

Total no. of village	Yes	No
10	3(30%)	7(70%)

Only 8 villages get special health care facilities and 2 villagers are not having such health care . Table-26

Table – 26

Table showing Special Child Health Care facilities in the surveyed villages

Total no. of village	Yes	No
10	2(20%)	8(80%)

Malaria , Diarrohea, Dysentery , Influenza , Jaundice cases are found in the villages . Table-27

Table – 27

Table showing the number of Diseases generally suffered by the villages in the surveyed villages

Total no. of village	Disease				
	Malaria	Diarrhea	Dysentery	Influenza	Jaundice
10	10(100%)	10(100%)	10(100%)	10(100%)	10(100%)

Three villages death causes due to major diseases and 7 villages had no such death causes . Table-28

Table – 28

Table showing the causes of Death to Major Communicable Disease in the surveyed villages

Total no. of village	No	Yes
10	7(70%)	3(30%)

There was no epidemic in any of the surveyed villages . Table-29

Table – 29

Table showing fail any kind of Epidemic in the surveyed villages

Total no. of village	Yes	No
10	-	10(100%)

Three villages spent Rs. 5000 to 10,000.00 each P.A. , another 3 villages spent Rs. 10000.00 - 15000.00 and 4 villages spent above Rs. 15000.00 each P.A. on education . Table-30

Table – 30

Showing the table family Annual Expenditure (thousand) toward Education in Surveyed Villages

Total no. of village	1000 - 5000	5000 - 10000	10000 - 15000	15000 Above
10	-	3(30%)	3(30%)	4(40%)

Same nos. of villages spent similar amount each P.A .on health care. Table-31

Table – 31

Showing annual expenditure (in thousand) towards Health in the surveyed villages

Total no. of village	1000 - 5000	5000 - 10000	10000 - 15000	15000 Above
10	-	3(30%)	3(30%)	4(40%)

For food items all the villages spent above Rs. 15000.00 each P.A. Table-32

Table – 32

Showing the table family annual expenditure (in thousand) towards Food in the surveyed villages

Total no. of village	1000 - 5000	5000 - 10000	10000 - 15000	15000 Above
10	-	-	-	10(100%)

Similarly all the villages spent above Rs. 5000.00 P.A. each toward material welfare items. Table-33

Table – 33

Showing family annual expenditure (in thousand) towards material well being in the surveyed villages

Total no. of village	1000 - 5000	5000 - 10000	10000 - 15000	15000 Above
10	-	-	-	10(100%)

CHAPTER IV

DATA ANALYSIS OF HOUSE HOLD SCHEDULE KAMRUP MORIGAON, DARRANG AND UDALGURI DISTRICTS

150 households of Kamrup, Morigaon, Darrang and Udalguri districts each were

studied for micro level data.

Majority i.e. 62% of the households of each districts have cultivation as the major occupation followed by 19.83% households in service, 10% in business, 6.83% labour, and 1.33% in others i.e. tuition temporary business. Table I shows in detail about the occupation of the surveyed households of four districts.

Table No-1

Distribution of persons as per their occupation of the surveyed household in the District of Kamrup, Morigaon, Darrang and Udalguri in Assam.

Sl. No.	Occupation	Kamrup	Morigaon	Darrang	Udalguri	Total
1	Service	23(15.3%)	16(10.66%)	44(29.3%)	36(24%)	119(19.83%)
2	Cultivation	87(58%)	121(80.66%)	77(51.3%)	87(58%)	372(62%)
3	Business	20(13.33%)	8(5.3%)	17(11.3%)	15(10%)	60(10%)
4	Labour	15(10%)	5(3.3%)	9(6%)	14(9.3%)	41(6.83%)
5	Other	5(3.3%)	-	3(2%)	-	8(1.33%)
		150	150	150	150	600

***Others includes tuition, temporary business etc.**

The annual income from cultivation is the highest in all the districts. 49.3% households of Kamrup, 78.7% households of Morigaon, earn upto Rs. 25000.00 PA each from cultivation while 61 households of Darrang and 52 households of Udalguri earn Rs. 25000.00 to Rs. 50000.00 PA each from cultivation. 12 households of Kamrup, 3 households of Morigaon, 30 households Darrang and 25 households of Udalguri earn Rs.25000.00 to 50000.00 PA each from cultivation. There are very few households in business sector . 10 households of Kamrup, 3 households each of Morigaon and Darrang and 2 households of Udalguri earn upto Rs.25000.00 PA each from business. 5 households of Kamrup, 5 households of Morigaon, 11 households of Darrang and 9 households of Udalguri earn Rs.25000.00 to 50000.00 PA each from business. One household of Darrang and 6 households of Udalguri earn Rs.50000.00 to 100000.00 PA each from business. There are good many service holders among the households of the Bodos of Udalguri. 36 households

earn Rs. 50000.00 to 100000.00 from service PA each, in Udalguri, 10 households of Kamrup, 10 households of Marigaon and 6 households of Darrang earn Rs. 50000.00 to 100000.00 from services PA each. 20 households of Kamrup, 5 households of Morigaon 9 households of Darrang and 9 households of Udalguri earn upto Rs. 25000.00 PA each. From labour. 8 households of Kamrup, 3 households of Darrang earn Rs.25000.00 to 50000.00 PA each from labour. There are 7 households of Kamrup and 3 households of Udalguri earning upto Rs. 25000.00 PA each is doing other jobs. (Thela pulling, tuition etc.)

Details in Table 1 (a)

Table No - 1 (a)

Distribution of persons as per their Annual Income of the Surveyed Households in Kamrup, Morigaon, Darrang and Udalguri District in Assam.

Annual income in Rs.

SI No	Occupation	Kamrup				Morigaon				Darrang				Udalguri			
		Upto 25000	25000 to 50000	50000 to 100000	Above 100000	Upto 25000	25000 to 50000	50000 to 100000	Above 100000	Upto 25000	25000 to 50000	50000 to 100000	Above 100000	Upto 25000	25000 to 50000	50000 to 100000	Above 100000
1	Service	-	-	10(6.6%)	4(2.66%)	-	6(4%)	10(6.6%)	-	-	26(17.3%)	6(4%)	-	-	-	36(24%)	8(5.3%)
2	Cultivation	74(49.3%)	12(8.6%)	-	-	118(78.7%)	3(2%)	-	-	-	61(40.6%)	30(20%)	-	-	52(34.7%)	25(16.7%)	-
3	Business	10(6.6%)	5(3.3%)	-	-	3(2%)	5(3.3%)	-	-	3(2%)	11(7.3%)	1(0.7%)	-	-	9(6%)	6(4%)	-
4	Labour	20(13.4%)	8(5.2%)	-	-	5(3.3%)	-	-	-	9(6%)	3(2%)	-	-	9(6%)	-	-	-

S	Others	7(4.7%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3(2%)	-	-	-	-
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Majority 47 (31.3%) households of Kamrup possess 5-10 Bighas of land. 54 (36%) households of Darrang have same plots of land each, 69(46%) households of Udalguri possess 5-10 Bighas of land each and 78(52d%) households of Morigaon possess 1-5 Bighas of land each. There are few households possessing lands above 15 Bighas. 8(5.3%) households in Kamrup, 28(18.7%) households in Darrang 20(13.3%) households in Udalguri and 4(2.7%) households in Morigaon possess above 15 Bighas of land each. 22(14.7%) households of Kamrup, 49(32.7%) households of Darrang, 53(35.3%) of Udalguri and 12(8%) households of Morigaon possess 10-15 Bighas of land each. 37 (24.7%) households of Kamrup and 6 (4%) households of Morigaon possess insufficient land i.e. 0-1 Bigha each.

Table - 2

Table No - 2

Showing total land possessed by the Surveyed Household of Darrang, Kamrup, Udalguri and Morigaon District in Assam.

District	Nos. of Households Possessing land in Bigha												
	Own						Leased in						No land
	0-1	1-5	5-10	10-15	Above 15	0-1	1-5	5-10	10-15	Above 15			
Kamrup	37(24.7%)	36(24%)	47(31.3%)	22(14.7%)	8 (5.3%)								
Darrang	-	19 (12.7%)	54(36%)	49(32.7%)	28(18.7%)								
Udalguri	-	8(5.3%)	09 (40%)	53(35.3)	20(13.3%)								

Morigaon	6(4%)	78(52%)	50(33.3%)	12(8%)	4(2.7%)						
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* Not found – Leased and No Land Households

Areas under cultivation vary from district to district. Thus in Kamrup 58 (38.71%) households Darrang 50 (33.3) households Udalguri 71 (47.3%) households, use 5-10 Bighas of land under cultivation while in Morigaon 49 (32.7%) households have utilized 5-10 Bighas of land under cultivation. 7 (4.7% households of Kamrup, 22 (14.7%) households of Darrang 15 (10%) households of Udalguri and 4 (2.7%) households of Morigaon utilize above 15 Bighas of land each under cultivation. 35 (23.3%) households of Kamrup, 39 (26%) of Darrang, 38 (25.3%) of Udalguri and 75 (50%) households of Morigaon use 1-5 Bighas of land each under cultivation.

30 (20%) households of Kamrup and 6 (4%) households of Morigaon fall below poverty line using less than 1 Bigha of land each under cultivation. **Table - 3**

Table No - 3

Showing area under cultivation in the Surveyed Household of Kamrup, Darrang, Udalguri and Morigaon District in Assam

Sl. No.	Area in Bigha	Kamrup	Darrang	Udalguri	Morigaon
1	1 - 5	35(23.3%)	39(26%)	38(25.3%)	75(50%)
2	5 - 10	58(38.7%)	50(33.3%)	71(47.3%)	49(32.7%)
3	10 - 15	20(13.3%)	39(26%)	26(17.3%)	16(10.7%)
4	Above 15	7(4.7%)	22(14.7%)	15(10%)	4(2.7%)
5	Less than 1	30(20%)	-	-	6(4%)
			150	150	

Very few households in the surveyed district have irrigation facilities. In Kamrup 10, (6.7%) Darrang 32 (21.3%) Udalguri 49 (32.7%) and Morigaon 5 (3.3%) households each have irrigation facilities out of a total of 150 households in each district. **Table - 4**

Table No - 4

Showing District wise Irrigation facilities in the Surveyed Households of Darrang, Kamrup, Udalguri and Morigaon.

	Kamrup	Darrang	Udalguri	Morigaon
Total no of Households				
Having irrigation facilities	10(6.7%)	32(21.3%)	49(32.7%)	5(3.3%)
Not having irrigation facilities	140(93.3%)	118 (78.7%)	101(67.3%)	145(96.7%)

As regards drinking water 115 (76.7%) households of Kamrup 132 (88%) households of Morigaon 100 (66%) households of Darrang and 105 (70%) households of Udalguri use well/ponds for drinking water supply. 35 (23.3%) households of Kamrup, 18 households (12%) of Marigaon, 40 (26.71%) households of Darrang and 45 (30%) households of Udalguri have pipe water. 10 (66%) have households of Darrang use water from river/stream.

Table – 5.

Table No – 5

Showing Distribution as per their family Source of Drinking Water Surveyed of Households in the District of Kamrup, Morigaon, Darrang and Udalguri District of Assam.

Source of Drinking water	Kamrup	Morigaon	Darrang	Udalguri
Well/Pond	115(76.7%)	132(88%)	100(66.7%)	105(70%)
Pipe water	35(23.3%)	18(12%)	40(26.7%)	45(30%)
River/Stream			10(6.6%)	
Any other				

Use of open field for answering call of nature is still prevalent, although in a limited scale, in all the surveyed districts. 15 (10%) households of Kamrup, 15 (10%) households of Darrang, 9 (6%) households of Udalguri and 12 (8%) households of Morigaon use open field. Katcha latrines are common in the districts 95(63.3%) households of Kamrup, 105(70%) households of Darrang, 113(75.3%) households of Udalguri and 97(64.7%) Marigaon use katcha latrines, while 35(23.3%) households of Kamrup, 17 (11.3%) households of Darrang, 13 (8.7%) households of Udalguri and 33 (22%) households of Morigaon are using sanitary latrines. Table – 6

Table No – 6

Showing District- wise in the Sanitation (Toilet) facilities in Surveyed Household of Kamrup, Darrang, Udalguri and Morigaon District in Assam.

Sl. No.	Sanitation Facilities	Kamrup	Darrang	Udalguri	Morigaon
1	Open Field	15(10%)	15(10%)	9(6%)	12(8%)
2	Katcha Latrine	95(63.3%)	105(70%)	113(75.3%)	97(64.7%)
3	Sanitary Latrine	35(23.3%)	17(11.3%)	13(8.7%)	33(22%)
4	Any other	5(3.3%)	13(8.7%)	15(10%)	8(5.3%)
		150	150	150	150

Sl. No.	Household Properties	Kamrup	Darrang	Udalguri	Morigaon
1	Motor Cycle	15(10%)	13(8.7%)	17(11.3%)	16(10.7%)
2	Bi-cycle	135(90%)	143(95.3%)	115(76.7%)	120(80%)
3	Television	95(63.3%)	96(64%)	105(70%)	80(53.3%)
4	Radio	150(100%)	74(49%)	97(64.7%)	140(93.3%)
5	Watch	90(60%)	79(52.7%)	81(54%)	95(63.3%)
6	Bullock Cart	-	-	2(1.3%)	2(1.3%)
7	Mobile set / Telephone	135(90%)	137(91.3%)	73(48.7%)	85(56.7%)

Table No - 8
Showing Household properties of the Surveyed households in Darrang, Kamrup, Udalguri and Morigaon District in Assam.

