Socio-Economic Survey of the Constituency
4.1 INTRODUCTION

After the independence, the socio-economic conditions of the depressed classes was a matter of concern for the policy planners of the country and it is given attention at the highest level of the policy makers. Special provisions were made for the protection and development of these population groups. The government introduced the policy of reservation for scheduled castes and scheduled tribes in the field of education, public employment etc. Successive five year plans have also paid special attention to the development of these educationally, economically and socially disadvantaged population groups.1

The present chapter emphasises on the socio-economic status of women among different ethnic groups living in the Katigorah constituency.

The constitution of India has defined 'Scheduled Tribes' as such tribes or tribal communities who are deemed under Article 342 to be scheduled tribes.2 In India, the tribal habitations are demarcated in three tribal zones - North Eastern, Central and Southern. The North Eastern Zone is inhabited by the tribes like Gurung, Limbu, Lepcha, Garo, Khasi, Naga and others. The Santhal, Munda, Oraon and Bhil are some of the tribes of Central Zone while the South Zone is inhabited by the tribes like Chenchu, Kota and
Toda. It is to be mentioned here that in India and there are six
hundred and thirteen tribes living all-over India.3

India is a vast country but the contrasting spectrum of
diversity is seen in her demography having a large number of tribes
spread over our vast lands. All tribal groups do not belong to the
same ethnic group and so much of variations are observed in their
cultures and languages that they make a different sphere of study
altogether. But on the whole, the tribes along with all the sanskritic
and the Dravidian races constitute our composite culture that is
India4. In spite of being within the territory of India, the tribal
communities have retained the distinct culture which is unique to
them. Partially because of their isolation and partly due to the lack of
access to the rest of the world, the attitudes retained by them are
influenced by the circumstances in which they live and they differ
widely in attitudes and approaches from the people of the urban or
the industrialized societies. The living in isolation moulds their
attitudes. The tribal groups are generally found to live in areas
contiguous to forests or in geographically remote areas of our
country which alone accounts for their isolation. The distinctiveness
which the tribal communities possess due to their living in the same
socio-economic conditions, non competitive and uninfluenced by
others, removed from the modern conceptions of development
rendered them into a different classification as a social group now constitutionally marked as 'the scheduled tribe'. The lack of socio-economic advancement, seclusion in remote areas may have rendered suitable ground to put them under a common term. The mobility and competitiveness are the relative terms and the assignment of a tribe under the term scheduled tribe may not be true after some time when the isolation breaks down and they too are exposed to the modern culture of development.5

It cannot be denied that conditions of the scheduled tribes are changing but there are bound to be disagreement on the extent and directions of these changes. Large disparities still remain among the different categories of tribal communities. If their problem is discussed in the light of the promise given at the time of making of the constitution, at can be said that many things are yet to be done.6

So far the tribal societies in North East India is concerned, there are different tribal groups like, Garo, Kuki, Mishmi, Naga, Dimasa, Khasi, Karbi and others.

The tribal movements in the north east do not provide any definite dates but the associated information fixes them to certain periods and regions. Before the arrival of the British in the region, thousands of such movements occurred and these occurred in the regions where no sovereign authority exercised its powers. Now we
construct a history out of information we have. But the movements continued for many centuries before the British colonial rule began. In the colonial interests and for satisfying personal curiosities, the tribal studies were undertaken by many officers working in the imperial services and some independent scholars. There were serious attempts made to identify the tribes, their habitats and historical backgrounds primarily for the colonial interests. The scientific inquiries on tribes opened up a large sphere of studies which were previously ignored. As there was no written language, no records, so very little is known of the history of tribal people of North East India. The internecine clashes were very common in absence of any sovereign authority over head. The British colonial exercises created borders and even today, we consider these demarcations some thing like finality. The Nagas, the Mizos and the Khasis, among many tribes inhabiting north east India, had consolidated their respective positions before the British took over the charge of the frontiers. One important change occurred in the intra tribal relations was that the continuous bloodshed stopped as the sovereign authority did not allow these to happen.7

To know the status and role of women in a tribal society, some points are to be noted. Firstly, as there are different types of tribal groups, so their problems are also different and their problems
cannot be placed in the same category. Secondly, traditions, religious activities, customs and taboos differ and all tribes do not look at these questions from the same stand points. The gender issues in the tribal societies will have to be studied by the standard of that society. In spite of all the differences mentioned above, there are certain issues which are common to all women, as for instance, health care, education and economic solvency.

