FINDINGS, CONCLUSION AND SUGGESTION
CHAPTER V

FINDINGS, CONCLUSION
AND SUGGESTION

Findings

1. Personal profile:

- Majority of the respondents (77.0 %) belong to nuclear family type and followed by them, 23 % are belonging to joint family (Table No. 1.1).
- Majority of the respondents (65.5 %) in the tribal community are living in tiled houses which are built by themselves and 10 % are living in tiled houses which are built by the government (Table No.1.2).
- Majority of the respondents (73.0 %) from both the categories (Govt. built/Own built houses) are not having bathroom/ lavatory facilities (Table No.1.3).
- Majority of the respondents (69.0 %) houses have electrified (Table No.1.4).
- Majority of the respondents (96.0 %) have owned ration card. The remaining respondents (4.0 %) are not having ration card (Table No.1.5).
- Major proportion (94.0 %) of the respondents are evenstill involved into their traditional agricultural work (Table No.1.6).
- Majority of the respondents (86.0 %) used to go to field by walk up to 0-2 Km., all of them are agriculture land owners and coolies (Table No.1.8).
- 47.0 % of the respondents are engaging in to their average activities upto 5 hours per day. They are working as agricultural coolies as well as in their own land (Table No.1.9).
- Majority of the respondents (68.0 %) are possessing buff allows as their major asset (Table No.1.10).
- 21.0 % of the respondents have gone upto high school level and 27.0 % are educated upto middle school level (Table No.1.11).
- Majority of the respondents (82.0 %) are engaging as agricultural coolies as well as working in their own land (Table No. 1.12).
Majority of the respondents (94.0 %) are working in many areas like Botanical garden, Anaikal Mund, Kotagiri and so on. 6.0 % of the respondents are not working anywhere else and they look after the pasture activity alone (Table No. 1.13).

Majority of the respondents (81.0 %) do not have knowledge in nutritional intake (Table No.1.15).

Majority of the respondents (69.0 %) (both husband and wife) are not aware of water born diseases and 31.0 % of them are aware of such water born disease (Table No.2.1).

Majority of the respondents (88.0 %) preserve rain water for one day but 12.0 % of the respondents preserve water in rainy season for upto two days (Table No. 2.3).

Majority of the respondents (92.0 %) preserve water in summer season for one day and remaining few percent of them (8.0 %) preserve water for up to two days (Table No.2.3).

Majority of the respondents (74.0 %) are not using boiled water for drinking purpose and 26.0 % of them are using boiled water (Table No.2.4).

Majority of the respondents (60.0 %) are having more awareness on pregnancy care and remaining 40.0 % have no such awareness ( Table No. 2.5).

Majority of the respondents (70.8 %) have not undergone regular check up during pregnancy and followed by 29.2 % have followed regular check up (Table No.2.6).

More than half the proportion of the respondents (57.0 %) have known the importance of breast feeding followed by less than half the proportion of the respondents (43.0 %) who are unaware of the importance of breast feeding (Table No.2.7).

Majority of the respondents (77.0 %) have had control diet after delivery followed by 17.0 % of the respondents who have had ordinary food (Table No.2.8).
• Majority of the respondents (98.0 %) from all the educational categories have received vaccinations for their children (Table No.2.9).

• 42.1 % of the respondents have stopped breast-feeding due to lack of physical strength and 36.9 % have stopped breast-feeding due to lack of breast milk (Table No. 2.10).

• More than half proportion of the respondents (53.0 %) consult physicians for their health problems and the remaining 47.0 % of the respondents have not consulted with physicians for any of their health related issues (Table No.3.2).

• More than half proportion of the respondents (55.0 %) have preferred female doctors as their physician but 45.0 % of the respondents have preferred male doctors to consult and discuss their health problems and treatment (Table No.3.3).

• Majority of the respondents (94.0 %) are taking naturopathy treatment on their own and 4.0 % are taking naturopathy medicine and treatment from their village quack. (Table No.3.4).

• Majority of the respondents (Male: 89.0 % and female: 76.0 %) prefer Government hospital for their allopathy treatment and the remaining few respondents (Male: 11.0 % and Female 24.0 %) have preferred private hospital for their allopathy treatment (Table No.3.5).

• 36.0 % of the respondents villages are located 16 to 20 Kms. away from hospital ( Table No.3.7).

