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FOREWORD

As recommended by the Advisory Committee of the Tribal Research and Training Institute regarding publications of the report of earlier completed research works, this report is being published in mimeographed form. If the workers, administrators, researchers, students as well as any person of tribal society could get useful material out of this report, the objectives in publishing it would be realised. I take this opportunity to congratulate each of the research personnel who has been associated with this research project.

Gujarat Vidyapith,
Ahmedabad-380014.

Dhirubhai Manibhai Desai
Vice-Chancellor

INTRODUCTION

This study on Health and Sanitation in a tribal area provides, good example of how in tribal area, a sincere, honest and devoted tribal Doctor can become instrumental in bringing modern medicine to the interior tribal area.

Sukhsar T.D.Block in Panchmahal district was selected for the study of this research project and data was collected by Shri R.B.Lal, the Research Officer of the institute, alongwith his other assignment in connection with other research work.

Dr. V. S. Vyas, Head of the Department of Economics, Sardar Patel University was kind enough to go through the earlier version of the report and provided valuable comments. We express our deep sense of gratitude to him.

Siddharaj Solanki
Acting Director

INTRODUCTION

THE village Sukhsar lies at a distance of 16 kilometer from Santrampur on Santrampur-Jhalod road. Santrampur is the taluka headquarter of Santrampur taluka in Panchmahals district. The village Sukhsar has been the headquarters of Sukhsar Tribal Development Block[1] which covered 60 villages with an area of 50,394 acres and which has a population of 39,434, 98 per cent of which are tribals[2]. Nearly all the tribals belong to Bhil tribe. The area is underdeveloped and impoverished and is contiguous to the underdeveloped region of Rajasthan. About 90 per cent of the people are illiterate, their only occupation is agriculture and they function in small kinship groups. The beliefs and rituals practised among the Bhils of this area are inherited from their forefathers who lived in close contact with the hindus in Rajasthan. Bhil's religions practices appear to be a mixture of tribal animism and hinduism. Although not highly codified, the religious beliefs transmitted orally present a fairly systematic set of ethical and moral prescriptions for good living. It has been practised with deep faith for many years. Currently it does not enjoy a formidable place in the life of these tribals and its deep imprint and significance on their lives appears to be on decline due to several factors. As such, the traditional mode of curing diseases which was hitherto a part of the elaborate religious system is disappearing fast. And today not many tribals of this area depend on traditional medicine men who are called "Bhopa" or "Bhuya".

EXISTING SITUATION OF HEALTH AND SANITATION IN THIS AREA

IN the matter of health and sanitation the tribals of this block are very backward. Their knowledge in matter of health is rudimentary. Bhils to-day no longer live in primitive conditions gathering their own fresh food. They cultivate land and grow their food, but it is never sufficient for their own requirements. For most people there is not enough food and malnutrition is common. This leads to loss of resistence even in ordinary diseases. These tribals, in general, do not care much about their health. Consiciousness regarding environmental and bodily

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1 This block was started as special multipurpose block on 2nd November, 1956 from which it was converted into Tribal Development Block in 1962

2 1961 Census

sanitation is utterly lacking. Bad environmental sanitation leads to numerous hazards for the tribals in matter of their health. This, in turn, causes large number of diseases from which the tribals suffer and about which their pharmacopoeia is unaware. Their age-old and tradition steeped habits and customs have kept them ignorant of simple rules of hygiene and even if they have now become aware of them one finds an attitude of great indifference towards them. One of the most evident things observed has been regarding not taking regular bath which in turn might be becoming direct cause of several skin diseases. The main reasons for this state of health and sanitation among these tribals are as follows:

(i) the tribals have been attributing diseases and deaths to evil spirits, wrath of Devi and to witchcraft or to the breach of taboos. According to them if the Devi, the supreme Goddess, is not propitiated properly, calamity in form of disease comes,

(ii) lack of dynamic health and health education programme for tribal areas.

