In the previous chapter the findings on infant mortality of the Kayasthas and the Kaibartas have been presented in relation to twenty three different parameters. These parameters include medical, demographic, nutritional and socio-cultural aspects of health care. Besides these, the patterns of morbidity of the infants, the nutritional status of both the mothers and the infants have also been found out to see the effect of care on the health of the infants.

Here in this chapter it has been tried to discuss the health care parameters of the Kayasthas and the Kaibartas in the context of the available findings of same nature.

Among the Kayasthas and the Kaibartas of the present study, the infant (0-1 year) and child (1-3 years) mortality as well as morbidity are related to many medical and non-medical factors. Neonatal mortality of the Kaibartas is the highest of all. Neonatal mortality depends on many endogenous causes. It is therefore not easy to identify one definite cause for the neonatal mortality of the Kaibartas.

Again among the Kaibartas the male and the female infant mortality percentages are found to be same but among the Kayasthas the female infant mortality is found to be much higher than the male infant mortality but no gender bias is noticed in childcare practices of both the caste groups. Maternal health factors (birth injury, premature birth, low birth weight etc.) which have a great impact on the survivability of a baby is found to be the cause of death with the highest frequency in both the castes. Mother's education, type of family, occupation and income of parents though do not have direct impact on infant and child mortality yet indirectly these factors
have some impact. In both the castes child mortality percentages are very high to illiterate mothers. Similarly highest percentages of infant death have been found in the lowest income group of both the communities.

It is interesting to note that though North Guwahati is adjacent to the city of Guwahati still a rural atmosphere is prevalent in the area. Frequency of joint family is higher than the nuclear family. A high percentage of infant mortality is observed in nuclear families than in the joint families. It is true that infants need special care during infancy which they are getting a proper way in a joint family.

**Antenatal, natal and postnatal care**

Health is equally important for both the mother and the child. Many studies have revealed that women who get antenatal, natal and postnatal services have fewer undernourished children (Ramchandran 1989; Punhari and Mahajan 1989; Xu et al. 1995). Maternal under-nutrition is a health impairment which has been frequently identified as one of the causes of high infant mortality (Lechtig et al. 1978). Abou and Royston, (1991) and Bhat et al. (1995) reported that the maternal mortality ratio is 580 per 100,000 live births in India. Maternal mortality in developing countries is more than 100 times higher than in the industrialized countries. Women health development cell of WHO has taken the initiative to highlight women's health concern in their global agenda. Their goal is to find out women's health and development and specific areas requiring focus (Kumar 1990).

The intake of a required amount of calcium, protein, iron and folic acid is essential for pregnant women and there is a recommended dose of ICMR. The low intake of food ingredients as well as ignorance of food and nutrient requirements during pregnancy was found to be lower among the illiterate women of Chiraigaon block of Varanasi, U.P. (Mahapatra et al. 1990). A minimum of three visits to a doctor is a must (Park 2000).
In the present study 49.51 percent Kayastha mothers and 55.79 percent Kaibarta mothers visited the doctors regularly during their pregnancy while 16.99 percent Kayastha mothers and 5.96 percent Kaibarta mothers did not visit a doctor at all. Again considering the intake of iron and folic acid tablets it is found that 79.13 percent Kayastha mothers and 70.52 percent Kaibarta mothers had regularly taken the above mentioned tablets and the infant death percentage is found to be the lowest amongst them. In the Kayasthas the infant death percentage is 5.64 and in the Kaibartas it is 4.83 percent. Thus it can be said that pregnant women of both the castes take good care of themselves in the antenatal stage which has a positive effect on their infant's health.

A sample of 50 households of pregnant women were studied in Ghari of Manipur a sub-urban area and it was found that they prefer to give birth to their babies in hospital. However, among the studied sample 90 percent of the deliveries took place at home, which was done by midwives. More than half of the sample (56.0 percent) used bamboo edge to cut the umbilical cord (Mao and Maisnam : 1994).