Modern amenities are entering in a big way into the tribal villages of all the four districts. Motor cycles are found 10% households of Kamrup, 8.7% of Darrang, 11.3% households of Udalguri and 10.7% households of Morigaon. 90% households of Kamrup, 95.3% households of Darrang, 76.7% of Udalguri and 80% of Morigaon possess bicycles. 63.3% households of Kamrup, 64% of Darrang, 70% of Udalguri and 53.3% of Morigaon have Televisions. 100% households of Kamrup, 49.3% of Darrang, 64.7% of Udalguri and 93.3% of Morigaon possess Radios. 90% of Kamrup, 91.3% of Darrang and 48.71% of Udalguri and 56.7% households of Morigaon possess mobile phones. Bullock cart is found in 1.3% households of Udalguri and 1.3% households of Morigaon. Table - 8

Sl. No.	Housing Structure (Pattern)	Kamrup	Darrang	Udalguri	Morigaon
1	Pucca	30(20%)	17(11.3%)	21(14%)	25(16.7%)
2	Katcha	120(80%)	133(88.7%)	129(86%)	125(83.3%)
		150	150	150	150

Table No - 7
Showing district-wise Figures of housing Structure (Pattern) of Surveyed households of Kamrup, Darrang, Udalguri and Morigaon District in Assam.

Large majority of the households of all the four districts have katcha A T houses. 120 households have pucca houses. Table - 7.

Udalguri and 125(83.3%) households of Morigaon have katcha houses and rest of the (80%) households of Kamrup 133 (88.71%) households of Darrang, 129 (86%) households of

Out of 150 households, 110 (73.3%) households of Kamrup, 105 (70%) households of Darrang, 96 (64%) households of Udalguri and 98 (65.3%) households of Morigaon are electrified. Table -9

Table No - 9

Showing figures of Electrification the Surveyed Households in Darrang, Kamrup, Udalguri and Morigaon District in Assam.

Electrification in the households	Kamrup	Darrang	Udalguri	Morigaon
Electrified	110(73.3%)	105(70%)	96(64%)	98(65.3%)
Not Electrified	40 (26.7%)	45(30%)	54(36%)	52(36.7%)

In pond items 10(6.7%) households spend Rs.20000.00 - 30000.00 PA and 140 (93.3%) households spend above Rs.30000.00 PA each. 150 households (100% of Darrang spend above Rs.30000.00 each PA on food items; and 150(100%) households of Udalguri spend above Rs.30000.00 on food PA and 135 (95%) households of Morigaon spend similar amount on food each PA.

In dress items 115 (76.71%) households and 35 (23.3%) households of Kamrup spend less than 10000.00 and 10000.00 to 20000.00 respectively PA each. In Darrang district 96(64%) and 54(36%) households spend less than Rs.10000.00 and 10000.00 to 20000.00 respectively on dress PA each. In Udalguri 94 (62.7%) and 56(37.3%) households spend less than Rs.10000.00 and 10000.00 to 20000.00 PA in dress. While in Morigaon 100(66.71%) households spend less than Rs.10000.00 , 40(27.7%) households spend Rs.10000.00 to 20000.00 and 10 (8.7%) households spend Rs.20000.00 to 30000.00 PA each. In education 141 (94%) households of Kamrup. 82 (54.7%) households of Darrang. 69 (46%) households of Udalguri and 144(96%) households of Marigaon spend less than Rs.10000.00 PA each while 9 (67%) households of Kamrup, 61 (40.71%) of Darrang, 72 (48%) of Udalguri and (5.3%) households of Morigaon spend Rs.10000.00 to Rs.20000.00 PA each. In health 139(92.7) households of Kamrup. 86 (57.3%) households of Darrang. 85 (56.7%) households of Udalguri and 148(98.71%) households of Morigaon spend less than Rs.10000.00 PA each. Other social obligations are one of the major expenditure sources of the tribal people. 100%

of the households of Kamrup, 88% of Darrang, 84.71% of Udalguri spend less than Rs.10000.00 PA each.

Details are shown in Table – 10.

Table No – 10

Showing the Approximate Annual Expenditure pattern of the Surveyed households

	Head	Less than 10000	10000 to 20000	20000 to 30000	Above 30000
Kamrup	Food items	-	-	10(6.7%)	140(93.3%)
	Dress ,Ornaments	115(76.7%)	35(23.3%)	-	-
	Education	141(94%)	9(6%)	-	-
	Health	139(92.7%)	11(7.3%)	-	-
	Social obligation	150(100%)	-	-	-
	Other	-	-	-	150(100%)
Darrang	Food items	-	-	-	-
	Dress ,Ornaments	96.(64%)	54 (36%)	-	-
	Education	82(54.7%)	61 (40.7%)	7 (4.7%)	-
	Health	86(57.3%)	46(30.7%)	18 (12%)	-
	Social obligation	132 (88%)	18 (12%)	-	-
	Other	-	-	-	150(100%)
Udalguri	Food items	-	-	-	-
	Dress ,Ornaments	94 (62.7%)	56(37.3%)	-	-
	Education	69 (46%)	72(48%)	9 (6%)	-
	Health	85(56.7%)	50 (33.3%)	15(10%)	-
	Social obligation	127(84.7%)	23(15.3%)	-	-
	Other	-	-	15 (10%)	135 (90%)
Morigaon	Food items	-	-	10 (6.7%)	-
	Dress ,Ornaments	100 (66.7%)	40(26.7%)	-	-
	Education	144(96%)	8(5.3%)	-	-
	Health	148(98.7%)	2(1.3%)	-	-
	Social obligation	-	-	-	-
	Other	-	-	-	-

in Darrang, Kamrup, Udalguri and Morigaon District in Assam.

Milk/curd, pulses, green vegetables, meat and rice beer are the major food items of the tribal people. 50 households (33.3%) of Kamrup, 55(36.7%) households of Morigaon, 47 (31.3%) households of Darrang and 33 (22%) households of Udalguri consume milk. Pulses are taken by 49.3% households of Kamrup, 46.7% households of Morigaon, 40% households of Darrang and 37.3% households of Udalguri. All the 150 households of the villages under 4 districts consume vegetables. Meat consumption is not very popular due to non availability of meat regularly in the localities and high cost. 30% of Kamrup, 52% of Morigaon, 60% of Darrang and 66.7% of Udalguri households take meat and fish. Rice beer till recently was the major item of food for tribals. But late consumption has been slashed down due to spread of education and high cost of rice. 46% households of Kamrup, 26.7% households of Morigaon, 37.3% households of Darrang and 44.7% households of Udalguri take rice beer.. Table – 11.

Table No – 11

Showing District-wise Consumption of Food items of the Surveyed Households of Kamrup, Morigaon, Darrang and Udalguri District of Assam.

(Daily used)

Sl. No.	Category	Kamrup	Marigaon	Darrang	Udalguri
1	Milk or Curd	50(33.3%)	55(36.7%)	47(31.3%)	33(22%)
2	Pulses or Bean	70(46.7%)	70(46.7%)	60(40%)	56(37.3%)
3	Green Vegetables	150(100%)	150(100%)	150(100%)	150(100%)
4	Eggs	80(53.3%)	65(43.3%)	53(35.3%)	61(40.6%)
5	Chicken/Meat/Fish	75(50%)	78(52%)	90(60%)	100(66.7%)
6	Rice Beer	60(40%)	40(26.7%)	56(37.3%)	67(44.7%)

Cattle, goat, pig, fowl, duck, pigeon are the household livestock and poultry. Cattle are reared in most of the households. 132 households of Kamrup, 135 households of Morigaon, 150 households of Darrang and 150 households of Udalguri possess cattle. Pigs are essential item for socio-religious occasions and all the households of 4 districts have pigs . Fowls are reared in all the households under survey .

Details are shown in Table – 12

Table No - 12

Showing District-wise Household Livestock & Poultry of the Surveyed Households
of Kamrup, Morigaon, Darrang and Udalguri District of Assam

Typed in the last page

8	7	6	5	4	3	2	1	SI.No.	Kamrup				Morigaon				Darrang				Udalguri				
									No of Livestock				No of Livestock				No of Livestock				No of Livestock				
others	Pigeon	Duck	Fowl	Pig	Goat	buffalo	cattle	Category	Less than 2	2-4	5-7	More than 8	Less than 2	2-4	5-7	More than 8	Less than 2	2-4	5-7	More than 8	Less than 2	2-4	5-7	More than 8	
-	6	4	9	66	31	-	7																		
-	30	42	55	32	52	-	115																		
-	11	19	88	2	4	4	10																		
-	3	10	70	-	2	-	-																		
-	5	16	7	101	35	-	30																		
-	10	33	22	43	26	-	105																		
-	-	8	13	6	6	-	-																		
-	-	3	18	-	3	-	-																		
-	23	7	2	47	117	-	1																		
-	7	23	7	85	23	-	13																		
-	-	96	27	18	-	-	34																		
-	-	24	114	-	-	-	102																		
-	17	4	4	40	96	-	4																		
-	13	26	5	92	17	-	10																		
-	16	90	30	16	-	-	36																		
-	-	30	11	2	-	-	100																		

Showing the Availability of Medical Service of the Surveyed Households in Kamrup, Morigaon, Darrang and Udalguri District in Assam

Medical services		District	
Not available	70(46.7%)	Kamrup	94(62.7%)
Easily available	80(53.3%)	Darrang	81(54%)
		Udalguri	69(46%)
		Morigaon	68(45.3%)
			82(54.6%)

Table No - 14

Out of 150 households in each district under survey 70(46.7%) households of Kamrup, 94 (62.7%) households of Darrang, 81(54%) households of Udalguri and 82(54.6%) households of Morigaon do not get medical services easily. Table - 14.

• Sometime wood + LPG also used some household

Showing the use of Fuel for Cooking by the Surveyed Households of Kamrup, Morigaon, Darrang and Udalguri District of Assam

SI.No.	Type of Fuel	Kamrup	Darrang	Udalguri	Morigaon
1	Wood	150(100%)	141(94%)	137(91.3%)	150(100%)
2	Cow Dung	7(4.7%)	-	-	-
3	Kerosene	95(63.3%)	-	-	-
4	Coal Lignite	-	-	-	-
5	Charcoal	-	-	-	-
6	LPG	42(28%)	9(6%)	13(8.7%)	31(20.7%)
7	Bio Gas	-	-	-	-
8	Others	-	-	-	-

Table No - 13

13.

Wood is largely used by the tribal people for cooking purposes. 100% households of Kamrup, 94% households of Darrang, 91.3% households of Udalguri and 100% households of Morigaon use firewood for cooking. Only 4.7% households of Kamrup use cowdung as fuel. 63.3% households of Kamrup use kerosene for cooking. LPG is used by 28% of Kamrup households, 6% of Darrang, 8.7% of Udalguri and 20.7% households of Morigaon. Table -

Large number of households of Kamrup, 121 (80.7%) have faith on allopathic medicine. 96(64%) households of Darrang, 106(70.7%) households of Udalguri and 146(97.31%) households of Morigaon have faith on Allopathic medicine. 13.3% households, 3.3% households and 2.7% households of Kamrup district have faith on Ayurvedic, Homeopathic and occult medicine respectively. In Darrang district 8.7% households, 11.3% and 2.7% households have faith on Ayurvedic, Homeopathic and Occult medicine respectively. In Udalguri, 4.7%, 8.7% and 1.3% households have faith on Ayurvedic, Homeopathic and Occult medicines respectively and in Morigaon district 2.7% households have faith on occult medicine. Table - 16

Sl. No.	Place of Treatment	Kamrup	Darrang	Udalguri	Morigaon
1	Govt. Hospital	46(30.7%)	46(30.7%)	44(29.3%)	45(30%)
2	Primary Health Center	82(54.7%)	76(50.7%)	76(50.7%)	85(56.7%)
3	Private Hospital	22(14.7%)	11(7.3%)	6(4%)	16(10.7%)
4	Village medicine man / Magic man	5(3.3%)	7(4.7%)	9(6%)	4(2.7%)
5	Other	-	10(6.7%)	13(10%)	-

Table No - 15
Showing where the Surveyed Household generally take their Patients (in case of Sickness/ illness) in Kamrup, Darrang, Udalguri and Morigaon District in Assam.