The health education programme was undertaken in Sukhsar block but it did not function properly due to lack of interest by the people. Because of this even though the community development project has been working for the last ten years in this area, not much change in tribal attitude to environmental sanitation, disease and death has been noticed. The basic attitude of the majority of the tribals remains the same as before. All these have contributed to the poor health of tribals. The morbidity due to gastro-intestinal diseases like dysentery and diarrhoea, para-typhoid group of fevers, helminthic infections, etc. has reached to such an alarming stage that it needs immediate attention. Majority of the tribals, particularly women and children suffer from general debility and anaemia and thus have to live in poor state of health. These bring in them clinical abonormalities of metabolism and nutrition which lead to diseases like obesity, underweight, rickets, B complex deficiency, diabetes, pellagra and syndrome. Due to undernutrition and malnutrition, disease of ear, nose and throat group make their appearances in lots of cases at frequent intervals. Although a clinical assessment of various type of diseases commonly found among the Bhils of this area has not been done and hence a true and correct picture is not available, it becomes somewhat evident from

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the statistics regarding the number of persons suffering from various diseases that an alarming proportion of these people suffer from the effects of under nutrition and malnutrition. Infants, pre-school and school-age children, women of middle age and older people are severaly effected.

The lack of safe and clean drinking water is the other hazard which creates havoc among the tribals of this area in matter of their health. It is a matter of common knowledge in this area that the people do not get clean drinking water. In most of the wells the water-level goes down considerably and in summer when the water level recedes still further, many families have to content themselves with drinking muddy water.

TYPE OF DISEASE PREVALENT IN SUKHSAR BLOCK

ACCORDING to the figures available from the Primary Health Centre, Sukhsar, the main diseases prevalent in this area are in the group of (i) skin diseases, (ii) cold,cough and fever, (iii) blood and lymphatic system diseases, (iv) respiratory system diseases, (v) ear, nose and throat diseases. As it is clear from the figures presented in Table I, amongst the adult males and females of this area, skin diseases, eye diseases, diseases of the digestive system are the most frequent diseases. Amongst blood and lymphatic system diseases, anaemia is the most frequent disease, especially in women and this is more often on account of lack of sufficient nutrition than otherwise. 16 per cent of the total number of females treated during 1961-65 have been found to be suffering from anaemia. Amongst eye diseases, conjunctivitis and trachoma (particularly the former) are the most frequent diseases; conjunctivitis has been found in 1931 children out of the total 20,377 children treated during the period of five years. Amongst the diseases of digestive system diarrhoea, dysentery, constipation and indigestion are most frequent. Among the adults dysentery and constipation are much common while among children diarrhoea and indigestion are much common.

In the ENT group and diseases of metabolism and nutrition, tonsilitics and rickets have been found in 496 and 546 children respectively. In the former otorrhoea has been found common among adults and children as well. And in the later group, general debility is much more common among children and women.

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TABLE I

Distribution of patients treated at Primary Health Centre, Sukhsar during 1961-65 according to the major group of diseases and male-female-children group wise.

Sr. No.	Name of diseases.	Male		Female		Children		Total	
		No.	Pc.	No.	Pc.	No.	Pc.	No.	Pc.
1.	Skin diseases	3735	28.5	2277	21.03	3637	17.8	9649	21.8
2.	Diseases of digestive system	2592	19.7	769	7.1	4907	24.03	8268	18.5
3.	Eye diseases	2323	17.6	2056	19.00.	2043	10.00	6422	14.5
4.	Cold cough & fever	1385	10.55	1873	17.3	2222	10.9	5480	12.4
5.	Blood & lymphatic system diseases	459	3.5	1736	16.00	1347	6.6	3542	8.0
6.	Respiratory system diseases	377	2.9	332	3.1	2556	13.03	3365	7.6
7.	Diseases of metabolism and nutrition	465	3.6	546	5.04	1918	9.4	2929	6.6
8.	ENT Diseases	587	4.5	456	4.2	1259	6.33	2302	5.2
9.	Teeth diseases	154	1.2	132	1.2	78	0.4	364	0.8
10.	Allergic dis.	549	4.2	68	0.63	33	0.11	650	0.2
11.	Uro-gental dis.	278	2.1	143	1.3	92	0.5	513	1.2
12.	Gynaecological & obsterical diseases	--	--	364	3.4	--	--	364	0.8
13.	Veneral dis.	83	0.6	--	--	--	--	83	0.2
14.	Others	138	1.05	71	0.7	185	0.9	394	0.9
	TOTAL.....	13125	100.0	10823	100.00	20377	100.00	44325	100.0

* The chief complaints in order of their frequency were as follows for each major group of diseases.