In the present study in both the castes the highest 95.6 percent Kayastha and 68.33 percent Kaibarta babies were delivered at hospital and only 4.4 percent Kayastha infant and 31.67 percent Kaibarta infants were delivered at home but by trained dai. The majority of the sample i.e. 79.2 percent Kayastha and 68.33 percent Kaibarta infants were treated with surgical equipment and the lowest 3.2 percent Kayastha and 2.33 percent Kaibarta used bamboo strip to cut the umbilical cord. Thus it is seen that the people of both the castes are aware of the benefits of hospital delivery in the safe hands of doctors. Among the Kaibartas though the percentage of hospital delivery is less in comparison to the Kayasthas, the positive aspect is that they relied heavily on the safe hands of trained dais or nurses.
According to NFHS in Assam the percentage of receiving antenatal care is 49.3 percent (Mishra et. al. 1998). Only one out of five mothers received all the recommended components of antenatal care and only 40 percent of deliveries were attended by a health professional and 52 percent women in India suffered from some degree of anaemia (NIPCCD: 2001).

The Kayastha and the Kaibarta women of the present study are aware of the good effects of the immunization during pregnancy. 88.35 percent Kayastha and 78.24 percent Kaibarta mothers took tetanus toxoid vaccine during pregnancy.

AGE AT MARRIAGE AGE AND PARITY

Though age at marriage, parity and birth interval, three maternal factors, do not directly affect the risk of infant death they cannot be ignored (Mosley and Chen: 1984).

It is an established fact that child birth at the too young an age or at too late an age of the mother is dangerous for both the mother and the child. Children born to very young mothers are at a higher risk of being severely under-nourished (Rajaretnam and Hallad: 2000).

In the present study, the age at marriage of the Kayastha female is found to be starting from seventeen (17) years whereas for the Kaibarta female it is thirteen (13) years and the marriage age ends at the age of thirty one (31) years for the Kayasthas and thirty two (32) for the Kaibartas. The mean age at marriage for the Kayastha females is 24.0 years and for the Kaibarta females it is 22.5 years. The infant mortality is found to be the highest to the mothers of age group 20-24 years in the Kayasthas and among the Kaibartas it is found in the age group of 35-39 years. Too early or too late motherhood is not common in both the castes.

Again infant mortality is found to be higher for the high order births (4th parity) for the Kayasthas while in case of the Kaibartas it is found in the 2nd
order parity. Therefore no definite trend is seen with regard to parity and infant death.

**BIRTH INTERVAL**

Birth interval has been considered as an important factor which influence the health care process of the babies. A study in Punjab in 1958 demonstrated that the risk of death in the first year for babies whose birth interval is less than two years is 50 percent higher than that of the children who were born at a gap of two to four years (Sandhya: 1991).

In the present study also it is found that in both the caste groups when the birth intervals are less than 18 months, the percentage of infant death is found to be higher. Among the Kayasthas it is 29.72 percent and among the Kaibartas it is 23.73 percent.

Realising the usefulness of birth interval data demographers like D'Souza (1974), Potter and Parker (1964), Rodriguez (1984), Srinivasan (1980), had undertaken a number of analytical studies in the past.

**IMMUNIZATION OF MOTHERS**

Immunization is another important step to be taken by expectant mothers. In the present study 88.35 percent Kayastha mothers and 78.24 percent Kaibarta mothers were completely immunized. On the other hand 11.65 percent Kayastha mothers and 21.76 percent Kaibarta mothers were not immunized at all, and the infant death percentage is found to be the highest in them. Though the percentages of immunized pregnant women are encouraging in both the caste groups yet a section of them are neglecting it due to their ignorance.

**DIET AND REST DURING PREGNANCY**

The growth and development of the foetus are satisfactory if the expectant women is given proper dietary attention; and she can thereby overcome any
minor ailments of delivery. Poor health of the mother may lead the baby to low birth weight (LBW), anaemia and susceptibility to various infections (Bhargava: 1987). The surviving babies will remain small throughout childhood and never seem to catch up with normal babies (Ghose: 1985).

