CHAPTER VII
CONCLUSION

Health is an integral aspect of overall development of people. For improving the health conditions of the people in general and tribals in particular, several measures have been taken in the Integrated Tribal Development Block (ITDB) of Nilagiri. The health programmes introduced and implemented in the Block include medical relief, control of communicable diseases, mother and child health (MCH), family welfare, school health and health education besides ancillary measures like water supply and sanitation. There is a Health Centre (PHC) at Berhampur besides a number of Additional PHCs (APHCs), Subsidiary Health Centres (SHCs) and sub-centres to implement the above programmes and reach the primary health services to the people of Nilagiri.

The referral hospital is situated at the sub-divisional head-quarter at Raj-Nilagiri which is within the reach of the people from near and far-off villages. However, the lack of adequate manpower, medicines and equipments has brought wide-spread dissatisfaction not only among the tribals but also the health personnel employed in the hospital and other health centres as well. Besides, the tribals also complain against the doctors neglecting the former in their cure and treatment.

The hospital being a secondary health institution emphasises on curative care. However, the PHC and other health centres work for both curative and preventive aspects
of health. As mentioned before, there is only one PHC in the Nilagiri ITDB consisting of 93,618 persons with 53.9 percent tribals according to the 1991 census. As a rule, there should be more than four PHCs in the Block. But the government has failed to comply with the relaxed norms for this area. Two APHCs administratively under the main PHC are ill-equipped in the staffing pattern, stock of medicines and equipments, power and function. These APHCs provide treatment only to the minor ailments and refer the serious cases of illness to the higher health centres. The SHCs are sub-standard in staffing pattern, stock of medicines and equipments as well as power and function vis-a-vis the APHCs. Like the APHCs, these SHCs concentrate on treatment of minor ailments and not the radical treatment (RT) for which the patients are referred to the PHC or the hospital.

There are thirty sub-centres with their multi-purpose health workers (MPHWs), both male and female, in the ITDB, working at the grass root level to implement the programmes for better health. But these sub-centres are equally ill-equipped in terms of man-power and allied aspects. As a consequence, the male MPHWs are 'overburdened' and fail to give adequate attention to the patients. Thus, the real sufferers are the tribals particularly the women and children.

For the Santals of Nilagiri, health is physical. Most of them are ignorant of the meaning of and ways to attain good health. Education has, however, helped them achieve
better information about health and various strategies to achieve it. More specifically, the younger generation knows much of the modern ways of attaining good health. Opposed to this, the older generation is quite superstitious and believes that religiosity is the best preventive medicine. If they pray their deities with offerings and stick to their tradition, the gods are happy and cure them of diseases and help them in attaining good health. But if the 'bongas' are angry and hungry, they become the cause of all the undesirable consequences. Their tradition also acts as a strong agency of social control as they are expected to follow the prescribed norms and morality. Any violation of the customs and tradition makes the 'bongas' angry who then cause diseases, disability and death. To avoid all these, they not only pray the 'bongas' but also try to be good human beings. The Santals believe that besides the deities, ancestral spirits, ghosts and human agencies like sorcerers and witches are also responsible for their diseases. Santals also believe in some natural causes of diseases. Since they accept diseases as part of their life, they do not take any special care to prevent the diseases and acquire better health. Health is a natural development for them as diseases are. However when the diseases attack them and the pain is unbearable, they go for the relief and cure. This shows that the Santals of Nilagiri put priority on instant action (cure) rather than on prevention. They are still in a phase of 'cure is better than prevention'.
The Santals of Nilagiri, in general, are social conformists and god-fearing. For cure of diseases they are dependent on their customs and traditions, as mentioned above. Majority (144) of the respondents from the five villages under study believe that the gods or 'bongas' can cure all the diseases, but do not cause all these. Only 72 respondents feel that the deities cause diseases or 'possessions' with the help of wicked spirits, witches and sorcerers. Besides, more than 50 percent respondents believe in both social and natural causes of diseases. But it has been seen that the young and educated respondents believe more in the natural and social causes of diseases. This means, the traditional belief system among the Santals has weakened in recent times. This also supports findings of many studies conducted elsewhere (see for instance, Mittal 1979; Troisie 1979; Ray 1975; Gautam 1977 and Mahapatra 1986).

