

**HEALTH AND EDUCATION
AMONG
THE TRIBES OF ASSAM :
PROBLEMS AND PROSPECTS**

N. A. HAZARIKA

**HEALTH AND EDUCATION
AMONG
THE TRIBES OF ASSAM :
PROBLEMS AND PROSPECTS**

NILUFER. A. HAZARIKA, ACS

**ASSAM INSTITUTE OF RESEARCH
FOR TRIBALS AND SCHEDULED CASTES,
Jawaharnagar, N. H. - 37,
Guwahati - 781 022.**

HEALTH AND EDUCATION AMONG THE TRIBES OF ASSAM : PROBLEMS AND PROSPECTS, *A book containing the proceedings, recommendation and papers presented in a seminar on "Health and Education Among the Tribals of Assam : Problems and Prospects" held in Diphu on October 12-13, 2001, edited by N. A. Hazarika, Director, Assam Institute of Research for Tribals and Scheduled Castes, Assam, Guwahat - 781022.*

Published by :

Mrs. N.A. Hazarika, ACS

Director, Assam Institute of Research for Tribals and Scheduled Castes, Guwahati-22.

First Edition, March 2002

Price Rs. : 40.00

**Printed at : Asomi Printer
Chandmari, Ghy-3**

PREFACE

A two days state level seminar on Health and Education among the Tribes of Assam : Problems and Prospects was organised by this Directorate of Assam Institute of Research for Tribals and Scheduled Castes at Diphu Govt. College, Auditorium Hall, Diphu, Karbi Anglong, from 12th to 13th October, 2001.

The main aim of organising the seminar was that this was a socially relevant theme. The two burning problems of Health and Education are the starting point of all welfare activities for a community. The problem of health and education among the rural tribals is a priority. Efforts have been made by both Central and State Govt. since long to reduce the massive burden of ill health and eradication of illiteracy through extension of seminars to the rural masses but desired success has not been achieved. To point out how much the existing measures, administrative and protective are effective, what are the possible flaws and short coming etc. of the various programmes and their execution, and to suggest possible remedial measures on the basis of presentation and deliberations of the participation belonging to various disciplines, the seminar had been organised.

Distinguished scholars from various fields like Education, Health and other Government Departments had participated in the seminar.

At the outset, the welcome address was delivered by Sri G.C. Kakati, Joint Director, Assam Institute of Research for Tribals and Scheduled Castes on behalf of the Director SMTI. NILUFER. A. HAZARIKA. In his welcome address Sri Kakati pointed out that despite spending huge amount of money in the sphere of health and education in the tribal areas, not much progress had been noticed.

The seminar was inaugurated by Prof. Kumudeswar Sarmah, head of the Deptt. of Education Diphu Govt. College and presently the Principal, Diphu B.Ed. College. In his inaugural address he highlighted the importance of maintaining health and also the educational attainment by the tribal people of Assam and specifically pointed out that these two aspects are interrelated and essential tools for gearing the development of Tribal Society.

In the inaugural session as chief Guest Dr. Aswhini Kr. Borah, Sr. Lecturer, Department of Sociology, Dibrugarh University, before delivering his speech released a book titled "Swidden Cultivation and Development programmes in North-East India" written by Dr. G.N. Das, District Research Officer, Diphu. Dr. Borah, as a chief guest spoke about the maintenance of general health and pointed out that facilities available specifically in health core sphere in tribal dominated areas of Assam. Which are not all par with other developed areas of the State. Citing the problems of education in tribal areas of Assam he mainly stressed that the tribal people are lagging behind due to various factors and hence he urged the Govt. machinery to take necessary steps in this regard.

In her presidential speech, Dr. Rani Hazarika Kakati, Reader, Deptt. of Anthropology, Guwahati University, projected a vivid scenario of the simple and peace loving tribes of Assam and also their social systems. She is hopeful that with the expansion of network of formal education on health, the quality of the life of these tribal people would be better, durable and enjoyable.

The vote of thanks was offered by Sri P.N. Bharali, District Research Officer, Dibrugarh.

After the inaugural session four academic sessions were held in which 15 nos. of papers were presented by different scholars coming from various places of Assam.

The first academic session was held soon after the inaugural session on 12th October, 2001. This session was presided over by prof. Kumudeswar Sarma, Principal, Diphu B.Ed. College, Sri P.N. Bharali, District Research Officer, Dibrugarh, acted as the Rapporteur. Two papers were presented in this session.

The first paper was presented by Dr. Ivalyn Singnarpi, Medical & Helth officer - I, Diphu Civil Hospital, Diphu and the theme of the paper was "Attitude Towards Modern Treatment Among Tribals of Assam - At a Glance" Her presentation was followed by a good deal of quarries and discussion.

The second paper was presented by Dr. J.P. Sarmah, Medical & Helth Officer - I, Diphu Civil Hospital, Diphu. The subject of his paper was "Malaria - A major Health Problem in the Karbi Anglong District of Assam (Social and preventive Aspects)". The presentation was followed by a lively discussion which continued for more then half an hour.

The second academic session was held from 2-30 P.M. to 5-00 P.M. on 12th October, 2001 under the president-ship of Dr. Aswhini Kumar Borah, Sr. Lecturer, Deptt. of Sociology, Dibrugarh University, Sri M. Das. District Research Officer, Kamrup acted as the Rapporteur.

In this session also two papers were presented. The first paper was presented by Sri Kusambar Bhuyan, Head, Deptt. of Political Science, Lakhimpur Girls College, Lakhimpur and the theme of his paper was "Health Problem an Aspect of Tribal Development : A case study of Karbi Anglong Distruct of Assam". The second paper was presented by Sri Kamaluddin Ahmed, Lecturer, De-

VI

partment of Assamese, Diphu Government College, Diphu. After presentation of each paper, a very interesting discussion took place.

The third academic session was held from 10-00 A.M. to 1-00 P.M. on 30th October, 2001 and the chairperson was Dr. Tanmoy Bhattacharjee, Head, Department of Political Science, Assam University Silchar, Dr. G.N. Das, District Research Officer, Diphu was the Rapporteur. In this session five papers were presented.

The first paper presented in this session was jointly prepared by Dr. A.K. Borah, Sr. Lecturer, Department of sociology, Dibrugarh University and Sri P.N. Bharali, District Research Officer, Dibrugarh. The theme of the paper was "Educational Problems Among the Deories, A Plain Scheduled Tribes of Assam". The second paper was presented by Dr. Chitra Kalita, Senior Research Officer, Directorate of Medical Education, Guwahati. The theme of her paper was "Changing Attitude Towards Education - A case study of Dimasa Women of Khejurbond (Maibong) of North Cachar Hills District, Assam". The fourth paper was presented by Dr. Rani Kakati, Reader, Department of Anthropology, Guwahati University on the subject "Traditional Ways of Treating Illness Among the Boros of Ghiwnala village of Darrang District, Assam". The fifth paper was jointly prepared by Sri Mrigen Das, District Research Officer, Kamrup and Sri Pranab Kr. Phukan, Inspector of Statistics, Assam Institute of Research for Tribals and Scheduled Castes, Assam. The them of the paper was "Problems of Health & Hygiene among the Karbis vis-a-vis socio economic Development. After presentation of each paper, a lively discussion followed. The participants questioned some of the main ideas reflected in the papers and respective authors had to clarify them.

The fourth and the last academic session was held from 2-00 P.M. and it continued up to 5-00 P.M.

VII

Under the President-ship of Dr. G. Gohain Roy, Principal D.A.V. Higher Secondary School, Diphu, Sri P.N. Bharali, District Research Officer acted as the Rapporteur.

In this session six papers were presented. The first paper was presented by Ms. Nazmeen Anam, Officer-in-Charge, District Museum, Diphu. The theme of her paper was "Traditional Dietary Habits of Some Tribes and their Impact on Health and Nutrition". The second paper was presented by Mrs. Bina Barua, Research Scholar, on the topic "Impact of Parental Care on Academic Achievement of Different Ethnic Group Including Tribal Pupils". The third paper was presented by Dr. Tonmoy Bhattacharjee, Head, Department of Political Science, Assam University Silchar. The theme of his paper was "Economy and\ Education Among a Small Tribal Group (Khasis) in Barak Velley." The fourth paper titled "Higher Education Scenario of Karbi Anglong : Problem and Prospect" was presented by Sri Yagneswar Deb, Lecturer, Diphu Government College, Diphu. The fifth paper titled "Education among the Dimasa Kachari and Problems" was presented by Sri Lakshmi Kanta Musahari, Asstt. Research Officer, Zonal field Evaluation Unit, Planning and Development Diphu, and the sixth paper was presented by Dr. Girindra Nath Das, District Research Officer, Diphu. The theme of his paper was "Status of Primary Education in the Hill Districts of Assam : A Social Assessment Study in Karbi Anglong". All the papers were well received and lively discussion, followed after presentation of each paper.

In the concluding session, under the Chairmanship of Dr. Tanmay Bhattacharjee, Head of Department of Political Science, Assam University, Silchar, a panel discussion was held and recommendations were made by the panelists covering health and educational aspects for the tribal people of Assam in the light of the presentations made in four academic sessions.

VIII

Suggestion & recommendation made by the panelists.

Social

1. Tribals should be provided with knowledge of self sufficiency by raising cash crops themselves. Cottage industries must be encouraged which do not require large capital.
2. There should be special efforts to remove ignorance and propagation of general education.
3. Educate and empower the people to make them understand their role in the society. Women organisations must come forward to help generation of consciousness.
4. Every effort should be made to develop a scientific temperament, so that the people may look at the problems rationally and analytically.
5. There should be efforts to remove all kinds of corruption's from the society.
6. There should be a vigilant society which may counter the evils of corruption's at every level.
7. Every effort should be made to create consciousness among people towards the environment, in both social and physical.
8. Efforts should be made for proper utilization of human resources in tribal societies through proper training befitting in individual talents.
9. Every effort should be made to integrate the tribal societies through sustained development works envisaged in the plan of the Govt.
10. Right type of training should be provided to the teachers to act as connecting link between the Govt. and the society.

IX

Health

1. Special quota of medicines should be supplied to all the health institutions of tribal dominated areas in addition to normal supplies, including I.V., saline, anti-malaria drugs and common useful antibiotics which the poor people of the tribal area can not afford.
2. Infrastructure of the civil hospitals of Assam are not up to the mark. All serious cases have to be referred to medical colleges. So the infrastructure of the civil hospitals should be upgraded with proper anesthesia facilities, blood bank, ultrasound facilities, ECG and laboratory facilities with all types of X-ray facilities.
3. Supply of medicated mosquito net to all the poor people all over the state in malaria pockets.
4. Anti-vector measures against malaria should be timely planned. Daily wages of labourers used in spray service should be increased and more squads should be sanctioned.
5. Drug resistant test of anti-malaria, time to time visit of malaria specialist, training of voluntary workers and health educator on prevention of malaria and other infectious diseases like Diarrhea, Typhoid, Hepatitis etc. should be carried out so that they can teach the village people.
6. Drinking water should be supplied to the common people as many fluosis cases are diagnosed in Karbi Anglong Districts.
7. Many herbal medicinal plants are available in the tribals areas. Govt. should establish a herbal medicine research center at a suitable place.

All the participants admitted that the seminar was a grand success. I am grateful to all the participants in the seminar and non participant observers as well for brining the seminar to its successful end.

I offer my thanks to the Principal, Teachers and Students of Diphu Govt. College for rendering help and assistance in organising the seminar in their college auditoriums.

I also offer my thanks to the officer and staff of Assam Institute of Research for Tribals and Scheduled Castes for their help and co-operation in organising and conducting this seminar.

Dr. G.N. Das District Research Officer, Diphu deserves special thanks for taking all necessary steps in organising the seminar at Diphu.

Lastly, I offer my thanks and gratitude to the Department of Welfare of Plains Tribes and Backward Classes for according necessary approval and financial sanctions to hold the seminar.

NILUFER A. HAZARIKA, ACS
Director
Assam Institute of Research for
Tribals and Scheduled Castes,
Guwahati-22.

CONTENTS

	Page No.
TRADITIONAL WAYS OF TREATING ILLNESS AMONG THE BOROS OF GHIWNALA VILLAGE OF DARRANG DISTRICT, ASSAM - Rani Hazarika Kakati	1
MALARIA - A MAJOR HEALTH PROBLEM IN KARBI ANGLONG DISTRICT (SOCIAL AND PREVENTIVE ASPECTS) - J.P. Sarma	8
ATTITUDE TOWARDS MODERN TREATMENT AMONG TRIBALS OF ASSAM - AT A GLANC - Evalyn Singnarpi	16
HEALTH PROBLEM AN ASPECT OF TRIBAL DEVELOPMENT : A CASE STUDY OF KARBI ANGLONG DISTRICT OF ASSAM - Kusumbar Bhuyan	22
TRADITIONAL DIETARY HABITS OF SOME TRIBES AND THEIR IMPACT ON HEALTH AND NUTRITION - Nazmeen Anam	31
PROBLEMS OF HEALTH AND HYGIENE AMONG THE KARBIS VIS-À-VIS SOCIO ECONOMIC DEVELOPMENT - Mrigen Das Pranab Kr. Phukan	39
ECONOMY AND EDUCATION AMONG A SMALL TRIBAL GROUP [KHASIS] IN BARAK VALLEY -Tanmay Bhattacharjee	45

XII

CHANGING ATTITUDE IN TRIBAL WOMEN : GROWING AWARENESS IN THE GRASSROOT LEVEL - B. Gohain Roy	57
HIGHER EDUCATION SCENARIO OF KARBI ANGLONG : PROBLEM & PROSPECT -Yagneswar Deb	63
THE ZIRKEDAM : KEEPING IN VIEW THE PROBLEMS AND PROSPECTS OF EDUCATION AMONG THE KARBIS - A VISION -Kamaluddin Ahmed	68
CHANGING ATTITUDE TOWARDS EDUCATION - A CASE STUDY OF DIMASA WOMEN OF KHEJURBOND [MAIBANG] OF NORTH CACHAR HILLS DISTRICT, ASSAM -Chitra Kalita	72
IMPACT OF PARENTAL CARE ON ACADEMIC ACHIEVEMENT OF DIFFERENT ETHNIC GROUPS INCLUDING TRIBAL PUPILS - Bina Baruah	79
EDUCATIONAL PROBLEMS AMONG THE DEORIS, A PLAINS SCHEDULED TRIBE OF ASSAM - P. N. BharaliA. K. Borah	88
EDUCATION AMONG THE DIMASA KACHARIS AND PROBLEM -Lakshi Kanta Muchahari	94
STATUS OF PRIMARY EDUCATION IN THE HILL DISTRICTS OF ASSAM : A SOCIAL AS- SESSMENT STUDY IN KARBI ANGLONG G. N. Das	99

**TRADITIONAL WAYS OF TREATING ILLNESS
AMONG THE BOROS OF GHIWNALA VILLAGE
OF DARRANG DISTRICT, ASSAM.**

Dr. Rani Hazarika Kakati*

Illness causes a lot of worries among all human societies. It seems to be inevitable for us to suffer from any kind of illness at any time or at any situation without any exception. People are baffled completely by these diseases and so compelled to accept these as misfortune. Sometimes they believe that these are caused by the supernatural agencies. Yet from their experiences and experiments, people have learnt many ways as to how to control these diseases. In these days of scientific achievements, many remarkable discoveries and inventions have made it easy to cure and control diseases. But in ancient time, there was no such scientific development to explain the causes of any illness and people in remote areas followed their own methods of dealing with these situations. Most of the societies attributed the diseases to the unseen supernatural agencies and tried to cure these by invoking supernatural powers. The Boro society is no exception to this type of explanation of disease and its treatment.

This paper is the result of a study in a Boro village of Darrang district, Assam. The name of the village is Ghiwnala, situated 4 km. away from the Tangla town. This is a homogenous Boro village inhabited by 34 families surrounded by other Boro villages like Batabari, Murnela and Belguri. The

* Reader, Department of Anthropology, Gauhati University, Gopinath Bordoloi Nagar, Guwahati - 7810 14

study reveals that all the heads of the families believe in their traditional medicine man. They believe in the existence of supernatural deities, spirits, gods and goddesses and their life in this world, and even after death also, is guided and controlled by these deities. In this way it is found that their beliefs in religion and disease, diagnosis and treatment are all merged together. The villagers perform various rituals and ceremonies throughout the year to satisfy these unseen supernatural deities to lead a healthy and prosperous life. There are some specialities to perform such rituals within the village. Whenever somebody falls ill then the village medicine man or Douri is called in. He can diagnose the cause of illness with the help of divination and then makes necessary arrangements for the treatment. The village people do not like to go to the Public Health Centre run by the Government of Assam, which is situated in Tangla town.

According to their belief, there are several reasons of illness. These are : (i) Evil eye of the evil spirit may fall on a person when he/she walks on their way unknowingly. (ii) Intrusion of foreign objects into human body. (iii) By performing black magic by someone with the help of certain objects like nail clippings, hair, cloth, earth, food remnants and bodily excretion etc. (iv) Evil sights and words of a person.

The Boros of this village perform yearly pujas on fixed dates of the year for the welfare of all the villagers. These are Baisagw, Apeswari puja, Kati Bihu, Magw, Mainao and Bathou etc. Besides these, individual families may perform various rituals and offer pujas whenever somebody feels the necessity for such occasion. The head of the family invites medicinal practitioner from the village to deal with personal crisis.

It is deeply believed by the people that they must offer puja to goddess before taking any medicine. It is done by the medicine man. If this puja is not performed, they do not get

any good result from the medicine. There are different deities responsible for different types of diseases eg., Kuber mw dai is responsible for fever. The Douri himself narrated the way he performed the Kuber puja on the occasion of curing a villagè man. He took one plantain leaf, basil leaves, a pair of betel nut and leaf, flowers of three colours, two eggs (duck), potsherd, black gram, vermilion and earthen lamp with mustard oil. First he sprinkled holy water over these objects, then spotted the plantain leaf with vermilion, placed these items on the plantain leaf and lighted the lamp. He knelt down before the Kuber by taking the name of the patient and sprinkled holy water over him. He gave him a jap, a white thread, tied on the right hand of the patient. After that, all the objects offered to the Kuber were tied in a cloth and hanged on a side wall of the patient's room. After one week, when he was cured, final puja was offered by sacrificing a fowl and removed that bundle from the wall.

There is a belief among the villagers that some of the persons born on Tuesday and Saturday possess 'evil eye' or 'evil word'. Their sight or words may cause a disease named Khuga-nangnai. The person suffering from this disease feels very weak and cannot take rice or any food. Any elderly woman of the village can treat such person. The woman collects red chilli, small stick of a broom and a piece of old cloth on Tuesday or Saturday and burns these things together by uttering the spell like this - "Sanibar, Mangalbar Khuga, eh hwnba bih thu thu." This act is performed in the evening time (Name of informant : Khargeswari Boro, Age 42 yrs).

There are three medicine men in the village. They also recognise one female practitioner who can cure diseases. The male practitioner is known as Douri and the female as Deodhini. All these traditional practitioners are married persons and live like ordinary people. Only on the special days they dress up

with their ritual costumes and take special food. These specialities are not hereditary but they have to learn everything from master practitioners.

Medical Practitioners :

Douri : A Douri is a person selected by the villagers unanimously to perform all the rituals connected with religion and treatment of disease within this village. For this act he used to get Rs. 300.00 per year from the village Council. There are two more Douries in the village who are subordinate to head Douri. The head Douri is entitled to perform the act of divination and thereby diagnoses the disease. There are two stages. In the first stage he uses cowries with his hand, throws these into the air and as these settle on the ground, he reads the sign by judging the nature of falling of the cowries and the distance of the cowries spreading area. Before casting the cowries he utters the name of Bura Bathou, the Supreme God of the Boros.

In the next stage, Douri asks the guardian of the patient to perform puja by offering sacrificial bird, egg, rice beer, flower, earthen lamp, rice grain, vermilion etc., to the respective deities for the welfare of the patient. The name of the head Douri of this village is Baga Ram Boro (58 yrs). He expressed his abilities to cure diseases like fever, leg pain, waist pain, stomach pain, pox, measles, dysentery etc. He offers puja to different deities according to illness. For example, according to him mental disease can be cured by offering puja to Hagrani Mawdai. The objects required for this puja are - Kham (drum), Siphung (flute), Jekhai (fishing basket), Khobai (fish collecting basket), Serja (violin) and Khanjri (cymbal) etc.

The Douri also narrated a case of Khetra puja performed by him to protect a pregnant woman from evil spirit. It is performed after 2 months of pregnancy (Name of Informant :

Baga Ram Boro, 58 yrs). At first, an effigy of straw is prepared, then spotted it with vermilion and offered puja by offering betel nut and leaf and after that the effigy has been hanged on a tree. Pregnant woman is advised not to go out with her hair open at night.