Poor maternal nutrition may lead to still birth or death of babies after a few weeks of birth and also cause congenital deformities. The expectant mother's diet should be balanced and she should take an extra amount daily. Her diet should include cereal, pulses, milk, meat, egg, fish, oil, green leafy vegetables, fruits, local seasonal fruits etc. (Passmore et.al. 1986).

The present study found that 35.92 percent Kayastha women took special food and complete rest while the Kaibarta women were found neglecting the importance of special food and rest. Only 15.09 percent took special food and rest. In support of this two reasons have been adduced by the Kaibarta women - firstly they fear that too much of good food will produce a big baby which will cause difficulty in delivery. Secondly their economic conditions do not permitt them rest leaving aside their handlooms. Though they are not taking very special diets during pregnancy their nutritional status shows that majority (ref. table III. 27) of them are in normal category.

According to them rest and sleep are equally important for a good health. But as there is a saying 'too much of anything is bad', so there must be a limit otherwise excessive rest or excessive work may cause harm to the expectant mothers. A daughter-in-law is advised by the mother-in-law to perform some amount of light exercises in the form of daily household works.

**ALCOHOL, BEVERAGE AND TOBACCO CONSUMPTION DURING PREGNANCY**

Chances of abortion is more if alcohol is taken by the mothers during pregnancy. Children use to suffer from respiratory diseases where one or
both the parents have smoking habits (Derek, 1983).

Intake of alcohol and tobacco by the pregnant women was found totally absent during the survey in both the castes of the present study. Chewing of "supari" and betel (Piper betel) was however found in some respondents in both the castes; but it is not their regular habit. When they (pregnant mothers) have the tendency of vomiting they usually chew supari and betel. Some of the husbands of the pregnant women of both the castes who have the habit of smoking used to smoke outside home.

**PREGNANCY TABOOS, BELIEFS ETC.**

Each and every community has their own beliefs and taboos for the pregnant mother. In Asalpur (Rajasthan) and Barigaon (U.P.) the pregnant mothers at their advanced stage of pregnancies are not allowed to lift a heavy weight. They avoid places believed to be haunted by evil spirits also. Crossing a river or a culvert is also tabooed for them during pregnancy. In Barigaon, the people believe that if a pregnant woman crosses a river or a culvert a white thread-like thing may roll around the neck of the child in the womb. She avoids the earth tumbled by an ass and a pig also. It is because of the belief that evil spirit may cause illness to the unborn child. During eight months of pregnancy she is not allowed to cut her nails and apply "Kajal" (Lamp black) to her eyes. In Asalpur these are avoided in order to distract the husband and to avoid miscarriages. She also avoids looking at the reflection of an eclipse. Such avoidance is also found among the Mexican-American of South Texas. They believe that if a pregnant woman sees an eclipse it may create squint eyes of the baby in the womb. Some Latin women wear a key suspended by a string belt over the abdomen in order to protect the embryonic baby against deformity (Srivastava: 1971).

Pregnancy taboos are still prevailing in many societies. These are mainly relating to food, movement and certain acts. Pork is not allowed to
be taken by the pregnant women of Nigeria (cited in Rajyalakshmi: 1991). They believe that the baby born might get spotted skin. Again in Gujarat of India consumption of salt, chilli (Capsicum annuum), black gram (Phaseolus mungo), maize (Zea mays), jowar (Sorghum vulgare), ghee, milk and new rice (Oryza sativa) are considered to be injurious to the foetus (Gopaldas et. al., 1983).

In a study by Kusuma (1997) in Sugalis of Chittor district of Andhra Pradesh and by Rajlakshmi (1979), found among South Indians that papaya (Carica papaya) and starfruit (Averrhoa carambola) are restricted because it is believed that it may cause abortion.

Pregnant women avoid visiting a funeral ground, forest and the house of a deceased person. Again, killing of a snake or any other creature, telling lies etc. are tabooed by some of the tribes of Assam and Manipur (Research Bulletin NIPCCD: 1998). Besides, visiting a burial ground, a temple in the uphill, doing strenuous work, travelling in darkness etc. were tabooed by the expectant mothers among the Sugalis of Andhra Pradesh (Kusuma: 1997).