The sick persons are taken to government hospital by 46(30.7%) households of Kamrup, 46(30.7%) households of Darrang, 44(29.3%) households of Udalguri and 45(80%) households of Morigaon. 82(54.7%) households of Kamrup, 76(50.7%) households of Darrang, 76(50.7%) households of Udalguri and 85(56.7%) households of Morigaon carry the sick person to Public Health Centre. Very few households in four districts take the patients to private hospital. Similarly negligible percentage of households approach village medicine men. For instance 3.3% households of Kamrup, 47% households of Darrang, 6% households of Udalguri and 2.7% households of Morigaon bring the sick persons to the village medicine men. Table - 15

Table No – 16

Showing the Faith in the System of Medicine (Treatment) of the Surveyed Households in Kamrup, Darrang, Udalguri and Morigaon District in Assam.

Sl. No.	System of Medicine (Treatment)	Kamrup	Darrang	Udalguri	Morigaon
1	Allopathic	121(80.7%)	96(64%)	106(70.7%)	146(97.3%)
2	Ayurvedic	20(13.3%)	13(8.7%)	7(4.7%)	-
3	Homeopathic	5(3.3%)	17(11.3%)	13(8.7%)	-
4	Occult Medicine/ Tradition	4(2.7%)	4(2.7%)	2(1.3%)	4(2.7%)
5	Any other	-	20(13.3%)	22(14.7%)	-

Preventive vaccines have been provided to the children of all the households. In Kamrup district 58 (38.7%), 30 (20%) and 31 (20.71%) households got their children vaccinated for Polio, BCG and DPT respectively. In Morigaon 65, 40 and 30 households. In Darrang 44,32,44 and in Udalguri 47,37,40 households got their children vaccinated for Polio, BCG and DPT respectively. Table – 17

Table No – 17

Showing the Vaccinations Administered to the Children by the Surveyed Households in Kamrup, Morigaon, Darrang and Udalguri District of Assam.

Sl. No.	District	Yes	No
1	Kamrup	130(86.7%)	20(13.3%)
2	Morigaon	135(90%)	15(10%)
3	Darrang	125(83.3%)	25(16.7%)
4	Udalguri	131(87.3%)	19(12.7%)

If Yes

Sl. No.	Vaccination	Kamrup	Morigaon	Darrang	Udalguri
1	Polio	58(38.7%)	65(43.3%)	44(29.3%)	47(31.3%)
2	BCG	30(20%)	40(26.7%)	32(21.3%)	37(24.7%)
3	DPT	31(20.7%)	30(20%)	44(29.3%)	40(26.7%)
4	Chicken Pox/ Measles	-	-	-	-
5	Any other (Specify)	-	-	5(3.3%)	7(4.7%)

100 (66.71%) households of Kamrup, 96(64%) households of Morigaon, 105 (70%) households of Darrang and 115 (76.61%) households have mothers concerned after 2/3/4 months of marriage. 48 (32%) households of Kamrup, 37 (24.7%) households of Morigaon 25 (23.31%) households of Darrang and 30 (20%) households of Udalguri have mothers conceived after one year of marriage. 2 households of Kamrup, 12 of Morigaon, 9 of Darrang and 2 of Udalguri have mothers conceived after 2 years of marriage. 5 women of Morigaon conceived beyond 2 years after marriage. Women of household of Darrang and 3 households of Udalguri do not know exact time of conception. Table – 18

Table No – 18

Showing the table After Marriage when Conceive First time in the Surveyed Households in Kamrup, Morigaon, Darrang and Udalguri District of Assam.

Sl. No.	Conceive Time	Kamrup	Morigaon	Darrang	Udalguri
1	Two /Three/Four months after marriage (upto six months)	100(66.7%)	96(64%)	105(70%)	115(76.6%)
2	One year after marriage	48(32%)	37(24.7%)	35(23.3%)	30(20%)
3	Two year after marriage	2(1.3%)	12(8%)	9(6%)	2(1.3%)
4	More than that	-	5(3.3%)	-	-
5	Don't know the exact time	-	-	1(0.71%)	3(2%)

Out of 150 households 105 (70%) households of Kamrup, 100 households of Morigaon, 110 (73,3%) households of Darrang and 95 (63.3%) households take advice from doctors during first pregnancy. The women of 43 households of Kamrup, 35 of Morigaon, 40 of Darrang and 50 households of Udalguri consulted doctor first time. The women of 50 households of Kamrup, 43 of Morigaon, 45 of Darrand and 40 households of Udalguri consulted doctor for second time during pregnancy and women of 12 households of Kamrup 20 households of Morigaon 22 households of Darrang and 5 households of Udalguri consulted doctor third time during pregnancy. Only women of 2 households of Morigaon and 3 households of Darrang consulted doctor fourth time during pregnancy. Table – 19.

Table No - 19

Showing the table take any doctor's advice during the first pregnancy in the Surveyed Households in Kamrup, Morigaon, Darrang and Udalguri District of Assam.

District	Yes	No	If yes			
			1 st time	2 nd time	3 rd time	4 th time
Kamrup	105(70%)	45(30%)	43(28.7%)	50(33.3%)	12(8%)	-
Morigaon	100(66.7%)	50(33.3%)	35(23.3%)	43(28.7%)	20(13.3%)	2(1.3%)
Darrang	110(73.3%)	40(26.7%)	40(26.7%)	45(30%)	22(14.7%)	3(2%)
Udalguri	95.(63.3%)	55(36.7%)	50(33.3%)	40(26.7%)	5(3.3%)	-

It has been found that women in the age group 25-29 years of all the four district under survey become pregnant. But the women of Kamrup and Morigaon have the highest figures of 60% and 46.7% respectively becoming pregnant at the age group 20-24 years. Details are in Table -20.

Table - 20

Showing Distribution as their Women's Pregnancy of Surveyed Households in the District of Kamrup, Morigaon, Darrang and Udalguri in Assam

Age Group	Kamrup	Morigaon	Darrang	Udalguri
	No. of women	No. of women	No. of women	No .of women
15-19 yrs. of women No	5(3.3%)	7(4.7%)	6(4.%)	12(8%)
20-24 yrs. of women No	90(60%)	70(46.7%)	20(13.3%)	23(15.3%)
25-29 yrs. of women No	45(30%)	35(23.3%)	37(24.7%)	39(26%)
30-34 yrs. of women No	8(5.3%)	20(13.3%)	28(18.7%)	25(16.7%)
35-39 yrs. of women No	2(1.3%)	5(3.3%)	10(6.7%)	12(8%)
40-44 yrs. of women No	-	-	3 (2%)	4 (2.7%)

Similarly women in the age group 25-29 of Kamrup and Udalguri except women of Morigaon, gave birth to children in government hospitals. The women of Darrang in this age group gave birth in their houses. The women in the age group 20-24 years of all the districts gave birth to children in government hospitals. Details in Table-21.

Table – 21

Showing Distribution as their Women's Pregnancy of Surveyed Households in the District of Kamrup, Morigaon, Darrang and Udalguri in Assam

Age Group	Kamrup	Morigaon	Darrang	Udalguri
	Place of delivery (Govt .Hospital)	Place of delivery	Place of delivery	Place of delivery
15-19 yrs. of women delivery	4(2.7%)	6(4%)	6(4%) (Govt .Hospital)	9(6%)
20-24 yrs. of women delivery	35(23.3%)	33(22%)	30(20%)	31(20%)
25-29 yrs. of women delivery	37(24.7%)	31(20.7%)	50(33.3%)	63(42%)
30-34 yrs. of women delivery	8(5.3%)	18(12%)	7(4.7%)	4(2.7%)
35-39 yrs. of women delivery	2(1.3%)	5(3.3%)	-	-
40-44 yrs. of women delivery	-	-	-	-

It has been noticed that most of the women in all the districts took care in case matter of anti natal problems and such as proper diet to mother, vaccination of baby, regular doctor's advice, after care of the baby and umbilical cord. Details in Table-22.

Table – 22

Showing Distribution on their Women's taking antenatal care of Surveyed Households in the District of Kamrup, Morigaon, Darrang and Udalguri in Assam

	Kamrup		Marigaon		Darrang		Udalguri	
	Yes	No	Yes	No	Yes	No	Yes	No
Proper diet to mother	125 (83.51)	25 (16.7)	118 (78.7%)	32 (21.3)	115 (76.7%)	35 (23.3)	106 (70.7%)	44 (29.3%)
Vaccinati on to baby	130 (86.7%)	20 (13.3)	135 (90%)	15 (10%)	125 (83.51)	25 (16.7)	131 (87.5%)	19 (12.7%)
Proper doctor advice	105 (70%)	45 (30%)	100 (66.7%)	50 (33.3)	110 (73.3%)	40 (26.7%)	95 (63.3)	55 (36.7)
Proper location to baby after cleaning	136 (90.7%)	14 (9.3)	132 (88%)	18 (12%)	135 (90%)	15 (10%)	137 (91.3%)	13 (8.7%)
Cutting of umbilical cord	140 (93.3%)	10 (6.7%)	139 (92%)	11 (0.7%)	141 (94%)	9 (6%)	138 (92%)	12 (8%)

The people of all the four districts took curative measures for Diarrhoea, 86.7% in Kamrup, 53.3% in Darrang, 40.7% in Udalguri and 60% in Morigaon. In Kamrup entric fever is the next serious disease 33.3% and modern treatment is given. In Morigaon Viral fever (40%) takes second place after Diarrhoea and proper curative measures are taken. Acute respiratory infection and Entric fever get second place in Darrang (16%) and Udalguri (14.71%) and curative measures are taken. Details are in Table-23.

Table No - 23

Showing the Curative Measures taken by the Surveyed Households in Kamrup, Darrang, Udalguri and Morigaon District in Assam.

District	Disease	Curative Measures (Modern)
Kamrup	Acute Diarrhea	130(86.7%)
	Acute Respiratory Infection	10(6.7%)
	Pneumonia	7(4.7%)
	Entric Fever	50(33.3%)
	Viral Hepatitis	12(8%)
	Measles	3(2%)
	Tuber Culosis	-
Darrang	Acute Diarrhea	80(53.3%)
	Acute Respiratory Infection	24(16%)
	Pneumonia	8(5.3%)
	Entric Fever	14(9.3%)
	Viral Hepatitis	15(10%)
	Measles	6(4%)
	Tuber Culosis	3(2%)
Udalguri	Acute Diarrhea	61(40.7%)
	Acute Respiratory Infection	21(14%)
	Pneumonia	16(10.7%)
	Entric Fever	22(14.7%)
	Viral Hepatitis	5(3.3%)
	Measles	14(9.3%)
	Tuber Culosis	11(7.3%)
Morigaon	Acute Diarrhea	90(66%)
	Acute Respiratory Infection	15(10%)
	Pneumonia	9(6%)
	Entric Fever	35(23.3%)
	Viral Hepatitis	60(40%)
	Measles	8(5.3%)
	Tuber Culosis	4(2.7%)

Dysentery(53.3%), Diarrhoea (38.7%) and fever (50%) are the total common diseases of Kamrup. In Darrang Dysentery (51.3%), fever (46%) and jaundice (31.31%) are the common diseases. In Udalguri also Dysentery (50%), fever (51.3%) and jaundice

(32.71%) are the common diseases; while in Morigaon Dysentery (56.7%), fever (46.7%) and Diarrhoea (40%) are the common diseases. Table-24

Table No - 24
Showing the Common Disease Prevailing in the Surveyed Households in Kamrup, Darrang, Udalguri and Morigaon in Assam.

Sl. No.	Disease	Kamrup	Darrang	Udalguri	Morigaon
1	Diarrhea	58(38.7%)	41(27.3%)	37(24.7%)	60(40%)
2	Acute Respiratory Infection	10(6.7%)	11(7.3%)	13(8.7%)	12(8%)
3	Hepatitis/Jaundice	5(3.3%)	47(31.3%)	49(32.7%)	10(6.7%)
4	Meseals	7(4.7%)	5(3.3%)	3(2%)	4(2.7%)
5	Small Pox	-	-	-	-
6	Skin disease	12(8%)	7(4.7%)	9(6%)	11(7.3%)
7	Hopping Cough	15(10%)	13(6.7%)	11(7.3%)	10(6.7%)
8	Malnutrition	2(1.3%)	2(1.3%)	3(2%)	-
9	Asthma	4(2.7%)	3(2%)	4(2.7%)	2(1.3%)
10	Dysentery	80(53.3%)	77(51.3%)	75(50%)	85(56.7%)
11	Fever	75(50%)	69(46%)	77(51.3%)	70(46.7%)
12	Blood Pressure	8(5.3%)	5(3.3%)	9(6%)	7(4.7%)

It is seen that not much social restriction is imposed in mothers during pregnancy in all the districts under survey. There is restriction only in Kamrup (26.71%), Morigaon(20%), Darrang (40%) and Udalguri (30%) in this respect. Table - 25

Table No - 25
Showing Social / Religious Restriction during Pregnancy Surveyed Households in Kamrup, Morigaon, Darrang and Udalguri District in Assam.