Though there are constitutional provisions for the upliftment of the weaker sections of the society, the ground realities everywhere reveals the dismal state of affairs and women suffer most in the Indian society. With the passage of time, there is a subtle impact of the happenings in the country on the gender issues percolated down to the far corners of North East India. This process results in a change in the socio-economic structure of the ethnic societies of this region.

The three tribal groups live in the Katigorah constituency. They are the Dimasa, the Khasi and the Karbi. These three communities are living in the areas within the jurisdiction of the Kalain Development Block. The Dimasa and Khasi are mainly staying in Garervitar Gaon Panchayat while the Karbis are residing mainly in Kushiarkul Goan Panchayat. Though the Dimasas are residing in an area just adjacent to the habitats where the non-tribal
groups live, the Khasis and Karbis are residing in remote forest areas. There is no road to approach a remote Khasi village, Bauripara Part I located on the lap of the Barail Range. The rivulet Harang has to be crossed by foot few times to reach the Khasi village. The Karbi village though adjacent to the NH 44 is situated in the extreme corner of the constituency from where the Meghalaya border starts. A part of the village is located close to the thick forest which extends beyond the boundary of the state of Assam. The forest covers a large part of the borders between Assam and Meghalaya.

4.1.1 THE DIMASA

The Dimasas belong to the Bodo group of tribes who are commonly known as the Kacharis in Assam. In the plain portion of the region (Barak Valley), due to their adherence to the conventional form of Hinduism, they are known simply as the Barmans. A common title, Barman given to the new adherents after their conversion to Hinduism. They follow their usual patriclan and matriclan systems in the intra-social relationships, particularly in the fixation of marriages in the society. In a particular marriage, both the clan systems are taken note of. A marital tie is made say of a boy from any clans other than his father's and mother's clans. Any deviation from this social rule is not accepted by the guardians of the society. They are unique in one respect that they follow the double
clan system. The other tribes follow either the patrilineality or the matrilineality. They are one of the major tribal communities of Assam and constitute an important ethnic group in North East India. They are scattered more or less in the plain districts and the Autonomous Hill Districts namely North Cachar Hills and Karbi Anglong.11

In Dimasa society, a female child is not treated as a burden of the family. She is reared up as a part of the family and her status is equal to any male child. Normally, no hard work is allotted to her at her tender age.12 As the child grows up, she starts helping her mother in household activities. In village, a girl accompanies her mother and aunts to fetch water from streams in the bamboo containers, she assists her mother in husking rice, cleans up the house and the courtyard, such training a girl gets before her marriage. An elder sister protects the younger brothers and sisters, it is her duty. In a word, a girl in a Dimasa family is considered a blessing because she shoulders many important responsibilities. She relieves the burden of parents till she goes to the other house after marriage. Even after marriage, she takes charge of the family of her husband. In the household work, the husband is dependant on her.13

Women in the family take charge of the arrangement of a religious function. In a sad occasion of death in the family, they take
charge to console and feed the people coming to the house to show sympathy to the bereaved family. Women stand equal with men within the house. Her contact with the outside world is limited and like women in any other society, she takes little interests in politics. The reason for this could be sheer lack of formal education in the society. Women seldom venture outside home competing with men. Like any other society, exceptions are there. Nowadays, girls are receiving formal education, particularly in the urban areas and try to enter into the professions which they avoided earlier and often dabble into politics in some cases.\textsuperscript{14}

A Dimasa man adheres to the principle of monogamy. One wife and one husband is the rule of the society. A good feature of the society is that a divorcee is entitled to remarry and the society does not put any hindrance on the path of any unfortunate young lady who lost her husband to marry second time. Even a divorce is allowed if the marriage does not work properly.\textsuperscript{15}

4.1.2 THE KHASI

Meghalaya is the homeland of Khasi tribal population group. But they also live in the plain districts of Assam. T. Bhattacharjee in his article 'Economy and education among a small tribal group (Khasis) in Barak Valley' observes,
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 the non-Chinese 4000. They live in the 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 senior most 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.¹⁶