1. Skin diseases, Ringworm, Scabies, tinea, eczema and others
2. Diseases of Digestive system, Dysentery, diarrhoea, constipation Indigestion, stomaties and gastritis.
3. Eye diseases, Conjunctivities, trachoma, catract, traumatic catara ct.
4. Cold, cough and fever-coryza and ordinary fever.
5. Blood and lymphatic system diseases, anaemia, eosinophilia, lymhadenitis.
6. Respiratory system-Bronchitis; broncho pneumonia, pulmonary T.B.
7. Diseases of Metablolism and nutrition-General Debility; rickets, syndroma, pellagra.
8. ENT diseases otorrohoea, deafness, tonsilitis, pharynigitis, olitis media, Nasal catarrh and Mestoelitis.
9. Teeth diseases, toothache, pyorrohoea.
10. Allergic diseases, Bronchial asthma.
11. Uro-genital diseases, Renal colic, Cystitis, Phosphaturia.
12. Gynaecological diseases, Leucorrhoea, amenorrhoea, menopause, dysmenorrhoea and Vaginitis.
13. Veneral diseases, Gonorrohoea, Syphillis.

Skin diseases have been found in maximum number of patients treated during the period under consideration at the Primary Health Centre, Sukhsar. Amongst the skin diseases, ringworm has been the most frequent diseases, next in order are scabies and tinea. Among the children especially tinea has been much common. The great frequency of skin diseases, eyes diseases and diseases of digestive system clearly reflects an unhygienic conditions of living and health habits in the tribal population of this area.

The records at the mobile health van dispensary run by the block show similar trends. In this mobile dispensary, too, cases of skin diseases and gastrointestinal troubles form a large majority. From the above discussion it becomes evident that skin diseases patients out-number patients of other diseases. Next, the diseases of the digestive system trouble most of the tribals. Due to the nature of hard work of the tribals, these diseases do not succeed in taking a big toll of their lives. Neverthless, these certainly reduce the capacity of doing hard labour. Again the mortality rate among the children must be somewhat higher. In the absence of correct figures regarding the mortality rate among the tribal children of this block, nothing can be said with certainty. But it is a matter of common knowledge that the large number of children succumb when confronted with such diseases.

Skin diseases do not affect the mortality rate but the tribals have to face much discomfort on account of these diseases. Anaemia, general debility, rickets are also much common. These maladies reduce the resistance capacity of the individuals to other painful diseases and on the other hand they are deprived of enjoying a healthy life permanently. Despite having such maladies, these unfortunate individuals have to put in their share of labour in the field. No wonder several cases have been reported of losing consciousness from the batch of labourers engaged in relief works during the scarcity periods. Besides, it is a common sight in this area to find anaemic children. Once these tribals enjoyed good health. This fact could be verified from older people. But the younger generation have lost the good fortune of enjoying a fine health.

It is heartening to find that incidence of leprosy, T.B. and veneral diseases is very low among the people of this area.

MEDICAL FACILITIES AVAILABLE FOR TREATMENT THE organisation of health programme in the Sukhsar T.D. Block has been on the same line as in other Special Multi-purpose Programme Blocks or in many Tribal Development Blocks of India. There is one Primary Health Centre at Sukhsar and three sub-health Centres at Mota Bhugedi, Patadia and Vangad. There has been one Medical Officer, at the time of our survey at the main Primary Health Centre alongwith one Lady Health Visitor, one trained Nurse, one Dai and one Compounder. At each of the three sub-health Centres there has been one trained Nurse who alone looked after the entire affair of the respective sub-centres. At the Primary Health Centre, eight beds have been available for indoor patients. The Primary Health Centre and three sub-Centres buildings came into existence during 1960-6.. Prior to that there was only one dispensary at Sukhsar for the whole area run by the District Local Board. Besides these, in 1961 the scheme of mobile health van dispensary was also introduced and in that one Medical Officer, one compounder and one peon have been working during our survey. The mobile van presented by UNICEF has been out of order at the time of our survey and hence the mobile van team has been active in the villages lying within the radius of five miles from Sukhsar. Of course when the van was in order they were visiting every corner of the block and rendering good service. As there has been no provision for repairs of mobile van it has been lying idle in the garage since last six months.