With this, a new belief system has started taking place in the Santal society. The health personnel, for instance, have contributed to instill among the Santals a new belief system in the modern medicine. This they have done through implementing the programmes of health and family welfare. Though the Ojha has been the traditional source of information about diseases and 'possessions', the modern educational system, urbanisation, social exposure, communication, political and economic development have been helpful in spreading information about health and ailments. The Santal educated youths including school teachers,
besides their contact and communication with the local Hindus have also been instrumental in raising some health consciousness among the tribals.

However, as Nilagiri is predominantly an agricultural and backward area with a low level of urbanisation and educational development, the level of health consciousness among the tribals is poor in comparison to people of other areas. When asked on their knowledge about the communicable diseases like malaria, diarrhoea, tuberculosis etc., most of the respondents expressed their ignorance. Only those with relatively higher education were better informed about these diseases. However, in any illness most of the respondents would like to go to the modern allopathic doctor who, in their opinion, is the best person to cure these diseases. The reason for this may be that Nilagiri has been greatly affected by malaria and diarrhoea. Consciousness about TB and leprosy of the respondents is determined by the level of their educational achievement, on one hand, and their distance from different health centres on the other. That is why the respondents closer to the PHC know more about these diseases than those who are away from it.

According to the health personnel, the tribals of Nilagiri are well acclimatised to its environment. This has also some bearing with the response of 40.3% of the respondents who say that they have rarely fallen ill. The rest have suffered from the most prevalent diseases like malaria and diarrhoea as mentioned above, besides the
common diseases such as common cold, fever, headache, bodyache, swelling, skin diseases, insect bite and minor accidents. It has been noted that the educated and better-off respondents have suffered these diseases less frequently than the illiterates and poor. It has also been found that the people closer to the PHC have suffered less from these diseases than those away from it. Similarly, women have suffered more frequently than men from various of diseases.

Though 41.8% (84) respondents go for the traditional medicine upheld by the Ojha, the people in the traditional authoritarian positions admit that the 'bonga' diseases are very less now a days and the Ojhas' influence and effectiveness are on the decline not only because of their failure but also because of the success achieved by modern medicines and doctors. They, however, feel that the Ojhas are to some extent still fruitful in some cases. But, the Ojhas on their part are aware of their limitations and of the success of the new system of health. As a consequence, they do not discourage the tribals from going to the health centres; instead, they suggest and send them to the doctors. Thus, the Ojhas also have psychologically adopted themselves to the modern medicine.

Thus, the modern medicine has been adapted with the traditional health care system. The Ojha now distinguishes between a "doctor's disease" and a "divine disease" or 'possession', sorcery or witchcraft. For the diseases not to be cured by his herbal medicine, he sends the patients
to the modern allopathic doctors at different health centres. Then he prays and propitiates the 'bongas' to inject better effectiveness in the modern medicine. Some sort of integration of modern medicine with the tradition is obvious from this religious ritual performed by the Ojhas while sending the Santal patients to the modern health centres. This has contributed to and reconstructed a new confidence among the Santals in the modern medicine, besides its own effectiveness and related realisation.

It has also been found that 97 percent (195) of the respondents go for the modern medicine for, they are aware of its efficacy and other advantages and 58.2 percent (117) go for the modern medicine without consulting the Ojha. The rest (78) utilise both the modern and traditional medicines according to their advantage vis-a-vis the relative merits and demerits of both the systems. They are aware of the natural forces but they also believe in the supernatural forces causing the undesirable consequences. To get rid of the human and superhuman manipulations, they take resort to the Ojha. Even some of the doctors advise them to take the help of the Ojha along with modern medicine for some psychological satisfaction. With both Ojha and doctors contributing to a complete system of cure, the modern and traditional systems have proved complementary and supplementary to each other.