Another function of Douri is to perform yearly pujas of the village eg., Apeswari puja is performed on the 8th day of the Baisagw festival to drive away the evil spirits and to welcome new spirits to the village (Informant : Bhabi Ram Boro, 55 yrs). On this day the villagers collect rice, sacrificial objects, fruits, vegetables etc., from each household along with Douri and go out of the village. The Douri purifies all the village huts by sprinkling holy water and goes out of the village boundary. There is a place of worship known as gurjasali, where all the people offer puja for the whole village. During that night all the male members cook their food and stay for the whole night outside the village boundary, because they think that if they return at night the spirits also could follow them and enter the village.

Deodhini :

Deodhini is a female religious practitioner. She is greatly involved with the Marai puja. During the puja Deodhini is treated like a possessed woman as it is believed that the goddess Manasa controls her during the puja period. Marai puja is performed after three years or so for the welfare of the family and good yield from the cultivated field. Though it is performed in a household individually yet all the villagers take active part in this puja. Each family contributes something in Marai puja. To start with the puja Marai singing party accompanies the Deodhini to go to the nearby river to bring holy water. She holds an open sword in one hand and a small branch of mango tree on the other hand, marches together to the bank

of the river, dancing all the way. She sets her feet on water, cuts the water by the sword, throws a coin in the water and then collects water in three pots for Bishahari, Siva and Dharma respectively. While coming out of the water, she acts as a possessed woman and becomes senseless, lies down flat on the ground. After sometime the singing party starts beating drum loudly and tries to awaken her. The Douri sprinkles water on her. Then she regains sense and starts return journey. In this puja she performs various roles continuously for three days. After arriving on the place of puja she takes two white pigeons and offers to god Dharma. She takes rest at night. Next day again she starts dancing and climbs a plantain tree with the help of Douri. After that she becomes senseless but in this condition she predicts many things and tells fortunes when asked by the people gathered there. In the next stage she regains sense and now dances with dumb-bell in her both hands representing Mahadev (Siva). After that she takes a basket full of rice and dances like kubaisimi. She also dances with burning earthen lamp in her hand. After that she takes a black pigeon, and after some dancing, sacrifices the pigeon and drinks the blood. At last she jumps and dances like Mahadev and collects the coins given by people present on that day. After that she takes some rest. In the evening the Douri sacrifices for Siva a black goat and a pair of pigeon and for Manasa another pair of pigeon. After this act of sacrifice the Deodhini dances like Manasa and sleeps over a straw bed prepared by Douri for her. The bed is surrounded by marking line of rice powder. The Douri chants the story of Beula-Lakhindar and hearing that she behaves like fainted person. Then the other members beat drum and start singing so loudly that she comes to the sense and starts dancing. At this time she behaves like Manasa and can tell predictions of individual's fate as well as about welfare of the whole village. At last she takes basket of rice with other members and enters the house to finish the puja. She plays the

main role in this puja. Some people perform this puja within one day or two days, depending on the economic condition of the household. The Deodhini (Name of Informant : Deebari Boro, Age 56 yrs) of the village Ghiwnala is still doing her job. She has been invited to all the neighbouring Boro villages for her performance. She has learnt the art of dancing in ritualistic way from the Deodhini of Goreswar area.

Conclusion :

The foregoing descriptions of the Boros of Ghiwnala village have clearly shown that the people of the village are guided by their traditional beliefs in dealing with their sick people. Their beliefs are based on the fear for supernatural powers. Rather than the scientific explanation of the situation, they remain satisfied with the traditional explanation forwarded by their medicine men. It is also clearly seen that the villagers are united at the time of danger and they come forward wholeheartedly to show sympathy to the ill persons. Even they offer help in terms of cash or kind. Objects prescribed by the Douri for puja viz., rice beer, fowl, goat, rice, betel nut and leaf etc., are supplied by the relatives. The medicine men are readily available for their services as they live within the village. The villagers find them more dependable than the doctors coming from outside their community. Certain important information like the awareness of vaccination, precaution taken at the time of epidemic, awareness about family planning etc., could not be collected for shortage of time. It is necessary to do further research to find out all information and bring more awareness about better health among the people of this area. It is expected that with the spread of education, contact with outsiders and better communication system the village people will come forward and accept modern scientific facilities.

^^***^^

**MALARIA -A MAJOR HEALTH PROBLEM IN THE
KARBI ANGLONG DISTRICT OF ASSAM
(Social and Preventive Aspects)**

Dr. J.P.Sarma*

Malaria in general, and particularly with parasite falciparum is a great problem in the Karbi Anglong district of Assam. It is one of the major killers of the children, young, adults and pregnant women. It occurs almost round the year though the peak season is from May to September.

MALARIA SITUATION OF THE DISTRICT

Epidemiological Data (Year 1999)

Total population (Malaria Census)	-	7,46,582
Blood Slide Examination	-	1,79,484
Malaria Positive	-	21,782
Pf only	-	18,258
Death due to malaria	-	92

MP +ve smears in Karbi Anglong in the year 1999 (May to October) are shown in the graph PHC wise at P.9

Ecological conditions :

Hilly forested area	-	75%	Plains area	-	25%
Temperature - Maximum	-	370 C	Minimum	-	180 C
Rainfall	-	1200 mm	Humidity	-	80%

* Medical & Health Officer-I, Diphu Civil Hospital, Diphu-782 460.

Literacy status : Male 12% and Female 9%

Malaria	-	25%	Leprosy	-	0.8%
Tuberculosis	-	15	Nutritional anaemia	-	10%
Gastroenteritis	-	5%	Blindness	-	1%
ARI	-	13%	Others	-	31%

To understand the gravity of problem, we have analysed few points on the pf death cases of Diphu Civil Hospital solely on clinical and minor laboratorial investigations (indoor pts).

Year	Total fever cases	Blood positive cases		Clinically suspected cases	Pf death
		pf +ve	pv +ve		
1	2	3	4	5	6
1999	1886	1080	136	670	58 (children - 21 preg. women - 10 adults - 27) P.C. 5.1%
2000	2121	1051	75	1035	51 (children - 25 preg. women - 8 adults - 18) P.C. 4.8%

Hamren Civil Hospital in the west, Bokajan 30 bedded Hospital in the east, Howraghat and Bakalia 30 bedded Hospitals in the middle are shouldering the major remaining problems. Patients from the northern east and west are attending Jorhat, Golaghat and Nagaon as these places are relatively nearer to these areas. Many of the death occur without getting any primary treatment. So, ours is only a partial picture of the whole problem.

If we go for graphical presentation of the total number of pf cases and death month wise, we get the picture as shown at P.11

Now we have come to the conclusion from the above facts -

- (1) Peak incidence of the disease is from May to September and maximum death occurs in the month of June, July and August every year.
- (2) Rate of incidence and death are almost same in consecutive years. But the number of pf cases are increasing in comparison to pv cases.
- (3) 45 - 50% of death are children. Others are young, adults and pregnant women.
- (4) Most of the death occur due to severe anaemia, convulsion and coma.
- (5) 50% of the death cases had attended hospital very late after 5 - 6 days of fever without getting any kind of treatment.
- (6) 30% people come getting some treatment from the quacks, village self-styled doctors or taking some tablets or injections from their own experience purchasing from the local authority in inappropriate doses.
- (7) 10% consult doctors at the beginning but fail to continue the treatment for many reasons.
- (8) In 8% Of death they follow the treatment properly but the disease is so rapid and heavily infected that in spite of ut-

most care and vigorous treatment the complications develop early and lives could not be saved.

- (9) 2% of death are due to atypical presentation and late diagnosis.

APPROACHES TO MALARIA CONTROL

- (A) The management of malaria cases in the community.
- (B) Active intervention to control or interrupt malaria transmission with community participation.
 - (A) (1) Early case detection
 - (2) Early presumptive and radical treatment
 - (3) Chemoprophylaxis for travellers from non-endemic areas and as a short term measure for soldiers, police and labour forces serving in highly endemic areas.

Presumptive treatment means that all fever cases are assumed to be due to malaria. This is often the only practical approach in a community based programme.

Here we are going to discuss few points on problems which we are facing in our day-to-day practice.

PROBLEMS :

- (1) There are many people in the village who believe that malaria is caused by drinking of dirty water and not by the bite of Anopheles mosquito.
- (2) Convulsions (fits) and coma are the two presenting symptoms of complicated PF Malaria. Many people in the remote areas think that these are not the disease symptoms but the action of Devil (Bhut) and they become busy in traditional puja instead of attending the hospital.
- (3) Many people do not know the physical differentiation of Anaemia and Jaundice. They label the Anaemia of PF Malaria as Jaundice and take medicines for Jaundice and by this

time they lose most valuable time of proper treatment.

(4) People are only aware of the classical symptoms and signs of malaria (fever with chill and rigor, sweating etc.) but in many instances these are not present.

(5) So many quacks are in the villages of Karbi Anglong, that most of the interior village people take the help of quacks who treat malaria in inappropriate doses with improper selection of drugs for which resistances to antimalarial drugs are increasing.

(6) Many people take the presumptive treatment early and give the blood slide for examination but do not come for the result and radical treatment if they get the temporary relief of fever.

(7) The malarial workers like S.W. appointed in 74 sectors of the district are not working uniformly, their work is not monitored constantly. There is definite administrative lacking both official and political.

(8) Last but not least is the poor economic condition of the people for which they are not able to reach the proper treatment. Moreover, diarrhoea and pneumonia, malnutrition are often co-existent with malaria in children which make the treatment very difficult.

(B) VECTOR CONTROL STRATEGY :

(a) Anti adult measure -

(i) Residual spraying - The discovery of DDT in 1940 and followed by other insecticides revolutionised malaria control. The spraying of the indoor surface of house with residual insecticides (DDT, Malathian, Fenitrothion) is still most effective

means to kill the adult mosquito. It has been observed that discontinuation of spraying has very often led to resurgence of malaria. This implies that spraying once applied may need to be continued for an indefinite period.

(ii) Individual protection - Man-vector contact can be reduced by other preventive measures such as the use of repellents, protective clothing, bed nets (preferable impregnated with safe long active repellents, insecticides like Deltamethrin, Lambda-cyhalothrin and Cyfluthrin), mosquito coils.

(b) Anti larval measure -

Poring of oil into the water pooling, some modern Larvicides such as Temephos which confer long effect with low toxicity are more widely used. But it is comparatively a costly operation. Release of Gampusia fish seed in water is the recent anti larval measure.

(c) Source reduction -

To reduce the mosquito breeding sites - drainage of filling, flushing, management of water level, intermittent irrigations are classical methods.

PROBLEMS :

(1) Spraying starts a bit late due to financial and administrative problems (which should be started before the transmission season - February, March). In some areas 3rd round is not completed.

(2) Shortage of Staff -

(i) Surveillance Staff - The present strength of staff i.e. SI, SWs had been sanctioned during 1960 as per population of that year. The population during 1960 was 2,65,517. But the present population of the district is 7,46,582 which is more than double but the surveillance staff has not yet augmented in spite

of repeated proposals. The strength of S.Staff of all the plains districts of the State has already been augmented during 1984 as per increased population.

(ii) Shortage of spray squads - Due to the most difficult terrain with vast hilly forested areas and poor communication and transport facilities the seasonal staff have to carry DDT and other spray equipments on foot from one village to another in areas of 10,332 sq.km. As a result, many working days are wasted in shifting spray camps for which it is hardly possible to achieve coverage by DDT spray.

(3) Inadequate daily wages for the seasonal staff - An amount of Rs. 34.00 per day is sanctioned for the seasonal staff which is much less than the daily wages received by the ordinary day labourers.

(4) Non availability of sufficient vehicles to carry DDT.

(5) Public co-operation is not satisfactory in all places. - Some people do not allow spraying inside the house but allow to spray outside the house which is more dangerous.

- People who keep 'Eri' (attacus ricini) inside the house are not willing to spray.

(6) Individual protection is very poor. Most of the village people mainly the children wear only pant in the summer season.

Many people do not have mosquito nets. They prefer to sleep in open space inside the house to keep them cool.

(7) Except the town area most of the houses are surrounded by jungles. The animal foot prints are another breeding site of mosquito. Both help in increasing the population of mosquito.

(8) Some communities keep cows, buffaloes, pigs in the same campus of residence which is another source of mosquitoes.

ACTIONS TO BE TAKEN FOR PREVENTION AND CONTROL OF THE DISEASE :

1. Proper health education should be increased among the public.
2. Removal of false belief (taboo).
3. Seminar and health talk should be arranged in schools and colleges at regular intervals.
4. Improvement of the health infrastructure and quality service of the health personnel. Establishment of more malaria clinics.
5. Public co-operation with the health departments.
6. Improvement of the roads, good hygienic dwellings, water supply and electricity facilities.
7. Economic development of the public as a whole.
8. Formation of good active NGO.
9. Real willingness of politicians.

^^^***^^^

ATTITUDE TOWARDS MODERN TREATMENT AMONG TRIBALS OF ASSAM - AT A GLANCE

Dr. (Mrs.) Evalyn Singnarpi*

INTRODUCTION :

At the outset, I humbly admit that I am not the proper and qualified person to take part or present a resourceful paper which will be beneficial to the research works on the community health of the tribes residing in Assam. Therefore, I feel that my write up should be treated as a layman's view, rather than for academic studies.

There are many tribal communities or tribes residing in both the Hills and Plains districts of Assam. Even there are a good number of communities, here in the district of Karbi Anglong speaking different dialects, possessing different cultures and traditions of which I seldom get the good opportunity to closely interact with all of them. But one basic thing, I know for sure, is that, though all the tribes may speak in different dialects, they all belong to the big family known as the Tibeto-Burman or Sino-Tibetan as classified by Dr. Peter Kunstadter in his book "South East Asian Tribes Minorities and Nations". As such, keeping in view of the common characteristics of all the tribal communities in Assam, I have chosen my write up on my own tribe the 'Karbis' in particular on their health problems and prospects.

* Medical & Health Officer-I, Diphu Civil Hospital, Diphu-782 460

PROBLEMS :

(a) Low Literacy Rate - I don't have the latest figure, but as per 1991 Census it is still below 20%. Therefore, in such a situation or position, ignorance about the causative factors of diseases is prevalent. The majority still believe or think that diseases or illnesses are caused for not appeasing the gods such as of homes called Hem angtar or of jungles chek ama, of water langjang sarpi etc. So they prefer puja sangkelang or se karkli to evoke the blessings of god of good health at intervals which, otherwise will adversely affect the individual or family members leading to diseases. So, a substantial amount is spent first on procuring poultry, goats or pigs for sacrifice instead of going for medical treatment.

(b) Many think that malaria which is one of the main causes of mortality and morbidity in Karbi Anglong and adjoining districts is spread by drinking water rather than the bite of mosquito.

(c) That - Anaemia (lacking in HB% in blood), the pale look described as 'White Jaundice' and Jaundice itself are being given first treatment preferences to quacks or Jharaphuka. And you can see the sick comes to hospital in the end with all sorts of beads around the head or neck or marks on forehead i.e. Jaundice being 'extracted' by quacks.

(d) About Tuberculosis - Until there is bloody sputum people don't come for check up. Initially they use all sorts of syrups from the chemist shops for months. About X ray investigations for one, I have come across a particular lady from a remote area asking me whether the procedure is painful. Such is the pathetic and pitiable conditions of ignorance. Even for Routine Blood Investigations, there are some who complain of wasting their blood.

(e) When a child is having high fever leading to convulsions, many parents describe it as evil spirit entering the body and want to take their child for Jharaphuka even while being

admitted in the ward of hospital. Similarly during diarrhoea, no food or fluids are given - a common belief even by learned man, to stop further loose motion.

(f) Goitre - an endemic disease in hilly areas is called Achethok a ok in Karbi. The disease is taken for granted that it is a malformation and hardly anyone wants to know further or seeks treatment.

(g) Then there are also hazards of self-treatment. For any pain or fever, Analgesics/Antipyretics are misused leading to ulcers even perforations of stomach wall, which is a surgical emergency. Also, improper and irregular self-treatments with Antibiotics / Antimalarials and Antituberculosis medicines are common, leading to subsequent widespread Resistant Infections.

(h) About maternal health during pregnancies or other gynaecological bleeding PV - many do not come check up due to shyness. The result is an increase in maternal and infant mortality rate and an I.U.D.'s and a too late gynaecological cancer.

(i) Similarly, immunization of children and mothers is still not fully utilised due to lack of information in vaccine preventable diseases of TB, Polio, Diptheria, Tetanus, Whooping cough and Vitamin A deficiencies leading to blindness. Likewise many are apprehensive in attending cataracts camps, laparoscopic sterilization camps etc., due to lack of proper information.

(j) Then there is self-inflicting malady of Alcohol Addictions common among all the tribal communities. Alcohol is widely used by the tribal communities for various rituals and in some individuals even replacing morning tea, as a result of which cirrhosis of lever, Ascitis (collection of fluid in abdominal cavity) are common. When the abdomen is bloated due to Ascitis, some Karbi people in rural areas believe it to be as bang nangka mintor which means a destructive evil force sent by an enemy due to jealousy and rivalry and never due to alcohol, for which a more powerful thekere or expert is recruited to counteract or send back the evil forces and medical treatment has no place in it.

(k) As we dwell on the subject of Alcohol abuse and related disorders, I would like to bring into focus the subject on Adolescent Health and its problems as well. We need to know about adolescent health in order to tackle the various causes of unrest, drug addictions, AIDS, juvenile delinquency etc., growing at an alarming rate among both tribal and non tribal youths in the district. Adolescent is the period of transition from childhood to adulthood, the age between 10 to 19 years. During this period physical, physiological, psychological and behaviour changes in life take place. Puberty occurs in girls around 10 years, reaches maximum growth upto 14 years and at slower rate till 18 years. Puberty in boys occurs later than girls. Due to lack of accurate information on these changes in the body the adolescents are prone to anxiety, apprehensions, confusions, experimentations with alcohol, drugs, sex, leading to teenage pregnancies, STD, HIV and even AIDS. Accidents are prone due to reckless driving. They are often agitated and rebellious. Knowledge and understanding on these crucial periods is necessary as the future of a society depends on adolescents as they form a great human resource.

(l) Last but not least, I want to highlight the problems of transport and communication in reaching or getting to the nearest health centre. The Karbi people in particular has a tendency to build their dwellings far from the noise and dins of towns or city, far from the main roads or railways unlike the non tribals. So though the tribals get fresh air, they don't get medical treatments in due time. Due to problems of transport and communication, many a precious lives are lost.

PROSPECTS OF HEALTH :

Coming to prospects of health in a tribal society, first of all, I feel there are also some plus points of tribal's way of life, their food habits, simplicity, their culture and traditions.

The Karbis traditionally live in a raised platform house or *chang ghar* made of bamboo, which is hygienic with fresh air flowing inside and underneath the house. They drink unpolluted natural spring water in the hills. They partake vegetables which grow naturally uncontaminated with organospherous compounds or insecticides. Many herbs and leaves have medicinal values and also rich source of Vit-C, Vit-A and iron such as *hanserong*, *honru*, *hanthu-mehek* etc. *Pherklum* (curry leaves) is said to reduce high blood pressure, so also *Kangmoi ahan soda* curry acts as natural antacid. The lists are lots. Therefore, I personally feel that these natural products and their consumption can be encouraged and Research for medicinal values / botanical identification and classification and Anthropological studies can be encouraged / advocated for the overall development of the tribal.

Health has been declared a fundamental human right. So also everyone has the right to Education. As mentioned earlier, it is seen that lack of education or ignorance is the stumbling block to the road to health. It is said that ignorance is more expensive than education. So to bring a change in the health scenario, Health Education is needed. Naturally the prospects or expectations are very high as is seen in the present mass upheaval in promoting education among the Karbi tribe. Programme such as DPEP is also doing a commendable job. Earlier children used to go to school at their own initiatives, without any encouragement from parents decades ago. Now the parents themselves take their ward to school. Of course, there is still the menace of school drop-out. The general inclination of the parents to educate their children is a wonderful change of attitude in the new generations. Along with other subjects Health education can be incorporated in the general curriculum/syllabus. The subjects or chapters on Human Biology, Nutrition and Hygiene, causative factors of diseases, preventions of communicable diseases, Family Planning, Immunization and information on availing available health resources can be included in school education.

Government can sponsor more programmes such as Training of Village Health Guide, Training of Local Dhais or Birth Assistants and continuing support of Institutions of ICDS, DPEP etc., which is there at present. The aims should be in reaching Health Education to the rural masses residing in far-flung areas. The methods which can be used are through Mass Media like Radio (as radio audience are more than TV in the rural areas), TV, Newspaper, Newsletter, Poster, Signboards, Direct mailing containing health educative printed matters, Songs, Drama and Health Camps and through Seminars and Symposiums. The concern of health should be of everyone for everyone. Thus, the WHO goal for Health for All by 2000 A.D., which states as "the attainment of a level of Health that enables every individual to lead a socially and economically productive life" can be fulfilled.