The Khasis are matrilineal and women have a special status in the society. The clan is reckoned through the mother. They call their clans, jaid or kur. The word 'Kur' came from the Sanskrit root word 'Kul' meaning the original ancestor. In the jaid, the eldest woman occupies a very significant position and mother holds a preeminent position in the family. The mother's residential home is retained by the youngest daughter who inherits the major shares of property and the house. If there is no daughter, the property is equally
distributed amongst the sons.\textsuperscript{17} The present day scenario is different and the influence of the liberal political and economic situation affects a small tribal society. Now, the trends of a male dominated society entered the Khasi community. Because of the strong socio-political changes occurring around them, the traditional beliefs and customs too are affected, the Khasi culture still remained matrilineal and it is not truly matriarchal.\textsuperscript{18}

There is an interesting spectacle of husbands of daughters living in the house and the youngest daughter is the custodian of the original properties, but not the ancestral residence. She performs religious household ceremonies but her main duty is to take care of her aged parents.\textsuperscript{19}

It should also be noted that a Khasi woman though in charge of family proper, have no voice in public affairs and generally do not succeed to the office of a chieftain. It may also be pointed out that in Khasi society; men are partners with women not only in performing outdoor activities but also in the conduct of domestic duties.\textsuperscript{20}

It may be mentioned here that the literacy rate among tribal women is very low and the spread of education among tribals is not at all encouraging in many remote villages in the constituency under our study. But in some tribal areas outside the state, the growth level is much faster. Among few tribes, there are visible changes occurred
due to spread of education and enlightenment. The Khasis, the
Mizos and the Garos who saw the early arrivals of the Christian
missionaries, the education process started earlier. The growth of
literacy in some tribal areas like Mizoram, far outstrips the national
averages.21

4.1.3 THE KARBI

The Karbis were previously mentioned as the Mikirs in the
Constitution Order, Government of India, and they make an
important ethnic group in the hill areas of Assam. The outsiders
called them as the Mikirs but among them, they call themselves as
the Arlengs (meaning man). But the tribe adopted the new name for
themselves the ‘Karbi’ which is officially recognized. Instead of
calling their main areas of habitation as the Mikir Hills, they now
call it Karbi Anglong. It is the literal translation of the word Mikir
Hills where Anglong stands for hills. Their main concentration is in
the district of Karbi Anglong but the Karbi villages are found in
North Cachar Hills, Nowgong and Nagaland. In Cachar district a
few Karbi villages exist close to the Meghalaya border. Even in
Bangladesh, some Karbi villages are noticed. However a person does
not call himself as Mikir nowadays. He now prefers to be addressed
as a Karbi.22 Karbi Anglong is now the homeland of the Karbi
people. It was created in 1951 with its headquarters at Diphu - a
railway station between Lumding and Dimapur.23

The Karbis were almost an unknown tribe to the outside people during pre-independence period as they did not have any district of their own but they lived in widely scattered areas in Central Assam. The British administration came in contact with this forest dwelling tribe in the late nineteenth century when they established their headquarters in Central Assam at Nowgong. A British Civil Service Officer Edward Stack compiled information on the tribe, its social structure, folk lore and life style with the help of the first Karbi convert to the Christianity, Sardoka Perrin Kay. But he could not get it printed. It was Charles Lyall, a high Officer of the Government of Assam got the texts left by Stack who fell ill in course of his work and left the province leaving the manuscript. Lyall arranged the texts of the manuscript and published an immensely readable book. The Government published the monograph in 1908 and it was the first printed book on this unknown tribe who were almost lost in the dense forest of Central Assam.24

Though a tribe with patriarchal traditions, the Karbi woman plays a very important role in family as well as religious activities. The Karbi woman retains her father’s surname after her marriage and a suffix ‘pi’ is added to her surname indicating that she is a woman. This practice is not like other male dominant cultures where
a woman’s identity is fully submerged under her husband’s identity. The Karbi women also play a significant economic role which further strengthens their social position. An ordinary Karbi woman engaged in her daily core of work has several duties to perform. She clears jungles for jhum, collects fruits, assists her husband in cultivation, collects woods from jungles and engages herself in weeding and cutting excess outgrowths of jungles in the house. She is the mistress of the house. Karbi women work side by side with men. But some social and religious taboos common among the staunchly patriarchal societies are also present among them. Women are not allowed to attend a village court or partake of food along with men in religious or community feasts.\textsuperscript{25}