Kamrup		Morigaon		Darrang		Udalguri	
Yes	40(26.7%)	Yes	30(20%)	Yes	61(40.7%)	Yes	45(30%)
No	110(73.3%)	No	120(80%)	No	89(59.3%)	No	105(70%)

The most of the women folk of all the four districts do hard work during pregnancy. Kamrup 66.7%, Morigaon 76.7%, Darrang 80.7% and Udalguri 79.3%. Table – 26

Table No – 26

\Showing Distribution table on Hard Work during Pregnancy Surveyed Households in Kamrup, Morigaon, Darrang and Udalguri District in Assam.

Kamrup		Morigaon		Darrang		Udalguri	
Yes	100(66.7%)	Yes	115(76.7%)	Yes	121(80.7%)	Yes	119(79.3%)
No	50(33.3%)	No	35(23.3%)	No	29(19.3%)	No	31(20.7%)

The hard work constituted labour in agricultural activities 33.3 in Kamrup, 36.6% in Morigaon, 30.7% in Darrang and 34% in Udalguri followed by regular fishing. Kamrup 78.7%, Morigaon 16.7%, Darrang 20.7% and Udalguri 24%. Table – 27

Table No – 27

Showing Distribution table, If Yes, What type of Hard Work Surveyed Households in Kamrup, Morigaon, Darrang and Udalguri District in Assam.

Type of Work	Kamrup	Marigaon	Darrang	Udalguri
Worked in Agriculture field	50(33.3%)	55(36.6%)	46(30.7%)	51(34%)
Went for Fishing regularly	28(18.7%)	25(16.7%)	31(20.7%)	36(24%)
For collecting fire wood / wild vegetable	2(1.3%)	8(5.3%)	11(7.3%)	9(6%)
Worked in household like rearing poultry	5(3.3%)	15(10%)	9(6%)	10(6.7%)
Weaving in family loom etc	15(10%)	12(8%)	10(6.7%)	13(8.7%)

During pre natal stage the womenfolk of all the districts take medical advice/treatment. Tetanus Toxide vaccination is given by 33.3% women in Kamrup, 30% in Morigaon, 28% in Darrang and 31.31% in Udalguri. Taking of Iron tablet, regular health check up and other items of consumption are also resorted to. Details are in Table – 28

Table No – 28

Showing Distribution table Women taking Medical Advice / Treatment during Prenatal Care Surveyed Households in Kamrup, Morigaon, Darrang and Udalguri District in Assam

Type of Medical Advice / Treatment	Kamrup		Morigaon		Darrang		Udalguri	
	Yes	No	Yes	No	Yes	No	Yes	No
Tetanus toxoid vaccination	50 (33.3%)		45 (30%)		42 (28%)		47 (31.3%)	
Iron folic acid tablet consumption	45 (30%)		40 (26.7%)		39 (26%)		60 (40%)	
Regular health checkup by Doctor / Nurse	60 (40%)		57 (38%)		43 (28.7%)		56 (37.3%)	
Other item Consumption	25 (16.7%)		30 (20%)		32 (21.3%)		39 (26%)	

It is found that the womenfolk of all the survey districts preferred breast feed to the babies upto six months (150 households in all the districts). After sixth months 73.3% women of Kamrup , 88.3% women of Morigaon, 80% women of Darrang and 86.7% women of Udalguri give solid food to the babies. The rest of the women folk give milk to the babies after six months. Table 29

Table No - 29

Showing Distribution table Women taking Medical Advice / Treatment during Pre-natal Care Surveyed Households in Kamrup, Morigaon, Darrang and Udalguri District in Assam

Upto 6 months	Kamrup		Morigaon		Darrang		Udalguri	
	Yes	No	Yes	No	Yes	No	Yes	No
Breast feed only	150 (100%)		150 (100%)		150 (100%)		150 (100%)	
Breast feed and cow milk								
Breast feed along with Other milk								
Breast feed and ground rice/ fruit etc.								
After 6 months								
Breast feed and solid food	110 (73.3%)		125 (83.3%)		120 (80%)		130 (86.7%)	
Breast feed /animal milk and solid food								
Only milk like Lactogen	40 (26.7%)		25 (16.7%)		30 (20%)		20 (13.3%)	
Only solid food /eggs only								
Only solid food e.g. fish, meat etc.								

148 (98.7%) women of Kamrup, 149 (99.3%) women of Morigaon, 148 (98.7%) women of Darrang and 147 (98%) women of Udalguri squeeze out milk before feeding the new born child. Table – 30

Table No – 30

Showing Distribution on Breast feed Child, Squaze out the milk before feeding the child Surveyed household in the District of Kamrup, Morigaon, Darrang and Udalguri District in Assam.

Kamrup		Morigaon		Darrang		Udalguri	
Yes	No	Yes	No	Yes	No	Yes	No
148 (98.7%)	2 (1.3%)	149 (99.3%)	1 (0.7%)	148 (98.7%)	2 (1.3%)	147 (98%)	3(2%)

None of the women of the surveyed districts gives feeds new born child with special curry made of chicken, arum leaves and spices. Table – 31

Table – 31

Showing Distribution of the New Mother soon after Child birth fed of the Special Curry made of Chicken, Arum leaves and Species of the Surveyed of Household in the District of Kamrup, Morigaon, Darrang and Udalguri District of Assam.

Kamrup		Morigaon		Darrang		Udalguri	
Yes	No	Yes	No	Yes	No	Yes	No
	150(100%)		150(100%)		150(100%)		150(100%)

Family planning methods are gaining ground in the surveyed districts. 88% households of Kamrup, 84% households of Morigaon, 86.7% households of Darrang and 83.5% households are accepting family planning methods. Table-32

Table No – 32

Showing Distribution as per Family Planning methods practices Surveyed household in the District of Kamrup, Morigaon, Darrang and Udalguri District in Assam.

Kamrup		Morigaon		Darrang		Udalguri	
Yes	No	Yes	No	Yes	No	Yes	No
132 (88%)	18 (12%)	127 (84.7%)	23 (15.3%)	130 (86.7%)	20 (13.3%)	125 (83.3%)	25(16.7%)

The death cases due to communicable diseases in the districts are Kamrup – 8 from Jaundice, 1 from Diarrhoea and 2 from unknown diseases, Morigaon, 1 case from delivery, 11 from Jaundice, 1 from Diarrhoea, 5 from unknown diseases. In Darrang 2 cases death from delivery, 16 cases from Jaundice, 3 from Enteric fever, 2 TB, 4 from unknown diseases. In Udalguri 21 cases from Jaundice, 1 each from Diarrhoea and Malnutrition, 7 from enteric fever, 2 from TB and 7 from unknown diseases. Table – 33

Table No – 33

Showing the Number of Cause of Death due to Major Communicable Disease in the Surveyed household in the District of Kamrup, Morigaon, Darrang and Udalguri District in Assam.

Sl. No.	Cause of Death	Kamrup	Morigaon	Darrang	Udalguri
1	Delivery	-	1(0.7%)	2(1.3%)	-
2	Jaundice/Hepatitis	8(5.3%)	11(7.3%)	16(10.7%)	21(14%)
3	Diarrhea	1(0.7%)	1(0.7%)	-	1(0.7%)
4	Malnutrition	-	-	3(2%)	7(4.7%)
5	Enteric fever	-	-	2(1.3%)	2(1.3%)
6	Tuber Colosis	-	-	4(2.7%)	7(4.7%)
7	Unknown	2(1.3%)	5(3.3%)	4(2.7%)	7(4.7%)

Cottage industry position in the surveyed households is unsatisfactory. Only 5 households of Kamrup, 6 of Morigaon, 3 from Darrang and 7 from Udalguri have weaving. No other cottage industry is found. Table – 34

Table No – 34

Showing Distribution as per their Family Industry Surveyed household in the District of Kamrup, Morigaon, Darrang and Udalguri District in Assam.

Type of Industry	Kamrup		Morigaon		Darrang		Udalguri	
	Yes	No	Yes	No	Yes	No	Yes	No
Weaving	5 (3.3%)	145 (96.6%)	6 (4%)	144 (96%)	3 (2%)	147 (98%)	7 (4.7%)	143 (95.3%)
Bell metal								
Silk industry								
Other								

The villagers have good number of cows, goats, pigs, duck, pigeon for commercial purposes. Details are in Table 35

Table No – 35

Showing Distribution the Livestock for Commercial Purpose Family Surveyed household in the District of Kamrup, Morigaon, Darrang and Udalguri District in Assam.

Live Stock	Kamrup		Morigaon		Darrang		Udalguri	
	Yes	No	Yes	No	Yes	No	Yes	No
Cow	38 (25.3%)	112 (74.7%)	40 (26.7%)	110 (73.3%)	30 (20%)	120 (80%)	28 (18.7%)	122 (81.3%)
Buffalo								
Goat	39 (26%)	111 (74%)	37 (24.7%)	113 (75.3%)	35 (23.3%)	115 (76.7%)	30 (20%)	120 (80%)
Pig	142 (94.7%)	8 (5.3%)	145 (96.7%)	5 (3.3%)	144 (96%)	6 (4%)	140 (93.3%)	10 (6.7%)
Fowl								
Duck	22 (14.7%)	128 (85.3%)	20 (13.3%)	130 (86.6%)	25 (16.6%)	125 (83.3%)	23 (15.3%)	127 (84.6%)
Pigeon	19 (12.7%)	131 (87.3%)	11 (7.3%)	139 (92.7%)	10 (6.7%)	140 (93.3%)	15 (10%)	135 (90%)
Other								

Out 150 households 20 households of Kamrup, 5 households of Morigaon, 39 households of Darrang and 44 households have fisheries. Table -36

Table No – 36

Showing Distribution as per their Fishery Surveyed household in the District of Kamrup, Morigaon, Darrang and Udalguri District in Assam.

Kamrup		Morigaon		Darrang		Udalguri	
Yes	No	Yes	No	Yes	No	Yes	No
20 (13.3%)	130 (86.7%)	5 (3.3%)	145 (96.7%)	39 (26%)	111 (74%)	44 (29.3%)	106 (70.7%)

The annual consumption of fish is varies depending upon season. 37.3% households of Kamrup consume maximum 41-50 kg annually, 40% households of Morigaon consume maximum 41-50 kg.PA, 36.7% households consume maximum 41-50 kg PA in Darrang and 33.3% households consume maximum 41-50 kg PA in Udalguri . Table – 37

Table No – 37

Table Showing the Quantity of Annual Consumption of Fish in Surveyed household in the District of Kamrup, Morigaon, Darrang and Udalguri District in Assam

Quantity of Fish	Kamrup	Morigaon	Darrang	Udalguri
20 – 30 Kg	44 (29.3%)	40 (26.7%)	42 (28%)	45 (30%)
30 – 40 Kg	40 (26.7%)	50 (33.3%)	45 (30%)	48 (32%)
40 – 50 Kg	56 (37.3%)	60 (40%)	55 (36.7%)	50 (33.3%)
Above 50 Kg	10 (6.7%)	-	8 (5.3%)	7 (4.7%)

As regards direct involvement in agriculture. Out of 130, 145 (96.7%) households of Kamrup have 1 -5 members, 142 (94.7%) households of Morigaon have 1-5 members, 144(96%) households of Darrang have seven members and 148(98%) households of Udalguri also have similar members. Rest 3.3% in Kamrup, 5.31% in Morigaon, 4% in Darrang and 3% in Udalguri are not engaged in agriculture. Table – 38

Table No – 38

Table Showing Family Member engaged in Agricultural in Surveyed household in the District of Kamrup, Morigaon, Darrang and Udalguri District in Assam

Family Member engaged in Agricultural	Kamrup	Morigaon	Darrang	Udalguri
1 - 5	145 (96.7%)	142 (94.7%)	144 (96%)	147 (98%)
5 - 10	5 (3.3%)	8 (5.3%)	6 (4%)	3 (2%)

In all the districts Kharif crops are largely grown. 96% in Kamrup, 96.1 in Morigaon, 96% in Dasrrang and 94% in Udalguri. Table – 39.