I conclude here with thanks to the Organiser for giving me this opportunity and those present here for hearing me out.

KARDOM

^^^***^^^

HEALTH PROBLEM AN ASPECT OF TRIBAL DEVELOPMENT : A CASE STUDY OF THE KARBI ANGLONG DISTRICT OF ASSAM

Shri Kusumbar Bhuyan*

Health is an integral part of human development. Health cannot be isolated from social and cultural context. The tribal people are living close to nature and they are influenced more by socio-cultural and environmental dimensions in their health practices. They have their own code of conduct, practices and taboo. They are generally more tradition bound and persist in their age-old faith and cultural values. The health problem also needs attention for the reason that tribal communities are backward and generally live in isolation and remote areas.

Tribal development is one of the most burning issues of today. This is particularly so in the third world countries like India inhabited by millions of tribals. The tribals continue to be among the weakest and most exploited section of society. Tribal development as a concept, reminds us that sets of strategies are essential for the development of the tribal communities in India. In this connection, we have to think over two relevant questions :

1. Why do we need separate strategies for the development of the tribal people ?
2. In what respects the tribals in India differ from the other people ?

* Head, Department of Political Science, Lakhimpur Girls' College, Lakhimpur.

To answer these questions the following points may be mentioned :

1. The tribal communities in India are regarded as the weakest section of the society. Of course, a few tribal communities are at an advanced stage of development.
2. Each tribal community is a distinctive unit with its own socio-cultural background. The tribes differ from each other ethnically, linguistically and socio-culturally. So the problems differ from tribe to tribe and region to region.
3. According to Gopal Bhardwaj tribes in India represent a distinct cultural stratum and a definite demographic position in India's national life. Despite their comparative isolation, they have maintained a unique place in the history and civilization.

The British Government did not formulate any rational policy for the development of the tribal communities and as such they did not have any development strategy for them. The British adopted a policy of keeping the tribal areas isolated from the rest of the country. They were not interested in development of tribal areas but they wanted to open up the same for consolidating their position.

After independence, the new policy was aimed at the integration of tribals in the body politic of the nation. But due to various problems, including health, low level of nutrition, illiteracy faced by the tribal communities, it has made it rather obligatory on the part of Government to formulate separate development strategies for tribal communities.

The strategies for tribal development in Assam do not fundamentally differ from the national strategies. Some tribal population in Assam still live in isolation and is far off from the mainstream of the society. Health services and condition being very poor in the tribal areas of Assam, there is a general agreement that the health status of the tribal population in Assam is poor. Tribal belief relates to sickness, death and good health to the

good will of the deities worshipped by the concerned tribes. Hence tribal health care system is based on herbal medicines, Ayurvedic medicines and other related systems along with a strong leaning towards magico-religious practices.

Poverty is the prime cause for ill health. Low income resulting in poor ability to spend on health care is the main reason for acute suffering of the tribal people. The money required for health care is not sufficient for the tribal people. For a majority of tribals, illness has serious economic consequences of their scanty income. Hunger, low levels of productivity, low wages, indebtedness are hindrances in the developmental process of the tribals of Assam.

Due to ignorance arising out of illiteracy, the tribals have not been able to take advantages of various opportunities. The most important aspect of education in the tribal areas is that of informing the community of the new innovations in science and technology as well as the development in the economic and political field. Although literacy among the tribals has increased over the year, it is still far below the general level. The position of female literacy is really a matter of concern.

Associated factors related to tribal health and nutrition problems are clean drinking water and sanitation, lack of proper accommodation, poor infrastructure, poorly trained and unmotivated man power and ineffective coverage of national health and nutritional services.

There is a general agreement that the health status of tribal population in Assam is poor. The health and nutrition problems of the tribal population of Assam are varied due to variety in their socio-economic, socio-cultural and ecological settings. In the bygone days the tribal people (both plains and hill areas) of Assam had to depend on various sources viz., offering worship/sacrifice to gods and goddesses, using wild herbs for treatment of diseases. Now people are more cautious and dependent on modern methods of treatment to a great extent. Generally the tribal people seem to be quite indifferent towards health and

hygiene. Leprosy, malaria, goiter, skin ailments, tuberculosis and other respiratory infections, cancer, blindness are some common diseases prevalent among the tribals of Assam.

This paper is a modest attempt to highlight various health and nutrition problems of the tribal people of Karbi Anglong with the suggestions regarding solution of the health problems and a concluding observation.

The district of Karbi Anglong is one of the two hill districts of Assam covering an area of 10,434 sq. km. The Karbi Anglong is under Sixth Schedule area. According to Section 3(f) of the Sixth Schedule the district council have power to make laws with respect to any other matter relating to public health and sanitation. Section 3 A (K) empower district council to make laws with respect to public health and sanitation, hospitals and dispensaries.

It is seen that some villages still depend upon indigenous treatment of diseases. Of course, nowadays they practise both types of treatment i.e. traditional and modern. When the indigenous treatment becomes ineffective they go for modern treatment. The traditional care includes magic/worship of various deities and spirits. The people appear to be ignorant about the knowledge of health and nutrition. Many areas are still not covered by modern medical facilities. They are compelled to depend on the traditional system of treatment initiated by the indigenous medicine man Ojha. Some of the common diseases in the district are malaria, leprosy, tuberculosis, kalazar and various water borne diseases etc.

Malaria :- Among the other diseases malaria is a public health problem in the district. Of course, the incidence of this disease has been brought under the National Malaria Eradication Programme (NMEP). In the district first NMEP operation was commenced from 1955. The surveillance operation was introduced since 1960, the modified plan of operation was introduced from April, 1977 and PFCP from October, 1977.

In the district there are so many problems in carrying out the NMEP work specially for spray operation. The houses are scattered, and as such the spray staff have to spend a considerable time in walking and also carrying water from water sources at the bottom of the hills. Lack of health education and shortage of workers are some problems in this regard and these problems are still going on.

The malaria cases detected in the district are 15,446 in 1998 and 5,798 upto May, 1999 while the death cases are reported to be 12 in 1998 and 8 upto May, 1999.

Leprosy :- Leprosy is the dreadful disease from which the tribal people of this district suffer to a considerable extent. The high incidence of this disease can be ascribed to the unhygienic habits, diet and malnutrition of the people.

Now we discuss the Modified Leprosy limination Campaign (MLEC) during 1998.

Objectives of MLEC

1. Awareness build up in the community about leprosy.
2. Involvement of general health staff in leprosy programme.
3. Detection of left out, hidden or newly developed cases of leprosy and treatment with MDT.
4. To achieve the goal of elimination of leprosy by the year 2000 A.D.

The MLEC in the district has been able to create awareness among the people through training and detect the hidden cases of leprosy.

Tuberculosis :- The national TB control programme has been accorded high priority by the department in the district. The revised national Tuberculosis programme (RNTP) was also launched in 1977.

Basic information in respect of tuberculosis (1998-99) in the district is furnished below :

- | | | |
|-----------------------------------|---|-------|
| 1. TB cases detected | - | 1,223 |
| 2. TB cases completed (treatment) | - | 430 |
| 3. TB patients expired | - | 25 |

Kalazar :- *Kalazar* is also a serious public health problem in the district. The department provides anti *Kalazar* drugs and technical guidance to the effected areas.

Among the other diseases mention may be made of cholera, gastro-enteritis, goiter, various types of skin diseases, blindness, iodine deficiency and water borne diseases etc.

The following table shows the number of beds, indoor and out door patients treated and surgical operation in the medical institution of Karbi Anglong district.

TABLE I

Year	No Of Bed s	Category				No of surgicals Male operation
		No of indoor patients treated		No of outdoor patients treated		
		Male	Female	Male	Female	
1988-89	292	2849	3222	106896	82199	666
1989-90	292	2950	3035	902037	67610	556

Source : Statistical Profile of the Hill Areas of Assam

The number of annual deaths from selected causes for a period of two years from 1988 may be seen in Table II.

TABLE II

Causes of death	Number of annual death	
	1988-89	1989-90
1. Cholera	Nil	Nil
2. Fever	44	60
3. Small Pox	Nil	Nil
4. Dysentery	21	2
5. Diarrhoea	13	13
6. Respiratory diseases	4	6
7. Child birth	-	-
8. Malaria	-	-
9. <i>Kalazar</i>	-	-
10. TB	21	26
11. Snake bite	-	-
12. Any other disease	44	48

Source : Statistical Profile of the Hill Areas of Assam

Fluoride in water :

Recently the scientists of the State Public Health Engineering (PHE) Department, Directorate of Geology and Mining and Jadavpur University of Kolkata have found fluoride much beyond permissible limits in the samples of ground water collected from some places of Karbi Anglong. The water samples

of the district showed presence of 23 parts per million (PPM) of fluoride in them. Consumption of fluoride in such a high quality may result in dental decay, crippled for life. Fluoride is also found in household hand tubewells and hand tubewells of water supply scheme.

Of course, very lately the district council authorities being alarmed over the development have extended a water supply scheme to the effected areas for supply of fluoride free water, besides massive awareness campaign. A number of projects for fluoride free water have been sent to the Assam Government.

Suggestions :

1. Introduction of traditional herb based medicines - identification of traditional herbs.
2. Importance should be given to health awareness and health education including proper hygiene and sanitation in the district.
3. It is necessary to introduce different development schemes keeping in view the problem and prospect of development in the habitants of Karbi Anglong.
4. The contents of education should take into consideration the needs and aspirations of the tribal people. There should be a clear educational policy for the tribal areas of Assam. Education should be job oriented. Government should give more importance to female literacy.
5. Training of Karbi boys as health workers and Karbi girls as nurses/midwives to generate better response.

In order to evolve a suitable strategy to overcome the health problems and nutritional deficiencies among the Karbis, the various socio-economic concomitants and cultural variants have to be taken into consideration. There is a need of number of studies, data collection as well as a deep understanding into many aspects of tribal development including areas, which is urgently

needed. "Health for All by 2000 A.D." should again be covered in the tribal areas on a war footing.

The Assam Institute of Research for Tribals and Scheduled Castes, Guwahati has a vital role to play in planning and implementing the tribal development schemes in the State.

Both the Government of Assam and the Karbi Anglong Autonomous Council should give importance to the health care system.

There should be more and more public participation in health care system by creating public awareness and also by involving NGOs in this task.

REFERENCES

Das, G.N. 1990. Statistical profile of the hill areas of Assam. Diphu : District Research Officer.

MAHANTI NEETI. 1994. Tribal issues a non-conventional approach. New Delhi : Inter India Publication.

VERMA R.C. 1991. Indian tribes through the ages. New Delhi : Ministry of Information and Broadcasting, Government of India.

^^^***^^^

TRADITIONAL DIETARY HABITS OF SOME TRIBES AND THEIR IMPACT ON HEALTH AND NUTRITION

Ms. Nazmeen Anam*

In the dim remote past when man first descended from his subhuman ancestors, he tried to survive in whatever conditions prevailed. His endeavour to adjust with his surroundings resulted in a series of discoveries. Man had to utilize whatever resources they could avail off. As most of the tribals of North East India dwelt in slopes amidst dense forest area, they had to solely depend on the natural habitat. Bamboo was in abundance which played a very important role in their life-style and animals in their habitat served as a source of food. Primitive men were ignorant of pottery making or metallurgy for which they had to largely utilize the resources, they could grasp. Rice is the staple food of the North East Indian tribes. These people used bamboo tubes to boil rice by smoking in the fire, and consumed the flesh of animals or marine life by roasting or cooking in the fire.

Though Homo sapiens are the descendants of a common ancestor, great variation exists between the species. Different ethnic groups live in different geographical areas and have varying cultures. Thus, topographical set-up and climatic factors lead to the development of indigenous habits. Similar typical characteristics also mark the culinary practices of people globally.

The staple food of the Karbis is rice. They consume fish, chicken, pork, mutton, venison, iguana and chrysalis of silk

* Officer-in-charge, District Museum, Diphu-782 460

worm. They fancy dried and smoked fish to fresh one. Yams, tapioca, sweet potato, bitter gourd, beans and pumpkin etc., are the vegetables relished by them with rice. Most of their traditional dishes are merely boiled without fats and spices. Sesame which is called Teel in Assamese and Nempo in Karbi forms a common ingredient in cooking of all kinds of meal. Another two such common items are their indigenous curry leaf or Lopung and Pherklung a common herb in the Karbi menu, which in Assamese is known as Nephaphu (*clero dendrum colebrookianum*). The Karbis often relish young bamboo shoots either by preserving it for a sour taste or with alkali in the form of curry. Alkali is also a common ingredient in their diet. Rice beer (Horlang) is relished by the Karbis irrespective of age.

The Karbis are fond of bitter taste. They relish bitter gourd, bitter flower etc., with dry fish. A preparation of preserved bamboo shoots and dry fish indigenously known as Shidol is also a favourite item of the Karbis.

The Thadou Kukis of Karbi Anglong are also rice eaters. Their principal meal consists of rice which is consumed twice a day. Yams, maize, tapioca, bitter gourd, sweet potato and different herbs and beans form important part of their diet. They also relish pork, beef, venison, rabbits, rat, fowls, birds, fish and chrysalis of silk worm etc.

Most of their dishes are merely boiled with salt and chillies. Fats of pork are often preserved in their traditional method for future use. The Thadou Kukis are also found to prefer dry fish to fresh one. Alkali made from the ashes of wild bananas are commonly used. Young bamboo shoots are preserved to be eaten later. The Thadou Kukis eat dry fish and meat by smoking in the fire. Use of pulses like lentil etc., is quite uncommon as most of the people consume, whatever is available in their fields.

The Dimasa Kacharis are a hill tribe of North East India. They inhabit the North Cachar Hills and Karbi Anglong districts of Assam.

In the context of their traditional diet, rice stands as their staple food. Leafy vegetables, herbs and different types of tubers and roots, besides vegetables that are grown in their fields are used for preparing curry. Alkali or Khar, prepared by burning dried trunks of plantain are used in preparing some common curries. Curry made from dried fish and alkali is a favourite cuisine. Chilli is liberally used in all these dishes. Venison is a delicacy for them. They eat fowls, pigs, ducks, goats, buffaloes etc., and of course, fish. Traditionally, cow's milk is a taboo for them. The Dimasa Kacharis take blank tea but their favourite drink is the rice beer (Joo) which they brew at home. Bara rice or rubber rice is relished by them in the form of snacks. Various kinds of cake or Pitha are made from it. Rice beer is often made from this item. The practice of chewing betel nut is common among the Dimasa Kacharis. The use of oil and spices are almost found to be negligible.

The Rengma Nagas of Assam inhabit the North Eastern Hill ranges of Karbi Anglong. This region is popularly known as Rengma Pahar or Rengma hills.

The substantial meal of the Rengmas consists of rice which they consume twice a day. As they were originally the inhabitants of high hills, their food items include those that were accessible to them in their lofty abodes. The menfolk are expert hunters and womenfolk are no less skilled than their counterparts. They collect tubers and edible herbs from the forest, besides their vegetable cultivation in the jhum fields. The common vegetables they cultivate consist of ginger, pumpkin, potato, tapioca, turmeric and brinjal etc. The Rengma Nagas of Karbi Anglong relish pork, beef, fowl, tortoise, iguana and venison. Flesh of mithun, elephant, monkey, dog, tiger and even python are consumed occasionally. Fresh fish as well as dry fish are boiled and are consumed by them. The traditional

method of cooking their meal is similar to that of the other North East Indian tribes. Be it vegetable or meat, all are boiled without oil and spice. Dry fish and garlic are often smoked by wrapping in plantain leaves. Alkali is a common ingredient in most of the dishes. The Rengmas consume good quantity of chillies in their cuisines. They relish arum and other types of tubers with young bamboo shoots by boiling with salt and chilli. The Rengmas consume rice beer at any pretext, possible.

From the above discussion, it can be inferred that the dietary habits of the North East tribes are more or less similar. Their mode of cooking also do not differ much.

After proper survey, it has been found that occurrence of tape worm is common among four tribes of my study.

It can be confirmed that the undercooking of the red meat leads to the infestation of tape worms among the people. The body of the tape worm is segmented, so the segments remain inserted in the flesh of the host. If the meat is cooked less than half an hour and consumed by the people, they are infected by the disease. Since most of the people of my study cook the food in the traditional method, it obviously remains undercooked. Although anaemia is not significantly high among the tribal population, it is not totally absent. Incessant bleeding, less amount of haemoglobin or less formation of blood leads to anaemia. Malaria victims without treatment become anaemic. Lack of health education is one of the main causes of malaria among the tribals of the villages. Those victims of malaria who live in interior areas do not promptly take medical treatment. They are of the belief that bitter gourd and dry fish precisely Shidol, bitter flowers etc., have anti malarial property, which they take almost regularly. Therefore, unless they suffer from prolonged fever, the people do not consult a physician. Malaria victims without treatment often have enlarged spleen, which results in acute anaemic condition. Therefore, it is clear that traditional dietary habits have some impact on anaemic condition of the people. Tapeworm, roundworm and

hook worm also lead to anaemia. In general, as learnt from medical practitioners, there are less cases of anaemia among the tribal people as compared to non tribals. It must be due to the regular consumption of iron in their meals, which is present in the edible fern, banana flower steroids etc.

Hookworm and roundworm are common among these groups due to consumption of unclean water. Due to the lack of health education, people do not boil water before drinking. Nor do they get treated water from the Public Health Engineering department for drinking purpose, except a section of the population. Bad sanitary habits, like going to toilet bare footed is one of the main causes of hook worm and roundworm. These worms enter the victim's body through the foot.

Gastroenteritis is not absent among the tribal population. The interior population of the hills drinks water from brooks, streams, rivers and lakes etc., and it is the same source where they take bath and wash utensils. So, if one is affected with gastroenteritis, the whole village falls victim of the disease. There is no direct impact of traditional diet on the occurrence of gastroenteritis.

Allergy is another common disease of the local population. There are two factors responsible for the disease. One is the environmental factor i.e. presence of limestone in the ground and the other factor is the food habit. The consumption of their favourite delicacy chrysalis of silk worm consists of high amount of protein which is not readily absorbed by the body system of a person ; and as a result, the individual suffers from allergy. Hypertension, diabetes and heart diseases occur less among these tribes. Those people who are poverty stricken generally stick to the traditional pattern of diet. Obviously these groups consume less animal fats and protein which takes care of the above mentioned diseases. It is known that mental tension and excess body fat enhances the chances of diabetes. The traditional diet pattern of these tribals, itself does not include food items that contain excess fat. As the weaker section of the

people, be it tribal or non tribal which is the general bulk of our society has rare opportunity to eat red meat regularly and they are also free from the clutches of mental tension. These factors may take care of the low occurrence of diabetes.

The Karbis do not habitually include eggs of fowls in. Their everyday traditional diet, they rather use eggs for performing divination etc. So, the cholesterol level is naturally checked among this tribe. Garlic which they call Paharipiyaz are grown in their jhum fields and are eaten almost regularly. This may aid in balancing cholesterol level and prevent from the attack of many other diseases.

The study reveals that cancer is least common among the tribal groups. One of the main causes may be due to the large consumption of green leafy and fibrous vegetables which are believed to be anti-carcinogens. Of course, cases of a few colon cancer are so far reported. A report in a medical journal insists that fungus if eaten with preserved meat, fish or pickles regularly, get deposited in the colon, which may ultimately lead to colon cancer. On the other hand, breast cancer is almost absent among the study population, according to information collected from the Primary Health Centres of Karbi Anglong. Womenfolk of my study population, Rengma, Karbi, Dimasa Kachari and Thadou Kuki are found to breastfeed their children upto the age of four to five years. It is learnt that breastfeeding of children reduces 70% chances of breast cancer.

Leprosy was once upon a time the commonest disease among the tribes of Karbi Anglong. It is caused by the bacteria, Micro-bacterium Leproe. Since last ten years, its occurrence has been markedly reduced. The main factor of leprosy is due to the unhygienic living condition of the people. The administering of a drug called M.D.T. in leprosy cases is less effective if alcohol is consumed. Therefore, the habitual drinking practice of rice beer seems to be one of the root causes of leprosy among the Karbis.

It is significant to note that night blindness is nil among my study group. This is due to the sufficient intake of Vitamin A which is consumed in the food items like pumpkin, red chilli, ripe papaya and jack fruit etc., by the people.

As mentioned earlier, the womenfolk generally breastfeed their children. That way, all the essential nutrients like minerals, vitamins, calcium are supplied to the growing children. This is a very laudable practice among the tribal population.