Both the Medical Officers, (of Primary Health Centre and Mobile Van Dispensary) did not possess M.B.B.S. degree.Instead, they have Ayurvedic degree. Medical Officer of Primary Health Centre has recently joined but the Medical Officer of mobile van dispensary has been working since the very inception of this scheme. Before the present Medical Officer of Primary Health Centre joined, the post has remained vacant for a period of two years. Before that one Dr.G.L.Ninama had been working as Medical Officer of Primary Health Centre. He resigned and joined Indian Air Force. Dr. Ninama happened to be a man of the area, and being a tribal himself did immensely good work to popularise modern treatment among the tribals of this area. Many persons reported that the entire credit for the popularity of the Primary Health Centre among the tribals has been due to Dr.Ninama's services.

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This popular opinion could be further testified from the figures presented in Table II which would speak by themselves about the popularity of Primary Health Centre Sukhsar during the tenure of Dr.G.L.Ninama, i.e. from 1960 to 1962. In all these three years the average number of patients coming daily to the Primary Health Centre in each month was, generally speaking, higher than those in each month of the year 1963-64 and 1964-65. As a matter of fact, the number of patients ought to have increased in later years. But it did not happen. This fact is a clear indication of the belief that a good and dedicated Doctor who is a man of the same area can bring much better results in the matter of tribal health programme.

A careful look at the Table II clearly gives a satisfying picture about the number of outdoor patients daily visiting the Primary Health Centre. The daily average number of patients coming to the Primary Health Centre in some months had gone nearly to 100.

Equally satisfying has been the work of mobile health van dispensary when the van was in order. This work has now much deteriorated. Not much time is being spent now-a-days, by the mobile team when it visits a centre because much of time they have to spend on travelling and as such they lose patience to give more time to the respective centres. But even during the time when the van has been in order, one finds after examination of Table III, that at the centres lying in predominantly non-tribal villages they used to treat a larges number of patients. One gets such an idea from the comparision of the figures of non-tribal villages such as Balaiya and Afwa, in comparison with the figures of tribal villages such as Hadmat,Lakhanpur,Dhadhel etc. However, it can be safely concluded that since 90 per cent of the population of this block is tribal the major advantage of this scheme must have gone to tribals. The only point to be emphasized here is that no pain, no efforts ought to be spared to popularise such treatment among the tribals who for centuries have lived quite in ignorance of such treatment. And for that the maximum attention is required to be given to tribal villages.

It is the three sub-health centres whose state of affairs was in extremely doubtful condition. It was expected that the Medical Officer should pay a visit to these sub-centres once a week to attend to the patients. No doubt, the Medical Officer did use to visit every sub-centres once in a week but he has not been attending to patients. As observed the only job the Medical Officer has been doing at the sub-centres has been to take the

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TABLE II

Table showing the number of patients coming every month to the Primary Health Centre, Sukhsar with daily average (Figures for 1960-65)

Month	1960		1961		1962		1963		1964		1965	
	Total No.of patients	Daily average	Total No.of patients	Daily average	Total No.of patients	Daily average	Total No.of patients	Daily average	Total No.of patients	Daily average	Total No.of patients	Daily average
January	10	--	2325	75	1634	52	1334	43	1035	33	1135	37
February	725	25	1873	67	2324	83	1335	46	2049	70	1095	39
March	1333	43	1988	64	2288	73	1248	42	3189	102	1346	43
April	1962	65	2318	77	2601	87	1085	36	1856	61	1189	40
May	1281	43	2355	76	2789	90	1208	37	1562	48	1088	35
June	1988	66	2387	77	2304	77	1167	39	1316	43	1498	50
July	2370	76	2916	94	2424	78	1146	37	1433	46	972	31
August	3073	99	4203	135	2115	71	1143	37	1559	53	1268	42
September	2806	93	3048	101	1803	60	1054	35	1770	59	1595	53
October	2411	78	2229	72	1228	40	900	29	1520	49	1097	35
November	2569	85	1832	61	2101	70	866	29	1022	34	1166	39
December	2720	88	1614	52	1722	56	565	18	1157	37	1180	38
Total...	23248	65	29088	79	25373	68	13051	36	19468	53	14629	40

TABLE III

Distribution of patients treated by Mobile Dispensary according to the village of patients & year number of months visited by the Team in a village is also give up to June 1966).

