SUMMARY AND CONCLUSION

The tribal systems of medicine cannot diversity of cultural practices, traditional knowledge and social organizations. Therefore, there cannot be any one tribal system of medicines. What we may have would be systems of medicines, knowledge of herbs, ritualistic practices, explanatory models, amulets and charms, humoral ideology, bone setters, midwives and myriad other ecologically meaningful and culturally appropriate ideas, beliefs, practices and personnel. The medical system of Eastern Ghats tribes would show similarly across cultures in contradistinction to the tribes inhabiting middle India or for the matter of north-eastern.

Tribals have developed strong magico-religious health care systems and they wish to survive and live in their own style. They live and interact within their own homogenous and culturally firm system wherein common beliefs, customs and practices connected with health and disease has been found to be intimately connected with the treatment of disease. On almost all the indices of health, the status of tribal was poor.

At present there are few comprehensive and specific health related studies on the tribals. The available studies were isolated, fragmentary and did not cover various dimensions of health. Paulty of studies found on
many urgent health issues, which includes traditional health care practices, mother and child health and other health related issues.

Large majority of the tribal population in Srikakulam district is concentrated in the agency tracts of hills and forests. Srikakulam is a part of eastern ghats. Eastern ghats is considered to be the abode of tribal population. Tribal population in Srikakulam agency area is distributed in fourteen mandals. All these mandals falls under sub-land area of Seethampeta I.T.D.A. The major tribes found in this sub-plan area are Savara, Jatapu, Gadaba, Konda Dora, Muli, Yerukala and Khond tribes. Among these tribes Savara, Gadaba and Khond are the most vulnerable groups. These tribes are still at pre-agricultural stage of economy with low literacy, stagnant or diminishing population.

Changing health care practices were studied among the Savara tribe of Srikakulam District. Basing on the objectives the schedules were prepared and pretested before the initiation of the research work. After the quality check, the data was analyzed. The tribal population is heterogeneous in its’ nature, because many tribal groups were included in the sample. The tribal population is culturally distinct from other caste populations and are socially and economically poor. The accessibility and availability of the health services in the tribal areas are more remarkable, but the tribal population cannot afford the health services. The tribals are
more traditional and are relatively isolated and lead more or less most monotonous life. Because of the poor economical back ground, the health indicators in the sample population are at low profile.

The present study is an attempt to examine the health care practices followed by the Savara tribe of Srikakulam district of Andhra Pradesh. Savara is the predominant tribes found in 7 mandals out of 14 tribal mandals in the district. 78 villages in total are selected for the present study and from each village, 5-8 nursing mothers who are available on the day of survey age range between 15-49 years are considered as respondents. A total of 600 nursing mothers are selected for the present study and collected different household information and various components of maternal and child health. A sample of 10 traditional health practitioners and 10 magico-religious practitioners were selected to study the ethno medical practices and magico-religious practices regarding health. The main focus of the survey is on ethno-medical practices followed by the Savara tribe, medico-magico-religious practices, safe motherhood interventions during antenatal, natal and postnatal period, breast feeding, immunization and family planning and modern health care practices of the tribes.

The tribals in the study area still having the superstitions and beliefs. They have the belief in evil eye, sorcery, witch craft, black magic and
spirits. Each village has Thokkidi Devatha, Jakaramma and Ammathalli. Because of their beliefs in gods and goddesses, still the sacred groves are intact in and around the tribal settlements of Srikakulam agency area. They are facing the socio-economic problems like poverty, food insecurity, indebtedness, malnutrition and exploitation. Majority of the interior tribal settlements are lacking proper infra-structural facilities like road, electricity, clean drinking water, sanitation, marketing, modern media, postal and health services.