Over and above, it is found that most of the diseases like malaria, tuberculosis, AIDS etc., are due to the lack of resistance capacity in an individual. An imbalanced diet cannot build proper resistance in a person. An adequate supply of protein, carbohydrate and vitamin are essential to have resistance in a body. The traditional diet pattern of the tribal population contains a good amount of carbohydrates. But protein supply of both kinds, vegetable or animal is significantly inadequate. The Rengmas, Thadou Kukis, Dimasa Kacharis and Karbis do not include any kind of pulses in their daily food. Occasionally, the Karbis use Rohor pulse (Pigeon pea ; *Conjanus indicus*) which they grow in their jhum fields along with rice. The Dimasa Kacharis also include occasionally a kind of pulse, which they call Mati Mah (*Phaseolus aconitifolous* or *radiatus*). Therefore, the non inclusion of pulses in their daily food which is a supplier of vegetable protein is a significant point for the deficiency of protein. Even animal protein is highly inadequate which they only take occasionally. It is to be noted that the tribal people generally have the practice of taking home brewn rice beer at any pretext available. This happens to be one of the food items that can be included in their diet. Sometimes the head of the house consumes generous amount of rice beer leaving him loss of appetite to take his daily substantial meal. Regular practice of this , leaves him with an imbalanced diet. These are the factors , for which the people cannot build proper resistance in their body and fall victim of many diseases.

Empirical study of the traditional dietary pattern of the tribals reveals that it has great impact in maintaining proper health of the tribal people at large. With the advent of time, their settlement pattern is also changing. People from the interior areas are gradually coming out to settle in the vicinity of urban area and their mode of lifestyle is also changing. Of course, the culture of some interior areas is still intact, and so is their traditional dietary pattern. These tribal people who are already urbane, they relish some of the traditional cuisines as a fancy item occasionally.

Since the bulk of the tribal population dwell in villages, their traditional dietary pattern has hardly changed for which we can conclude that it has great impact directly or indirectly on the health and nutrition of the tribals.

PROBLEMS OF HEALTH AND HYGIENE AMONG THE KARBIS VIS-À-VIS SOCIO-ECONOMIC DEVELOPMENT

Mrigen Das*
Pranab Kr. Phukan**

The Karbis, one of the major hill tribes under the Sixth Schedule of the Constitution, are mostly concentrated in the Karbi Anglong district of Assam. Due to historical and socio-political reasons they remained far behind in respect of all round development. The British rulers did not take much interest to improve the most backward conditions, particularly in respect of health and education. Even after more than fifty years of Independence, the Karbis are far behind in literacy. According to 1971 Census the percentage of literacy among the Karbis was 13.18 [(male 21.09, female 4.95) ; 1991 and 2001 Census figures, tribewise are not available while 1981 Census was not held in Assam] which is lowest among fellow tribal communities, let alone the percentage of literacy for the whole state which was 28.72. Due to topographical condition and sparse location of the Karbi habitat, communication problem became acute causing implementation of infrastructure facilities a difficult proposition. Demographically the Karbis constituted only 1.71 percent of the State's total population (1971 Census), but they constituted 67.47 percent of the State's hill tribal population. Perhaps because of the demographic low profile they are compelled to remain backward in all respects. Due to lack of education and dependence more on

* District Research Officer, Kamrup, Guwahati-22.

** Inspector of Statistics, Assam Institute of Research for Tribals and Scheduled Castes, Jawaharnagar, Guwahati-22.

magico- religious beliefs and practices, Karbis living in the remote villages fall prey to various contagious diseases. Due to non availability of pure drinking water, substantial food with required calories and vitamins coupled with lack of sanitation and hygiene the health condition of most of the Karbis of rural villages is far from satisfactory. Besides lack of surplus food grains and consequent lack of purchasing power make the people dependent on traditional healing practices. What to speak of rural dispensaries, even the main hospital at the district headquarters at Diphu is not well equipped with modern equipments. Due to the above mentioned socio-economic reasons only a selected few can avail themselves of the facilities, which are far from adequate. It was observed that due to lack of adequate number of hospital beds, many patients are compelled to sleep in the verandah or on floor.

There is water supply system but the main constraint is peculiar topographical situation which, however, is not uncommon in hilly areas. Some places are situated in higher altitude and some are in lower altitude. Of course, the main reservoir of the Public Health Engineering Department is located at a higher altitude. Even then this supply point cannot cater to the needs of the villages which are sparsely situated on top of hillocks interspersed by streams or marshy areas. Naturally the villagers depend upon kutchha wells, spring, pond water for their day to day use. Some of the families have installed tube-wells but water of tube-wells is also not free from iron and calcium. It is observed that in certain Karbi villages water is found to be contaminated with fluoride which causes harm to the poor villagers. Considering the health hazards in the tribal villages Government/District Council should chalk out master plan to provide safe drinking water. It has been observed that water of certain areas of Karbi Anglong district contains fluoride which has affected the health of the rural populations, so much so that some people became invalid for life and some had to embrace premature death. In this situation drinking water problem should have drawn the attention of the authorities and

measures to contain the problem should have taken on priority basis. It is known that 0.5 ml of fluoride can cause irreparable damage to the health and water of various parts of the district should be examined by sending samples to the National Chemical Laboratory.

Another health hazard in the rural areas is lack of sanitation awareness. In the remote areas of the Karbi Anglong district, the people use open fields, forests and kutchha germ infected latrines for excretory purposes. Due to poverty stricken condition, the people are not in a position to procure the rural sanitary latrine materials provided at subsidized rates. As a result, the villagers very often suffer from parasite infection like hookworm, ziardia etc. In order to protect the poor tribal people from the diseases, the concerned authority should provide rural sanitary latrines to the families.

In some remote villages of Karbi Anglong district some tribal people are suffering from leprosy. This disease is generally caused by extreme poverty and consequent lack of health and hygienic condition, malnutrition, lack of nutritious food and safe drinking water. Health Department should take necessary steps to distribute multiple drug therapy medicines free of cost to the poor Karbi villagers.

Good health is the key to the all round development of a person. There is a popular saying that 'healthy people bears a healthy mind.' Government has appointed various personnel like doctors, health educators, health guides, nurses etc., to see that the poor villagers get the medical facilities as well as necessary guidance for hygiene, sanitation and nutrition. Very often these medical staff fail to provide necessary medical aid and health care guidance owing to lack of good communication facilities in the interior areas. Thus Panchayat & Rural Development Department and PWD should give priority to this aspect of development.

It need not be emphasized that good health is the key to all round development of a person. It cannot be denied that

adequate dedicated personnel for looking after the health of poor Karbis are not engaged. No doubt, the Health Department has appointed personnel for health care but most of them prefer to stay at the district headquarters and only pay occasional visit to the far-flung villages. A follow up action is highly essential.

Till the sixties of the last century malaria was a killer disease in Karbi Anglong district which claimed many lives. Even after embarkation of the Malaria Eradication Programme, the tribal people in the remote villages are not immune from this killer disease. Considering the seriousness of the situation the Health Department should take necessary steps on priority basis to eradicate malaria from the villages. It is common knowledge that malaria is caused by a female species of mosquitoes known as anopheles. In the swamps and forest areas having low lying lands this species thrives most. The following measures may be undertaken by the Health Department to eradicate malaria from the district :

1. Mosquito nets should be distributed free of cost to the villagers.
2. Kerosene oil, D.D.T. etc., should be sprayed as mosquito repellent.
3. Insecticide should be sprayed over stagnant water of the drains or low-lying areas to destroy the eggs of mosquitoes.
4. If necessity arises mobile clinic should be utilized by the Health Department for testing blood of patients in remote interior areas.
5. The people should be motivated by audio-visual aids.

Along with Health Department, N.G.O.s should also come forward to help these under privileged tribal people with necessary drugs like antibiotics, vitamins, nutritious foods etc. To

boost the economy of Karbi people concerned Government Departments like Animal Husbandry and Veterinary, Agriculture, Industry, Fisheries and Sericulture should come forward by giving loans and subsidies to set up livestock farm, sericulture farm, small scale industrial unit, horticultural farm, fishery etc., by the Karbi people. The Department of Agriculture may come forward to teach Karbi villagers about scientific plantation and growth of fruit bearing plants like guava, pineapple, potatoes of different varieties, vegetables, ginger and spices etc. Karbi Anglong is also found to be suitable for coffee and rubber plantation. There is a good market for coffee and rubber. Nowadays, there is a good scope for marketing their agricultural products through TRIFED (Tribal Consumer Co-operative Marketing Federation Pvt. Ltd.). TRIFED should be a catalytic agent for helping tribal cultivators to get the reasonable price for their agricultural products.

The Karbis and for that matter all the tribal people practise indigenous treatment of diseases by applying locally available herbs, roots and creepers etc. Almost all the Karbi villages possess medicine men who prescribe medicine. The effectiveness of indigenous medicines and healing practices cannot be underestimated. While prescribing modern medicine and health care practices, due attention should also be given to the indigenous system of health care.

Improvement of health and hygienic condition is very much co-related with the economic development of the tribal people. Government has implemented various income generating schemes under various Departments like Animal Husbandry and Veterinary, Agriculture, Industry, Fisheries etc., but due to lack of suitable monitoring and evaluation, most of the schemes could not meet the needs and aspirations of the persons, for whom those were meant.

Education plays a vital role in developing socio-economic condition including the health and hygienic aspects. Due to abject poverty in the remote interior areas of Karbi Anglong

district most of the parents are not in a position to send their children and those who send their sons and daughters leave the school midway. Thus, dropout in school is a chronic problem. Here lies the importance of non formal education. Educated parents understand the importance of educating their children. As the parents are mostly illiterate, efforts should be made to expand the Adult Education Programme to the remote areas. There is no lack of such schemes but follow up action is not done seriously. It is observed that the microscopic minority boys and girls who are prosecuting higher studies in colleges and universities are not getting free studentships regularly. As the parents' earning source is very much limited, the students leave the educational institutions out of frustration.

Conclusion - Good health is the sine-qua-non of all round development of a person. Government of India, therefore, has rightly emphasized on this and an ambitious scheme 'Health for all by 2000 A.D.' has been launched. Health care should get topmost priority in Karbi Anglong district, particularly in rural areas in view of the prevalence of killer diseases like malaria and other water borne diseases. The economic condition of the tribal people, particularly Karbis who are mostly shifting cultivators, is far from satisfactory. Along with educational development, efforts should be made to chalk out need based infrastructure facilities. Unless the economic condition is improved the health and hygienic aspect cannot be improved. Due importance should be given to the indigenous health care system prevalent among the rural Karbis. This is done in Arunachal Pradesh after making scientific research on the efficacy of such traditional medicine. To achieve the total improvement of the Karbis living in the villages, a multidisciplinary approach is the need of the hour.

^^^***^^^

ECONOMY AND EDUCATION AMONG A SMALL TRIBAL GROUP (KHASIS) IN BARAK VALLEY

Dr. Tanmay Bhattacharjee*

The Khasis living in the Barak Valley of Assam are a small community of some thirty thousand souls. It is a rough estimate. The christian Khasi population is 26,000 and non christian 4,000. They live in three districts of Cachar, Karimganj and Hailakandi. Most of them belong to the Presbyterian denomination of the Protestant Church. Some Catholic villages are also there. According to H.C.Lamare, the seniormost Pastor of the Protestant Church in Cachar said that there might be a few non christian villages in the valley. He said that there are 51 villages in the district of Cachar itself. In the district of Karimganj, the number is 19 and in Hailakandi, it is 20. Their habitats are widely scattered within the valley. They are a matriarchal tribe tracing their descent from the mother's side. In this respect they are very distinct among all the tribes residing in Barak Valley.

The Khasis as a tribe come from several territorial divisions - War, Jaintia, Bhoi and Lingam. But the Jaintias dominate in many places, the War Khasis are also quite sizeable in the valley. The Khasis live in both Bangladesh and India. In North Cachar Hills they live in the famed Jatinga village which is known for its bird suicide mystery, the orange orchards and the energetic and cultured Jaintia people. They were the migrants from the Jaintia Hills in the late nineteenth century. The founder of the village was Lakhanbang Suchiang

* Head, Department of Political Science, Assam University, Silchar-788 011

who along with his sister came to Cachar in search of job. He travelled a long stretch and reached Kalain where he attracted the attention of the tea garden manager who offered him lands for cultivation. He grew betel leaf (pan) in the lands and became a rich man. He exhibited in ample measure the enterprising spirit of the Jaintia tribe who are now forming the majority of the Khasi people living in Barak Valley. The adventurous drive of Jaintia avant garde took him to many places. He opened a pan grove at Borkhola which was flourishing. Many Jaintia men and women joined him in his enterprise. Soon a Khasi village sprang up in the vicinity of Borkhola which exists even today. Those who have passed through the Jatinga - Udharband road must have noticed the presence of the Khasis around the place. He went to Haflong when the railway line was being constructed through the hills and he was said to be the first person along with some of his kinsmen to travel in the first passenger train that passed through the hills on February 4, 1904. The Khasis are adept in betel leaf (pan) cultivation. Another Khasi entrepreneur Kiang Padu developed a wide betel leaf grove in a village by the name Patlat (local Bengalis call it petla). He started extensively the betel nut cultivation in the village when he saw that the returns from the betel leaves are not appreciable. In the valley, the Khasis do not grow betel nut in general. This Khasi entrepreneur is like Lakhonbang Suchiang of Jatinga. He was perhaps unlettered but had a very strong common sense, zeal and drive. His village is located approximately nine kilometres from Panchgram railway station. Most of the Jaintia Khasis living in Barak Valley were the migrants from the Jaintia Hills. They were allowed to stay in forest lands and these lands were called permission lands, not patta lands. Many Khasis do not have any document of lands in their possession. 10 - 15% of the lands are wet lands. A Khasi village is small and roughly in average contains 10 houses.

Though the Jaintias differ from the 'mainstream' Khasis in many respects, they belong to the same matriarchal stock

as the Khasis. The main stock of the Khasi people live in Meghalaya and they are spread over a wide territory from the Sylhet border to Khanapara near Guwahati. But they live in very large number in the sub montane region south of Meghalaya. This region is divided between the two countries - India and Bangladesh. In Barak Valley, its presence is seen in three districts - Cachar, Hailakandi and Karimganj. The Khasis have several clans who live in different parts. The War Khasis live in Cherrapunji to Shillong. Shillong being the capital of Meghalaya, the dialect spoken there is the standard in the language. The Jaintia Khasis live in the Jaintia Hills and they live in good number in the plains in the south of Meghalaya. The Bhoi Khasis live in the Ri Bhoi district in the north of Meghalaya. Sometimes, the Bhoi Khasis are indistinguishable from the neighbouring Karbi people. They are similar in habits and lifestyle. There are several Khasi villages in the western Karbi Anglong. In Umswai in western Karbi Anglong the Khasis, the Karbis and the Lalungs (Tiwas) live side by side. The Lingam Khasis live in the areas near the border with Garo Hills. Lakhonbang Suchiang was a Jaintia who hailed from the Sylhet-Jaintia Hills border. The Jaintias are also known among themselves as Pnars or the Syntengs. Jaintiapur in the present day Sylhet was the capital of the Jaintia Kingdom for a long time. The British abolished the kingdom in 1835.

There was a strong belief among the Jaintias that crossing the river Kopili would bring misfortune to a Jaintia man and they were reluctant to cross the river. Behind every mythology there lies a practical experience and what was that incident, it was not clear and in olden time, the Jaintias believed in it. Lakhonbang was not required to cross that inauspicious river as he came via Sylhet and Cachar. This Kopili syndrome was not the reason behind Lakhonbang's migration to North Cachar Hills via Cachar. He did not have any formal education and he did not have any access to it also. He became a christian while he was in Cachar. Education, if it is understood in its informal sense, then the endeavours of Lakhonbang

should be considered as the best form of education. It was a lifelong learning process through self exertion. The Khasis are the Austric people who are the left over of the great Austric wave that swamped the area for a long millenium. At present distinct Austric people in the whole region of North east are found in Meghalaya. The Barak Valley Khasis are just the spill over and in the valley they often go unnoticed in the political exercises. Stuck to the Austric traditions, they are the betel leaf growers which come very naturally to them as the duck is to water. When one investigates into the economics of a small society, he finds that their self sustenance is from their plantations of betel leaves. In this valley, the Khasis have almost monopoly in betel leaf cultivation. They thrived besides the leaf which gave them their culture too. Those who are studying several aspects of tea industry in the valley, have come across the term 'bud and the leaves' as popularised by the famous novelist Mulk Raj Anand in his novel *Two Leaves and a Bud*. In case of the Khasis here we may coin the term 'story of the leaves'. The term punji is associated with the Khasis. Jyotirindra Nath Chaudhury, the eminent authority on the Khasis in the recent times (d.1999) speculated that the Khasis are the Austric remnants of the reverse migration that occurred some one thousand and five hundred years ago in this region. This reverse migration occurred when the Mongolian avalanche which came from north swept the wide areas of south east and the eastern fringe of South Asia at that time.

The village in the concept of a tribe is not very big, it is very often a small hamlet. The Jaintias are the hard workers and self reliance is their forte. It is the orchard of betel leaf which beautifies the environment in a Khasi house. Though the plants serve their economic purposes primarily, these have become a part of their cultural milieu. The whole fabric of their culture is woven around their daily core of activities in which pan played an important role. The village around which their lives rotate also see lot of activities in the pan grove.

Education is often perceived of in a formal way as is

measured by the number of school going children in a community. It is the normal yardstick which is applied to determine the community's place in the wider society. But this yardstick though satisfies the formal condition, it fails to discover a people in their economic and cultural setting. The Khasis are an example in hand. Outside Meghalaya, the Khasis are largely an a political community and in this valley's urban centres, they go unnoticed. As the primary statistics are available, their number is almost equal to those of the Dimasa Barmans. The Barmans are a comparatively better known tribe in the valley as they were ruling most part of the valley before the British took over in 1832. This tribal community has strong roots in North Cachar Hills. The Khasis are widely dispersed in the valley and they are deeply involved in the cultivation. The Khasis live in strength in the northern part of Sylhet district of Bangladesh. They give us the idea of a strong Austric presence in the extended Surma-Barak Valley before the sanskritisation process started in the region. The present Khasi population were the remnants of the old Austric wave that hit the valley. Suniti Kumar Chatterjee in his illuminating book *Race, Culture and Literature* gave a short description of the Austric features. I tend to compare the austric people with the features mentioned by him 'it can be firmly stated that the use of paddy, betel leaf, nut, vermillion, turmeric, banana and banana leaf - all are the direct effects of the Austric influences in our society' (Chatterjee, 1934 : 15).

The Khasis have retained many of the cultural traits of the past in spite of the fact that the bulk of the Khasi population in the valley have embraced christianity. Though the spread of christianity is very rapid in Khasi Hills, a sizeable number there still follow the indigenous faith Seng Khasi. The Garos and the Karbis believed in their days of simplicity that going to school means the conversion to christianity. A set of people far removed from the contacts of the outside world came into contact with the christian missionaries as the first emissary of modernity for them. Rongbong Terang (1981) in one of his

popular Assamese novels echoed the same belief current among the utterly uninitiated tribal folk trudging into the unknown world for the first time. It is true that, with the passage of time, this irrational belief was abandoned as it was only a matter of coincidence.

Christianity is well entrenched into those areas where local tribals were very backward in terms of social development. The religion came as a social remedy for their material backwardness. In the plains, it is making remarkable progress. The Khasis in the plains are, more or less, the followers of Christ. Did it effect them materially much? Its answer can be sought on the social plane. I remember my own experience in the seventies of the last century. I visited a christian village, Umswai in the western part of the district of Karbi Anglong. Though far from the mainstream population, the village appeared to be neat and the inmates showed courtesy to the visitor. Some parts which showed signs of filth and foul smell. Here the change in environment is important. The confidence comes to a person when he knows the basics of life. It is a combination of material condition and habitual performance of some rituals, interwoven into a lifestyle which gives them a distinct personality. This difference one can see when he visits Boro Haflong village near Haflong town in North Cachar Hills. Here one can see that the preachers of Christianity teach certain basic things of a good life. The realisation of high spirituality is a different sphere altogether and here only a few can enter but the basics of our ordinary life are important. This is one kind of basic education. The very ordinary tribal thus seeks relief through the conversion as they do not belong to any organised religion before their conversion. The process of conversion is an association with the mainstream culture.