Table No – 39

Table Showing Distribution as their Main Crops Grown in the Field season wise Surveyed household in the District of Kamrup, Morigaon, Darrang and Udalguri District in Assam

Main Crops	Kamrup	Morigaon	Darrang	Udalguri
Kharif	144 (96%)	145 (96.6%)	144 (96%)	141 (96%)
Rabi	56 (37.3%)	50 (33.3%)	49 (32.6%)	51 (34%)
Other	-	-	-	-

94% Kharif crops and 33.3% Rabi crops of Kamrup households, 96.6% of Kharif and 29.3% Rabi crops of Morigaon, 95.3% of Kharif and 30% Rabi crops of Darrang and 88.6% of Kharif and 32.6% Rabi crops are grown for family and commercial use. Table – 40

Table No – 40

Table Showing as their Family use the Crops for Commercial Purposed Surveyed household in the District of Kamrup, Morigaon, Darrang and Udalguri District in Assam

Name of the Crops	Kamrup	Morigaon	Darrang	Udalguri
Kharif	141 (96%)	145 (96.6%)	143 (95.3%)	133 (86.6%)
Rabi	50 (33.3%)	44 (29.3%)	45 (30%)	49 (32.6%)
Other	-	-	-	-

There are 164 boys and 166 girls in Darrang in various categories like LP, ME, HE, College and University. In Udalguri there are 163 boys and 181 girls and in Morigaon there are 118 boys and 147 girls in the said categories of education. Table – 41

Table No – 41

Showing number of Students in various Educational institutions of the Surveyed household in the District of Kamrup, Morigaon, Darrang and Udalguri District in Assam

Sl. No.	Category of student (Standard)	Kamrup		Darrang		Udalguri		Morigaon	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1	L P School			74	68	81	72	46	63
2	M E School			37	48	29	33	29	43
3	High School			33	27	26	52	41	40
4	College			19	23	27	24	2	1
5	University			-	-	-	-	-	-
	Total:			164	166	163	181	118	147

Except Udalguri district, the drop out of girls is more in other three districts i.e. out of 67 drop outs in Kamrup, there are 40 girl dropouts, out of 34 drop outs in Darrang, 19 girls drop out, out of 37 drop outs in Udalguri, 16 girls are dropout and out of 105 drop outs in Morigaon 56 nos. are girls. In Kamrup drop out is more in HE standard, in Darrang drop out is more in college standard, same in the case in Udalguri while in Morigaon drop out is more many H E standard. Table - 42

Table No – 42

Showing number of School Dropouts in the Surveyed household in the District of Kamrup, Morigaon, Darrang and Udalguri District in Assam

Sl. No.	Standard	Kamrup		Darrang		Udalguri		Morigaon	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1	L P School	2	4	-	-	7	2	13	12
2	M E School	7	1	2	6	-	3	21	22
3	High School	8	20	2	13	14	9	10	18
4	College	10	15	11	13	-	2	-	-
5	University	-	-	-	-	21	16	49	56
	Total:	27	40	15	19	21	16	49	56

CHAPTER - V

FINDINGS OF THE STUDY

The research study entitled 'Human Development Indicators for Scheduled Tribes' of Assam covering 40 tribal villages (10 villages each from 4 districts) of Kamrup, Darrang, Morigaon and Udalguri with a population of 37339, male 18253, female 19086 was undertaken during later part of 2008. The scheduled tribes included in the study were-

Kamrup District	-	Tiwa,
Morigaon District	-	Tiwa,
Darrang District	-	Bodo,
Udalguri District	-	Bodo,

A. KAMRUP DISTRICT

Ten tribal villages with a total population of 12485 were selected for the study. The tribal villages under study fall under three topographic categories viz. hilly, plains and undwelling plains. In the first category there is only one village while 8 villages are located in the plains and another in undwelling plains. Transport and communication facilities are not very conveniently located. Most of the villages have transport stations, railway stations and block office at a distance of 5-15 kms.

The condition of roads is deplorable. The people mostly depend on katcha fair weather roads. Only 6 villages have katcha all weather motorable roads. The villagers use motor bus for visiting the places outside the villages. Ironically two villages still use foot tracks.

No longer the tribal villages are geographically isolated. Modern facilities like TV, Radio, electricity telephones, motor bikes, cars are found in most of the villages. Most of the villages have civic facilities like post office, telegraph office, STD booths, pharmacy, medical shops, weekly market within a distance of 1-5 kms. The traditional drainage system prevails which are kept open uncared surrounding the households.

The sanitation is far from satisfactory as only 2 villages have sanitary latrines while 4 villages do not have even katcha latrines. They use open field for attending calls of nature.

Most of the villages semi pucca Assam Type houses. As regards agriculture, 10 villages grow Kharif crops and 8 villages grow Rabi crops. The villagers depend wholly

on rain water as irrigation facilities are not available. Electricity position is partially satisfactory in the villages but 4 villages get irregular supply of the same.

Lower primary/Anganwadi Centers facilities are available only for 5 villages as the same are located within the villages. Only 2 villages have M.E , HE schools at a distance of 1-2 kms. Higher Secondary and Colleges are located beyond 5 kms.

Medical sub centers and PHCs are either located in the villages or within 1-2 kms from most of the villages. Similarly government dispensaries are located at a distance of 1-5 kms for majority of the villages. 50% of the villages have government hospital facilities within 2-5 kms. Private medical facilities are available at a distance of 5-15 kms. Only 2 villages get assistance from private doctors while ASHA workers are serving sincerely in all the villages. Traditional birth attendants are still performing their rule in the villages although only 2/3 villages.

It is found that majority of the mother's give birth at the age group 20-24 years.

Regular medical facilities are provided to only 6 villages. Today the tribal people depend largely on government hospitals. A few families take their patients to private health centers / private hospitals. Faith on Allopathic medicine is increasing. The families are eager to vaccinate the new born children with Palio, BCG,DPT and chicken pox. Mobile health centers, however are negligible, only 2 villages have such centers. None of the village has any special child care unit. Diseases like Diarrhea, Dysentery, Influenza, Enteric fever, Malaria are common in all the villages. Only 3 villages gave data on death due to communicable diseases.

Majority of the villages spend Rs. 1000.00 to Rs. 5000.00 PA on education. Only 3 richer villages spend Rs. 15000.00 above PA on education. Majority of the families spend Rs. 1000.00 to Rs. 5000.00 PA on health care. Similarly the villages spend above Rs.15000.00 PA on food items although from the from the income side the amount appear to be at a higher side.

Now a days the tribal villages spend sufficient amount on material welfare as modern paraphernalia are entering into the far flung tribal villages. It has been observed that out of 10 villages, 8 villages spent Rs. 1000.00-5000.00 PA on material welfare.

B. MORIGAON DISTRICT

Ten tribal villages belonging to Tiwa community with a total population of 11903, male 5536, female 6367 were selected for study. Except one, which is located on hills, rest of the 9 villages are located in plains. As regards transport and communication most of the villages have transport station within 0-5 kms. Railway station are also not very far. Most of the villages get the facilities within 2-5 kms. Block office, however is located beyond 5 kms. Similarly SDO office is situated at a distance of beyond 15 kms.

The condition of the roads is very pitiable as katcha fair weather; katcha all weather roads are foot tracks all the people have for contacting with outside world. However after crossing the village roads they can avail motor bus and railway at a distance of 0-2 kms.

Television, radio, telephones are in almost all the villages. Civic facilities like post office, telegraph office, bank, pharmacy, fair price shops are also located near (1 to 5 kms.) the villages.

The villagers wholly depend upon rain water to irrigate their agricultural lands. Electricity is available in 60% of the villages only, but supply of electricity is irregular.

It has been found that LP schools are located in 6 villages within the village. Where as rest of the villages have LP schools within 1-2 kms which was not proper as the tiny tots find it difficult to go to the schools in rainy season. ME, HE, HS, College and 8 Anganwadi centers are found inside the villages.

Medical sub-centers, Primary health centers, private clinics are located within the villages or within 1-2 kms from the villages. Private doctors are available in 8 villages.

Malaria, Dysentery, Diarrhoea and Enteric fever are common diseases in the villages. Traditional drainage system prevails. Most of the villages use katcha latrines and open fields to answer calls of nature. Only 3 villages have sanitary latrines. Except two villages where houses are katcha AT, rest of the villages have pucca or semi pucca houses. The people grow both Kharif and Rabi crops in the fields. It is observed that most of the mothers give birth to children in the age group 20-24 and 25-29 years.

As regards medical facilities during emergency the same is available only for 5 villages. The sick persons are taken to Primary health centers. Some richer persons

(20%) take patients to government hospitals. Allopathic medicine is preferred by all the villages. The immunization of children with Polio, BCG, DPT are done in the villages.

Mobile health facilities are available in 70% of the villages. The villagers are readily accepting the family planning measures. But there is no special child care centre in any of the surveyed villages. Except one village, rest of the villages are not having communicable diseases. Nor the villages (90%) had any experience of epidemic. Expenditure on education varies as 4 (40%) villages spend Rs. 1000.00 to Rs. 5000.00 PA and another 4 villages spend Rs 5000.00 to 10000.00 PA .Two villages spend Rs. 10000.00 to Rs.15000.00 PA on education.

Majority of the villages 60% spend Rs.5000.00 to Rs.10000.00 PA on health. Similarly majority(60%) villages spend Rs.10000.00 to Rs.15000.00 PA on food items.

A new type of expenditure is seen in the villages which was not observed one decade back. On material well being 70% villages spend Rs.1000.00 Rs.5000.00 PA and 30% villages spend Rs.5000.00 to Rs.10000.00 P.A.

C. DARRANG DISTRICT

Ten tribal villages with a total population 6538 (male 3433, female 3105) were selected for the macro level study. All the villages are in plains and agglomerated.

Transport and communication facilities in the villages are far from satisfactory as transport station, railway, block office, SDO office are located beyond 15 kms. Majority of the villages (60%) have katcha all weather and katcha fair weather roads and only 3 villages have graveled roads. People walk the distance to catch motor bus. Modern gadgets like TV, radio, telephone, are available in all the villages. 5 villages have community centers and 3 villages have libraries.

Civic facilities are available beyond 2 -5 kms. from the villages. There is no modern drainage system. Majority (80%) of the villages have katcha latrines and only 2 villages have sanitary latrines.

Katcha Assam Type houses are found in all the villages indicating a not so sound economy. Some of the houses are half pucca and half katcha. Electricity is extended to all the surveyed villages.

LP, Anganwadi, ME schools are located within the villages. But HE, HS and Colleges are located beyond 2- 5 kms from the villages.

Kharif and Rabi crops are grown in all the villages. The villagers depend entirely upon rain water for irrigating the lands.

The medical sub centers are easily available for 3 villages as the same are located within the village. Rest 7 villages have such centers at a distance 2-5 km. Commonly health centers are found the villages have such centers at a distance of 2 -5 km and 5 -10 kms. PHCs., Government Dispensaries are located within 10-15 kms for all the villages. Government hospital is located beyond 15 kms. Private clinics and private hospitals are also located with 5 -10 kms. The ASHA whereas serve all the villages regularly.

Most of the mothers become child bearing stage within 20-24 years of age. Emergency medical facilities are available only in 5 villages. In case of serious illness the people bring the patients to government hospital/PHC. Although all the villages reported preference to Allopathic medicine, Ayurvedic and Homoeopathic medicines are taken by 50% and 40% villagers.

Polio, BCG, DPT vaccinations are given to the children as per government's decision on approved dates. There is no mobile health centre in the villages. Family planning methods are adopted in 4 villages only. Only 2 villages have special child care facilities. Malaria, Diarrhea, Dysentery, Influenza, Jaundice are the common diseases in all the surveyed villages. Death cases due to communicable diseases were reported from only 3 villages. There was no epidemic case in any of the villages.

Three villages spend Rs.1000.00 to Rs. 5000.00 PA. and other 3 villages spend Rs.5000.00 to 10000.00 PA and 4 villages spend Rs.10000.00 to 15000.00 PA on education.

Expenditure on health is also not negligible. 4 villages spend Rs.10000.00 to 15000.00 PA, 3 villages spend Rs.5000.00 to Rs.10000.00, 1 village spends above Rs.15000.00 PA and only 2 villages spend Rs.1000.00 to Rs.5000.00 PA on health.

All the villages spend Rs.15000.00 and above PA on food.

Of late expenditure is increasing on material well being. 3 villages spend Rs.5000.00 to 10000.00 PA, 5 villages spend Rs.10000.00 to 15000.00 PA and 2 villages spend above Rs.15000.00 PA on material well being.

D. UDALGURI DISTRICT

Ten tribal villages with a total population of 6413 (male 3404, female 3009) were selected for the study. All the villages are situated in plains and these are agglomerated. Most of the villages are located at a distance of 2-5 kms from the nearest transport station. The railway station, block office, SDO offices are located beyond 5 kms. Only 4 villages have graveled roads. 2 villages have fair weather and one village has all weather motorable roads. Even in this 21st century foot tracks are found in 3 villages and with utmost difficulty the villagers keep contact with outside world.

Motor bus is the popular mode of conveyance for the villagers. Mass communication facilities like TV, radio, news paper, telephone (mobile) are found in all the villages.

The civic facilities are available at a distance of 5-10 kms from most of the villages. 10 villages have STD booths within 1-2 kms, 3 villages have post offices within 2-5 kms and another 2 villages within 1-2 kms. Three villages have banking facilities within 2-5 kms.

The drainage system is of the traditional open type. Seven villages have katcha latrines and 3 villages possess sanitary latrines.

Out of 10 villages under survey, 6 villages have Assam Type katcha houses, 2 villages have semi pucca Assam Type and 2 villages have pucca Assam Type houses.

Only 4 villages get regular electric supply although electric connection are found in all the villages.