Many respondents go to the Ojha as a mark of respect to him and to the tradition. Besides, the Ojha is easily
available and the Santals are very comfortable with him as he is an insider and has protected them from the odds in life. They also go to him because of the problems in the modern health schemes. The main problems are the distance of their residence from the health centres and the non-availability of the doctors and drugs there. Even when the doctors are available, their ethno-centrism and socio-cultural distance from the Santals act as barriers to the latter's access to them. Thus, the kind of doctor-patient relationship existing in Nilagiri does not encourage the tribals to frequently go to the health centres. In other words, poor functioning of the health centres sometimes compels the tribals to go back to the traditional system of health care. As a result, these tribals have combined both the modern and traditional health care systems as mentioned above. Such situation has been observed elsewhere also (see for instance, Ray 1975; Mittal 1979; Troisie 1979; Kakar 1979).

In spite of this, the belief of young and educated tribals in the modern medicine is so high that when they face problems in the government health centres, they go to the private practitioners including some unqualified allopathic quacks, but not to the Ojhas. But everything is not well with the modern health centres and health personnel in Nilagiri. For instance, the tribals cannot afford to lose more time for the health centres where the availability of the doctors and drugs is uncertain. Even when the doctors are available and prescribe the medicines, the
patients are asked to purchase these medicines from the medicine stores, or are given medicines for a day or two. They are also asked to come again and again. On the other hand, the private doctors give all the medicines at a time that saves a lot of time for the Santals most of whom are wage labourers. These private practitioners also frequently visit the villages and provide health services at the door steps of the tribals. They primarily concentrate on treatment of the minor ailments. But it is often complained by doctors of the government health centres that those 'doctors' have attempted to treat the major maladies and have further deteriorated the health conditions of the tribals. It has been further noticed that despite the Santals' dissatisfaction with the malfunctioning of the health centres and the problems with the doctors, drugs and distance, they still believe in the efficacy of the government doctors and often prefer them to traditional Ojhas and modern quacks.

As mentioned earlier, majority of the respondents go for the government health centres for various reasons. Their medicines are cost-effective and quicker in cure. They are also better in treating both the minor and major ailments which neither the Ojha nor the unqualified quacks can cure. Besides, the Ojhas have also given some legitimacy to the Santals to take help of the government doctors whenever they feel the need.
When the tribals have access to an effective and better medicare at a closer distance, they have willingly utilised the services even if they have retained the traditional health care system. Where the distance has proved to be an obstacle discouraging the tribal patients from going to the better health centres, they have not been reluctant to negotiate it in major diseases. In the case of health centres being located closest to their hamlets, they visit these centres frequently even for minor ailments. Thus, the young and educated Santals have not only accepted the modern medicine but it has become a healthy habit among them. They have also started demanding immediate health service from the doctors and the health centres. The level of internalisation, their acceptance of modern medicine, their demand for and expectations from it are clear from their anger and dissatisfaction with the way the doctors and health centres are functioning in the villages under study.

But in many cases, their expectations have been unrealistic as it is difficult on the part of the health centres and doctors to meet their demands of health care. But it is the deficiencies in the health services and inefficiency of the health personnel that have largely been responsible for the patterns of morbidity and mortality in Nilagiri. As mentioned above, 'ethnocentrism' of the modern doctors has created a wide social distance between them and the Santals. A feeling of superiority in these modern men has made them treat the patients with contempt, frown and abuses. Thus, the doctor-patient relations are not friendly
resulting into the tribals' not feeling free to contact the doctors whenever necessary. While getting checked up, the patients are shy and afraid of answering queries of the doctors.