In the plains of Barak Valley, the conversion brings certain changes in material conditions. Every village inhabited by the tribe has a church. Almost all of them belong to the Presbyterian Church of the Protestant order though the presence of

some Catholics among them is also noticed. The church is the focal point of social congregation. The Sunday service is voluntary but it is attended universally. The Pastor is appointed by the Organisation headquarters to preach the religion within the district. He plays a role in social awakening. Of course, he is assisted by some junior preachers. To the thousands of the tribals, this activity of the church is a form of education. To a Hindu, the allegiance to a religion is a matter of belief but to a Christian it is a change in the way of life. In the entire length and breadth of the north eastern region, the christian preaching groups are very active. It cannot be said that their services are totally selfless and some of the allegations against them might be true also. There is an apparent link between the evangelical activities and the tribal political aspirations. As said earlier, the going to school was considered as the conversion to christianity. A belief came in a very subtle way that the conversion to christianity is also a way to their political salvation. This trend can be gauged from the events in Tripura and elsewhere. In Tripura particularly the game of conversion among many tribals [e.g., Tripuris] is rapid. This is one of the ways their latent urges find expressions through religion and the outside agencies only propel these urges. Though it is very difficult to prove it but somewhere at some point, they converge together. The christian missionaries work in a pattern which is same throughout the world. Recently, some Hindu groups are also active in the North east.

The Khasis are aware of the secular education also. On a rough estimate, it is found that 75% of the children go to school at the primary level and they receive education at their village school. At the secondary stage, only 20% of the students make grade. Only 10% go to the college. The Church renders some help in purely secular education. The state assistance to the village level education is available only on paper. Six Khasi inhabited villages in Cachar - Bor Kompi, Tilka, Machkhal, Indranagar, Mathurapur, Gurudaylpur and Morua - have Bengali medium schools where the teachers hardly attend

classes and a teacher visits his school only once in a month. All records are maintained but no real teaching is imparted. No village elder utters any foul against the erring teacher as he fears that the town people may do harm to them. It is reported that the salaries are collected from the office of the Inspector of Schools. It is reported that in Karimganj district, there are three government assisted schools in Khasi villages and this number in Hailakandi is two only. Out of 90 villages, only half of the villages have the primary schools. The Presbyterian Church here appointed 27 teachers and each of them is paid Rs. 500.00 per month. The Jaintia Khasis which predominate in the valley rely on their home education more than any formal education. On enquiry, it is found that the local Khasis are willing to learn local language but no scope is available to them. Some of them, of course, know titbits of local language as they are to interact with the local people in market places. Almost the whole population seek no employment in the towns. The people who are not engaged in the cultivation of betel leaf are engaged in agriculture. The villages have less intensity of liquor consumption. The tribals are normally inclined to drinking and in the hills, the liquor is consumed in spite of the sanction of the church against it. In the plains, its prevalence is less. Here the sanction of the church is important. The Khasis make the country liquor Kakiat, the Karbis make Horlang and the people consume it. It is said, the country liquor is still consumed but at home only and it is brought from outside. The birth rate is much higher than the death rate and the prenatal mortality is negligible and the life expectancy is generally around 75 - 80 years. It is found that the infant mortality is around much less than one percent. The state owned health facilities are not much available and they are forced to take recourse to their own resources only.

The Khasis of Barak Valley are wholly rural and there is no urban settlement. They are exactly tuned to the rural setting. The village is a compact social entity and there is a cohesive look. The village has its headman and he is selected for his

experience and age. There is no fixed tenure for the headman. He may be removed for his incapacity or on charge of delinquency. As the Khasi society here is largely confined to their village activities only, they are not interested in big political affairs concerning the valley. The returns from the field are not much and therefore, their economy is moderate. A Khasi village here is called a punji. Punji is not a Khasi word, it is Bengali and the latter use it in case of the Khasi village. As, for instance, Cherrapunji in Meghalaya. The betel leaf groves are in the punjis. It seems that they are not worse off like many other tribes in the valley. There is no Khasi beggar and they are loathe to beg for food. Left to themselves uninitiated into the corrupt practices prevalent in the modern society, they are excellent workers and easily fend for themselves. A Khasi house in the interior having a pan orchard is a common sight. The pan leaves have several varieties - Bangla, Khasi, Sachi etc. The consumption of betel nut and betel leaf are almost universal in the valley and outside. So, the cultivation of these items brings a little solvency in their economy. It is reported that the Khasis did not evince much interest in the production of betel nut previously and now they realise that it is also an important cash crop. They started cultivation of it. The Khasi variety of pan is a little coarse, thick and slightly hard in taste in opposition to the Bangla variety which is soft and mellowed in taste. The Khasi variety is produced in the slopes of lower hills and sub montane areas. The land is not suitable for production of Bangla pan. Lakhonban Suchiang was a prolific betel leaf producer in the plains but when he had found that its production in the hills was not feasible he quickly abandoned its cultivation for orange. Here, his ingenuity was laudable and his switching over to orange brought great prosperity to the Jatingans. Just across the borders of Meghalaya from the Cachar side, Rata chera has a very extensive betel nut cultivation, all in the hands of the Khasis. The betel nut cultivation is seen upto Umkiang on the national high way 44 [Badarpur - Shillong Road].

The Jatinga model of self-sustaining economy needs to be imitated in other areas also. One may see it by his own eyes to appreciate the fact that the concept of self-reliance is generated from within. Our welfare democracy ensures great sympathy for the underdogs but its ideas are imposed from above and the distribution of welfare benefits are sought to be done through the corrupt bureaucracy. Very often the lofty ideas of welfare is nullified at this level and it is really happening in our country. The Jatingan Khasis had no idea of the welfare concept of ours enshrined in the Constitution [they are taught in the 4 schools only] and relied heavily on their own ingenuity and enterprise. Hopefully, the Jatingan example is taken by some other communities like the Hmars in the hills who produce ginger on commercial basis. The pineapples are produced in North Cachar Hills and in the Lakhimpur area of Cachar district. Here, the Hmars and other tribes participate in the production. There should be a clear differentiation between the self-sustaining economy and the welfare economy imposed from above. The latter model cripples self-enterprise in any community and helps the growth of a circle of corruption where the ministers, bureaucracy and the contractors eat up all the benefits denying benefits to the people for whom it is meant. The true measures of drive and enterprise are the hallmark of the Jatingan economic solvency. Sheer enterprise tinged with right type of innovation is the real education. A Jatingan did not acquire it through any formal education. A High School was established after 1990 and earlier they did not feel any necessity for it as they derived their education through their own self knowing process only. The Jatingan child walked nine kilometres to receive education in the town and many articulate Khasi men and women were seen from that village. A Khasi home at Jatinga is neat and tidy and all these basic knowledge did not come to them through the formal education. It does not mean that formal education is not required for them but it should not take away their very basic ingredients of their character which are imitable. The present political system is almost a grinding machine which levels

down all in the same oven. The Khasis who live in the plains are the same people as the Jatingans and maintain close links with the latter. The plains Khasis are scattered all over the valley and no particular area is having a big concentration. A Khasi village can be traced near the border of the State of Tripura. In the extreme east, there is a Khasi village near the Bhuban Hills near the Manipur border. A Khasi village can be traced in extreme trijunction of Cachar, North Cachar and Meghalaya.

The Khasis in the valley formed the Khasi Welfare Association as a nodal organisation for all people but it is not a very active organisation. The people still preferred to live among themselves, in isolation from others. They reported some extortion troubles faced by them but firmly said that there is no insurgent group among the Khasis in the valley. They remained peace loving and isolated from the mainstream people of the valley. Generally an elite is formed among the people who help in the process of self assertion. The economic and political elite often converge into one and they play a role in political arena. The valley Khasis are satisfied with the daily core of activities far removed from the urban life. They are not different from the Jatingan Khasis in culture but the latter participate in the local government politics and send representatives to the Autonomous Council and a few of them became the executives in it. In spite of this, they remained essentially an economic people and this is occasional adventure into the domain of education and economic pursuit is their main concern and it is basic to them. The Austic character of 'withdrawal syndrome' is evident and they are satisfied within themselves. Though they produce in the fields, they meet other people in the market places, it is the meeting place between the tribals and non tribals and also between the tribals. A few of them go to schools. Otherwise, they segregate themselves from the big events. The Pastor is their teacher in religious matters and he is window to the outside world. All churches consider education as an adjunct to their religious activities and some impor-

tant churches maintain schools. The assistance to students is given and the church supplies books to the students on payment of prices. These books are written in Khasi language and these come from Shillong. The village elders complain that the assistance from the State is almost nil. The Catholic Church maintains a High School at Silchar. The Protestants maintain a school at Ambikapatty mission compound.

On the whole, the valley Khasis are an interesting people and they contribute through their silent presence towards making a beautiful cultural mosaic that is Barak Valley.

REFERENCES

CHATTERJEE, SUNITI KUMAR. 1934. Race, Culture and Literature. Calcutta : Mitra and Ghosh.

TERANG, RONG BONG. 1981. Rongmilir Hanhi. Guwahati : Publication Board, Assam.

CHANGING ATTITUDE IN TRIBAL WOMEN : GROWING AWARENESS IN THE GRASSROOT LEVEL

* Dr. B. Gohain Roy

Time is fast changing. Women are changing in an emerging situation. Women are playing a significant role in family, society and professional spheres. But in spite of the potentialities, basically women are confined to family. Although few of them have come out of the barriers of traditional, conservative, man dominated society, the majority are still in pitiable condition.

A change in attitude, ideas and ideals are very important in the life of an individual as well as in society. Educated women have employment which was rare almost two decades ago. It could be assessed that increasing contact with other cultures through in-migration as well as out-migration has changed the attitude of women and they are now concerned with the programme of development. Now, women have shown prominent achievement in works where they are engaged.

Women need more initiative and encouragement for their educational advancement from Government and voluntary organisations. Women's empowerment and involvement in social reform would create situation for their advancement in education. So, empowerment should not remain merely a gender issue. In fast changing society women must awaken themselves to the sense of responsibility. Every woman

* Principal, D.A.V. Higher Secondary School, Diphu-782 460

should feel the need of breeding worthy citizen who will enlighten the life of the nation.

In the present society, the attitudinal change is observed from physical mobility i.e. from one's own place towards other lucrative areas. From psychic mobility, implication is observed in renewed attitudes towards issues like position of women, choice of mate, family planning, intercaste marriage. From social mobility, the developing attitude is to transcend barriers imposed by caste or other group.

The change in attitude is observed due to modernisation, urbanisation and industrialisation. Provision of educational facilities, adequate health services in rural and urban areas are obtained from modernisation process. Industrialisation minimises drudgeries in workload, production is accelerated and there is economic growth. Change is observed due to urbanisation which indicates moving from agriculture to non-farm economic pursuits and corresponding change in behavioural patterns and way of living. In bringing change in the attitudinal aspect of tribal women, there is tremendous impact of education, which can be summed up as follows :

- Education has helped the women to realise their position and their contribution towards society. It has also helped them to identify individual problems as well as women's problems as a whole.
- Enabled women and made them capable to interact with influential members of the society and gather information from them.
- Compelled the women to realise the importance of women's education, women's group meeting, children's education and non-formal education etc., and also to realise 'Knowledge is power' and education is empowering.
- Made the women feel the necessity to locate a resource person who can instruct the women what they want to learn.

- The realisation of the importance of newspaper, booklet, women's development magazine etc., may also be attributed to the effects of education.
- Women are able to realise the importance of DW CRA (Development of Women and Children in Rural Areas) and ICDS (Integrated Child Development Scheme) which is not only a leading scheme for supplementary nutrition but also a pre-school education programme for children.
- They are able to realise that organised and aware, poor rural women can change their situation. On the other hand, unorganised and unaware poor rural women will not be able to do much to change their situation.
- Helped the women to develop their understanding that improvement of their situation is possible through awareness, organisation and collective action but not by any other way.
- To realise that they have safeguard from Constitutional provisions.
- To follow the ideals of leading women personalities and from ordinary position how they are attaining dizzy height.
- To realise the value of time and minimise wastage and also to realise their potentialities that they will also be able to do something good for themselves and for the society, when others are doing, why not day ? They are able to think to do something which are value-oriented and by utilising the leisure time in gainful activities and giving more importance in quality of time than quantity.
- To realise that development of her family is her own handiwork. She can do something for betterment of the family and for the society.

- It has also enlightened the women to believe that good days are in their doorsteps if they are doing their works honestly, sincerely with whole hearted devotion since every work deserves its due.
- To acquire the qualities of self-dependency and to realise that they are the most important part of society and they have social obligation too.

Above all, education has helped to develop healthy attitude towards herself and the society where she is living.

The most practical aspect of consciousness can be observed in work participation. Work participation indicates consciousness of economic gain which is also the effect of education - may be from formal or informal. A big gap of work participation in case of women is seen from 1971 Census. It was only 5.75% for female while male work participation was 53.38% in Karbi Anglong (i.e. erstwhile Mikir Hills). From 1991 Census it is known that work participation in female is 33.63% and male 51.08% which is a clear indication of change in attitude regarding work.

Awareness about the benefits of education in the grassroot level is a remarkable achievement nowadays. The credit goes to SAEP (State Adult Education Programme), RELP (Rural Educational Literacy Programme), KNCA (Karbi Nimsa Chinthur Asong) and DPEP (District Primary Education Programme) etc. KNCA had launched many awareness programmes in different areas of Karbi Anglong. Their efforts are praiseworthy. This leading women organisation is working as front-liner for the advancement of women as a whole. The attitude of women is changing which is reflected through :-

- Organisational aspects
- Traditional aspects
- Health aspects
- Political aspects
- Economic aspects
- Cultural aspects
- Social aspects
- Educational aspects etc.

From the numbers of Adult Education Centres and enrolment in RELP and SAEP much awareness developed among the people towards the benefits of education. The participation of females in Adult Education Centres is an indication of change occurred due to the impact of modernisation of society.

A major change is occurring through District Primary Education Programme. It has stirred the whole set-up of the society by involving all its components. It is presently working as active machinery in the field of education. Before starting DPEP centre, they (DPEP personnel) tried to develop awareness regarding the benefits of the programmes in the areas. DPEP's different wings have developed network in the district for attaining 100% literacy within a stipulated time. DPEP under Karbi Anglong Autonomous Council, Diphu has established 205 Early Childhood Education (ECE) centres (Tea Garden - 2, Scheduled Tribe - 181 and General - 22) during the period 1997-99. ECE programme focusses inclusively as a programme for 3 - 6 years old children who are in pre-school doing in the lines suggested in the National Policy while the age of entry to Class I is after completion of 6 years.

The distribution of ECE centres is uniformly maintained in ten Development Blocks of the district. For the period 2000-2002 it has target to open 45 more ECE centres.

From enrolment point of view :-

Period	Boys	Girls	Total
1998-1999	1112	1195	2307
1999-2000	1589	1470	3059

The caste wise categorisation of enrolment :-

(1998-1999)

CASTE	BOYS	GIRLS
ST	922	985
SC	11	17
OBC	160	178
General	19	15
	1112	1195

There are great demands for ECE centres among the village community as they are now aware of the needs and importance of Pre-School education.

Other programmes of DPEP are Non-Formal Education(NFE) and Alternative Schooling (AS). Non-Formal Education is a centrally Sponsored Scheme of Elementary Education to deal with the problems of dropout and non-enrolment, to facilitate lateral entry for students of NFE Stream into the formal system. Alternative Schooling programme depends on the response of the community. The positive response of the community gives the programme a success.

In the year 1998, 93 NFE centres are opened in three Development Blocks viz., Amri, Lumbajong and Nilip of Karbi Anglong district. 150 New Alternative Schooling centres have been opened in 8 Blocks with effect from 1st August, 2001 in schoolless villages to cater to the needs of the villagers for primary education.

It can be concluded that for developing awareness regarding the benefits of education, efforts of District Primary Education Programme will give a good return in educational sphere in the days to come.

^^^***^^^

**HIGHER EDUCATION SCENARIO OF
KARBI ANGLONG : PROBLEM & PROSPECT****Yagneswar Deb***

Education is enlightenment. It is one that leads dignity to a man. Education seeks to build up the personality of the pupil by assisting his physical, intellectual, moral and emotional development. Today, education is perhaps the most important function of State and local Government. In the present days, it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity of education. Education is the foundation of good citizenship. It helps in promoting and understanding various human rights. It is a principal instrument in awakening a community and helping them to achieve a higher goal. Article 45 of the Indian Constitution expected the State to provide free and compulsory education for children upto the age of 14 years. The provision corresponds to Article 26 of Universal Declaration on human rights and Articles 13 & 14 of the International-Covenant on Economic, Social and Cultural Rights. Even Art. 46 of the Indian Constitution says that the State shall promote the educational and economic interest of scheduled castes and other weaker sections of the people. It is noteworthy that among the several articles in Part IV, only Art.45 speaks of a time limit, no other article does. Free and compulsory elementary education for children in India was to have become reality by 1960, but the deadline was shifted several times. First to 1970 and then to 1980, 1990 and 2000. The Supreme Court, in a 1993 judgement, expressed its anguish over the delay. Al-

* Lecturer, Diphu Government College, Diphu - 782 460

though the 10th Five Year Plan envisages universal access to primary education by 2007, Union HRD Minister M.M.Joshi recently announced that the 'magic year' will now be 2010. Meanwhile the demand for schooling has been growing. As Amartya Sen and Ilan Drez said in 'India : Economic Development and Social Opportunity', "There is no escape from the need for a major improvement of public schooling facilities." Prof. Anil Sadgopal said, looking for countries that rank below in Human Development Report of the UNDP, one finds Pakistan, Bangladesh, Egypt and so on. If like our northern neighbour, we had concentrated on building a social base through education, our economy might have been something for the world to watch.

This seminar paper is trying to visualise the higher education scenario of Karbi Anglong district. Here, higher education visualised three major aspects - Under graduate courses in colleges, Post graduate courses in colleges/University and professional courses like B.Ed., L.L.B. The main area of focus is to study the needs of higher education to Karbis in particular and people living in this district in general. The ambit of the study is restricted to 12 colleges of Karbi Anglong. There is no doubt that in the post independent era, a phenomenal amount of work has been done into areas of development. I think, we are still a long way from our goals. The situation is more urgent particularly in education than we admit, for everyday situation gets worse. Have we been so immune that we do not feel any more ? Or have our slogans been reduced to political diatribe ? It is time to take matter a trifle more seriously than we have been, and reaffirm our vows.

Karbi Anglong, the largest district of Assam, the lesser known fact is that there are 12 colleges and except Diphu Government College all others are yet to be taken over by the State Government. The Karbi Anglong Autonomous Council, Diphu has been providing financial grants to these colleges which cannot be said to be adequate for their proper function-

ing. Public donation is the main source of fund. The increase in number of colleges and students has been a perceptible improvement in the lifestyle of the people of Karbi Anglong.

Name of the colleges of Karbi Anglong

1. Diphu Government College
2. P.G.Centre in Diphu Govt. College
3. Diphu Girls' College
4. Diphu B.Ed. College
5. Diphu Law College
6. Semsonsing College
7. Kopili College
8. Rangina College
9. Howraghat College
10. Waisong College
11. Thongnokbe College
12. Eastern K.A. College

Result of T.D.C. Final (Arts, Commerce, Science) 2001

Total number of students appeared - 930

Total number of students passed - 328

Total number of students admitted in DGC T.D.C.

(Arts, Commerce, Science) 2001-2002

Male 553 + Female 391 = Total 944

It may be noted here that the number of students admitted in each of the remaining colleges of the district is below hundred.

Diphu Govt. College P.G. Classes (Estd. In 1996)

Total number of students admitted in P.G. Political Science and History 2001-2002

Political Science 45, History 10 = Total 55

The demand for a University campus under Gauhati University was prior to 1980's. After the establishment of Assam University at Silchar, all the colleges of Karbi Anglong came under the academic jurisdiction of this University. Students of Karbi Anglong faced a lot of trouble relating to their result, correction, scrutiny/rechecking, syllabus, form submission etc. The demand for University campus had got ground when VC of the University had inaugurated P.G. classes in Diphu Government College in 1996. The planning body of A.U. included and forwarded the provision for financial grant of 12 crore to set up Assam University Campus at Diphu under 10th Five Year Plan. In the meantime, Planning Commission of India also sanctioned a sum of one crore for construction of a science building in Diphu Government College. The said work has already been started. The Karbi Anglong Autonomous Council, Diphu also provides funds to colleges for building, educational tour and other purposes. The building for proposed Diphu

Polytechnic was completed and academic session would start soon. The permanent buildings for B.Ed. College and Law College are also under construction.

A few steps for betterment of education in Karbi Anglong :

1. Fund allocation for education should be raised.
2. Provincialise all existing colleges and P.G. Departments of Diphu Government College.
3. Immediate set up of University campus and Polytechnic.
4. A few new Departments like Geography, Computer Science, I.T., M.B.A., Tribal Studies, Biochemistry should be started.
5. A time bound programme should be set up for eradicating illiteracy, drop out.