There are 13 LP school located in the villages. Besides 7 ME schools and 2 HE schools are located within the studied villages.

The villagers produce both Kharif and Rabi crops. For irrigation, 2 villages use pump sets and rest of the villages depend upon rain water.

Health facilities appear to be adequate as Medical Sub Centres, PHCs, Community Health Centres, Government Hospital are found in or near the villages. 6 nos. of Sub Centres are located within 6 villages. 4 PHCs are located within the villages. Each of the villages has government dispensaries within the village. The ASHA workers are giving sincere service to all the villagers. Besides 6 villages have traditional birth attendants and 2 villages get services from private doctors.

The ages of child bearing mothers are 20-24 years for majority of the mothers.

During emergency medical facilities are available only in 3 villages. The villagers bring the sick persons to government hospitals, PHCs and private hospitals. Only one village reported that sick persons are brought to the village medicine men.

The villagers get vaccination of Polio, BCG, DPT for children as per government programmes. Allopathic medicine is preferred by all the villages. Besides Ayurvedic, Homoeopathic and traditional medicines are also in vogue. There is no mobile health centre in any of the villages.

Out of 10 villages only 3 villages have adopted family planning methods. Special health care facilities are found in 8 villages. Malaria, Dysentery, Diarrhea, Influenza, Jaundice are the common diseases in these villages. It was reported that there were death cases in 3 villages due to communicable diseases. In the living memory of the informants there was no epidemic in the villages.

Of late educational expenses are increasing as 3 villages spent Rs.5000.00 to Rs.10000.00 PA and another 3 villages spent Rs.10000.00 to 15000.00 PA on education. Besides 4 villages had to spend Rs.15000.00 and more PA on education.

The expenditure pattern on health is similar with those of educational expenses. All the villagers spent Rs.15000.00 and above PA on food items.

The expenditure on material well being are increasing as more and more people are buying modern equipments and luxury items. It is observed that all the villages spent above Rs.15000.00 PA on this court.

FINDINGS OF HOUSEHOLD SCHEDULES IN FOUR DISTRICTS

The micro level study based on 150 households of each village was undertaken to find out grass root data regarding the socio economic condition of the 40 villages under survey.

Most of the households (62%) in each district have cultivation as major occupation followed by service 19.83%, business 10%, labour 6.83% and other 1.33%. The others include tuition, thela pulling, temporary petty business etc.

The annual income from cultivation is highest in all the districts. 49.3% households of Kamrup, 78.7% households of Morigaon district earn upto Rs.25000.00 PA each from cultivation while 46.6% households of Darrang, 34.6% households of Udalguri earn Rs.25000.00Rs.50000.00 PA each from cultivation. There are very few households in business sector. 10 households of Kamrup, 3 households each from Darrang and Morigaon and 2 households of Udalguri earn upto Rs.25000.00 PA each from business. Income from service is not negligible as 36 households of Udalguri earn Rs.50000.00 to 1 lakh each from service. 10 households of Kamrup, 10 households of Morigaon and 6 households of Darrang earn Rs.50000.00 to 1 lakh PA each from service.

Formerly earning from labour was not very lucrative as the needy poor villagers served in the households of rich villagers with some amount plus meals. But today the position changed considerably. Thus it is seen that 20 households of Kamrup, 5 households of Morigaon, 9 households each of Darrang and Udalguri earn upto Rs.25000.00 PA each from serving as day labourers.

Although there is no landless families in the surveyed villages, the per household land is not sufficient. Majority of the households of Kamrup 31.3%, Darrang 36% possess 5-10 Bighas of land each, 46% households of Udalguri possess same amount of land while 52% households of Morigaon possess 1-5 Bighas of land each. Only 5.3% households of Kamrup, 18.7% of Darrang, 13.3% of Udalguri and 2.7% households of Morigaon possess above 15 Bighas of land each. 14.7 households of Kamrup, 32.7 households of Darrang, 35.3% households of Udalguri and 8% households of Morigaon possess 10-15 Bighas of land each. It may be mentioned that 24.7% households of Kamrup and 4% households of Morigaon possess only 0-1 Bigha of land each.

Areas of land under cultivation vary from district to district depending upon topography, demography and illegal occupation by immigrant settlers. Thus in Kamrup

38.7% households, in Darrang 33.3% households in Udalguri 47.3% households have 5-10 Bighas of land under cultivation each while in Morigaon 32.7% households have utilized 5-10 Bighas of land under cultivation each. Only limited households utilize lands above 15 Bighas. 4.7% households of Kamrup, 14.7% households of Darrang, 10% households of Udalguri and 2.7% households of Morigaon use above 15 Bighas of land under cultivation each. Again 23.3% households of Kamrup, 26% households of Darrang, 25.3% households of Udalguri and 50% households of Morigaon use 1-5 Bighas of land under cultivation each.

20% households of Kamrup and 4% households of Morigaon utilize less than 1 Bigha of land each under cultivation.

Irrigation facilities are available for every limited households. 6.7% of Kamrup, 21.3% of Darrang, 32% of Udalguri and 3.3% households of Morigaon have private irrigation facilities.

Most of the households i.e. 76.7% of Kamrup, 88% households of Morigaon, 66% households of Darrang and 70% households of Udalguri use well / ponds for drinking water. Pipe water is available for 23.3% of households of Kamrup, 12% of Morigaon, 26.7% of Darrang and 35% households of Udalguri.

It is surprising to find that inspite of so many welfare schemes in the pipeline for tribal people the basic necessity of health is not given due attention. 10% households each of Kamrup and Darrang, 6% households of Udalguri and 8% households of Morigaon are using open field for answering call of nature which is strictly unhygienic and injurious to health. Katcha latrines are common in the surveyed households. Only 23.3% households of Kamrup, 11.3% households of Darrang, 8.7% households of Udalguri and 22% households of Morigaon have sanitary latrines.

Large majority of the households in all the four districts have katcha Assam type houses, 80% in Kamrup, 88.71% in Darrang, 86% in Udalguri and 83.3% households have katcha Assam type houses.

It was interesting to note that sizeable households possessed motor bike, radio, TV sets, telephones, watches, mobile phones, bicycles and Auto vans/cars.

Electricity is extended to 68% of the households of all the districts. 73.3% of Kamrup, 70% of Darrang, 64% of Udalguri and 65.3% households of Morigaon have electricity.

Rs.20000.00 to Rs.30000.00 PA is spent on food items by the families of all the districts. In dress items Rs.10000.00 to Rs.20000.00 PA is spent by the households of all the four districts. Most of the households of all the districts spent Rs.10000.00 PA each on education of the children. In health most of the households of all the four districts spend

Rs.10000.00 PA each while in other social obligations the households of the all the districts spent Rs.10000.00 PA each.

Milk, curd, pulses, green vegetables, meat and rice beer are the major food items of the tribal people. All the tribal households take vegetables daily. Meat is taken when available. Rice beer consumption is slashed down gradually. 40% households of Kamrup, 26% households of Morigaon, 37% households of Darrang and 44.7% households of Udalguri take rice beer.

Cattle, goat, pig, fowl, duck,, pigeon are found in most of the tribal households of the districts. Firewood is the common fuel in all the households. Of late LPG is used by the richer sections. 28% households of Kamrup, 6% households of Darrang, 8.7% households of Udalguri and 20.7% households of Morigaon use LPG. 63.3% households of Kamrup use kerosine, as fuel and 4.7% households use cowdung for cooking.

Most of the households do not get medical service during emergency. The people take the sick persons to PHC, Government hospital. Very negligible percentage of people take help from village medicine men. Majority of the households have faith in Allopathic medicine. Ayurvedic, Homeopathic and occult medicine are resorted to by negligible households. Polio, BCG, DPT vaccines are given to the children by 27.7% households of four districts.

Most of the mothers conceived after 2/3/4 months of marriage. It is found that most of the pregnant mothers take advice from doctors during pregnancy period upto 3 times. Age of pregnancy of most of the mothers in all the four districts ranges between 25-29. Most of the mothers took care in matters of antenatal problems. Most of the households in all the districts took curative measures for Diarrhea, Enteric fever, Viral fever, respiratory infection. In Kamrup Enteric fever is the second most serious disease after Diarrhea. In Morigaon Viral fever takes second place after Diarrhea. Dysentery, Diarrhea and fever are the common fatal diseases of the tribals of Kamrup while Dysentery, fever, Jaundice are common diseases of Darrang districts. In fact the above diseases are common among the tribals of four districts under survey. Most of the households reported negative in respect of social restriction during pregnancy. Rather they do all the hard work relating to agricultural activities of the households. Prenatal treatment/advice is taken from doctors. Regular health check up is also done. All the women in the surveyed households preferred breast feeding to the children. Only after six months the women give solid food to the babies. Large majority bordering 100% women squeeze out first milk before giving to the babies. None of the villages, have recorded any special curry given to the new born babies.

Family planning methods are gaining ground in all the surveyed villages. More than 80% households accepted this method.

Death cases due to communicable diseases in the villages are few and far between. Jaundice, Enteric fever diseases, Diarrhea malnutrition were the causes of death.

Cottage industry position in the surveyed villages is far from satisfactory although there are enough scope for such industries. The tribal women are expert weavers and they weave clothes for all the members of a family. Surprisingly this is not taken as a commercial proposition. Only 5 households of Kamrup, 6 of Morigaon, 3 of Darrang and 7 of Udalguri had weaving not as an industry but to keep the tradition living. All the villages have good numbers of cows, pigs, ducks, goats, bullocks, pigeons etc. for commercial purposes. The cows and bullocks are reared mainly for agricultural purposes.

Very few households have fisheries. Most of the households consume 40-50 kg PA at the maximum. Large majority of the households have 1-5 members directly involved in agricultural operation. Overwhelming of the households produce Kharif and Rabi crops in all the villages.

It is seen that girls out numbers boys in the role of educational institutions right from LP to college level but dropout position among girls is more in Kamrup, Darrang and Morigaon. In Udalguri however, drop out of girls is less. Out of 67 drop outs in Kamrup, 40 are girls, out of 34 dropouts in Darrang district 19 are girls and out of 105 dropouts in Morigaon 56 are girls. In Udalguri district out of 37 drop outs, 16 are girls. Drop out in HE standard is more in Kamrup while drop out of college students is more in Darrang district. Same is the case in case of Udalguri district. In Morigaon district dropout is more in HE standard.

CHAPTER - VI

CONCLUSION

The study entitled 'Human Development Indicators for Scheduled Tribes' of Assam was undertaken by the Assam Institute of Research for Tribals and Scheduled Castes during later part of 2008. The study covered tribal areas of four plains districts of Assam. viz. Kamrup, Morigaon, Darrang and Udalguri. Ten tribal villages inhabited by Bodos, and Tiwas of the four districts were selected for the macro level study and 150 tribal households from each selected district were studied for micro level information of human development.

The indicators, drawn on intensive data collection from 40 villages (10 villages each from one district) pin pointed a mixed picture so far development of the tribal areas are concerned. Transport and communication which is considered as prime mover for development is far from satisfactory as most of the villages have bus station, railway, block office, CDO at a distance of 5-15 kms. The condition of the roads in all the surveyed villages is deplorable. Katcha fair weather/ katcha all weather motorable roads and even foot tracks are used by almost 95% villages.

Unlike the village situation two/three decades age, the situation today in changed metamorphically so far attainment of modern mass communication system is concerned, TVs, Radios, telephones, mobiles, motor bikes, bicycles are found in most of the households. In respect of civic facilities like post office, bank, telegraph office, STD booths, pharmacy, medical shops, weekly markets most of the villagers are enjoying the same within 1-5 kms from the villages. The drainage system is maintained in traditional style and kept open.

The sanitary system is far from satisfactory. Only 2 villages have sanitary latrines. Open field is still used by quite a good number of households which tells upon the total health of the villagers.

Most of the villages have semi pucca Assam Type houses. Although agriculture is the main occupation of about 80% villagers, irrigation facilities are practically non existent. The villagers depend wholly on rain water. Electricity is extended to all the villages but 4 villages get irregular supply of the same.

Educational facilities are generally satisfactory. Most of the villages have educational institutions specially LP/Anganwadi within the villages. ME, HE, HS schools are located within 1-2 kms from the villages. A few villages have even colleges within or 1-2 kms from the villages.

Medical facilities appear to be adequate in most of the villages. The Sub Centres, PHCs are either located within the villages or at a distance of 1-2 kms. The tribal people largely depend upon doctors and allopathic medicine, Ayurvedic, Homeopathic. Occult medicines are resorted to by negligible households. The role of traditional medicine men is fast disappearing. In some villages rural birth attendants are employed during delivery. Health consciousness is increasing. The pregnant women take doctor's advice in pre natal and ante natal

Problems. Patients are taken to the nearest PHCs. Children are immunized with Polio, BCG, DPT vaccines. Mobile health centres are very negligible which should be increased. Although death from communicable diseases are recorded from 3 villages only, diseases like Malaria, Diarrhea, Dysentery, Jaundice, Influenza, Enteric fever occur very frequently. Majority (60%) of the villages spend Rs.5000.00 to Rs.10000.00 PA each on health. Emergency medical facilities are inadequate.