Sinha (cited in Kusuma: 1997) reported about pregnancy taboos of Bhilala tribe of Madhya Pradesh, Gujarat and Rajasthan. The taboos were crossing a broom stick and the tying ropes of a horse or ass. These animals deliver their babies in twelve months, thus a violation of the above taboo may lead to the same consequence. Seeing a dead body is also tabooed.

Among four tribes of Assam 29 percent of the respondents followed certain dietary restrictions during pregnancy. These tabooed foods are flesh of dead animals, or birds killed by predatory animals, crab, fresh water eel, tortoise, ginger, dry fish, egg with red spot inside and certain vegetables. The reasons of restricting these foods were fear of delivering a still-birth, difficult and prolonged delivery and baby’s bad health or any physical abnormality. Restrictions are also imposed against certain acts and movements of the
pregnant women, such as funeral ground, house of a deceased person, forest, deserted place etc. because of the fear of evil spirits or ghosts who use to live in these places according to the popular belief may harm the unborn baby (Bhuyan: 1993).

In a joint study conducted by Barua and Bora (1999) on child care and motherhood of Sonowal Kacharies of Assam found that a pregnant woman is not subjected to any restriction on any type of work. She handles her duties till her health allows. She never touches any cooked food items which is sent from a family where death occurred recently. They are not allowed to stitch any torn cloth and majority of them keep a knife or mustard seeds with them. They avoid eating joint fruits as they believe that birth of twins is related to eating joint fruits. Other food taboos are eating of alkaline food like papaya (Carica papaya), brinjal (Solanum melongena), "Silikha" (Terminalia chebula) etc.

Milk, green leafy vegetables, roti, mutton, spinach (Spinacia oleracea), dal, tomato (Lycopersicum sulentum) and ghee are included in diet to increase breastmilk. (Devadas: et. al. 1999).

When the present study groups are discussed on the above context it is found that taboos mainly of food, movement and certain acts prevailed among the Kayasthas and the Kaibartas also. Expectant mothers avoid eating too sour and bitter foods like "amloki" (Emblica officinalis), "silikha" (Terminalia chebula), tamarind (Tamarindus indica), starfruit (Averrhoa carambola), papaya (Carica papaya), bitter gourde (Momordica charantia) etc. Mothers of both the castes never fast during their pregnancy period. They are of the opinion that these may cause abortions or miscarriages. During pregnancy the women of both the castes avoid walking in slippery areas, avoid putting high heel footwears and avoid going to deserted place. Pregnant women of both the castes never go to the house of a deceased person. Sacred threads are given to the pregnant woman to tie on her wrist,
neck, hip and on toe to protect the baby in the womb. The threads are prepared by priests of the temples and also by some "ojhas" (local medicine men). Some perform puja especially "Satyanarayan puja" i.e. the worship of Lord Vishnu or "Naam Prasanga" (holy recitals) to get blessings from the Lord Vishnu for good health of the mother and the unborn child.

All the above mentioned restrictions and precautions are imposed on the expectant mother and the motive behind all these are the welfare of the expectant mother and the baby in the womb and to get rid of the eye of evil spirits.

**RITES/BELIEFS RELATING TO CHILD BIRTH**

Many rites and beliefs are found to be observed before and after the birth of a child by the people of the two castes the Kayasthas and the Kaibartas.

During the five months pregnancy of a woman, the mother of the pregnant woman ceremonially offer her daughter five sweet products to eat. These are milk, curd, ghee, honey and sugar. Some give "Payash" i.e rice prepared in cow's milk and sugar. "Payash" is first offered to God and later given to the pregnant woman to eat. This ceremony is known as "Panchamrit". Some perform "Naam prasanga" in their house.

"Jingknia-tap-Kpoh" ritual of same nature is performed by the Hindu Jaintias of Meghalaya (Goswami: 1988) and the Karbis (Bhuyan: 1993).