• More than half proportion of the respondents (51.0 %) said that Village Health Nurses (VHN) visit their villages once in a month (Table No.3.8)

• 49.0 % of the respondents said that nurses alone are the visiting specialist to their village for treatment and health awareness (Table No.3.9).

• More than half proportion of the respondents (59.0 %) said that only Government Staff come and give them treatment (Table No. 3.10).

• More than three fourth of the respondents (80.0 %) have not suffered from any diseases (Table No.3.11).

• Majority of the respondents (85. 0 %) said that their children are free from diseases (Table No. 3.13).
• 41.0 % of the respondents said that G.H Ooty as their main medical center for treatment (Table No. 3.14).

• Majority of the respondents (68.0 %) are using firewood for their cooking purpose (Table No.3.15).

• Majority of the respondents (77.0 %) have not adopted smoke outlet in their kitchen (Table No.3.16).

• More than half the proportion (59.0 %) of the respondents from all the literate and illiterate category have adopted female sterilization method (Table No.3.17).

• Majority of the respondents (Husband: 89.0 % and Wife: 91.0 %) have not known the brand name of pills and condoms used as contraceptives (Table No.3.18).

• Majority of the respondents (86.0 %) do not wear footwear (Table No.3.19).

• Husband educational level is positively correlated to increase family income (Table No.4.2).

• Majority of the respondents (60.0 %) from all the income groups have preferred rice as their main food (Table No.4.4).

• 43.0 % of the respondents have got married at the age of 16-20 years (Table No.4.5).

• More than half the proportion of the respondents (59.0 %) have got married among relations and the remaining 41.0 % of the respondents have got married out of relatives (Table No.4.6).

• Majority of the respondents (82.9 %) who are in the above Rs.25000 income categories chose government hospital for their delivery and 14.7 % of the respondents have not preferred any hospital for delivery (Table No.4.7).

• Majority of the respondents (64.0 %) have adopted allopathic medical care before and after child birth (Table No.4.8).

• Majority of the respondents (98.0 %) children have received vaccination except two children (Table No.4.9).

• Majority of the respondents children (67.0 %) have received BCG and Polio vaccines (Table No.4.10).
• Majority of the respondents (73.0 %) have taken rest in post-natal period (Table No. 4.11).

• Very few number of respondents (4.0 %) have used contraceptives to avoid or delay getting pregnant. (Table No.411)

• Majority of the respondents (96.0 %) have not used anything to delay or avoid getting pregnant. (Table No.4. 11)

• Very few number of respondents (6.0 %) are currently using contraceptives to delay or avoid getting pregnant (Table No. 4.11).

• Majority of the respondents (72.0 %) have known about family planning method (Table No.4.11).

• Only 2.0 % of the respondents have known the brand name of the pills and condom, which they are using as contraceptives (Table No.4.11).

• Only 2.0 % of the respondents said they can get the supply of pills / Condoms whenever they need (Table No.4.11).

• Very few number of respondents (3.0 %) have known about contraceptives and the remaining majority of the respondents (97.0 %) are not aware of it (Table No.4.11).

• Very few numbers of respondents (4.0 %) have discussed with their husband regarding contraceptive usage and 96.0 % of respondents have not discussed with their husband (Table No.4.11).

• Only 1.0 % of the respondents have said yes to two questions that husband forced the wife to use contraceptive and wife asked their husband to use contraceptive (Table No.4.11).

• 16.0 % of the respondents said that they are having access to plan their family and the remaining higher proportion (84.0 %) of the respondents have not had any access to plan their family (Table No.4.11).

• A few number of respondents (6.0 %) said, they have right to decide about their conception and child preference and the remaining majority of the respondents (94.0 %) said that they have no right (Table No.4.11).

• Majority of the respondents (85.0 %) are free from interference towards their health autonomy from their family members side (Table No.4.11).
• A considerable proportion of the respondents (19.0 %) have had still birth (Table No.4.11).
• 14.0 % of the respondents are faced interference towards their health autonomy by their in-law (Table No. 4.12).
• 2.0 % of the respondents are faced interference from their husband (Table No. 4.12).
• 17.0 % of the respondents have had Medically Terminated Pregnancy (MTP) during their maternal period (Table No.4.13).
• Women’s contribution to family income makes the family to live above poverty line (Table No.4.15).