Till a few decades became the tribal villagers were shy in respect of educating the girl child but today position changed considerably. Today girls outnumber boys in the role of educational institutions right from LP to college level. Ironically drop out is more among girls. The expenditure on education is increasing.

It is observed that the villagers depend largely on cultivation as the prime source of occupation. Very few households have business or service to accentuate the household income. Majority of the households possess 5-10 Bighas of land including homestead land which is quite inadequate in rural standard. The expenditure on food item is increasing Rs.20000.00 to Rs.30000.00 PA per household.

Cottage industry is sadly neglected by the tribal people although there is enough scope in the tribal villages. The tribal villages women are expert in weaving yet the study showed no industry in this sector. There are very few piggery and poultry farms in the studied villages. Similarly very few households have fisheries though there is enough scope for fisheries. Diversification of economic activities is felt quite a good number of households have labourers as the major source of economy, a position undreamt till few decades.

Modernism in culinary practices has centered in a limited way as 28% households of Kamrup, 6% households of Darrang, 8% households Udalguri and 20% households of Morigaon have switched over to LPG. But still the overwhelming majority of the households use wood as fuel and 63.3% of the households of Kamrup use Kerosine as fuel for cooking.

It was interesting to note that family methods have been used by 80% of the households , although the conception of the married women take place 2-3 or 4 months after marriage.

CHAPTER - VII

SUGGESTIONS

1. The road condition in the surveyed villages is in a very deplorable condition. Katcha fair weather, katcha all weather roads/ foot tracks should be do not fit in the present day advanced societies all around. Urgent attention should be given to improve the village roads at least to a graveled status.
2. Majority of the villagers still use katcha latrine and a few use open field to the answer the call of nature which tells badly on the social hygiene and total health situation. Sanitary latrines betting rural sites with lesser cost should be provided.
3. Most of the villagers use water of well/ponds for drinking purposes which, perhaps is the main cause of incidence of Jaundice in the villages. Pipe water facilities may be extended to the villages.
4. The villagers should be mobilized to accept diversification of the economy which at present is based mainly on cultivation. The annual expenditure on food increasing while the yield per Bigha remains static.
5. Cottage industry should be revitalized. At least weaving, rearing of Endi, Pat, Japi making bamboo and cane industries, fisheries should be started with subsidies as the tribal people possess the requisite expertise.
6. Suitable measures should be taken to stop drop out from educational institutions.
7. Emergency medical facilities should be extended to the tribal villages.
8. There is no dearth of benevolent schemes for tribal welfare. What requires most is implementation of the schemes by a dedicated and committed set of people. Need based formulation of schemes is to be taken on priority basis.
9. Sizable quality of paddy is used for brewing rice beer in the tribal households which are required for day to day consumption as well as for socio religious occasions. There is no limit of consumption of rice beer particularly during festivals. This habit drains out a lot of avoidable expenditure. The youth organizations should be constituted in the tribal villages to mobilize the people to minimize expenditure on rice beer. The role of NGOs in this regard can not be underestimated.
10. Most important factor is the people's awareness. The recently enacted 'Right to Information' instrument should be applied by the beneficiaries regarding the part and on going schemes in the villages inhabited by tribals. Perhaps this single instrument if

judiciously applied will go a long way towards removing the constraints mentioned in the study.

GOVERNMENT OF ASSAM
ASSAM INSTITUTE OF RESEARCH FOR TRIBALS AND SCHEDULED CASTES
JAWAHARNAGAR:KHANAPARA :N:H:37:GUWAHATI-7810022.

"RESEARCH STUDY ON HUMAN DEVELOPMENT INDICATORS FOR SCHEDULED TRIBES". IN THE DISTRICTS OF KAMRUP, MORIGAON DARRANG, UDALGURI.
ASSAM

VILLAGE SCHEDULE

1.

Name(s) of informant (s) & family members	Age	Sex	Education	Occupation
i.				
ii				
iii				
iv				
v				
vi				
vii				
viii				
ix				
x				

2. A. General Information:

- i). Name of the Revenue village :-
- ii). Name of the Gaon Panchayat :-
- iii). Police station :-
- iv). Block :-
- v). Sub Division :-
- vi) District :-
- vii) Total no of household :-
- viii). Name of the Tribes :- a) Male B) Female
- ix). Total number of population

.....
of the village

3. Topography:

:- Use tick

(√)

i) Hilly	
ii) Plain	
iii) Un-dwelling plain	
iv) Others	

4. Settlement pattern :- Use tick

(√)

i) Agglomerated	
ii) Dispersed	
iii) Isolated	
iv) Others	

5. Transport & communication facilities:

A. Distance of the village from (in Kms)

- i). Nearest transport station :-
- ii). Nearest railway station :-
- iii). Block Office :-
- iv). Sub divisional head quarters :-

6. Condition of the Road to the village:

(Use tick (√))

- i). Foot tract :-
- ii). Katcha, Fair wather Motorable road :-
- iii). Katcha, all weather motorable road :-
- iv). Graveled Road :-
- v). Other (specify) :-

7. Mode of conveyance:

Sl.No.	Mode of conveyance used	Use (√) for availability and (x) for unavailability
i)	Motor Bus	
ii)	Rail	
iii)	Car (Private Car/Auto/Etc)	
iv)	Boat	

8. Other means of mass communication available:

Sl.No.	Means of mass communication	Use (√) for availability and (x) for unavailability
i)	Television	
ii)	Radio	
iii)	News paper	
iv)	Library	
v)	Community centre	
vi)	Telephonic facility	

9. Civic and other facilities:-

Sl.No.	Civic and other facilities	Nos.	Distance from the village (in kms)
i)	Post Office		
ii)	Telegraph Office		
iii)	STD Booth		
iv)	Bank		
v)	Pharmacy or medical shop		
vi)	Weekly market		
vii)	Fair Price shop		

10. The type of drainage facility (Use tick)

i)	Under ground	
ii)	Open	
iii)	No	

11. What kind of toilet facility does your household have ?
(Use tick)

i)	Open field	
ii)	Katcha latrine	
iii)	Sanitary	
iv)	Any Others	

12. Your house structure :- (Use tick)

(i)	Pucca	
(ii)	Semi Pucca	
(iii)	Katcha	

13). Major crops grown in the village.

- i) Kharif :- _____
- ii) Rabi :- _____

14. Main source of irrigation:

Sl.No.	Main source of irrigation in the village	Use tick mark
i).	Rain water	
ii)	Tank water	
iii)	Stream/River	
iv)	Well	
v)	Tube well	
vi)	Pump set (Sallow filter).	

15. Village Electrification (use tick mark).

i).	Electrified	:-
ii)	Non-Electrified	:-

16. Educational facilities of the village:

Sl.No.	Educational facilities	Nos.	Distance from village in km.
i).	Angonwadi		
ii)	Primary School		
iii)	Middle School		
iv)	High School		
v)	Higher Secondary School		
vi)	College		
vii)	Any Others		

In case of within the village, distance will be record as 0

17. Health facilities of the village.

Sl.No.	Health facility	Nos.	Distance from village in km.
i).	Sub Centre		
ii)	Primary Health Centre		
iii)	Community health centre		
iv)	Govt. Dispensary		
v)	Govt. Hospital		
vi)	Private clinic		
vii)	Private Hospital		

• In case of within the village, distance will be record as 0

18. Availability of health provider in the village:-

Sl.No.	Health Provider	Yes	No.	If yes nos.
i).	Private Doctor			
ii)	Visiting Doctor			
iii)	Govt. Doctor			
iv)	Village Health guide(VHG)			
v)	Traditional birth attendant			
vi)	Mobile Health unit /visit			
vii)	ASHA			

19. Number of total mothers of child bearing age (15-44 age group) of the particular village in a calendar year i.e. 2007 or 2007 June to 2008 June.

Age group	No. of child bearing mother from June 2007 to June 2008.
15-19	
20-24	
25-29	
30-34	
35-39	
40-44	

Total:-

20. Number of total mothers of child bearing age (15-44 age group) of the particular village in the mid year of a calendar year i.e. 2007 July Ist.

Age group	No. of child bearing mother (15-44) from January 2008 to July 2008.
15-19	
20-24	
25-29	
30-34	
35-39	
40-44	

21. Do you think medical service is easily available in case you need if ?

(Use tick mark)

Yes		No.	
-----	--	-----	--

22. When members of your household fall sick where do you generally take the patient ?

(Use tick mark)

a). Govt. Hospital	
b). Primary Health Centre	
c) Private Hospital	
d) Village medicine man /magic man	
e). Others	

23. Which system of medicine you have more faith in ?

(Use tick mark)

a). Allopathic	
b). Ayur Vedic	
c). Homeopathic	
d). Occult medicine/traditional	
e). Any others	

24. Have you administered any vaccinations to your children ?

Yes		No.	
-----	--	-----	--

If Yes, Vaccination	Use tick mark	Where the Vaccination were admissible
a). Polio		
b). BCG		
c). DPT		
d). Chicken Pox/Measles		
e). Any others (Pl. Specify)		

25. If there any mobile health centre within your locality ?

(Use mark)

Yes		No.	
-----	--	-----	--

If "yes" please mention the name:-

26. Is your family/locality aware of family planning: Yes/No _____

27. Is there any special child health care facilities in your locality?

Use tick mark

Yes		No.	
-----	--	-----	--

28. What are the common diseases that occur in your locality frequently ?

Sl.No.	Disease	(√)
i)	Acute Diarrhea	
ii)	Acute respiratory infection	
iii).	Pneumonia	
iv).	Enteric fever	
v)	Viral Hepatitis	
vi)	Measles	
vii)	Tuber culosis	
viii)	Others	

29. Causes of death due to major communicable diseases in your family.

Sl.No.	Causes of death	Nos.	Nil
i).			
ii).			
iii).			

30. Does the villages face any kind of epidemic recently ?
Yes/ No _____. If yes please specify

31. Family's annual expenditure towards education (√)

i).	Rs. 1,000.00 – 5,000.00	
ii)	Rs.5,000.00 – 10,000.00	
iii)	Rs.10,000.00- 15,000.00	
iv).	Rs.15,000.00 & above	

32. Family's annual expenditure towards health. (√)

i).	Rs. 1,000.00 – 5,000.00	
ii)	Rs.5,000.00 – 10,000.00	
iii)	Rs.10,000.00- 15,000.00	
iv).	Rs.15,000.00 & above	

33. Family's annual expenditure towards food:

(√)

i).	Rs. 1,000.00 – 5,000.00	
ii)	Rs.5,000.00 – 10,000.00	
iii)	Rs.10,000.00- 15,000.00	
iv).	Rs.15,000.00 & above	

34. Family's annual expenditure towards materials well being.

(√)

i).	Rs. 1,000.00 – 5,000.00	
ii)	Rs.5,000.00 – 10,000.00	
iii)	Rs.10,000.00- 15,000.00	
iv).	Rs.15,000.00 & above	

GOVERNMENT OF ASSAM
ASSAM INSTITUTE OF RESEARCH FOR TRIBALS AND SCHEDULED CASTES
JAWAHARNAGAR:KHANAPARA :N:H:37:GUWAHATI-781002.

"RESEARCH STUDY ON HUMAN DEVELOPMENT INDICATORS FOR SCHEDULED TRIBES". IN THE DISTRICTS OF KAMRUP, MORIGAON, DARRANG, UDALGURI ASSAM

HOUSEHOLD SCHEDULE

1.

Name (s) of informant (s)	Age	Sex	Education	Occupation

2. Name of the tribe :-
3. Name of the village :-
- Police Station :-
- Block :-
- Sub Division :-
- District :-

4.

Sl.No.	Name of the family members	Age	Sex	Education		Occupation
				Continuing	Discontinuing	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

5. Particulars of household Income:

Source	Income an amount in Rs. P.A.
a). Service	
b). Cultivation	
c). Businessman	
d). Others (Specify)	

6. Total land possessed by you:-

(i) a) _____ (own) b) _____ (leased in) c). _____ (No land)

(ii) Upland _____ in Acrs lowland _____ in Acrs.

7. Total area under cultivation .
 Total area of cultivation for Rabi crops _____ in areas.
 Total area of cultivation for Kharif crops _____ in areas.

8. Do you have irrigation facilities for cultivation ?

(Use √)

Yes	
No	

9. Did you receive any agricultural loan from any source during last year i.e. 2007.

(i) (Use √)

Yes	
No	

(a) If yes, please record the amount of loan and source.
 (b) Did you utilized the loan for the desired purpose ? Yes/ No.