4.2 REPORT ON FIELD STUDY

The main theme of this chapter is to assess the impact of socio-economic changes on women and their status among the distinct ethnic groups living within the jurisdiction of the Katigorah constituency. These three distinct ethnic groups are the Dimasas, the Khasis and the Karbis. In order to understand this, an attempt is made to know the economic role of women, their level of health awareness and the power of decision making in the family. For this purpose, a questionnaire was prepared and administered among fifty ethnic women respondents by direct personal interview. Three
villages from Kalain Development Block are selected for the purpose - Garervitar Part I, Bauripara Part I and Malidahar Mikir Punjee which represent the women of Dimasa, Khasi and Karbi groups.

TABLE 4.1
RATE OF INVOLVEMENT IN SELF-HELP GROUP (SHG)

<table>
<thead>
<tr>
<th>Sample villages</th>
<th>Name of ethnic group</th>
<th>No. of respondents</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dimasa</td>
<td>20</td>
<td>14 (70%)</td>
<td>6 (30%)</td>
</tr>
<tr>
<td>2</td>
<td>Khasi</td>
<td>15</td>
<td>9 (60%)</td>
<td>10 (66.66%)</td>
</tr>
<tr>
<td>3</td>
<td>Karbi</td>
<td>15</td>
<td>6 (40%)</td>
<td>9 (60%)</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>50</strong></td>
<td><strong>28 (56%)</strong></td>
<td><strong>22 (44%)</strong></td>
</tr>
</tbody>
</table>

Source: Field Survey.

As shown in the table 4.1, among the three ethnic groups - Dimasa, Khasi and Karbi, 56 per cent of the respondents are involved with Self Help Group and 44 per cent respondents are not involved with it. The Deshabandhu Club, a pioneer NGO in the area has engaged many tribal people and organized them as the Self Help Groups.

The village Garervitar Part I, situated in Garervitar Gaon Panchayat is very close to the Deshabandhu Club (about 3 kms. away). As a result of which 70 per cent of the surveyed Dimasa women are involved with Self Help economic activities. The proximity to the well-known NGO has encouraged them to come forward. While the Khasi village Bauripara Part I, though situated in
Garervitar Gaon Panchayat, its geographical location prevents its women inhabitants from easy interactions with the most active NGO of the constituency. The village lacks communication as it is located beyond a hill across some unbridged streams and its inaccessibility is more pronounced than other villages. They have, thus less contacts with the NGO. It is seen that only 33.33 per cent of the respondents are involved with Self Help Group. The NGO has their own workers to keep contacts with these beleaguered tribal villages located in the deep interiors. Again the village Malidahar Mikir Punjee, situated in Kushiarkul Gaon Panchayat in Kalain Development Block is far away from the Deshabandhu Club. But as the village is adjacent to the 44 National Highway, they have regular contact with the members of the Deshabandhu Club and 60 per cent of the respondents are involved with self help activities.

This explains why do the Dimasa women living in the plains with their villages having better communication enjoy a little more economic freedom then the Khasi and Karbi women living in the hilly region.

The tribal areas constitute a very significant part of backward areas of the country. Generally the tribal communities live in hilly and forest regions which are comparatively isolated from rest of the mainland. The history tells us that the country has large number of
tribal groups spread over the length and breadth of the country and even in the known historical period, the tribal groups occupied certain spaces in the country. In the north eastern part of the country, the tribal groups live alongside other sanskritic cultures. After the independence, these tribal groups were accorded the ‘scheduled’ status for the preservation of their lands, customs and traditions. There is no uniformity in such list, one tribal group in the north east is accorded the scheduled status and the same tribe is denied such status in another state.26

In India, it is widely realized that the long history of hunger among the millions slowly eats up the vitality of the population. Only an increase in the investment on health and the accessibility of remedies may alter the situation. Therefore, the provision for universal health care emerges as an important service of physical and mental development. It helps the growth of human productivity.27

Tables 4.2, 4.3 and 4.4 show the awareness of the respondents about their health status.
**TABLE: 4.2**
AWARENESS AMONG THE TRIBAL WOMEN ON THE SERVICE OF GOVERNMENT HEALTH CENTRES DURING PREGNANCY