In the light of the above, the interacting influences of the socio-cultural milieu towards biological and physical maladies should be analyzed. Socio-economic factors are accepted as multiple causes of disease. Among the tribes of Srikakulam, illness and its consequent treatment is not always individual or family affair, but the decision about the nature of treatment was made at community level. In some diseases, the entire community is expected to observe certain food taboos, norms and food habits. One cannot deny the impact of this psychological support in the context of treatment and cure. The unprecedented depletion of forest has deprived their traditional sources of nutrition and medication. Traditionally, the tribals were able to medicate themselves from the wealth of herbs, leaves, roots and plant extracts.
The tribals are affected with various kinds of diseases like malaria, diarrhea, dysentery, amoebiasis, cholera, dengue, swineflu and anthrax. They are most affected with the tropical diseases like malaria, sickle cell anaemia, dengue, tuberculosis etc. Water borne diseases like worm infestations and skin diseases are very common among the tribal population because of drinking the polluted stream and spring water without any hesitation. Infantile diseases such as measles, whooping cough, polio etc are all affecting and debilitating the tribal constitution. Similarly, tribals suffer from alarming decreases in their nutritional intake. In such areas, promoting family planning is unethical. They have superstitions and beliefs. If they will get any disease that has attributed as a cause of spirits. For curing some disease they consult the local witch doctor. Traditional health care systems still persist in the tribal area of Srikakulam district. They still largely depend on herbal medicine and home remedies for curing various kinds of diseases. Herbal medicine is mostly used in the traditional health care system. Tribals live in a physical environment, which is full of accidents and traumas. Fall from trees or hills, violent fight, encounters with wild animals, burns are common causes. Thus, traumatic illnesses are more common in the tribals than the rural and urban slum poor. The above problems need special attention. Due to the above features, primary health care must be decentralized and provide autonomous status. Trained health workers from outside shall not
become stable in the tribal areas. So, the health workers must be selected from among the indigenous medico-magical men are trained. Due to depletion of herbs and encroachment of urban culture, the tribals of Srikakulam have lost their indigenous system of culture.

The tribals have still faith in herbal medicine and traditional healing system of their own. Scientific recognition should be provided to herbal treatment after thorough investigation by the government authorities. Due to deforestation, certain valuable herbs have been in the process of extinction. Such medicinal plants should be protected, conserved and regenerated. Medicinal plant cultivation should be encouraged in tribal areas. Tribal traditional medical units should be established at all sub-center areas of each primary health center, in which tribal medicine men services can be properly utilized along with the promotion of allopathic medicine too. In this regard, a separate health policy to be formulated to tackle the health issues of the tribals.

The quacks now find fertile ground in Seethampeta area. Quacks are mostly unqualified doctors, who practice medicine in the agency areas of Srikakulam. These quacks prescribe and sell spurious medicines. Their knowledge of modern medicine is questionable. They use medicine to make money and they used to exploit tribals to develop their social status. On the other hand, medicines sent to primary health centers by
Government are very meager and much of which is sold and pilfered. The health center staff also engages in various forms of corruption.

Consequently, what is replacing traditional is quackery or the total absence of medical treatment, dependence of health centers and quacks are giving rise to exploitation. People as another mode of oppression rather than of healing perceive the system of modern medicine. Thus creating barriers for modern medicine is also for other practices. Thus, if modern medicine has to replace the old system, it has to be responsive to the people. Now a system can evolve which increasingly encourages the use of traditional herbal medicine and at the same time remains responsive to the people.

As the traditional medico-magical man, yajjodu or magicians share the common cultural beliefs and practices of the patients, naturally they have more faith in them. The contrasts and conflicts between traditional and modern medical practitioners resulted in obstacles to the acceptability. Deforestation has resulted in the reduction of traditional medication. Official deforestation programmes have commercial value in mind and to not fulfill local needs. Today, the tribals have to depend increasingly on allopathic drugs dispensed by health centers, very often, the health centers are situated miles away from tribal habitations and the distance involved in walking to reach doctors and medication deters them.
In reality the primary health centers and sub-centers in Seethampeta ITDA area are chronically without doctors. In spite of better health care facilities, the tribals suffer from a plethora of ailments, which were hitherto almost unknown.

Regarding the maternal and child health care, the main respondents in the present study are the lactating mothers' age ranged between 15 and 39 years. The mean age of the respondent woman is 23 years. About 60.0% of the tribal women are illiterates. The mean age at menarche among the present study tribal women is 12.64 ±0.95 years. The age at marriage is also show the similar trend, that is the tribal girls it is found to be 17.18±1.75 years. The mean age at first conception among the tribal girls is 18.45±1.87 years, which is common in many of the tribal communities of this area.