10. Total approximate annual expenditure pattern of the household.

Head	Expenditure (Rs)
a). Food items	
b). Dress ornaments	
c). Education	
d). Health	
e). Other social obligations	
f). Others (specify)	

11. How often do you, yourself consume the following items:-

Items	Daily	Weekly	Occasionally	Never
a). Milk or card				
b). Pulses or bean				
c). Green veatables				
d). Eggs				
e). Chicken/Meat/Pork/Fish				
f) Rice bear				

12. Particulars of household livestock and poultry:-

Livestock	Number	Livestock	Number
a). Caw		e). Fowl	
b).Buffalo		f).Duck	
c). Goat		g). Pigeon	
d). Pig		n). Others	

13. What type of fuel your household mainly used for cooking ?

Type of fuel	Use tick mark	Type of fuel	Use tick mark
a). Wood		e). Charcoal	
b).Cow Dung		f).LPG	
c). Kerosene		g). Bio gas	
d). Coal lignite		n). Others	

14. Do you think medical service is easily available case you need it ?

Yes		No	
-----	--	----	--

Use tick mark

15. When members of your household falls sick where do you generally take the patient ?
Use tick mark

a). Govt. Hospital	
b). Primary health Centre	
c). Private Hospital	
d). Village medicine man/magic man	
e). Others.	

Use tick mark

16. According to you which system of medical treatment is most effective? (✓)

- a). Modern medical Alopathic system.
- b). Homeopathic system
- c). Kabiraji system
- d). Ayurvedic system
- e). Traditional system
- f). Unani system
- g). Don't know

17. Have you administered any vaccinations to your children ?

Yes		No	

17(a) If yes,

Vaccination	Use tick mark	Where the vaccination were admissible
a). Polio		
b). BCG		
c). DPT		
d). Chicken Pox/Measles		
e). Any other (Please specify)		

18. Age at marriage of the spouse.

Yes	
No	

19. After marriage when did you conceive first time ?

(√)

i).	Two/three months after marriage	
ii).	One year after marriage	
iii).	Two years after marriage	
iv).	More than that	
v).	Don't the exact time	

20. Did you take any doctor's advice during your first pregnancy ?

(√)

Yes	
No	

If 'yes' how many time did you take doctor's advice

21. Is there any individuals in your family suffers from acute incurable disease?

Yes/ No.

21(a). If 'yes' name the problems /disease.

22. What are the common diseases that occur in your locality/family frequently?

(√)

	Diseases	
i).	Acute Diarrhea	
ii)	Acute respiratory infection	
iii).	Pneumonia	
iv).	Enteric fever	
v).	Viral Hepatitis	
vi)	Measles	
vii).	Tuber colossi	
viii).	Others	

23. Is there any mobile health centre within your locality?

Yes/ No.

23(a). If "Yes" please mention the name.

24. Is there any special child health care facilities in your locality ?

Yes/ No.

25. What type of foods did you take during your pregnancy's ?

i). Restricted food/dies

ii). Rich diet containing meat/fish in each meal

iii). Fruits regularly

iv). All type of foods without restriction

v). Normal diet containing maximum quantity of vegetables.

26. Did you follow any social/ religious restriction during your pregnancy ?

Yes/ No.

26(a). If 'yes' did you follow it strictly ?

27. Did you work hard during pregnancy ?

Yes/ No.

27(a). If 'yes' what type of hard works ? (✓)

i). Worked in agriculture field

ii). Went for fishing regularly

iii). For collecting fire wood/wild vegetable

iv). Worked in household work like rearing poultry.

v). Weaving in family loom etc.

28. Women taking medical advice/treatment during pre-natal care.

	One	Two	Self paid	Govt. supply
Tetanus toxoid vaccination				
Iron folic acid tablet consumption			Blood test	
Regular health check up by Doctor/Nurse/Any Health guard	B.P.	WT	Others specify	
Other item consumption nutritional/vitamin	M.Horlicks	Vitamin		

29.

Women's pregnancy history.

Age group	No of woman	Order of pregnancy	Total no of pregnancy	Weight of baby at birth	Still birth		Live birth		Aboration	
					M	F	M	F	Induce	Spontaneous
15-19		1								
20-24		2								
25-29		3								
30-34		4								
35-39		5								
40-44		6+								

29(a.)

Age group	No of woman	Order of pregnancy	Place of delivery	Birth attendant	Death of the live birth within 3 months		Live birth with abnormality		Type of delivery	
					M	F	M	F	Normal	Cesarean
15-19		1								
20-24		2								
25-29		3								
30-34		4								
35-39		5								
40-44		6+								

30.

Women's Age at first delivery		Women's Age at first delivery	
-------------------------------	--	-------------------------------	--

31.

Women taking antenatal care.

Proper diet to mother	Taken by Doctor's advice	Not taken	Taken as per social norms		
			Don't know		
Vaccination to Baby	Regularly done	Not regular	Not taken		
Proper doctor's advice	Taken in perfect time	Taken in the nick of time			
Proper lactation to baby after delivery	Done	Not done	By Breast Milk	Artificial milk	
	Done (✓)		Not Done (✓)		
Cutting of umbilical cord	By sickl	By knife	Bamboo knife	Blade sterilize	Non-sterilize

32. Number of child deaths during the following calendar year with causes.

2004		2005		2006		2007		2008	
No. of children		No. of children		No. of children		No. of children		No. of children	
M	F	M	F	M	F	M	F	M	F

Please put the appropriate code with the incidence of death

Code for causes of death

- A. Due to abnormal birth
- B. Due to jaundice/hepatitis
- C. Due to Diarrhea
- D. Due to Malnutrition
- E. Due to lack of immediate treatment
- F. Due to accident respiratory
- G. Due to acute infection (PREUMANIA)
- H. Unknown

33. Usual item offered to baby.

Up to six month after birth	Use (√)	After sixth month of birth	Use (√)
Breast feed only		Breast feed and solid food.	
Breast feed and cow/buffalo milk		Breast feed/Animal milk and solid food	
Breast feed along with other tin milk		Only tin milk like lactogen milk care	
Breast feed and ground rice/fruits/Banana etc.		Only solid food containing egg only.	
		Only solid food containing egg fish, meat etc.	

34. When you first breast fed your child, did you squeeze out the milk before feeding the child ?

Yes/ No.

35. Was the new mother soon after child birth fed the special curry made of chicken, arum leaves and spices ?

Yes/ No.

36. If yes, was the infant also made to taste this food soon after birth ?

Yes/ No.

The Investigator should observe the following and give views on: Was the infant suffering from any diseases during the visit of the investigator ?

If yes, since when ? name of disease

37. What dress was the infant (below 1 year old) wearing during the visit of the investigator ?
38. Briefly mention about the cleanliness aspect of the infant below 1 year old.
39. Did the mother/woman face any/problems during her pregnancy/delivery time as stated below.

Type of complications	Yes	No.
Anemia		
High B.P.		
Vitamin deficiency		
Excessive vomiting		

40. Is there any instance of maternal mortality in your family due to the following factors (Use (√).
- i). Due to lack of proper medical treatment
 - ii). Due to complications developed at the time of delivery
 - iii). Due to severe infection like Jundic/Hepatitis A/B/C etc.
 - iv). Due to the belief on witchcraft
 - v). Due to the wrong treatment of local medicine man.
 - vi). Due to anaemia.
 - vii). Due to acute respiratory tract infection
 - viii). Due to wrong use of medicine
 - ix). Due to belief on spirit
41. What are the most common child /diseases that acquit in your locality frequently ?
- i). Diarrhoea
 - ii). Acute respiratory infection
 - iii). Hepatitis /Jundice
 - iv). Meseals
 - v). Small pox
 - vi). Skin disease.
 - vii). Hopping cough
 - viii). Malnutrition

42. Incidents of deaths occurred due to the above factors

Factors- i/ii/iii/iv/v/vi/vii/viii (✓)

No of incidents – 1/2/3/4 +

Sex - M ----- No ----

F ---- No ----

43. How many students do you have in your family ?

Sl.No.	Standard	Boys	Girls	Total
i)	Angonwadi			
ii)	Primary School			
iii).	Middle School			
iv).	High School			
v)	Higher Secondary School			
vi)	College			
vii)	University			
viii)	Vocational Institute etc.			

44. Do you have any School drop out in your family ?

Sl.No.	Standard	Boys	Girls	Total
i)	L.P. School			
ii)	M.E. School			
iii).	High School			

45. Causes of death due to major communicable diseases in your family.

Sl.No.	Causes of death	Nos.	Nil
i).			
ii)			
iii).			

46. What are the main source of drinking water for the members of your family ?
Use tick mark

a). Well	
b). Pond	
c). Pipe water	
d). Rivers/Streams	
e). Any others	

47. What kind of toilet facility does your household have ?
Use tick mark

a). Open field	
b). Katcha latrine	
c). Sanitary	
d). Any others.	

48. Your house structure :-

a). Pucca	
b. Semi Pucca	
c). Katcha	

49. Do you pass any of the following.

Items	Yes/No.	If yes nos.
i). Car		
ii). Motor cycle		
iii). Bi-cycle		
iv). Television		
v). Radio		
vi). Watch		
vii). Bullock cart		
viii). Mobile set/Telephone		
ix). Tractor/Power trailer		

50. Have you got electric connection in your house ?

Yes	
No	

51. Family's annual expenditure towards education.

i)	Rs. 1,000.00 - 5,000.00	
ii)	Rs. 5,000.00 - 10,000.00	
iii).	Rs. 10,000.00 - 15,000.00	
	Rs. 15,000.00 & above	

52. Family's annual expenditure towards health.

i)	Rs. 1,000.00 - 5,000.00	
ii)	Rs. 5,000.00 - 10,000.00	
iii).	Rs. 10,000.00 - 15,000.00	
	Rs. 15,000.00 & above	

53. Family's annual expenditure towards food.

i)	Rs. 1,000.00 - 5,000.00	
ii)	Rs. 5,000.00 - 10,000.00	
iii).	Rs. 10,000.00 - 15,000.00	
	Rs. 15,000.00 & above	

54. Interest towards education :

i)	Maintenance of regular attendance	
ii)	Maintenance of School calendar	
iii).	Maintenance of School time	
iv).	Not interested	

55. Is there any working children in your family ?

Sex	Yes/No	Age	MOS
Boys			
Girls			

56. Gender gap in School enrolment :-

Year	Boys	Girls	Total MOS
2006			
2007			
2008			

57. Family's interest towards School enrolment.

(✓)

Yes	
No	

58. Any other information about education (if applicable).

59. Is there any industry in your family.

Sl.No.	Type of industry	Yes/No	Amount gained from sell the product annually
i)	Weaving		
ii)	Bell metal		
iii).	Silk industry		
iv).	Others.		

60. Do you used any of the livestock for commercial purpose.

Sl.No.	Livestock	Yes/No	An amount gained from sell the product /bi product annually.
i)	Cow		
ii)	Buffalo		
iii).	Goat		
iv).	Pig		
v)	Fowl		
vi)	Duck		
vii)	Pigeon		
viii)	Others		

61. Do you have any fishery in your household.

(√)

Yes	
No	

61(a). If yes, is it used for personal or commercial purpose.

No. of fisheries	An amount gained from selling the fish annually	Verity of fish

62. The quantity of annual consumption of fish in your family :

63. How many members of your family engaged in agriculture.

64. Main crops grown in the field season wise.

i). Kharif _____ ii) Rabi _____ iii). Others _____

65. Do you use the crops for commercial purpose.

Name of the crops	An amount gained from sell the product annually/seasonally
i). Kharif	
ii). Rabi	
iii). Others	

66. Have you already experienced any such incidents as mentioned bellow, which are responsible for the death of your baby (o to 12 month of age).

- i). Due to pre-maturity
- ii). Birth injury
- iii). Multiple births
- iv). Low birth weight
- v). Birth asphyxia
- vi). Abnormal birth.

67. Up to what age, do you keep your baby under your strict observation ?

- i). Up to six months
- ii). Up to one year
- iii). Up to 1 to 2 years
- iv). Up to 3 years.

68. Do you use charms to cure infants suffering from diseases ?

Yes/No.

- i). If yes what are the ailments that can be cured ? (mention the ailments).
- ii). Does the infant wear amulets to get rid of diseases ?

Yes/No.

iii). If you think that diseases/ailments are sometimes caused by evil eyes of a person.
Please highlight any experience.

iv). What according to you are the causes of diseases ?

iv). Have you heard of an illness called AIDS ?

Yes/No.

If 'yes' from which sources ?

Radio/Television/Newspapers/Health workers/Family and Friends/ Others
(specify).

69. Do you know about various family Planning methods ? - Yes/No.

If 'yes' mention the methods that you know.

1. Oral contraceptive such as tablets.
2. IUD.
3. Condoms
4. Vasectomy any
5. Tubectomy
6. Others (please specify).

70. Do you practice any family Planning method ?

Yes/No.

If 'yes' specify the method adopted.

71 Please mention if any of your family members use the following items

Sl no	Family members	smoke	Chew betelnut	Chew Tobbaco	Drink rice beer	Any other habit
i	Adult Male					
ii	Adult female					
iii	Girl Child					
iv	Boy child					