<table>
<thead>
<tr>
<th>Sample villages</th>
<th>Name of ethnic group</th>
<th>No. of respondents</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garervitar Part I</td>
<td>Dimasa</td>
<td>20</td>
<td>10 (50%)</td>
<td>10 (50%)</td>
</tr>
<tr>
<td>Bauripara Part I</td>
<td>Khasi</td>
<td>15</td>
<td>7 (46.66%)</td>
<td>8 (53.33%)</td>
</tr>
<tr>
<td>Malidahar Mikir Punjee</td>
<td>Karbi</td>
<td>15</td>
<td>5 (33.33%)</td>
<td>10 (66.66%)</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>50</strong></td>
<td><strong>22 (44%)</strong></td>
<td><strong>28 (56%)</strong></td>
</tr>
</tbody>
</table>

Source: Field Survey.

**TABLE: 4.3**
WHETHER AVAILING SERVICE OF DOCTORS AND AUXILIARY NURSE CUM MIDWIFE (ANM) DURING DELIVERY

<table>
<thead>
<tr>
<th>Sample villages</th>
<th>Name of ethnic group</th>
<th>No. of respondents</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garervitar Part I</td>
<td>Dimasa</td>
<td>20</td>
<td>6 (30%)</td>
<td>14 (70%)</td>
</tr>
<tr>
<td>Bauripara Part I</td>
<td>Khasi</td>
<td>15</td>
<td>1 (6.66%)</td>
<td>14 (93.33%)</td>
</tr>
<tr>
<td>Malidahar Mikir Punjee</td>
<td>Karbi</td>
<td>15</td>
<td>2 (13.33%)</td>
<td>13 (86.66%)</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>50</strong></td>
<td><strong>9 (18%)</strong></td>
<td><strong>41 (82%)</strong></td>
</tr>
</tbody>
</table>

Source: Field Survey.

**TABLE: 4.4**
AWARENESS ABOUT FAMILY PLANNING PROGRAMME

<table>
<thead>
<tr>
<th>Sample villages</th>
<th>Name of ethnic group</th>
<th>No. of respondents</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garervitar Part I</td>
<td>Dimasa</td>
<td>20</td>
<td>4 (20%)</td>
<td>16 (80%)</td>
</tr>
<tr>
<td>Bauripara Part I</td>
<td>Khasi</td>
<td>15</td>
<td>1 (6.66%)</td>
<td>14 (93.33%)</td>
</tr>
<tr>
<td>Malidahar Mikir Punjee</td>
<td>Karbi</td>
<td>15</td>
<td>1 (6.66%)</td>
<td>14 (93.33%)</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>50</strong></td>
<td><strong>6 (12%)</strong></td>
<td><strong>44 (88%)</strong></td>
</tr>
</tbody>
</table>

Source: Field Survey.
As may be seen from tables 4.2 and 4.3, 44 per cent of the respondents are aware about the service of Government health centers during pregnancy, but in accordance with the table 4.3 only 18 per cent of the respondents avail the service of doctors and ANM during delivery. The probable reasons behind the problem may be that women in the tribal areas do not prefer to go out of their villages for delivery. This belief is nearly superstitious in its contents and the illiterate women in the villages generally shun contacts with the outside places in such circumstances. It may be mentioned that generally the tribal communities live in such remote and inaccessible places that it is neither possible for them to come to the government health centres nor it is possible for the doctors or ANM to go to that place for the delivery of a child.

In Dimasa society, during pregnancy a woman has to follow strict routine. In the advanced stage of delivery, the expectant mother is not allowed to move outside the village. Also she is not allowed to visit the cremation ground for the fear that the evil spirit might harm the child in the womb. At the time of delivery, the midwife and her assistant who are from their own clan conduct the operation of a child birth. A midwife or a dhai (dhatri) is given the higher status among women as she assists in the arrival of the child in the world.\textsuperscript{28}
In a Khasi society, there are various kinds of restrictions for the expectant woman and her husband. She is not allowed to join any funeral procession. In the Khasi society, the death is feared. The expectant mother does not go near the dead body of a person thinking that the evil spirit might enter the womb and affect the baby. Some maintain taboo of not allowing the expectant mother to the river for bathing.29

As soon as a woman develops labour pain, she is taken to a bed till she delivers. After the birth of the child, the naval chord is cut off by the dhai. Then the affected part is bandaged with a cotton string.30

What are said about Dimasa and Khasi women are equally true to Karbi women also. It is found that only 33.33 per cent (table 4.2) of the surveyed Karbi women are aware of the service of doctors and ANM during pregnancy; while 86.66 per cent (table 4.3) of the respondents are not availing the opportunity. Also it is evident from the table 4.4, that 12 per cent of the respondents are aware of family planning while 88 per cent respondents are not at all aware of that.