Results of hypotheses tested:

1. **Hypothesis:** There is a significant relationship between educational level(husband)and awareness of water borne diseases.
   
   **Test Used:** Chi-square test.
   **Result:** Significant relationship (P< .05)
   Null Hypothesis is rejected (Table No.2.1)

2. **Hypothesis:** There is a significant relationship between educational level(wife)and awareness of water borne diseases.
   
   **Test Used:** Chi-square test.
   **Result:** Significant relationship (P< .05)
   Null Hypothesis is rejected (Table No.2.2)

3. **Hypothesis:** There is a significant relationship between educational level and use of boiled water for drinking.
   
   **Test Used:** Chi-square test.
   **Result:** Significant relationship (P< .05)
   Null Hypothesis is rejected (Table No.2.4)
4. **Hypothesis:** There is a significant relationship between educational level (husband) and awareness of pregnancy care.

   - **Test Used:** Chi-square test.
   - **Result:** Significant relationship (P< .05)
   - Null Hypothesis is rejected (Table No.2.5)

5. **Hypothesis:** There is a significant relationship between educational level (wife) and awareness of pregnancy care.

   - **Test Used:** Chi-square test.
   - **Result:** Significant relationship (P< .05)
   - Null Hypothesis is rejected (Table No.2.5.1)

6. **Hypothesis:** There is a significant relationship between educational level (wife) and regular check up during pregnancy.

   - **Test Used:** Chi-square test.
   - **Result:** Significant relationship (P< .05)
   - Null Hypothesis is rejected (Table No.2.6)

7. **Hypothesis:** There is a significant relationship between educational level (wife) and awareness on breast feeding.

   - **Test Used:** Chi-square test.
   - **Result:** Significant relationship (P< .05)
   - Null Hypothesis is rejected (Table No.2.7)

8. **Hypothesis:** There is a significant relationship between educational level (wife) and preference of doctor.

   - **Test Used:** Chi-square test.
   - **Result:** Significant relationship (P< .05)
   - Null Hypothesis is rejected (Table No.3.3)

9. **Hypothesis:** There is a significant relationship between family income and husband’s educational level.

   - **Test Used:** Nonparametric Correlations
   - **Result:** Correlation is significant at the .05 level (2-tailed).
   - Null Hypothesis is rejected (Table No.4.2)
10. **Hypothesis**: There is a significant relationship between income and wife’s educational level.

**Test Used**: Nonparametric Correlations  
**Result**: Correlation is not significant. Null Hypothesis is accepted (Table No.4.3)

**Conclusion:**

From the outcome of the above findings in the way of conclusion an attempt is made to respond to the issues raised in the objectives of the study. Among the tribals, the belief in the interference of super-natural agency is particularly strong in case of the main economic pursuits and in the context of health and disease. Different economic activities are associated with rituals. Similarly different deities and spirits are, believed to be connected with different type of diseases. The Toda tribal group is not excluded from the general tribal notion of health.

The socio-economic and cultural condition of the Toda tribe of the Nilgiri District is unique in their nature, which does not show any relative symbol like other tribe in India. The above descriptions of the concept of health and its correlated concepts of disease have been based on a general review of literature of the tribal world.

The overall picture of the tribal woman that emerges from the existing materials has the following features:

* the literature on tribal women is substantially romantic and grim economic realities have been completely ignored.  
* the tribal woman is a working woman and works harder than tribal men and women in any of the social groups.  
* the tribal woman is illiterate.  
* the tribal woman is not healthy;  
* there is high fertility and greater incidence of malnutrition among them. Haria drinking (Liquor) is almost hundred percent.
Khandekar, J., et al. (1993) has reported that the reproductive behaviour of Nocte tribal woman in Arunachal Pradesh is intimately related to her value system and cultural traditions. She is considered to be healthy if she can give birth to four or five children and also work in the fields. The health status of the tribals have been discussed in Status of the Tribals in India, (Social Change, 1993, Vol.23 Nos. 2&3). The factors which influence the health status of the tribal population in general, are also applicable to the tribal women, in fact, more so. For example, it has been found that illiteracy, in tribal, as also in non-tribal population, is positively correlated with ill-health. The tribal women, as women in all social groups, are more illiterate than men. The tribal women share, with women of other social groups, problems related to reproductive health.