Sr. No.	Name of village	1961 Total no.of pati-ents trea-ted	1961 No.of months visited	1962 Total no.of pati-ents trea-ted	1962 No.of months visited	1963 Total no.of pati-ents trea-ted	1963 No.of months visited	1964 Total no.of pati-ents trea-ted	1964 No.of months visited	1965 Total no.of pati-ents trea-ted	1965 No.of months visited	1966 Total no.of pati-ents trea-ted	1966 No.of months visited	Total No.of pati-ents trea-ted	Remark
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1.	Dhadehela	339	4	30	1	–	–	–	–	338	7	–	–	707	Mixed with predomence of tribal.
2.	Dablara	–	–	372	2	136	4	104	3	369	6	3	1	984	Tribal village
3.	Lakhanpur	–	–	932	12	586	12	425	9	558	10	96	5	2597	-Do-
4.	Afwa	93	1	1341	10	185▼	12	1237	9	2745	11	585	6	7858	Mixed up with good percentage of non-tribal
5.	Kundla	–	–	–	–	–	–	–	–	604	6	–	–	604	Tribal village
6.	Balaiya	4128	4	2460	10	1235	6	2466	7	3245	10	796	6	14339	Non-tribal village with some population of tribals
7.	Nani-Bhagedi	–	–	1251	10	306	4	–	–	51	1	–	–	1608	Mixed with higher pc. of tribals
8.	Ita	–	–	339	2	807	4	–	–	615	1	–	–	1761	Tribal village

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
9.	Patadia	-	-	393	2	192	4	356	8	307	2	-	-	1248	Mixed up within higher of tribal.
10.	Vangad	2742	4	2883	12	3503	12	965	9	78	2	-	-	10171	Mixed with higher Pc of tribals.
11.	Vatli	-	-	1064	6	-	-	30	1	-	-	-	-	1094	-do-
12.	Margala	-	-	-	-	3	1	-	-	-	-	-	-	3	-do-
13.	Mota Bhugedi	-	-	941	12	81	3	14	1	-	-	-	-	1036	Mixed with good Pc.of n[illegible] tribals.
14.	Hadmat	969	4	598	12	345	11	66	2	-	-	6	1	1984	Tribal village
15.	Nani-Dhedheli	-	-	783	7	300	4	-	-	-	-	-	-	1083	
16.	Livasar	-	-	472	7	123	1	-	-	-	-	-	-	595	Mixed with higher Pc.of tribals.
17.	Sarswa	453	3	-	-	-	-	-	-	-	-	-	-	453	-do-
18.	Bhojela	-	-	165	3	-	-	-	-	-	-	-	-	165	-do-
19.	Varuna Ashram	-	-	-	-	-	-	-	-	-	-	18	2	18	
20.	Bachkaria	-	-	-	-	-	-	-	-	-	-	12	1	12	Non-tribal are in higher
21.	Padalia	-	-	-	-	-	-	-	-	-	-	177	4	177	
22.	Makvana Varnna	-	-	-	-	-	-	-	-	-	-	3	1	3	
	TOTAL	8724	-	14024	-	9474	-	5663	-	8919	-	1696	-	48500	

1. The figures are given from August 1961 to December 1961. In August of the 1961 the Scheme was started.
2. Figures given upto the month of June 1966.