After the independence, the Government of India realized the necessity of a healthy growth of population with emphasis on the utility of a small family. India was the first country in the region to start campaign for the small family norms and the care for the
mother and child. The immunization campaigns were introduced which touched down to the village hamlets. The campaign brought down deaths from the epidemic diseases though malnutrition and poverty continued in the rural areas. A series of health programmes were taken up by the government of India, but the efficacy of the campaign for a small family had hardly touched the working population in the rural areas as they needed more hands to assist them in the fields and factories. The abject poverty was detriment to the elimination of child labour in the country. The population began to increase as the campaigns did not reach all corners of the country. The rural poverty eradication and the provision for employment will go a long way to control population and the importance of it is universally felt. In 1994, a comprehensive programme called ‘Reproductive and Child Health (RCH)’ was taken up by the Government, which underlines that “people have the ability to reproduce and regulate their fertility. Women should be able to go through pregnancy and child birth safely, the outcome of pregnancy is successful in term of maternal and infant survival and well being and couples are able to have sexual relation free of fear of pregnancy and contracting disease.”

It has been observed that in laparoscopic sterilization camp, occasionally held at the Deshabandhu Club which is not far from
respondents' villages, many women of different categories and religions come and get sterilized. But it is the worst experience of the club members that the turn out of the tribal mothers is almost negligible. However, occasionally, a few mothers from Dimasa community take the facility of sterilization and the laparoscopic operation. But the mothers of other tribal communities like the Khasi and the Karbi never felt any necessity to attend such programme.

Table 4.5 shows the opinion of the respondents on the immunization of their children against six killer diseases.

<table>
<thead>
<tr>
<th>Sample villages</th>
<th>Name of ethnic group</th>
<th>No. of respondents</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garervitar Part I</td>
<td>Dimasa</td>
<td>20</td>
<td>14 (70%)</td>
<td>6 (30%)</td>
</tr>
<tr>
<td>Bauripara Part I</td>
<td>Khasi</td>
<td>15</td>
<td>6 (40%)</td>
<td>9 (60%)</td>
</tr>
<tr>
<td>Malidahar</td>
<td>Karbi</td>
<td>15</td>
<td>7 (46.66%)</td>
<td>8 (53.33%)</td>
</tr>
<tr>
<td>Mikir Punjee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td>50</td>
<td>27 (54%)</td>
<td>23 (46%)</td>
</tr>
</tbody>
</table>

Source: Field Survey.

The six killer diseases are polio, tuberculosis, diphtheria, whooping cough, measles and tetanus. As found in the table 4.5, among the ethnic groups of the Katigorah constituency, out of 50 persons interviewed, 27 admitted that they took the advantage of the facilities available. On further enquiry, it is found that they consider
the polio immunization as the standard immunization; other infectious diseases are not reckoned. In the health centres, the other immunization facilities are available but they hardly availed such facilities. There is still lack of awareness among the people on immunization. 23 respondents honestly confessed that they are unaware of the immunization programmes.

Though the Government of India introduced the programme to immunize the children of the country so that the future citizens of the country can be saved from the scourges of these six killer diseases, but in the above table we find that only 54 per cent of the children of ethnic communities have been immunized. Many steps are needed to be taken by the government to achieve appreciable success in the field.