Nearly 83.0 percent of the tribal women have received the antenatal care. It is revealed from these results that the antenatal care services were received by this tribal population to its maximum extent. Another important point regarding antenatal care is that very few women, i.e. 41.8 percent of the pregnant women have received the antenatal care one or two times only, whereas 16.8 percent have not received the antenatal care services. The concern about the antenatal care was observed even among the tribal women relatively at low level, because about 36.0
percent of tribal pregnant women have received the first antenatal check-ups during this period (before 3 months).

To get the antenatal check-ups, majority of the women were attended by traditional healers at their homes. During the antenatal care, the pregnant women were tested for body weight, blood pressure, haemoglobin, abdominal check-ups, haemogram and HIV/AIDS, but nearly 10.0% of Savara women have not received any one of these services.

Regarding the distribution of Iron Folic Acid (IFA) tablets, Nearly 99% of tribal women belong to have received the IFA tablets, but 53.0% of women have consumed the required number of IFA tablets. But majority (47.2%) of the women though they have received the IFA tablets. Almost all the pregnant tribal women have received 2 TT injections. Due to various reasons majority of the women are not consuming the IFA tablets, it needs more awareness about the importance of consumption of IFA tablets and the health workers and other family members should monitor the intake of IFA tablet by the pregnant women. It is observed from the present study that the gap between two doses of tetanus toxoid injections provided to the pregnant women was not observed properly.
Except for malaria, most of the Savara women have suffered from health problems (oedema, paleness, vaginal bleeding, convulsions without fever, vomiting, high blood pressure, lower abdominal pain, tuberculosis, visual disturbances and general cough and fever) during pregnancy. Less than 50.0% of the present tribal women have visited the health facility to receive the antenatal care. Rest of the women was provided care at home, mostly by health workers and was also attended by traditional healers and dais. Though the health workers are visiting the homes of pregnant women, they are just checking the abdomen and enquiring about the health complications and given advices on diet. During their visits, they are neither measuring the blood pressure levels nor estimating the haemoglobin percentages. These two are important check-ups along with blood tests. Though some of the tribal women are suffering from minor health problems during pregnancy, they are not showing much interest towards modern medicare system.

Most of the tribal women (83.3%) have had deliveries at their homes only and the rest i.e. 16.2 percent delivered mostly at government health facility (27.08%). In majority of the situations the persons performed the deliveries in tribal areas was mostly attended by either traditional Dai or elderly persons of the family or neighbourhood. Most of the deliveries are of normal type, but cesarean section is also needed. Performing rituals to
have safe delivery is the practice existed and is more pronounced among Savaras. The women with one or less complications during pregnancy period who are attended by the traditional dais or the elderly women of the house at delivery time and the pregnancy outcome are mostly normal. Most of the women are preferred to deliver at home because of traditional practice, availability of the traditional dai and elderly women all the time. To ensure safety to both mother and child and the better facilities at the health centers are found to be encouraging factors towards institutional deliveries.

Nearly 97.0% of Savara women have approached the health facility for postnatal care. Of whom, majority approached the health facility to undergo tubectomy sterilization. Only 5.14% of the present study women have attended the health facility to receive treatment for lower abdominal pain, to control the bleeding and septicemia of post tubectomy. Some of the women have approached the health centers even after 6 weeks of delivery to get treatment for high blood pressure, foul smelling of genital organ, lower abdominal pain, oedema, bleeding and urine incontinence.

Initiation of breast feeding in the first hour after delivery is important for the health of newborn. Only 0.8% of women were reported that they have initiated the breast feeding within one hour after birth of the baby. Nearly 11.0 percent of the tribal women have delayed the initiation of
breast feeding for 2-3 days. The delay in the initiation of breast milk leads to pre-lacteal feeding practices which in turn spoil the health of the newborns and will be deprived of important immunogens supplied by the colostrums.