The Patidar Community of Gujarat performs two ceremonies during the pregnancy period. The first ceremony is performed at the fourth or the fifth month. A thread is tied around the arm of the pregnant woman by her husband's sister and the second ceremony is performed at the seventh month which is lap filling ceremony. Both the ceremonies are performed at the girl's father's house (Pocock: 1972). In Andhra Pradesh the Sugali tribe performs two ceremonies in connection with pregnancy (Kusuma: 1997).
The people of Asalpur put a little ghee mixed with sugar into the mouth of the newborn baby. They give the baby a one-rupee coin also. The respondents of the present study reported about the custom of giving little honey to the mouth of the newborn baby before first breast feeding.

The placenta and the after-birth waste products are buried in the back side of the compound by both the Kayasthas and the Kaibartas and they believe that if these are not buried but thrown out, dogs will eat them as a result of which the child and the mother may fall ill or die.

In the present study it is found that majority of the Kaibartas report of not shaving the first hair of the newborn within a month or so. They think that the shaving may hurt the brain. But the Kayasthas shave the first hair of the new baby on the 11th day by calling a barber at home. They think it is impure to keep the birth hair of the baby. The head of the family gives rice, dal, vegetables, money, a small bowl and one 'gamocha' to the barber for the welfare of the baby.

When a baby is born the relatives of the maternal or paternal side do not see the baby with empty hands especially the grand parents of the baby. They bring with them gifts or a small piece of gold ornaments if affordable.

**PLACE OF DELIVERY, BIRTH ATTENDANT AND INSTRUMENT USED FOR CUTTING THE UMBILICAL CORD**

Delivery is a natural process, but problems arise if there is complications and so precautions should be taken before hand. Successful deliveries reduce the mortality and morbidity of both the mother and the child. The complications can be minimised if the expectant mothers are in constant supervision of doctors or trained or skilled personnel.

In the present study it is found that in both the castes majority of the children were born in hospitals and it is a good sign. Among the Kayasthas 89.2 percent and among the Kaibartas 65.33 percent infant survived when
they were attended by doctors. Once again it has been proved that deliveries should be always in the safe hands of doctors.

In the present study the babies who are born at home the dais use razor blades and bamboo strips for cutting the umbilical cord. The elderly females generally force the dai to use a bamboo strip because they feel insecure using razor blades and speak of their time how their mother-in-laws help them for safe delivery. Some of the elderly females are still deep rooted in their beliefs and they do not want to accept some modern procedure.

The use of bamboo strips for cutting the umbilical cord is decreasing day by day but the practice is still continuing in a few families.

**NAVAL CARE**

Delivery in an unhygienic environment and with unsterilized instruments leads to infection. Tetanus toxoid vaccination alone cannot prevent infection. Cleanliness of the surroundings and proper cord care is important. A majority of the informants of the present study reported of taking naval care of the new borns. Those mothers who give birth to their babies at hospital apply ointment and antiseptic materials provided by the hospital and sometime buy from outside as prescribed by doctors. But for the home delivery babies the mother or any elderly female or the grand mother of the baby applies mustard oil in her thumb, heat it over an earthen lamp and pressed gently on the side of the naval. The process is continued for one week and later on the umbilical cord dries out and gets detached. Use of dried mud of wall, mother's milk, mustard oil etc. are also there among some tribes of Assam (Bhuyan: 1993), but no such practice is seen among the Kayasthas and the Kaibartas.

**FOOD AFTER DELIVERY AND POST DELIVERY FOOD RESTRICTION**

After the birth of a child, a mother loses her strength and vigour. To regain them a good nutritious and balanced diet, rest at the same time, a
clean environment too are necessary. She alone cannot take care of herself; help is required, at that time. It is the duty of the family members to take special care of her so that she becomes normal soon. Data were collected in respect of kinds of care received by the mothers of the two caste populations and are narrated below.