Each society has its own parameters to measure the status of women. It is rather governed by the tradition and cultural practices of each society. Table 4.6 depicts the role of women in the decision making of the family.
TABLE: 4.6
ETHNIC WOMEN AND THEIR OPINION ON FAMILY MATTERS

<table>
<thead>
<tr>
<th>Sample villages</th>
<th>Name of ethnic group</th>
<th>No. of respondents</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garervitar Part I</td>
<td>Dimasa</td>
<td>20</td>
<td>14 (70%)</td>
<td>6 (30%)</td>
</tr>
<tr>
<td>Bauripara Part I</td>
<td>Khasi</td>
<td>15</td>
<td>13 (86.66%)</td>
<td>2 (13.33%)</td>
</tr>
<tr>
<td>Malidahar Mikir Punjee</td>
<td>Karbi</td>
<td>15</td>
<td>12 (80%)</td>
<td>3 (20%)</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>50</strong></td>
<td><strong>39 (78%)</strong></td>
<td><strong>11 (22%)</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: Field Survey.

The discrimination on gender emanates from the strongly rooted system of patriarchy where the society runs on the belief that it is man who is superior and all women are subordinate to the patriarchal system. But in a matriarchal society, women have more rights and decision making powers.

The tribal societies - patriarchal or matriarchal - have their own culture and tradition that women play some recognizable and inalienable roles in the society and their opinions influence decisions on family matters. As shown in the table 4.6, 78 per cent of the respondents mentioned that their opinions are accepted in family matters. The 22 per cent of the tribal women confessed that their views were not accepted with seriousness. Among the Khasis, women enjoy higher status in their families and 86.66 per cent of the women interviewed declared that their opinions are heard properly in family matters.
4.3 CONCLUSION

In this chapter it is found that the three tribal groups - Dimasa, Khasi and Karbi of the constituency are living with their own tradition and culture. But with the passing of time, some changes came in life style and thinking of Dimasa group of people. These changes are reflected in all the tables shown in the chapter. In the field of economic empowerment, this study yields the fact that more Dimasa women are involved with the Self Help Groups and their eagerness to associate themselves with the SHGs is higher than other two tribal groups. In the field of health and sanitation, they showed greater awareness than the Khasi and Karbi respondents. In the interview, the Dimasa mothers confessed that they have immunized their children against six killer diseases. There is a doubt that they might have confused with the more publicly exercised polio eradication programme of the government as the immunization for other deadly diseases is available in health centres only. But recently the government appointed auxiliary nurse cum midwife (ANM) to travel to all houses in the villages with an aim to immunize against these six deadly diseases. This is a laudable programme of the government but a constant supervision and monitoring of the system is necessary to make this programme reach all homes in the villages.
But in regard to the role of Dimasa women in making decisions on family matters, they are below the other two groups. The observations yield subtle facts about the status of women in different tribal societies inhabiting the constituency. The Khasis, being a matriarchal society generally place women in higher social status. They are not only the managers of their homes, they command high position in decision making also. The Karbi women live in a male dominated society but they too have dominant place in the home front having significant role in decision making process. Women among the tribal communities are economically handicapped and they are less interested in the matters relating to public affairs. At the four corners of home, their opinions are heard but not outside. The survey leads us to the fact that besides weaving the Karbi women have less access to economic self sufficiency. However the SHGs are trying to mitigate the economic needs. The health awareness is also very negligible among them.

The Dimasas live almost along with the non-tribal people in the Katigorah constituency and they are availing the benefit of education which may be the reasons for their better exposure to education and employment. But the Khasi and Karbi group of people live in remote and isolated areas and as a result of which getting little chance of education. On the other hand, they are more
faithful to their tradition and culture which is reflected in all the above tables.

NOTES AND REFERENCES:

1  M.Z. Khan and Furqan Qumar (1996), Scheduled Castes – their socio-economic background and development aspirations, p. 49.


3  Ibid, pp. 1,2.

4  M.M. Verma (1996), Tribal Development in India, pp. 36,37.

5  Ibid, p 37


7  Frank Wilde (1908), The Kukis and Nagas of the North Cachar Hills, Assam; pp. 575,576.

8  Lakshahira Das : Literacy and the tribal women of Assam, op. cit. p. 29.

9  Ibid, p. 27.

10  Sanjay Barbora and Walter Fernandes (2002), Modernisation and tribal women’s status in North East India, p. 114.


12  Ibid, p. 144.


16 Tanmay Bhattacharjee (2002), *Economy and education among a small tribal group (Khasis) in Barak Valley*, p. 45.


19 Ibid, p. 81.

20 Ibid, p. 83.


28 Suparna Barua; op. cit. p. 149.