The duration of lactation among the children of Savara tribal group is extending upto 26-27 months and is a common phenomenon found in many of the neighbouring tribal populations. The lengthy duration of lactation enhance the birth space and also contribute to decrease the fertility rate of the population as well as the nation. Though the women attained resumption of menstruation during nursing period, the chance to get pregnancy is relatively less due to the production of prolactin, even the simple suckling of the nipple by the child is enough to produce this hormone. Both these present tribal women have the positive attitude towards breast feeding their children because the milk is readily available, cost effective, hygienic and safe.

Among tribal children, the complementary feeding has been initiated between 6\textsuperscript{th} and 8\textsuperscript{th} month (83.7%). A considerable number of infants have received the complementary food beyond the age of 9 months (16.0%).
It's a common practice either to perform rituals or praying the God to have safe delivery for the women found among 44.0 percent of tribals. Except very few, the tribals have not exercised any remedies against labour pains. The usage of lubricants used for newborns during peri-natal period is universal in the these tribal communities.

Nearly 97.0% of Savara children were fully immunized according to their age, while 2.5% of children were partially immunized. The children who were not provided with immunization were also found in this tribe. According to DLHS-I (1998-99) the proportion of children receiving full vaccination was 54.0%. It declined to 46.0% in DLHS-II (2002-04). It has shown improvement as per DLHS-III (2007-08) with coverage of 54.0%. In reality, there is no progress in the coverage of childhood vaccination. The coverage of immunization was higher in urban areas compared to that in the rural areas (63.0% and 50.0% respectively). Children who did not receive a single vaccination were higher in rural areas. About 5.0% of the children at the national level had not received single vaccine. But, full immunization coverage is much essential in order to save the children against the vaccine preventable diseases, so that we can curtail the child mortality to a possible extent.

The birth control measures were adopted by 47.2% people. When compared to the national standards the percentage of people who adopted
the family planning is low among the present study populations. Among the adopted persons, the sterilization among women is more (44.3%) than the men (0.7%). They do practice/ adopt traditional medicine for permanent birth control purpose. The usage of copper-T and traditional medicine are the temporary birth control measures adopted by the Savara people. But the usage of copper_T is very less and they do not have any idea about oral pills.

The adoption of family planning among Savara tribal population is low when compared to the national standards. Of all methods, sterilization (Tubectomy/ Vasectomy) is found to be widely accepted method not only in these populations but also in other populations of India. In India, during 2004-2005, the total number of family planning acceptors by different methods was: sterilization (4.92 million)- Vasectomy: (0.13 million) and Tubectomy: (4.79 million), IUD insertion (6.25 million), Condom users (18.28 million), Oral pills users (7.6 million). But about 54.0% eligible couples are still unprotected against conception (GOI, 2007). The acceptance of family planning methods by various population groups is mainly depend on the cultural, economic, demographic, religious and political factors as opined by Audinarayana (1986), Bhayan (1986), Verma and Singla (1988), Ghosh and Das (1990), Mazharul Islam (1991). More awareness should be created among the tribal people about the benefits of
family planning by the health care providers and non-governmental agencies.

Conclusions:

- The study concluded that the Savara people rely more on the indigenous system of curing disease and herbal medicine which are easily available and used to treat many common disease. The study suggests encouraging these indigenous methods to cure the disease used by the people of this region.
- These are some of the prevailing traditional beliefs and practices among most of the communities in the study areas that hinder the full utilization of modern health facility in general and maternal health care services in particular.
- The study revealed that poverty, socio-cultural beliefs and practices, attitude of health workers and availability of facility and quality service. Others are cost, distance, time, lack of drugs, equipment and qualified health personnel, etc consequently; there is low utilization of the maternal health care facility in the study areas.
- It is found from the present study that though the traditional reproductive health service is generally affordable and easy to access yet the younger generation is getting influenced by the modern medicine. Further, due to the process of urbanization and
culture contact, there is always a threat to the indigenous knowledge. Hence, there is an urgent need to execute a revitalization strategy for protecting the indigenous medical knowledge from complete desertion.