After delivery of the baby the mother is given bread and cow's milk or dry chappati and milk and light tea for the day. From the second day soft rice and vegetable soup specially prepared with black pepper (Pipenigrum) is given in small quantity three times to four times daily. Curry prepared with fish like "Koi" (Anabrs soandence) "Magur" Cat fish, "Goroi" fish (Canna punctatus) etc. are also given. Foods which are avoided mainly are all kinds of citrus fruits, meat, egg, pumpkin (Cucurbita moschata), spices, and chillies (Capsicum annuum). These are considered as 'hot food'. Bottle gourd (Lagenaria siceraria), curd, stale food are believed to be 'cold foods'. They believe that 'hot foods' may cause stomach upset and cold food may cause cough to the newborn as the baby is completely breast-fed at that time. Papaya is believed to cause loose motion. These practices are common in both the caste groups.

REST AND SECLUSION PERIOD

After delivery adequate rest is necessary. It has been observed that mothers of joint families get help from their family members and in case of nuclear families the husbands help their wives. The seclusion period after child birth is locally known as "akhosuhiya" (Polluted period) and it is observed for one month by both the caste groups and this practice gives rest to the mother. At the same time she can take good care of the newborn baby.

CARE OF THE NEW BORN

After birth a baby needs all types of care for the adjustment in the new environment and temperature. From cleaning to its hunger, thirst, sleep etc. lack of care may cause the neonatal infection which could be fatal and the newborn may even die.
FEEDING PRACTICE

PRE-LACTEAL FEEDS, INITIATION OF BREAST FEEDING, WEANING AND SUPPLEMENTARY FOOD

There is a custom of giving prelacteal feeds to the new born babies in some communities. In parts of Malaysia mashed ripe banana just touches the lips of the baby before first breast feeding (Jelliffe and Jelliffe: 1979). Bansal et.al. (cited in Bhuyan 1993) when conducted a survey at Simla hills of Himachal Pradesh found that three fourths of the cases give honey, plain water and glucose water. In a tribal community of Hyderabad 39 percent mothers gave honey, herbal juice and water (Mahapatra and Baag: 1982). Study conducted on child rearing practices (3-6 years) of Assamese mothers of Jorhat town by Phukan and Goswami in 1985 observed that in majority of the mothers (63.0 percent) mode of feeding was both breast milk and bottle milk. Next highest i.e. 42.0 percent mothers breast fed their babies upto 6-12 months and fed them to the schedule. Rest 86.7 percent started weaning between the ages of 3-6 months.

The respondents of the present study reported of giving honey as prelacteal feed to the babies. They believe that the reason behind this is that when the baby will grow up it will speak sweet like honey and voice will also be good; and moreover honey cleanse the mouth cavity.

Regarding complete breast feeding upto 6 months it has been found that 82.0 percent Kayastha and 69.33 percent Kaibarta babies were completely breast fed and the infant mortality percentage is found to be the lowest in them which is 6.34 percent for the Kayasthas and 7.69 percent for the Kaibartas. 6.0 percent Kayastha babies and 11.67 percent Kaibarta babies were given breast milk along with other animal milk like cow, goat or powdered milk.

Rajaratnam, et. al. in 1997 found in the Malto tribes of Bihar that 80.9 percent of the mothers gave colostrum to their neonates. In a study at
Coimbatore, mothers of the higher socio-economic status had greater chances of feeding colostrum than the poor income as most of their delivery took place in nursing homes.

Since the importance of colostrum is known by the mothers the highest i.e. 90 percent Kayastha mothers and 96.33 percent Kaibarta mothers reported of giving colostrum to their babies and the infant death percentage are found to be lowest in them.


In the present study the age of weaning varies. Some wean at an early age while some of them continue till 1 year or $1 \frac{1}{2}$ year.

Supplementary foods are generally given after 6 months. The highest Kayastha babies (43.2 percent) and Kaibarta babies (64.33 percent) were given indigenous food item which is locally known as "Luthuri". It is prepared with rice powder, banana, cow milk and sugar. 23.6 percent Kayastha infants and 20.33 percent Kaibarta infants were given tin food like Cerelac, Nestum etc., and rest 33.2 percent Kayastha infants and 15.34 percent Kaibarta infants were given other foods like rice prepared in cow milk with sugar, or rice prepared with dal and vegetables, vegetable soup, biscuits dipped in warm cow or tin milk etc. Again "Chira" (Chapped rice) prepared with milk and sugar is also given to eat.