6. Student bodies should actively participate for betterment of education in Karbi Anglong.
 7. Initiatives should be taken for development of Karbi language and literature.
 8. A few Research-cum-Training Institutes like Karbi Anglong Social Science Research Council, Karbi Anglong Science Lab., Karbi Anglong Ayurvedic Research Centre and Technological Park etc., should be set up.
 9. Provide financial support to poor Karbi students and those who study outside Karbi Anglong.
 10. An educational counselling and guidance centre with branches should be set up.
 11. A full-fledged office of Additional Director (Education) should be set up.
 12. Bandh culture should be checked for the sake of future generation.
- We hope, in near future, Diphu, the headquarters of Karbi Anglong district, Assam would emerge as the centre of excellence in higher education.

"KARDOM"

**THE ZIRKEDAM : KEEPING IN VIEW
THE PROBLEMS AND PROSPECTS OF
EDUCATION
AMONG THE KARBIS - A VISION**

M. Kamaluddin Ahmed*

The Zirkedam, meaning 'collective march' or 'collective work', the bachelors' dormitory is a very important organisation of the Karbis. The Nagas and the Garos, like the Karbis are characterized by the bachelors' dormitory system. Reference may also be made of Ghotul, the bachelors' dormitory system among the Muria tribe in Madhya Pradesh.

The Nokpanthe (Nok means house and Panthe means a young bachelor), the Garo dormitory is featured of no side walls of this house from the front up to the half of its length while the Zirkedam is specially built and roof is slanting on both sides and thatched with sunn grasses. The Morung, the Naga dormitory is furnished with a large sleeping platform where the young boys sleep at night while the Zirkedam floor is made of bamboo. The Zirkedam is several feet above the ground on the thick posts, decorated with colour of carved designs. Shashi (1978) observes that human figures whether male or female are carved out on the posts and beams with exposed genitals.

The literature of the architecture of various dormitories is intended to visualise the very common picture found elsewhere of a school, education institution ----- the very physical existence on which my abstraction of thinking is based upon. It is up to you, you Educationists and Social Scientists whether my vision could be materialised or not.

Having associated with the various activities in the Zirkedam the young boys and girls enjoy the opportunity to learn all the skills which enable them for a better and smoother life. They work for each family of the village besides working in their own plot of land. Clearing the jungle, burning the shrubs, tilling the soil, sowing the seeds, harvesting paddy and other crops and bringing the harvest to the dormitory etc., are the different types of activities in connection with jhum cultivation, as noticed by Medhi (1993 : 36).

In addition to agricultural activities the boys become busy with bamboo and canebased works during the leisure time. The girls are capable of spinning endi and cotton yarns and weaving loin looms. Symbolically, they weave dream flower on the clothes fired by Serdihun. Serdihun is believed to be the first lady to weave flower on the cloth in the Karbi society. Besides, ailing person of the village is looked after by the group of boys and girls. They also extend their helping hand to his agricultural works as well as his domestic works. The untiring efforts of the members of the group are very much essential for smooth conduct of the Chomangkan observed by an individual householder (Chomangkan is the homage paying ceremony to the departed soul), not to say their help in religious festivals.

An associate office bearer is attached to the regular members selected from among the boys. It is discernible that the concept of entrusting duties to the office bearers is conceived out of reality and it is very much related to life.

* Lecturer, Department of Assamese, Diphu Government College,
Diphu-782 460

A list of some designations with their duties is given below :

<u>Designation</u>	<u>Duties</u>
1. KLENGSARPO	Overall supervision and execution of work
2. KLENGDUN	Assistance in supervision and execution
3. SODAR-KETHE	Supervision of work
4. SANGORAI-KETHE	Maintenance of discipline of the dormitory
5. CHENG-BRUP-KETHE	Beating of drums
6. BARLON-KETHE	Measurement of land
7. LONGBONG-KETHE	Supply of water
8. ME-APAI	Lighting of fire
9. LANG-APAI	Extinction of fire
10. KOVE-THOK	Supply of betel nut
11. ARPHEK-KETHE	Cleaning of the dormitory house

Likewise, a girl selected as an associate member, known as MARPI, is attached to one regular boy member by the leader KLENGSARPO in consultation with RISOBASAPI, the wife of the junior village headman.

Unlike the Morung, the Naga dormitory, the sex discipline is maintained in the Zirkedam, the Karbi dormitory. Among the Angami Nagas the dormitories are clearly distinguished in two categories - Ikuichi (Boys' dormitory) and Iloichi (Girls' dormitory) and the girls invariably sleep in Iloichi whereas the boys may not be very particular about Ikuichi.

Obviously, the Zirkedam, the dormitory system has a lot of things to do in terms of formal as well as informal education among the Karbis. This is more crucial, for according to 2001 Census the district of Karbi Anglong is lagging behind the district of Jorhat (82.76%) followed by Sibsagar (82.08%) and Kamrup (81.24%) in the literacy rate. (Source : Census of India 2001, Series-19 Assam, Directorate of Census Operation).

REFERENCES

Medhi, G.C. 1993. 'Women : their training and status in Karbi society', in *The Tribal Women*. Edited by B.C. Bhuyan. New Delhi : Omsons Publications. pp 32 - 38 Shashi, S.S. 1978. *The Tribal Women of India*. Delhi : Sundeep Prakashan.

**CHANGING ATTITUDE TOWARDS EDUCATION
- A CASE STUDY OF DIMASA WOMEN OF
KHEJURBOND (MAIBANG) OF NORTH CACHAR
HILLS DISTRICT, ASSAM**

Dr. Chitra Kalita*

The village Khejurbond is situated at a distance of about 60 kilometres from Haflong, the headquarters of the North Cachar Hills district of Assam. It is about 7 kilometres from Maibang. The residential area of the village is located on a flat high land. A case study was conducted by the author with a sample of 50 female respondents for post doctoral study in the year 1999. In this paper the changing attitude of the women of the village Khejurbond towards education and other social activities is presented.

Fifty female respondents were selected for the study. As in recent years a great change has been brought about in the lives of women all over the world, in forming their attitudes, values, inspirations and they have started taking effective part in all fields of human activities. Evolution has also a bit affected the women of the Dimasa community of Haflong and particularly the women of Khejurbond. Before the early part of the seventies the communication facility stood as an important bottleneck for implementing various development schemes.

* Senior Research Officer, Directorate of Medical Education, Guwahati-6

But from the middle of the seventies the improvement of communication opens the way of development in various fields including education and health. Traditionally, the notion of the Dimasa women has been that of a mother bringing up babies, raising family, and busy for the whole day with cooking, cleaning, washing and other household works. Though the stern religious and social customs make the Dimasa women-folk as a whole, weak and fragile and dependent some decades ago, now from the data collected- it has been observed that the women of Khejurbond become smart, give more importance to educate the girls and come out for doing job.

Khejurbond village is advantageously situated in respect of educational facilities. At Kalachand, which is about one kilometre away from the village, there are one Lower Primary school, one Middle English school and one High English school. The number of students enrolled in the educational institutions is good and it has been observed that the girls' enrolment is almost equal to that of the boys. Maibang, the nearest township from the village also provides educational facilities. Table 1 shows the distribution of respondents according to age and educational status. Out of the 50 women respondents 28% are literate. The age group is divided from 15 to 60+.

Table II shows the educational status among the family members of the respondents. The overall literacy rate among the respondent families was 46.93% and among the women was 39.09% at the time of survey. This aspect is shown in Table III. The literacy percentage as a whole is quite good as compared to the State of Assam. The rate of literacy among the adult population was also good but the percentage of adult population with higher education was very low. At the time of

survey only one male graduate was found. One female student in the age group 30-35 years has passed higher secondary school, four women among the respondent families have passed H.S.L.C. The percentage of girls attending schools has been increasing. This is a good sign that the Dimasa women have been realising the importance of female education. This has happened because the Dimasa women of Khejurbond started coming out of the confines of their houses and started transforming their roles in their society. With the introduction of education, the women of Khejurbond have realised that they can retrieve their best values and realise their self respect by seeking and having more roles to play on professional, political and economic fields.

Educational facilities up to H.S.L.C. standard are at easy reach of the village. But for college education the Students have to go to Haflong or other places outside the district. It has been observed that specially womenfolk did not mind to send their children specially the girls for getting higher education outside the district. As the children have started going to school in very early age in a tribal village and that is also in a remote area, there is every hope that if proper education and technical aspects are also introduced in the school and if at least one college could be established in Khejurbond, the children of Khejurbond could compete in all aspects with other children of the country. The women of Khejurbond being enlightened by seeing the other qualified women of the Dimasa community, think that they could compete with them, if they could get the chance. Now the women of Khejurbond are not so conservative. Though most of the respondent women are not getting higher education - with their little education, it made them aware of their rights as individu-

als and made them realise the significance of becoming economically independent and assertive. From Table IV we may have an idea about the position of working women in the village.

Age Group	No. of Respondents	Educational Status								
		Illiterate	Literate	M. E.	H. E.	H. S. L. C.	H. S.	B. A.	Others	Total
1	2	3	4	5	6	7	8	9	10	11
15-20	1	-	-	1	-	-	-	-	-	1
20-25	1	1	-	-	1	-	-	-	-	2
25-30	6	3	3	-	-	-	-	-	-	6
30-35	10	8	-	-	2	-	-	-	-	10
35-40	10	8	-	-	2	-	-	-	-	10
40-45	6	3	-	2	1	-	-	-	-	6
45-50	5	3	2	-	-	-	-	-	-	5
50-55	1	1	-	-	-	-	-	-	-	1
55-60	3	3	-	-	-	-	-	-	-	3
60+	6	6	-	-	-	-	-	-	-	6
Total	50	36	5	3	6	-	-	-	-	50

Table II
Distribution of population according to age, sex and educational status
M = Male, F = Female, T = Total

Age Group	Illiterate		Literate		M.E.		H.E.		H.S.L.		C.H.S.		B.A.		Total		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	T
<i>I</i>	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Below 5	20	23	-	-	-	-	-	-	-	-	-	-	-	-	20	23	43
5-10	10	5	6	8	1	-	-	-	-	-	-	-	-	-	17	13	30
10-15	4	7	4	6	8	6	1	-	-	-	-	-	-	-	17	19	36
15-20	3	2	4	3	3	4	4	5	1	-	2	-	-	-	17	14	31
20-25	4	3	3	-	-	3	3	1	3	3	1	-	1	-	15	10	25
25-30	3	3	1	3	2	-	3	-	1	1	1	-	-	-	11	7	18
30-35	3	8	-	1	1	1	1	1	3	-	1	1	-	-	9	12	21
35-40	3	8	1	-	1	2	-	-	3	-	1	-	-	-	9	10	19
40-45	4	4	-	2	-	-	2	-	2	-	-	-	-	-	8	6	14
45-50	3	4	2	1	1	-	1	-	-	-	1	-	-	-	8	5	13
50-55	3	3	-	-	-	-	-	-	-	-	-	-	-	-	3	3	6
55-60	1	4	2	-	-	-	-	-	-	-	-	-	-	-	3	4	7
60+	5	7	2	-	-	-	-	-	-	-	-	-	-	-	7	7	14
Total	66	81	25	24	17	16	15	7	13	4	7	1	1	-	144	133	277

Table III
Distribution of population by sex and educational standard

Educational standard	Male	Female	Total
1	2	3	4
Illiterate	66 (45.83)	81 (60.90)	147 (53.07)
Literate	25 (17.36)	24 (18.05)	049 (17.69)
M.E.	17 (11.81)	16 (12.03)	033 (11.91)
H.E.	15 (10.42)	07 (05.26)	022 (07.94)
H.S.L.C.	13 (09.03)	04 (03.01)	017 (06.14)
H.S.	07 (04.86)	01 (00.75)	008 (02.89)
B.A.	01 (00.69)	-	001 (00.36)
Others	-	-	-
Tota	1144 (100.00)	133 (100.00)	277 (100.00)

Note : Figures within brackets indicate percentage of column total.

Table IV
Distribution of population according to age, sex and economic status
 M = Male, F = Female, T = Total

Age Group	Worker		Non-worker		Helper		Service		Business		Others		Total		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	T
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Below 5	-	-	20	23	-	-	-	-	-	-	-	-	20	23	43
5-10	-	-	10	10	7	3	-	-	-	-	-	-	17	13	30
10-15	-	3	7	12	10	4	-	-	-	-	-	-	17	19	36
15-20	10	5	3	1	4	8	-	-	-	-	-	-	17	14	31
20-25	10	5	-	2	2	1	2	2	1	-	-	-	15	10	25
25-30	10	6	-	-	-	-	1	1	-	-	-	-	11	7	18
30-35	5	7	-	2	-	-	2	3	1	-	1	-	9	12	21
35-40	7	10	-	1	-	-	1	-	1	-	-	-	9	10	19
40-45	6	5	-	-	-	-	2	1	-	-	-	-	8	6	14
45-50	6	3	-	-	-	2	2	-	-	-	-	-	8	5	13
50-55	3	2	-	1	-	-	-	-	-	-	-	-	3	3	6
55-60	3	2	-	1	-	1	-	-	-	-	-	-	3	4	7
60+	5	4	2	3	-	-	-	-	-	-	-	-	7	7	14
Total	65	52	42	55	23	19	10	7	3	-	1	-	144	133	277

**IMPACT OF PARENTAL CARE ON ACADEMIC
 ACHIEVEMENT OF DIFFERENT ETHNIC
 GROUPS INCLUDING TRIBAL PUPILS**

Mrs. Bina Baruah*

Introduction :

The civilised nations of the modern world have put in their best efforts to protect their children from degeneration and decay. Children, deprived of care from the family, are to embrace destruction not only for themselves, but also to the nation and the humanity as a whole. The remedy to such human tragedies, is to devise and adopt such measures for the care of the child, which can protect them physically as well as mentally.

Ensuring care and protection to the children is now a vital issue of global importance. This is best focussed by UNO's Declaration of the "Rights of the Child" in 1959 to protect children from all kinds of mental and physical hazards.

Children grow up in different environments. Home, School and Community are settings for social and intellectual experiences, from where they acquire and develop skills, attitude and attainments which characterise them as individuals and shape their choice and performance of adult roles. To M.S. Gore and I.P. Desai (1987 : 8), "The family is a primary group in which there is a face to face contact among its members. It is in the family that the child has his first social relationship in which and through which he acquires and organises his experiences." In home environment, family provides atmosphere where indi-

* Research Scholar, C/O Prof. Jogen Baruah, T.R.P. Road, Nehru Park, Jorhat - 785 001, Assam.

vidual needs are met, values are transmitted, healthy attitudes are developed and skills are prized. Doughlass (1964), Fraser (1959) are among various other researchers who identified the upbringing process of children adopted at home, to the development of desirable attitude, skills, abilities and motivation.

The development of experiences of the child is never completed without his education. Education is a process which helps the child to discover his capabilities and to strengthen these towards maturity of his personality. V.K.R.V.Rao (1966 : 155) rightly remarks, "many children feel handicapped because their parents do not take any interest in what they are doing in the school. If the parents start participating in the activities of the school, then the children also will feel that they are not being sent to school merely for being get rid of but that their parents are also interested in what they are doing and that very parental interest will have a healthy psychological effect on the attitude of the children. So, it is possible to co-relate achievement with home environment. The ability or inability of parents to guide their children in academic work, or the importance parents attached to home work, would effect the child's performance."

A number of empirical research studies have amply proved that the better care of the child at home provides for better academic achievement. Winterbottom (1958), Jain (1965), Agarwal (1986) found close relationship between academic achievement and school management. Peaker (1967), Doughlus (1964), Fraser (1959) found that academic achievement of children are related to parents' attitude, interest and aspiration for educational attainment. Gokulanathan (1972), Konwar (1989) found the family socialisation factors positively related to attainment. Mathur (1973), Khanna (1980), Chopra (1947), Sulunke (1979) found socio-economic status of parent as one of the most important factors in academic achievement of children. All such studies

show that the parental care varies on different grounds of socio-cultural, economic and ethnic reasons. There are major impact of parents' aspiration and interest in the educational attainment of children. Physical amenities provided for children's studies, parents' educational status, occupation, attitude towards academic achievement of children are also forces to the academic achievement of children. All these situations convincingly imply that the differences in the achievement levels of the tribal pupils and other ethnic groups in the school are not only related to the real input of labour for achievement, but also the above mentioned situations that have a major impact on the formal education of the children. In the present high student-teacher ratio also, a teacher is not able to give individual care to his pupils. Over and above, this education cannot function in isolation. Parent involvement in the education is a must. They may help or hinder the whole educational process of the country which required detailed studies.

All these findings and the situation inspired the present investigator to undertake a study on the parental care of children of different ethnic groups including the tribal people of Jorhat locality and its suburbs in Upper Assam and to examine how this parental care is related to the academic performance of children. The study was made on a representative sample drawn from pupils of both urban and rural area of residence including the tribal pupils reading in tenth standard of the schools of different management and of different socio-economic status of the parents.

Objectives of the study :

The specific objectives of the study were -

- (a) to study the nature of parental care in respect of Secondary School pupils classified on the basis of SES of parents, type of school management and area of residence and to make inter-group comparisons thus classified on parental care.
- (b) to study the relevance of parental care of different ethnic groups to the academic achievement of the pupils.

Sample :

Using the guidelines given in the book, Random Sampling Numbers, published by National Sample Survey Organisation (NSSO), Govt. of India, a representative sample of 222 pupils were drawn from different managemental schools of urban and rural areas of residence of Jorhat subdivision.

The Tools :

To collect data the following tools were used :-

- (1) Information Schedule containing statements to be filled in by the school authorities.
- (2) A questionnaire meant for Pupils and Parents containing two parts - 'Part A' and 'Part B'.

Collection of data :

With the help of Tool No. 1, relevant particulars regarding the institutions were collected.

With Tool No.2, Part A information of pupils, guardians' name, home addresses, SES (Socio-economic Status) of parents was measured with the scale of Socio-economic Status (Scale of Kupuswami) and the marks of the respondent pupils obtained in the last three consecutive Annual Promotion Examinations were collected (the marks were collected in terms of total marks) and in the study only the percentage of the total marks was used.

Part B of Tool No.2 was prepared to collect information on Parental Care. Parental Care in this study was surveyed with the help of a tool adopted from the research study conducted by Konwar (1989) of the Department of Education, Dibrugarh University, Assam.

There were 16 questions to the Parent of the respondent pupils relating to the individual Achievement Orientation (IAO) and Developing Independence Behaviour (DIB).

Analysis :

The collected data had been analysed according to the need of the objectives. The Parental Care of the sample was assessed with the help of the Tool (No.2), under two dimensions of behaviour forms encouraged or initiated at parental level viz., Individual Assessment Orientation (IAO) and Developing Independence Behaviour (DIB) in children. Five Point Scale was used to measure the Parental Behaviour. Each form of behaviour indicated by the respondent parent was given a score and the total of all the scores marked in the tool was treated as the total score of Parental Care.

All the scores thus obtained were put to statistical treatment and were classified as High and Low, the median of the score being the cut off point. The scores above the median were treated as High and the scores below the median were treated as Low. The entire sample of 222x pupils, when divided on Parental Care score on the dimension of IAO it was found that 110 cases belonged to High Status and 112 Low Status group and on the dimension of DIB, 113 cases were found on High Status and 109 on Low Status group. Thus the parents of the children of the sample were categorised and put on High and Low sides on the basis of their respective Parental Care Score.

The groups were further sub-divided on the basis of SES, area of residence and types of school management. The groups thus divided were compared with each other by taking into account of their percentage of marks obtained by the respondent pupils to see if there are positive relationship between Parental Care and academic achievement of pupils.

Findings :

The findings were summed up and discussed below :

A. Parental Care -

- (1) The entire sample when divided on the Parental Care scores on the dimensions of IAO and DIB, it was found that

almost half of the parents of the pupils in the sample group differed from the other half in respect of Parental Care. (110 cases belonged to High Status and 112 Low Status on IAO and 113 High and 109 on Low DIB).

(2) Significant differences on IAO & DIB had been found among SES group - this suggested that SES was an important factor influencing the nature of Parental Care - high SES group showing high Parental Care scores and vice-versa.

In this connection, it may be relevant to mention the findings of M. Khanna (1980). In his studies on Students' socio-economic background and academic achievement found that - (1) Socio-economic status positively and significantly related with academic achievement. (2) The students' achievement is related with his socio-economic status irrespective of whether his home is in a village, atown or a city. (3) Academic achievement of the rural and urban students was closely related with their parents' income.

In the findings of the present study, intimate relationships have been found between Parental Care and Academic achievement. The study shows that better the Parental Care at family level, higher the achievement level of the children.

The study also revealed a positive co-relationship between socio-economic status and academic performances, better SES groups appeared to have better Parental Care and showed better performance in examination results. It is, therefore, seen th3e differences in achievement of different tribal people and other ethnic groups.