- Traditionally, the tribals were able to medicate themselves from the wealth of herbs, leaves, roots and plant extracts.
- The tribals have still faith in herbal medicine and traditional healing system of their own.
- Most of the respondents are illiterates and very few women have attained the secondary school education.
- The present study women show the early age at menarche and mostly got married before attaining the age 18 years.
- Majority of the pregnant women have received the antenatal services 3 and more than 3 times.
- Except few women, many of these tribal women had their first ANC visits during 4th and 5th month of pregnancy. In majority of the situations, either the health worker or the government medical officer are the ANC providers.
- The consumption of IFA tablets by the tribal women during pregnancy period is not encouraging, but almost all the women have received the tetanus toxoid injections.
• Majority of the women preferred to deliver at home, but the institutional deliveries are also slowly increasing, in this aspect the present study women are much better when compared to their counterparts in neighbouring districts.

• Elderly women of the family or the untrained birth attendant are conducting deliveries at domiciliary condition and mostly reported the normal delivery pattern.

• Initiation of breast feeding to the newborn was reported with in one hour after delivery.

• The duration of breast feeding extends beyond one year.

• The initiation of complementary feeding was delayed in majority of the infants and is a common practice found in almost all the tribal groups in Andhra Pradesh.

• The role of Anthropology is also very important in the field of saving herbal plants. By educating tribal people we can preserve all these things for future generation. It is the Government duty to take necessary steps to preserve all these things.

• Educated younger generation of the tribes should be encouraged by the Government to protect and cultivate these valuable herbal splants before they get lost due to the impact of modernization and urbanization and also due to deforestation.
• The Health workers must be selected from among the indigenous medico-magical men are trained. Due to depletion of herbs and encroachment of urban culture, the tribals of Srikakulam have lost their indigenous system of culture.

• Tribal traditional medical units should be established at all sub-center areas of each primary health center, in which tribal medicine men services can be properly utilized along with the promotion of allopathic medicine too. In this regard, a separate health policy to be formulated to tackle the health issues of the tribals.

• Every tribal women should be motivated to visit the health facility to get all the necessary antenatal care services.

• Though the IFA tablets are properly distributed to the pregnant women in the present study population, they are not consuming these tablets because of various reasons. It is the job of the healthcare providers to educate the community regarding the importance of IFA tablets and negative consequences of anaemia.

• The health workers should motivate the tribal women to have institutional delivery by explaining the benefits of having better infrastructure and skilled (medical) supervision during delivery time and also the risk factors to be faced at home delivery. Training should be provided to the traditional dais and also to the tribal
women who are performing deliveries and they also may be provided with delivery kits.

- The importance of early initiation of breast milk, the negative aspects of pre-lacteals, the importance of colostrums and exclusive breast feeding should be explained to all the prospective mothers during antenatal period.

- Proper guidance should be provided to the pregnant women regarding the diet, rest during day time, personal hygiene, family planning, child immunization, reproductive track infections, sexually transmitted diseases, general health problems and the complications of pregnancy.

- Family health awareness programme has to be implemented in the tribal villages, and periodically health check-up has to be conducted in the tribal villages. Primary health centers in the tribal villages are not properly maintained with adequate medicines and equipment.

- The Primary Health Centers (PHCs) in tribal areas should be equipped with the required infrastructure including the emergency obstetric care and essential newborn care. The services should be provided 24 hours a day and facilities may be improved to transport the patients to the first referral units.

- The skills of the healthcare providers should be improved in attending the complicated deliveries, medically terminated
pregnancies, in protecting the pre-term, low birth weight, hypothermia babies and also those who suffer from acute respiratory disorders.

- Sufficient man power should be appointed at each health facility along with the essential medicines at each health facility.

Academic researchers revolve around very small fragmentary problem and tend to be aseptic and harmless to the status quo. Most of the social science researchers are supported by official funds; therefore, there is a little scope for the researcher to be a non-conformist or anti-establishment. The audience for the researchers is the members of the community of researchers. They, therefore address their researchers to themselves to the expulsion of the community at large, which these researchers are supposed to influence. Therefore, they have little social relevance. It has been an endeavour to express the point of view of the people who are directly affected by the degradation of forest.