stock of medicines and signing the registers. Five or six times the researcher has accompanied the Medical Officer to the sub-centres, and at none of these times a single patient has been found at the sub-centres. Evidently, on one hand the villagers were having no knowledge of the day when the Medical Officer visited the sub-centres, and perhaps also they did not know that the Medical Officer's visits to the sub-centres were primarily meant for attending to patients. One the other hand the Medical Officer or the Nurse of the Centre never cared to make such announcements, On one occasion when the researcher enquired from the Medical Officer about the reasons for the villagers not coming to the sub-centres, when he (Medical Officer) had come there, he casually asked the Nurse to make an announcement among the people of neighbouring villages of the day of his visit in the week. As far as it could be gathered the sub-centres were doing some job in the field of attending to women at the time of delivery. But this too was not done in an earnest way as has been declared by the Medical Officer himself to the researcher. Only those cases were attended for which the Nurse has been approached. Other than this, no field work used to be done to locate pregnant women, keep a watch during their pregnancy period and finally attending to them at the time of delivery. As such several families had to go without taking advantage of the staff of the sub-health centre. There has been of course one handicap on the part of the Nurses. They have been alone in each centre and without the assistance of a Compounder and a trained Dai it was difficult for each of them to manage the entire affair of the sub-centre by themselves.

Apart from the facilities available at Sukhsar there are good well-equipped hospitals, each at Jhalod and Santrampur which are only 16 kilo meters both ways from Sukhsar. And for a small payment every person could get the facility to use the UNICEF vehicle of Primary Health Centre for taking patients to Santrampur. Difficult cases which needed either operation or specialised treatment are being taken to Santrampur by the Medical Officer of the Primary Health Centre.

Undoubtedly the Primary Health Centre has become immensely popular in the area. From Table IV, one gets a clear idea of this by looking at the figures of outdoor and inddor patients coming to the Primary Health Centre. This centre again has been frequently visited by the pregnant women for getting the delivery conducted according to modern ways as seen from figures given in Table V regarding the cases handled by this

TABLE V

Statement regarding delivery, pre natal and post natal Cases

Year	At clinic			At home		
	Delivery	Pre natal	Post natal	Delivery	Pre natal	Post natal
1960	137	22	29	53	66	52
1961	85	25	14	86	296	180
1962	132	128	34	106	159	91
1963	91	49	46	Figures Not Available		
1964	108	50	27	"		
1965	134	37	32	"		
1966 Upto June	40	29	14	"		
TOTAL.....	727	34[illegible]	196	245 (Upto 1962)	521 (Upto 1962)	323 (Upto 1962)

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TABLE IV

Statement regarding Indoor, Outdoor patients, Vaccinated and Birth and death rate.

Year	Number of persons vaccinated			Number of outdoor patients	Number of Indoor patients	Birth and Deaths			
	First case	Repeat case	Total			No. of Birth	No.of Death	Birth rate	Death rate
1960	1448	3420	4868	23248	123	1265	345	45.55	12.4
1961	1640	2802	4442	29088	271	1045	444	27.2	11.5
1962	1026	23548	24574	25411	331	1109	374	28.88	9.73
1963	912	10783	11695	13039	175	N.A.	N.A.	N.A.	-
1964	N.A.	N.A.	N.A.	19467	239	"	"	-	-
1965	"	"	"	14649	269	"	"	-	-
1966 upto June	"	"	"	N.A.	29	"	"	-	-
TOTAL..	5026 (Upto 1963)	40553 (Upto1963)	45579 (Upto1963)	124902 (Upto 1965)	1437 (Upto 1966)	3419 (Upto 1962)	1163 (Upto 1962)		

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centre for prenatal, post natal and delivery. The UNICEF vehicle has been put at the disposal of needy families to bring pregnant women at the expected time of delivery. The expert services of a Lady Health Visitor, trained Nurse and trained Dai has been always available at Primary Health Centre. During the tenure of Dr. Ninama the staff used to visit quite an appreciable number of pregnant women at their respective villages. This work has considerably slackened now.

TRADITIONAL MODE OF TREATMENT — As mentioned earlier Bhils believed that the majority of the diseases **are** caused either by the anger of Devi or due to evil spirits and ghosts or because of witch-craft or due to breach of tabooes. Having such a belief, they have been used to propitiate the Goddess or the evil spirits to ward off the diseases. In each village there has been a medicine-cum-magician known as 'Bhopa' or 'Bhuya'. It has been his job to make necessary sacrifices to propitiate the Goddess or evil spirits or ghost or witch-craft, who ever has caused the diseases. According to the belief of the tribals medicine man has the proper knowledge to locate the nature of the diseases and to fix the type of sacrifice. Minor diseases might be cured by enchnating mantras and breaking one or two eggs in the name of concerned God or Goddess or witch.