(1) When Parental Care was surveyed dividing the sample by type of school management - it was found that parents of the pupils of Government School differed significantly from the parents of the pupils of Provincialised and Ad hoc Private Schools. This might be one of the reasons why children reading in Government Schools do better than the children reading in Provincialised and Ad hoc schools.

B. Academic Achievement and Parental Care :

(1) High SES group, when compared with achievement of children with Parental Care, divided on SES group showed significant difference.

This indicated that SES factor of Parents influenced the academic achievement of children suggesting that higher the SES of parents, better the academic achievement of children.

(2) The comparison of achievement of children when divided on the basis of area of residence, showed that urban children do much better than the rural counterpart in academic achievement. This may be attributed to various reasons like consciousness of parent, modern facilities in which urban children are getting better facilities than the rural children.

(3) In comparison of High and Low Status groups on the basis of type of school management the provincialised school children belonging to High Status group did better than the Low Status group. The Government school children had better achievement levels than the provincialised and Ad hoc school students.

Conclusion :

Viewing the above findings, it can be come into conclusion that among many other factors, influencing on Academic Achievement, parental Care is one of them. The differences in the achievement levels of the pupils in the schools are related to the various socialisation practices adopted at parental level and school level to which the pupils are made subjected.

Farmer (1969), in this relation concluded as, "given adequate material comfort, the children who thrive best are likely to be those, who receive constant parental love, encouragement and discipline. Erratic handling causes anxiety and insecurity. Alternatively, some forms of family socialisation can result in dire consequences for the child". Parental care and warmth towards the child accompanied with parental consistency and demands for high standards are effective in developing desirable qualities in the child.

Thus mode of behaviour of parents works to produce emotional climate within the family. A healthy emotional climate, constant encouragement and active response to the child helps in developing personality. Only in these situations,, the child will respond to the parents' wishes. The teenager needs active response and encouragement which may be a tonic for his ego and vitamins to his emotional diet.

REFERENCES

Agarwal, K.L. 1986. A study of the effect of parental encouragement upon the educational development of the student. Ph.D. Edu. Fourth Survey of Research in Education (1983-88).

Chopra, S.L. 1947. A study of relationship of socio-economic factors with achievement of the students in the secondary schools. Ph.D. Thesis. Lucknow University, U.P.

Doughlass, J.W.B. 1964. The home and the school : a study of ability and attainment on the primary school. London.

Farmer, M. 1969. The family. Longman.

Fraser, E.D. 1959. Home environment and the school. University of London Press.

Gokulanathan, P.P. 1972. A study of achievement related motivation and educational achievement among secondary school pupils. Ph.D. Edu. Dibrugarh University. Assam.

Gore, M.S. and I.P.Desai. 1987. The scope of a sociology of education. Papers in Sociology of Education in India, NCERT, P-8.1

Jain, S. 1965. An experimental study of the relationship between home environment and scholastic achievement. Ph.D. Ed. Agra University. U.P.

Konwar, L.N. 1989. A study of socialisation practices at home and school and development of personal achievement motivation among secondary school pupils in Assam. Ph.D. Thesis. Dibrugarh University. Assam.

Khanna, M. 1980. A study of the relationship between students' socio-economic background and their academic achievement at junior school level. NCERT.

Mathur, S.S. 1973. A sociological approach to Indian education. Agra : Vinod Pustak Mandir.

Peaker, G.F. 1967. The regression analysis of the national survey in children and their primary schools (Plowden Report). Central Advisory Council for Education. England.

Rao, V.K.R.V. 1966. Education and human resource development. New Delhi : Allied Publishers Pvt. Ltd. P-155

Sunlunke, R.B. 1979. A study of home environment SES and economic management in relation to academic achievement. Third Survey of Resource in Education (1971-83).

Winterbottom, M.R.L. 1958. 'The relation of n. ach. to learning experience and mastery' in Motives in Fantasy Van Nostrand. Edited by J.W. Atkinson.

^^^***^^^

**EDUCATIONAL PROBLEMS AMONG THE
DEORIS, A PLAINS SCHEDULED
TRIBE OF ASSAM**

P.N.Bharali*
A.K.Borah**

In the present day context education is considered as one of the universal institutions of the society. This institution is engaged mainly in human resource development needed for filling up differentially qualified people in the numerous occupations in which the expertise of differentially educated people are required. Generally, it is widely recognised that human resources are developed mainly by formal education starting with primary education, continuing with various forms of secondary education and then higher education including the colleges, universities and the higher technical institutes (Harbison and Myers, 1970 : 2). These formally educated persons are generally engaged in multifarious occupations suiting to their expertises. In doing so, these qualified people are contributing to the different societies in their move towards modernization.

Now, as stated above, education is one of the important factors for overall development of a society. Rather to be very precise, it is considered as the foci in augmenting the process of development by imparting different education to people needed to man in different areas of development of the present day societies of the world.

* District Research Officer, Dibrugarh.

** Sr. Lecturer, Department of Sociology, Dibrugarh University, Dibrugarh.

In the foregoing paragraphs it has been projected about the indispensability of education in every society of the world, be it a developed society or developing society. In case of India, it is well known that it harbours many caste and tribe infested societies in its different regions. In north-east region of India there are seven states among which Assam is also included. In Assam different diasporas are found who migrated here from different places at different times. These are broadly divided into caste and tribal groups. Leaving aside the caste groups of Assam, in this paper an attempt is made to focus specifically the problems relating to education among the Deoris which is one of the nine Scheduled Tribes (Plains) of Assam. Before dwelling at length the educational problems presently faced by the Deori community the present authors considered necessary to give a short description of the origin of the Deoris, their present divisions and the settings so that it would be easily understandable to all the peculiar problems that are being faced by the Deoris in attaining modern education which is considered as important factor for development.

The Deoris are one of the four divisions of Chutiya (Bordoloi et al. 1987 : 22). They were the priest group of the great Chutiya community. Apart from the Deoris the other three divisions of the Chutiya are Hindu Chutiya, Ahom Chutiya and Borahi Chutiya. Due to the process of acculturation the other three divisions of the Chutiya community viz., Hindu Chutiya, Ahom Chutiya and Borahi Chutiya through the different phases of historical periods could not retain their old traditions, religious beliefs and practices and thus merged with the greater Assamese Hindu society (Bharali & Bora, 1993 : 153). The Deori Chutiya presently known as Deoris despite the onslaught of various forces of change at different points of time could retain their dialect, traditional beliefs and practices intact upto now. This Deori tribe has three major groups of its own viz., Dibongiyas, Tengapaniyas and Borgayans. Among them it is interesting to find that the Dibongiyas speak a language of the Tibeto-Burman origin of the great Sino-Tibetan family of languages.

The Deoris like the Mishings of Assam which is also another plains scheduled tribe of Assam live generally in the riverine areas of Upper Assam. At present, they are mostly found in the districts of Sonitpur, Lakhimpur, Dhemaji, Tinsukia, Dibrugarh, Sibsagar and Jorhat. However, a small number of Deori families are also found to be inhabited in the foothills of Arunachal Pradesh which falls under Lohit district of the same Pradesh.

The winds of change are also blowing over the Deoris like their tribal and non tribal counterparts in Assam who are treading the path of modernization. But in case of the Deoris of Assam the scenario in educational front is a very gloomy one. Not to speak of the pre Independence period, even in the post Independence period which already covered a span of fifty years till now, not many qualified people general as well as technical are found among the Deoris. Though the data on the exact number of Deoris is not available as per 2001 Census, yet upto March, 1987 the estimated population of the tribe was 37,028 (Bordoloi et al, 1987 : 23). Likewise the figures relating to education - technically qualified, general qualification obtained as per level of education, drop outs at various levels of education are presently not available. But as one of the co-authors of the paper belongs to the Deori community it facilitates the authors to point out certain typical problems in getting formal education by the Deoris living in different pockets of the districts mentioned in the earlier paragraphs through field observation and the identified major problems stated as under :

The Deoris are mainly agriculturists and agriculture is the mainstay of the Deori people. They still follow traditional methods of cultivation by using plough and draught animals like bullocks. The productivity is low and in the most cases no surplus is available for sale to get the cash in order to finance the study of their children. As such, the parents prefer that their children should actively be engaged in agriculture rather than going to school for obtaining formal education. In this case it may be pointed out that the attitudes of the parents dovetailed with exist-

ence of the poor economic conditions are posing as serious problems in obtaining education by the Deoris specially the children of present generation.

As stated earlier, the Deoris are living in riverine areas as well as in remote areas which are mostly flood affected during summer season. Due to the perennial flood problems the Deori people are worst sufferers because they cannot raise mainly the Khariff crop whose production is pretty high than the Rabi crop. Through our observation over a couple of years it can safely be pointed out that in flood prone areas most families are facing difficulties for providing even two general meals to their family members. However, during the flood season though the fishes are abundantly available, the catching and selling of the same could bring some income to the families, but the selling of fish is still a taboo to the Deoris. Further, during flood season, the Deori inhabited areas, including the educational institutions whether Primary, M.E. or High School remain cut off from the rest of the areas. As such, the children are not becoming enthusiastic in attending the schools even after the flood season is over. Because they cannot keep track of what had already taught to them in pre-flood situation so as to continue the other to be taught during post flood season.

It may be mentioned here that every year during the flood season the schools of the Deori areas always remain closed and the teachers who are coming from outer areas of the Deori inhabited areas cannot come to schools due to non-availability of transport facilities and the roads to ply. As a result, even if a good school student of the Deori community many a times becomes half-hearted in obtaining education because of the abovementioned physical obstacles to be faced by him every year which later compels him to leave the school.

Another problem faced by the Deoris specially in the establishment of educational institutions in their own areas. Mention may be made of in this context specially about the Deoris living in forest villages. Here the primary schools are permitted

to set up but for establishment of middle and high school, necessary land are not made available to the Deori forest villagers by the forest department. As such, due to non-availability of M.E. and High School a Deori student has to go far off places for getting higher education, sometimes by staying at boarding house of the school or in private mess etc. This, however, puts a heavy toll on the economic aspect of the families who are already poor as to support the study of their children who are staying outside a sizable amount of income generally to be given for the study. Many families cannot afford to do this and as a result, the drop-out rate of the Deori students from the school are presently increasing due to the above stated condition. Another important point may be noted in this context that despite the above stated constraints faced by the Deori students, a few of them excelled in obtaining good education and become renowned persons in the greater Assamese society. But ironically, it is seen by the authors that there are exodus of such educated Deori people from their respective villages to the towns, cities etc. The non-availability of good infrastructural facilities in their villages prompted them mainly to migrate to the other places. Thus remaining people or the coming generations are not getting any inspiration from such educated people to steer their future better.

Lastly, the medium of instruction, the language that are being used for general conversation in Deori household are also responsible for not faring better by the majority of the Deori students in their field of educational attainment as observed by the present authors. The Deori students who speak own language at home - as in the case of the Dibongiyas - and others like Tangapaniya and Borgayan - who speak corrupt version of Assamese language in their households find it difficult to cope with refine Assamese and English languages to take as medium of instruction in the schools. Because in their villages leaving aside English, the written Assamese language is never in use in their day to day conversation in their respective households or villages. That is why, it has been observed by the authors that school dropouts mostly under Matric level are found in

sufficient numbers in almost all Deori villages in which authors have observed.

To conclude, it may be pointed out that the above stated educational problems of the Deoris are really very serious and as the time is passing by due to these problems, the school dropouts in the Deori inhabited areas are on the increasing side and as such, it is urged by the authors of this paper that a well thought out plan for development of education in the Deori inhabited areas keeping the constraints at the backdrop should be formulated and implemented so that the coming generations of the Deoris should get the fruits of education at par with others of the greater Assamese society.

REFERENCES

- BHARALI, P.N. & A.K.BORAH. 1993. 'Religion of the Deori tribe : a case study of three villages in Assam', in Religion in North east India. Edited by Soumen Sen. New Delhi : Uppal Publishing House.
- BORDOLOI, B.N., G.C. SHARMAH THAKUR & M.C. SAIKIA. 1987. Tribes of Assam Part-I, Guwahati : Tribal Research Institute, Assam
- HARBISON, F. & C.A. MYERS. 1970. Ind Indian Rp. Education, manpower and economic growth. New Delhi : IBH Publishing Co.

EDUCATION AMONG THE DIMASA KACHARIS AND PROBLEMS

Lakshi Kanta Muchahari*

Sibnagar and Kharnidisha are two Dimasa villages located within Dhansiri area of Diphu subdivision of the Karbi Anglong district of Assam. Both villages can be taken up as sample village for the Dimasa Kacharis in regard to the achievements as well as problems in relation to education. Because, the two villages have produced a good number of educated men and women who have contributed significantly to the society.

(1) Under H.S.L.C.	- 35
(2) Under Graduate	- 20
(3) Graduate	- 7
(4) Post Graduate	- 1
(5) Post Doctoral	- 1

PROBLEMS :

1. Traditional pattern of division of labour :

In a tribal family, each member is expected to participate in agricultural work. For example, parents will work at paddy fields, the elder one (children) is expected to look after the other younger one. Thus, the demand on children to help their family in its occupational activities deprive children for obtaining education. The children are not only demanded for household activ-

* Assistant Research Officer, Zonal Field Evaluation Unit, Planning and Development Department, Diphu-782 460

ity also. The young female child is asked to cook meal or comfort the baby while crying or so.

2. Desire regarding education of parents affects the children :

Much motivated factor desired from the neighbouring village and tired some age long inherited experience create mixed creation to the parents of the tribal society. Most

parents desire, therefore, total well-being of their children and send their children to the educational institution. On the other hand, there are few parents who are not moved by such factors and deprive their children for attending school.

3. Economic condition :

Agriculture being the primary occupation, the income of the tribal parents is not sound. The jhum cultivation gives only a limited income. Parents find difficult to mitigate the financial needs of their children.

If at all, the parents have to support their children's study, they need to mortgage their agricultural land to village mahajans or money lenders. Even though, there is a local authority which has provision for scholarship, the narrow political gain stands as barrier.

4. Failure in examination :

Very often a tribal student is found to stop going to school due to his/her failure in the examination. They forget the maxim, "Try and try again, you shall gain the victory".

5. Locational disadvantage :

Many tribal societies are not easily accessible. They are living in far flung areas. Educational institutions of higher learning are not within their easy reach. For example, one has to cover 5/6 kilometres for attending the nearest High School. In order to attend College or University one has to cover 30/40 kilometres or more.

6. Medium of Instruction :

A tribal student has to learn in lingua franca viz., either in Assamese or English medium. The students have to undergo three tier of language for apprehension of the lesson. First one has to know it in own speaking tongue and then, into Assamese and finally into either English or Hindi. Although several decades of India's independence have already elapsed, the tribal students have to obtain education through much stress and strain.

7. Suitable Teacher :

The tribal education has to be under bottleneck development due to many factors. Among them, lack of suitable teachers is another point. Appointment of teachers is made for job opportunity. Most of the educational institutions lack in suitable teachers. The children are deprived of learning.

On the other hand, some of the teachers, even though from the locality, are found not to be sincere in discharging their duties. Some of them are found in indulging politics of self gained business.

8. Educational Incentives :

Educational incentives meant for tribals do not reach them. The late release of fund for scholarship etc., increases the pain of disappointment in place of increasing the incentive.

9. Limited knowledge regarding general facilities for Education :

Most tribals are generally aware of adult education class, primary schools and Secondary School, but a sizable section is still unaware of facilities for specialised and higher education. Such things are sometimes found to be intentionally concealed, which is not at all desirable. None appears to be a good samaritan to help out such tribal people.

10. First generation learner :

The tribals are still in the stage of first generation learner. One has to be satisfied within the four walls of his learning. He/she cannot obtain advice from the senior one.

11. Political movement :

Political power is accepted as power of identification of the unidentified and neglected one. In tribal areas, the movement has affected on a large scale in all aspects of life. The education is badly affected. Frequent bandhs and rallies have totally diverted the basic duty which says, "Satranang Adhyanang Topah".

12. Insurgency :

Armed revolution is very active in North east India. It can easily attract the attention of the younger one. While the educationists say, "Adolescence is time of storm and stress", it really means so. But it is sad to note that the tribal adolescents are diverted towards the wrong way during this most crucial stage. Being lured by the arm revolution, they are destined towards the other style of life.

13. Corruption in high places :

Rampant corruption in high places affects the education. Easy educational certificate obtaining at the payment of money and purchasing member of highly esteemed institution for obtaining selection for colourful jobs are elements which rapidly degrade the value based education in the society. Many poor parents loose their faith on one established value based education and choose to refrain from participation by sending their children and young adult for higher education.

PROSPECTS :

Tribal population is like an untapped resource of the country. Integration of 20 millions of tribal population into Indian

nationality will build up strong nation. But let there be no assimilation by which tribals may lose their own uniqueness.

(1) Parents are to be motivated in order to send their children. The traditional tie of labour management may be discouraged. Let the economically poor parents be provided financial assistance with appropriate policy.

(2) The students may be provided timely incentives. Hostel facilities may be given priority to such students who come for pursuing higher education.

(3) A suitable medium may be devised and adopted for imparting knowledge. An expert committee may be set up for this purpose.

(4) Teachers should be motivated to render service selflessly. The development orientation training may be given to them. Moral persuasion may be taken up.

(5) Political right may be allowed to exercise so that the education will not be hampered. The political leaders will not get advantage to allure the innocent students by coming out from the class rooms.

(6) When the right is not established, the armed struggle takes place. An equality status in respect of socio-economic, political and religious life stops the young one from participating the insurgency life. The disciplined life may be encouraged for building up the nation/tribes.

(7) Corruption may be stopped totally. Justice may be pronounced. Integrity may be maintained at all levels - social, economic and political.

STATUS OF PRIMARY EDUCATION IN THE HILL DISTRICTS OF ASSAM : A SOCIAL ASSESSMENT STUDY IN KARBI ANGLONG

Dr. G. N. Das*

ABSTRACT :

The paper attempts to highlight the existing status of primary education in the Karbi Anglong district of Assam on the basis of a study conducted in sixteen villages inhabited by various tribal (including tea tribes) and non tribal communities within the jurisdictions of two Development Blocks of the district. Constraints of development in the field of primary education and the possible strategies for substantial improvement have also been taken into account. The study reveals that the parents/guardians, by and large, have, of late, realised the importance of education in the present day world and have been encouraging their children/wards for attending school. However, lack of infrastructural facilities, both at home and at schools, appalling poverty of the people and high rate of drop-out particularly among the girls etc., have hampered the growth of primary education and as such, a co-ordinated effort is highly essential for improving the educational level in the district of Karbi Anglong.

INTRODUCTION :

The hill districts of Assam are Karbi Anglong and North Cachar Hills which are geographically located in the central portion of the State. The two districts were, in fact, two subdivi-

* District Research Officer, Karbi Anglong, Diphu-782 460

sions of the erstwhile United Mikir and North Cachar Hills district which was created on the 17th November, 1951. In the year 1970 the subdivisions were upgraded into two civil districts viz.,

Mikir Hills district with H.Q. at Diphu and North Cachar Hills district with H.Q. at Haflong. Again, the Mikir Hills district was renamed as Karbi Anglong district in 1976. As per provisions of Para 2 of the Sixth Schedule to the Constitution of India, the North Cachar Hills District Council and the Karbi Anglong (Mikir Hills) District Council came into existence on April 29, 1952 and June 23, 1952 respectively.

According to 1991 Census, the Karbi Anglong district covers the largest geographical area of the State i.e. 10,434 sq.km. The total population of the district is 6.62 lakh. Again, the North Cachar Hills district has a surface area of 4,888 sq.km and a total population of 1.50 lakh. Various ethnic groups have been living in the two districts since remote past. However, the concentration of the tribal communities is predominant. The Karbis constitute the major tribe in Karbi Anglong against the Dimasas Kacharis in the North Cachar Hills. The density of population per sq.km is 64 in Karbi Anglong and 31 in North Cachar Hills against 286 in Assam. The two hill districts have very low density of population in comparison to the plains districts of the State.

The percentage of literacy in Assam (excluding 0-6 yr age group) as per 1991 Census, is 53.42, the male and female percentages being 62.34 and 43.7 respectively. In Karbi Anglong the rate of literacy is 45.57% (Male 55.55%, Female 34.35%). In North Cachar Hills the literacy rate is 57.76% (Male 66.39%, Female 47.34%). Thus, it is seen that the rate of literacy in Karbi Anglong is far from satisfactory.