It may be mentioned here that the mothers of both the castes are quite aware of the food value of indigenous food "luthuri" which is cheap as well as nutritious.

Among the Kayasthas and the Kaibartas the "annaprasana" or the first rice giving ceremony is performed in 9 or 11 months for the female child and 8 months for the male child.
The Kayastha respondents reported of sterilizing baby's utensils regularly but among the Kaibartas not all but some reported of sterilizing the utensils.

**HOUSING AND SANITATION**

Good ventilation, adequate sunlight, dry floor, cleanliness of the house and its surrounding are very essential which help to keep the child away from many diseases and ailments. Here 92.59 percentage Kayastha houses are of C.I roofed and Assam type and in case of Kaibarta it is 87.86 percent. Again 7.41 percent Kayastha houses are of thatch roofed and mud plastered type and 12.14 percent Kaibarta houses are of thatch roofed and mud plastered type. No. R.C.C. houses are found in both the castes. In both the castes some of the floors are kutcha and some of them are pucca. Windows of some of the Kaibarta houses were of complete wood.

Use of open place for nature's call completely absent among the Kayasthas while among the Kaibartas 41.84 percent use open place mostly near the river. Thus it can be said that such kind of dirty habit has polluted the river Brahmaputra and the bank of the river. In addition, among Kaibartas congested houses are also observed aggravating the condition. Contrary to this some houses were also found very clean and tidy. A proper system of garbage disposal is absent but some people of both the castes were found disposing the garbage with fire or dumping them on the back side of their houses. Shelters of domesticated animals were made far from their houses and the wastes from fowls and cattle sheds are applied in their kitchen gardens and the rest are dumped in the ground. Most of the campuses of the houses were found maintaining neatness and cleanliness by trimming the open space of the courtyard and also planting flower plants and herbs.

**DRINKING WATER**

Diarrhoea is one of the main diseases caused due to unsafe drinking water. Drinking water facilities are by and large good in the survey areas.
The people have wells and supply water for drinking purposes. Among the Kayasthas 62.35 percent use supply water and 37.65 percent use well. And among the Kaibartas 95.39 percent use supply water from the road side public tap and 4.61 percent use wells. Use of tube well water is found to be absent in both the castes.

**PATTERNS OF MORBIDITY**

Children (0-3 years) of both the communities are found to be suffering from various types of diseases. Cough and cold, fever, stomach trouble, worm, measles and "evil eye" are identified as frequently occurring diseases. Mothers take good care of their children at the time of illness. Locally available herbal medicines are used to cure minor ailments. If no positive response is found they go to the allopathic doctors.

In addition to the infant care practices it has been attempted to find out the nutritional status of the mothers with the help of the body mass index (BMI). For the children (0-3 years) the nutrition status has been found out with the help of weight for age and with the ratio of head circumference and mid-upper arm circumference.

The BMI shows that 83.98 percent Kayastha and 72.63 percent Kaibarta women are in the normal category. Here it could be mentioned that the women of both the caste groups are getting their necessary nutrition from their normal food. Though they are not capable of getting very special food they do not starve as most of them contribute equally to the earnings of the family.

The mid-upper arm/head circumference ratio of children as well as weight for age show that more than 65 percent children are in the normal category among the Kayasthas but among the Kaibartas the percentage in the normal category is 47 percent. It can be said that the Kaibarta parents try to give the maximum to their children but it is their economic condition
which stands as a barrier in their endeavour.

OTHER PROTECTIVE MEASURES

People believe that anger of deities leads to diseases, misfortunes and sad life and blessings lead to happy and prosperous life. So one should at least perform any puja or naam prasanga (Prayer) in their own house to satisfy the deities.

To protect their children from the attack of evil spirits parents give their children some amulets (japs), talisman, herbal garlands etc. brought from priests or local medicine men. The reasons for giving such amulets are to protect the baby from excessive crying, getting frightened at night, stomach ache etc.