The status of the tribal women is characterized by over-work, invasion of sexually exploitative market forces in tribal society, illiteracy, sub-human physical living conditions, high fertility, high malnutrition and near absence of modern health care facilities. The low health and educational status adversely affects the economic status. To improve the status of the tribal woman the focus has to be on the tribal girl.

However, as toda tribes at all level of existence know and practice some herbal remedies or massage or some other physical manipulation of the body, shows very clearly that, if not explicitly, at least implicitly, the believer in physical factors producing better health or diseases under certain conditions. Available evidence suggests that poverty is the prime cause for ill health, persistent morbidity and early death. However, lack of access to right foods; iron, protein and micro-nutritional such as iodine and vitamins, is the principal cause for the very high incidence of nutritional deficiency diseases: anemia, diarrhoea, night blindness, goitre, etc.

Though majority of the Toda women are illiterate they have known somewhat on maternal and child health. They are more eager to accept / co-operate the immunization programmes which is offered by the Government and NGOs. But the Toda tribal women are very poor in practicing reproductive health because they have to looking forward to
the reply of their In-laws and husband. Maternal child health care is an important aspect of health seeking which is largely neglected among tribal groups in India.

The general health problems of the toda tribal community resemble those of the rural and other underprivileged sections of our country. These comprise malnutrition, anemia, parasitic infestations and infections like diarrhoeal and respiratory disorders.

The life of a tribal is so beset with these disorders right from birth that average life expectancy is much lower in contract with the national average of 58-60 years.

Our present health system is patterned on western lines. The tendency has been to create a relatively sophisticated health service, staffed by highly qualified personal, centered largely in urban areas, predominantly curative in nature and catering mainly to a small and privileged section of the population. History and experience show that such a conventional service is unlikely to meet the basic health needs of rural and tribal people.

In the perspective of health of the tribal communities, the interesting factors are:
(a) effect of environment inhabited by a tribal community, (b) behavioural pattern, cultural pattern and lifestyle of a community, (c) hereditary and genetic determinants, and (d) health care delivery system particularly with reference to cultural constraints, need to be analysed and appreciated clearly. (Bhupinder singh, 1994)

Todas have some undisclosed ideas on their health and illness. With regards to their reproductive health, they do not discuss with their life partner. The traditional bondness among the Todas joint family won’t allow the young couple to take their own decision on their reproductive health, i.e. to give birth to child or not, family planning and contraceptive usage and so on. So the elders in units of the family to have rigid control over the reproductive health of the young Toda couples. Which shows their function in one aspect to maintain the subsystem and dysfunction at other end through controlling others reproductive behavior and right.
On the basis of structural functionalist point of view society as a whole system that is a set of interrelated parts, which together form as a total. Here, the toda society is a whole system. The social institution of the Todas like “family” is part of the social system. The structure and function of the institution helps to survive the ‘whole system’, of the Toda society. The rigid control on their family members by the social institution like family made them to follow and adapt the strict value system of their own society on their health practices like family planning, child preference, contraceptive usage and so on.

Suggestions

The research should be mission-oriented and directed towards improvement of the quality of life of the tribal. Tribal health problems should not be viewed in a purely technological fame, but should have a human perspective. Primitive tribal groups like the Todas should be the recipients of priority attention. The following suggestions have been made by this study.

- Formulation of realistic development plans based on needs of the Toda tribal group.
- Adequate understanding of socio-cultural background of the Toda tribal group, perception of diseases, their belief and taboos, study of health culture at micro level. Positive tribal culture / values, traditional skills should be encouraged and inducted into the mainstream of life.
- Identification of indigenous herbs for medicinal use and their preservation and documentation.
- Hundred percent immunization of mothers and children with special emphasis on measles vaccination.
- Health education should be imparted by the local people (preferably women) with guidelines provided by health functionaries.
• Development of effective communication strategies on health education and health care among tribal groups in consonance with their socio-cultural characteristics.

• Identification of traditional health practitioners and their training in public health.

• Training of tribal girls as nurses midwives to generate better response among the future generation.

• Strengthening of tribal research institutes, which may serve as base laboratories.

• As Toda tribal group is reported to be stagnant / declining, efforts should be made to delineate the causative factors.