This kind of belief is now slowly going away from the minds of the tribals, although some cases occur when the tribals approach these medicine men to cure diseases. But they have lost their previous influence. Only in rare cases the symbolic sacrifice (sacrifice of goats) is given now, Thus, not many tribals of this area now depend on traditional medicine men – the 'Bhopa' or 'Bhuya'.

FAMILY PLANNING PROGRAMME — FAMILY planning is an alien concept among Bhils. Althought the social conditions have not been favourable for the success of this scheme, the interest which has been shown by certain tribals has been encouraging. The figures presented in Table VI points **out** that the response which the medical staff has been getting in this direction is not at all discouraging. During the last year and this year, in three or four visits of family planning workers, 127 women has got inserted the I.U.C.D. The other figures regarding the use of contraceptives by tribal women does not carry much meaning since it is absurd to think that they would have used the tablets or contraceptives properly due to their

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TABLE IV

Family planning programme achievements

Year	No. of family contacted for propaganda	Contraceptive	Family planning methods used by No. of Persons						
				Jelly	Condom	Foam tabs.	Applicator Jelly	I.U.C.D.	TOTAL
1960	1887	190	3	3	35	146	3	–	
1961	844	199	4	6	55	135	1	–	
1962	1016	256	1	16	87	109	6	–	
1963	736	182	–	5	59	122	2	–	
1964	906	201	–	11	41	92	2	–	
1965	502	131	–	18	--	86	–	58	
1966 upto June	N.A.	N.A.	–	–	--	---		69	
TOTAL	5891	1159	8	59	277	690	14	127	

N.A. = Figures not available

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utter lack of education. Hence the early work must not have borne any fruit, but the insertion of the currently popular I.U.C.D. (popular known as'Loop') is a step which is likely to bring good results. Quite a good number of family planning social workers have been appointed by the Government to do work in this tribal area and it is yet too early to assess their contribution in making the villagers conscious about family planning.

CONCLUSION FROM what has been discussed up till now, it is evident that health programme of the block has struck a definite root in the area and appreciable number of tribals are surely taking advantage of the presence of Primary Health Centre mobile health van scheme and the services of the medical staff. The Primary Health Centre and the mobile health van dispensary have done solid work as far as curing of diseases is concerned. But it is in the field of health education or in other words in the matter of making people conscious towards the preventive aspect of health by maintaining environmental sanitation and things going with it that the situation has been in sad state. No solid and concrete work has been done towards this direction. No doubt the curing of diseases is a health programme but equally important to keep the tribals healthy and to enable them to enjoy the fruits of good health is the programme of making them conscious about the environmental and bodily sanitation. This being a matter of vital concern, should get utmost priority. Opening of more health centres and availability of midwives and health workers will do little in solving the perpetual hazards of the tribals in matter of health. The foremost necessity is to persuade the tribals to discard their age long traditional attitude towards health and sanitation and to switch over to modern way of scientific treatment and hygienic living. This can be achieved with the help of intensive propaganda work and giving the right help to the tribals.

The good working of the Primary Health Centre has definitely attracted villagers of the neighbouring villages, But the problem of villages lying distant yet remained to be solved because the sub-centres have not been functioning in right manner. Moreover, the Government must try to get the service of really qualified M.B.B.S. doctors having a good

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knowledge of elementary surgery. It is equally important to bring a real change among the tribals in their attitude towards health and sanitation and only then a work of lasting nature can be achieved.

In this connection to illustrate the big importance of the health programme, let us quote Dr. K. S. Mathur - "the least successfully implemented part of tribal welfare programme is the one which to my mind is the surest and most effective I am reminded of the activities of early Christian missionaries working in tribal India, they could work successfully among the aboriginal tribals, because they did not preach the gospel but practised the healing arts of medicine, and surgery. They thus saved life and this action of theirs attracted those whom preaching and arguement could not convince. Today also they need the help of modern medicine, surgery and midwifery to overcome their crisis of life and avert diseases and epidemics they suffer from[1]".

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1. Dr. K. S. Mathur "Some Problems of Tribal Rehabilitation" in Indian Anthropology in Action, 1960, Ranchi. Pp.119.

Note: The field work for this survey had been carried out in summer of 1966.

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