With the formation of the United Mikir and North Cachar Hills district in 1951, the growth of education started. Records show that the number of primary schools in 1951 was 104 with 3274 students which, after a decade, increased to 526

with 17,451 students in 1961 (Dutt, 1979 : 381). However, the management of primary education was entrusted to the two District Councils for giving a new thrust towards education. 'Under para 6 of the Sixth Schedule to the Constitution of India, the District Council of autonomous district is empowered to establish, construct and manage primary schools and prescribe the language and the manner in which Primary Education shall be imparted in the primary schools in the autonomous districts. In pursuance to this, all the Govt primary schools in the Autonomous Districts of Karbi Anglong and North Cachar Hills were transferred to the respective District Councils on 1.8.61 & 1.4.64. Primary Education now is managed by the two separate District Boards of Primary Education for Karbi Anglong and North Cachar Hills' (Dutt, 1979 : 382).

That, expansion of primary education took place in the two districts after the transfer of power could be understood from the following records. The number of primary schools in 1989-90 was 1204 with 2517 teachers and 70180 students in Karbi Anglong and 552 with 1457 teachers and 22,000 students in North Cachar Hills (Das, 1990 : 42).

In the year 1995 the Karbi Anglong Autonomous Council has created the Board of Primary School Leaving Certificate (PSLC) Examination in order to carry out a public examination at the level of Class IV. This was initiated with the purpose of improving the quality of primary education. However, the percentages of the successful students in the P.S.L.C examination in 1995 and 1996 have been only 50.84 and 53.94 respectively. On the basis of these results, it seems, the standard of primary education has not progressed to the desired extent.

Taking into consideration all the relevant factors, a study has been carried out to assess the standard of primary education, constraints of educational development and the possible measures to be contemplated for uplifting the educational standard in the district of Karbi Anglong.

THE STUDY & ITS METHODOLOGY :

The study has been conducted in sixteen villages located within the jurisdictions of Lumbajong and Bokajan Development Blocks of Karbi Anglong, Assam for a period of three months from January, 1997. The villages have been selected on the basis of concentration of hill tribes, tea tribes (Adivasis) and non-tribal people. The selected villages from the Lumbajong Block are : Liensat Veng (Kuki), Nohing Ingti (Karbi), Dekoi Terang (Karbi), Hidisajir Rongpi (Karbi), Rongbong Pathar (Karbi), Joseph Basti (Adivasi), Disagadaba (Dimasa) and Hojaiपुर (Dimasa). The other villages selected from the Bokajan Block are : Sarumanthi Bey Gaon (Karbi), Paharia Basti (Adivasi), New Assam Christian Basti (Adivasi) Nothong Teron (Karbi), Kauram Taro (Karbi), Sing Terang (Karbi), Den Timung (Karbi) and Bildipa Japarajan (Adivasi). The Karbi, Adivasi, Dimasa and the Kuki villages selected for the study are 9, 4, 2 and 1 in number respectively. The total number of households is 719 out of which 41 non tribal households are also found in eight of the selected villages,

In order to collect relevant data, five structured schedules have been used during the time of field work. These are : Schedule I - Assessment of Girl Child, Schedule III - Parents'/Guardians' Assessment, Schedule IV - Assessment of households having teachers and Schedule V - Village Schedule. All the 670 primary school going children (366 boys and 304 girls) have been interviewed for the study. Again, 674 fathers and 647 mothers of the broad age group 15 years and above, have been interviewed for collecting necessary data. Nine villages have 16 teacher headed households and data have been collected from these teachers also. Tabulation and analysis of data have been carried out simultaneously. A detailed report on the basis of the data, generated from the field was prepared in June, 1997.

MAJOR FINDINGS OF THE STUDY :

The study reveals that out of the total number of 719 households of the sixteen villages, 452 (62.87 %) belong to S.T. category ; and 226 (31.43%) to various Other Backward Classes' groups. The remaining 41 (5.70%) households are under the general category. The total population is found to be 3803, the males and females being 1998 and 1805 respectively.

As many as 11 (68.75%) villages have been provided with lower primary schools. The total number of teachers is also 11 out of which 8 are males and 3 females. Moreover, we find an M.E. school and a H.E. school within the surveyed villages. With regard to the condition of the school buildings, it may be said that 5 have thatched roofing with bamboo walls while 2 have C.I. sheet roofing. However, six buildings are found to be semi-pucca (C.I. sheet roofing with brick half wall).

According to the field investigation 53 students (Male 44, Female 9) have passed the H.S.L.C examination and out of them, 46, 2 and 5 belong to ST, OBC and General categories respectively. Again, 17 students (Male 8, Female 9) have passed the H.S.S.L.C. examination and out of them, 14 are ST, 1 OBC and 2 General. There are only two Arts Graduates (Male 1, Female 1) within the surveyed villages, and out of them, one belongs to ST and the other one General. It may, therefore, be reasonably stated here that the educational standard of the people is not satisfactory.

While dealing with the land holding pattern of the families, it has been found that 237 (32.96%) and 157 (21.83%) families possess land 'upto 5' bighas and '6-10' bighas respectively. 151 (21%) families have more than 10 bighas of land. On the other hand, the number of land-less families is 174 (24.22%).

The total number of employed persons in the surveyed villages is 58, out of which 15, 29 and 14 are L.P. teachers, Gr. IV employees and other service holders respec-

tively. 49 (84.48%) persons belong to ST, 6(10.34%) OBC and 3 (5.17%) General categories. On the whole, the employment position in the villages cannot be said to be satisfactory.

The field study further reveals that 92.6% of the families live in thatched houses while 5.7% live in C.I. sheet roofing houses. Only 1.4% and 0.3% live in pucca and semi-pucca houses respectively. Electricity is available in eight villages and the number of families having electric connection is 88 (12.23%) only.

The village roads are kutcha. However, these are connected with PWD roads. Piped water supply is not available in the villages. The families use water from the ring-wells. The people of a village (Hojaiapur) use drinking water from the two tube-wells installed in the village.

The people of the surveyed villages have come forward to avail the loan facilities offered by the DRDA. Altogether 110 (15.3%) families have taken loans for different purposes.

Medicare facilities in and around the selected villages are not satisfactory. The people, therefore, depend mainly on the indigenous methods of treatment of various diseases.

From the above discussion, it is apparent that the people of the surveyed villages are lagging far behind in every aspect.

BOY CHILD :

Out of the total number of 366 primary school going boys, 255 (69.67%), 94 (25.68%) and 17 (4.64%) belong to ST, OBC and General categories respectively. Again, the number of Hindu boys is 260 (71.03%) while that of the Christian boys is 103 (28.14%). The number of Muslim boys is 3 (0.81%) only. In respect of enrolment among the tribal boys it is seen that the Karbis have the highest enrolment (154 nos.) while the Dimasa Kacharis occupy the next position (65 nos.). Kuki, Kachari and Garo boys are 20, 10 and 6 respectively.

With regard to mother tongue of the boy child, it may be pointed out here that there are 42.1% Karbi, 17.8% Dimasa, 11.5% Sadri, 9.8% Mundari, 5.4% Kuki, 2.7% Kachari, 2.7% Kharia, 2.5% Nepali, 1.6% Garo, 1.4% Assamese, 0.8% Bengali, 0.8% Kurukh, 0.6% Bhojpuri and 0.3% Nagpuria speakers in the surveyed villages. Most of the boys of different ethnic groups use Assamese as the link language among them.

Students who are in a position to speak, read and write the Assamese language constitute 92%, 71% and 68% respectively. Similarly, the English language is spoken, read and written by 17%, 39% and 20% respectively. Again, the percentages of students who can speak, read and write Hindi are 6%, 2% and 2% respectively. Only 3 students are able to speak, read and write the Bengali language.

The field investigation reveals that out of 366 school going boys, 148 (40.43%) are in Class I, 102 (27.86%) in Class II, 62 (16.94%) in Class III and 54 (14.76%) in Class IV. The gradual decrease in the number of students in the higher classes is indicative of the fact that stagnation and drop-out are reasonably high among them.

While enquiring about the source of motivation for education, it has been noted that 350 (95.36%) boys attend school due to their parents' inspiration ; 11 (3%) boys go to school because of their grand mothers' encouragement; 3 (0.8%) have been inspired by their brothers; and only 1(0.27%) student attends school because of his own will. Another student goes to school due to his sister's encouragement. On the whole, it seems, the atmosphere found there in the villages is gradually taking a favourable turn for an uninhibited inroad of formal education among the children.

So far as the time management of the boys is concerned, it has been found that only 5.46% of the boys spend the morning hours in studying. Others spend the time in other activities, helping parents in agriculture operations or cleaning cowshed etc. Only 1.63% of the boys spend time in playing. Of

course, 85.7% of the boys prepare for going to school even after performing domestic works.

About 60% boys study in the sitting room; and 34% and 6% study in the verandah and courtyard respectively. This reveals the fact that there are some constraints of availability of allotted study space in most of the families.

The percentages of boy child absenting from school due to non-availability of two sets of uniform, sufficient number of exercise books or inadequate school facilities like desk benches, drinking water and partition wall in-between classes etc. are negligible.

110 (30.05%) boys attend school in time since they have clocks in their homes. On the other hand, 161 (43.99%) boys have to measure school going time by observing other school goers. Moreover, 95 (25.96%) boys measure time by looking to the sun for attending school.

281 (76.78%) boys attend school by taking cooked food while 31 (8.47%) go to school without food because of no kerosene/ firewood, no rice and mother going out of home for daily wages. Again, 54 (14.75%) boys have no comment on it.

As many as 277 (75.68%) boys spend the non-schooling days/ holidays by playing at day time. Other boys perform some duties, help parents in domestic work, sleep or enjoy TV programmes etc.

Most of the boys read in the evening hours. 201 (54.97%) boys study for one hour while 151(41.25%) study for two hours at night.

So far as drop-out is concerned, it has been reported that 16 boys discontinued school due to repeated failure in the same class. Twenty boys left school since the parents were not in a position to provide basic requirements. In four cases it was due to illness during the period of examination. Seven boys left

school because the parents could not afford examination fees. Interestingly, three students discontinued school as they had to perform household works.

GIRL CHILD:

The total number of primary school going girls in the surveyed villages is 304 out of which 231 (75.99%) belong to ST category. Again, 57(18.75%) and 16 (5.26%) belong to OBC and General categories respectively. The Hindu girls number 207 against 97 Christian girls. Among the ST girls, the percentages of Karbi, Dimasa, Kuki, Kachari and Garo are 58.87, 25.97, 9.52, 3.03 and 2.6 respectively.

So far as mother tongue of the girl child is concerned, it has been found that there are several groups having their own mother tongues. The different mother tongues are Karbi (136), Dimasa (60), Kuki (22), Kachari(5), Garo (6), Sadri (31), Mundari (14), Kharia (9), Kurukh (2), Nagpuria (1), Assamese (6), Rajasthani (2), Bengali (6) and Nepali (4). It may be noted here that Assamese is treated as link language among the girls of the different ethnic groups.

The girls who can speak, read and write in Assamese are 275 (90.46%), 244 (80.26%) and 225 (74.10%) respectively. Again, girls numbering 63 (20.72%), 68 (22.36%) and 60 (19.73%) can speak, read and write English respectively. Similarly, Hindi is spoken, read and written by 32 (10.52%), 16 (5.26%) and 12 (3.94%) girls respectively.

With regard to enrolment position of the girls in the primary schools, it may be said that although the position is satisfactory in Class I, it becomes disheartening in Class IV. The study reveals that the number of girls is 143 (47.04%) in Class I, 67 (22.04%) in Class II, 56 (18.42%) in Class III and 38 (12.5%) in Class IV. Therefore, the decrease of enrolment in class IV is quite significant.

More than 90% of the girls attend school due to parents' encouragement . On the other hand, the number of girls

attending school due to influence of other members of the family viz., grandfather, grandmother and brother etc., is negligible. It has been observed that 256 (84.21%) girls attend school regularly.

As many as 245 (80.59%) girls spend the morning hours in cleaning, sweeping and washing etc., works while 33 (10.85%) look after younger ones. However, at least 10 (3.2%) girls have been found to indulge in playing games in the morning hours.

There are only 73 (24%) girls who are provided with separate places for study at home. In case of 211 (69.40%) girls, the parents encourage them for study. However, 160 (52.63%) girls do not have table and chair for study.

Free text books are to be supplied to the children under the Universal Elementary Education (UEE) programme. But it is reported that 87 (28.6%) girls have not received books. It may be noted here that books are not available in the local markets also.

During holidays and leisure hours 73.68% of the girls help their mothers while 45.72% play with other children. Again, 1.64% go to the nearby forest to collect edible roots and fruits etc.

About 75% of the girls study for some time in the evening. Besides helping their mothers in the kitchen, some girls listen to stories from grandmothers, enjoy radio and TV programmes etc. It has also come to light that a section of the girls do not read in the evening hours due to dearth of kerosene or lamp.

The main reasons for drop-out of the girl child are : repeated failure in the same class, lack of school uniform, books or exercise books, absence of lady teacher in the school, lack of study facilities at home, more preference to son's education by the parents, helping mothers in cooking, weaving and looking after the younger children etc.

PARENT/ GUARDIAN :

There are 1321 parents/ guardians (Male 674, Female 647) of various age groups in the surveyed villages. 488 (72.40%) males and 545 (84.23%) females are in the age group 15-45 years while in the age group '46 years & above' the number of males is 186 (27.60%) and that of the females is 102 (15.77%).

While highlighting the number of parents/ guardians in various sectors of the economy, it has been found that cultivation is the major sector which includes 524 (39.67%) males and females. In service, the number is 58 (4.39%) only. However, it is to be noted that as many as 132 (9.99%) males and females are found in the daily wage earning sector. Seven (0.53%) males are engaged in business. The remaining 600 (45.42%) males and females are included in 'Others' category which comprises various occupations connected with everyday life.

Majority of the families are not in a position to extend the necessary contribution towards educational uplift of their wards as their monthly income is not satisfactory. As many as 477 (66.34%) families, out of the total number of 719, derive monthly income in the range of Rs. 201.00- Rs. 500.00. Again, 132 (18.36%) families are in the category of "Rs.501.00-Rs. 1000.00". The number of families in "Rs.1001.00 & above" category is 110 (15.3%) only.

Out of the total number of 719 families of the surveyed villages, 253 (35.18%), 135 (18.77%) and 33 (4.59%) families speak Karbi, Dimasa and Kuki languages respectively. Other families speaking their mother tongues include Garo, Boro, Assamese, Sadri, Mundari, Kurukh, Kharia, Nepali and Bengali etc. However, the Assamese language is used as lingua franca among the different ethnic groups.

While dealing with the number of parents speaking various languages other than the mother tongue, it is found

that 210 (31.15%) fathers, 77(11.9%) mothers can read Assamese language. Again, 28(6.15%) fathers and 22 (3.4%) mothers can write the language. Only 97 (14.39%) fathers and 50 (7.72%) mothers can read and write English language. Hindi is read and written by 38 (5.63%) fathers and 28 (4.32%) mothers.

With regard to the educational standard of the parents, it may be noted that out of 674 fathers and 647 mothers, 200 (29.67%) fathers and 142 (21.94%) mothers have passed Lower Primary School. Again, 95 (14.09%) fathers and 30 (4.63%) mothers have failed in the H.S.L.C. examination. There are 22 (3.26%) fathers and 5 (0.77%) mothers who have passed the H.S.L.C. examination. One (0.14%) father and two (0.33%) mothers have failed in the B. A. examination. Thus, it is seen that 356 (52.82%) fathers and 468 (72.33%) mothers are illiterate.

The study reveals that the parents give preference to male child. As many as 277 (20.90%) parents prefer sons to avoid inferiority complex. Again, 228 (17.25%) parents consider that sons are necessary to enhance the income of the family.

Out of 1321 parents, 555 (42.01%) prefer girl's education since it helps to be self reliant. 216 (38.92%) parents feel that employment opportunities are available for educated girls. 318 (24.07%) parents prefer it since Government has extended facilities for girl's education. 101 (7.65%) parents feel that educated girls in the families can help their brothers and sisters in studies and therefore, they prefer girl's education. 59 (4.47%) prefer because girls may be the source of income for the family. 6 (0.45%) parents do not prefer girl's education while 66 (4.99%) have no comments.

TEACHER HEADED HOUSEHOLD :

The role played by the teacher in a village for educational uplift of children is quite significant. The parents like to

consult the teacher for proper education of their wards. According to the field study, out of 16 villages, 9 (56.25%) have teacher headed households. One village has four school teachers while four villages have two teacher headed households each. Again, 4 villages have one teacher headed household each. There are altogether 16 teachers, the males and females being 11 and 5 respectively. The teachers belong to ST (Hills) category. Out of sixteen teachers, 8 are undermatric, 7 matriculate and one undergraduate. The tenure of experience of the teachers ranges from 2 to 20 years. 9 (56.25%) teachers have also undergone teacher training courses. 13 teachers earn their livelihood through the teaching profession while 3 teachers earn extra income through coaching and shop-keeping. The teachers know English, Hindi and Assamese.

So far as land-holding position of the teacher headed households is concerned, it is evident that 15 teacher headed households possess agricultural land ranging from 4 to 20 bighas while one household is not having any agricultural land.

Twelve teachers opine that the schools are running without proper facilities. Doors and windows of four schools are broken. Six schools do not have desk and benches. Drinking water facilities and play grounds are not available in 13 schools. Ten schools do not have wall clocks and sports articles. According to the teachers of eight schools, the blackboards are unfit for use. Tables and chairs of ten schools are not in good condition. Maps are not available in three schools. Again, in seven schools library facilities are nil.

Eleven teachers consider the present curricula to be well planned. Five teachers have no remarks. According to ten teachers, lessons on Yoga and physical exercises should be included in the curricula.

Nine teachers complain that the text books are full of spelling mistakes. However, the teachers are of the opinion that sufficient lessons on social ethics and morality should be

Several school buildings need improvement. Other essential facilities like desk and benches; tables and chairs; and sports articles etc. are lacking in some educational institutions and these should be supplied for the benefit of the teachers and the students.

Proper academic environment is lacking in the surveyed villages. The parents, by and large, want their children to put priority to domestic and agricultural activities rather than to devote sufficient time in study. It is also true that the poor economic condition of the people has hampered the growth of education. Most of the people cannot meet basic requirements of the children. For example, many children cannot read at night due to lack of kerosene oil or lamp.

Although free text books are to be supplied to all school going children, there are complaints of non-receipt of books by a section of the students. Moreover, the books should be free from spelling and printing errors.

Proper inspection of schools by the competent authority will, no doubt, help in removing the problems associated with the teachers and the students and thereby, improving the standard of primary education in the district. On the basis of the findings of the study, the following few suggestions have been incorporated for necessary consideration by the concerned authority.

1. Extension of existing school building or construction of new building is necessary for providing class-wise rooms for the benefit of the children.

2. Adequate steps may be taken for provisions of fencing aid, sports articles, desk, benches and chairs etc., in the school compound, drinking water, toilet, teaching primary school.

incorporated in the curricula. Moreover, the teachers give emphasis on inclusion of more geographical matters in the text books for the benefit of the children.

The teachers opine that besides free distribution of text books, other essential items like uniform, exercise book, instrument box etc., should be supplied free of cost. Such steps will not only help the poor students or guardians but also improve the standard of primary education in a backward hill district like Karbi Anglong.

It is true that irregular attendance of teachers in the schools hampers the learning process of the children. Moreover, lack of school inspection by the competent authority at regular intervals of time, leads to deterioration of the standard of education. Most of the teachers feel that such a discouraging situation has taken place in many educational institutions. However, it may be noted here that there are many other factors responsible for such a situation and the accusing fingers cannot be directed towards the teachers alone.

All the teachers opine that necessary steps should be taken by the competent authority for regular payment of monthly salary to the teachers.

CONCLUDING REMARKS :

The spread of primary education has taken place after the creation of the United Mikir and North Cachar Hills district in general, and after the formation of Primary Education Boards under the two District Councils, in particular. However, due to various factors, the educational position in Class IV is found to be very low in comparison to that of Class I. In other words, drop-outs hinder the growth of education to a great extent. It is, of course, a matter of satisfaction to mention here that although some of the teachers and guardians of the surveyed villages are not literate, a mass awakening has taken place among them to educate their children.

3. Intervention strategies should be designed for removing drop-outs in the primary level of education.
4. Involvement of the community in the management of school is highly essential.
5. D.P.E.P. intervention is the need of the hour.
6. Supply of free text books in time, methods of joyful learning and learning at the time of playing by the children and maintenance of punctuality both by the teachers and students are be ensured for improving educational standard in the district of Karbi Anglong.

REFERENCES :

- DAS, G.N. 1990. Statistical profile of the hills areas of Assam, Diphu : District Research Officer.
- DUTT, K.N. 1979. Gazetteer of India Assam State, U.M. & N.C. hills district (Karbi Anglong & North Cachar hills districts) Guwahati : The Editor-in-Chief, District Gazetteers, Government of Assam.