On the one hand, respondents complain that the doctors do not regularly come to the duty. They are often busy in private practice and other personal matters. On the other hand, doctors complain back by saying that the tribals are traditional and do not come to the health centres. They also do not take the medicines on time nor do they regulate their routine for cure. However, lack of commitment and sincerity of doctors to their duties, and some genuine and personal problems faced by them also affect their motivation to serve the people in general and tribals in particular in the study area. These problems are related to their living quarters, supply of electricity and water, educational facilities for their children etc. In spite of that they have provided all possible services to the majority of the tribals who have made use of modern medicine along with their traditional health care system as mentioned above. This acceptance of modern medicine by a traditional community is also found in many other studies (see for instance, Ray 1975: Sachchidananda and Prasad, 1994; Sarkar 1971; Gautam 1977; Mahapatra 1986; Madan 1984; Banerjee 1975; Hockings 1980: Kakar 1976).

Though the Santals have been regarded orthodox and rigid in retaining their customs and culture, they have
proved to be liberal in the aspect of acceptance of modern health services. Their demand for modern medicine shows that they are not only prone to change but also interested in it. They also wish the health services to be available at their doorsteps but the MPHWs rarely visit their villages. However, the MPHWs have done a good job in popularising modern medicine even through they sell the medicines for cash and kind in the villages. But on the whole, their services have not satisfied the tribals and instead, frustrated them. It is this frustration among the tribals that fosters some of them to go back to the Ojha and the village quacks. Thus, the Ojhas are there not only because they are still fruitful to some extent with their herbal medicines and their capacity for curing divine diseases but also because of the aforesaid problems faced by tribals with the modern health services.

The Santals of Nilagiri have willingly started participating in the curative programmes of health but they have shown reluctance in the preventive programmes and in the problems of pregnancy and parturition. Since pregnancy has rarely posed any problem to the Santals, they do not feel the necessity of taking advice of the MPHWs. Childbirth in a Santal family is a sacrament and, hence, it is a taboo to invite the ANMs even in case of any complication. That is why the TBAs (Dais) have conducted deliveries in the Santal families though some educated youth know that the ANMs are better in conducting deliveries than the TBAs. However, these youth have no say in the matter of family as
the elder prefer to maintain the tradition. This has also acted as an excuse for the MPHWs to avoid visiting the villages regularly. Even then, majority of the Santals believe that the Dai (TBA) is better than the Didy (ANM) for, she has not only been traditionally conducting deliveries safely but also performing the religious rituals connected with the child birth.

It has been observed that those who are living nearer the hospital and PHCs and having access to the ANMs are more aware of the efficacy of the ANM. But this has seldom influenced them to take medical help in deliveries. A Santal woman is familiar with indigenous techniques of delivering a child without taking help of others. But most of the time other women of the family or the village are present to help her in delivering a child. However, in rich and educated families Dais are invited for the purpose. In case of complicated delivery, help of the Ojha is also sought who worships the 'bongas' and gives some herbal medicines. This has been found in some other studies also (see Culshaw 1949; Mukherjee 1962; Archer 1974, Gautam 1977).

Breast feeding is a universal practice among the Santals. Normally it continues for a period of 12 to 14 months. But forced weaning occurs when the mother conceives again. Breast feeding is not regular among the Santals as most of the women are wage labourers. As the children are left behind home, they are not able to take the breast food.
till the mothers come back in evening. Even when children are taken to the work place, they are not breast fed as and when they need.

The Santal children of Nilagiri usually suffer from malaria, diarrhoea, cold and cough, fever and skin diseases. In case of such diseases, the tribals go to the nearest health centres besides relying on the family therapy and the Ojha. To a great extent, they expect the MPHWs to visit the villages regularly and come to their rescue. No doubt, the MPHWs occasionally visit the villages and advise the tribals about leading a healthy life. They also try to convince them to participate in the immunisation programme and that of family planning. But, unlike the curative programmes, the tribals have shown reluctance to participate in the preventive programmes because of illiteracy and ignorance as stated earlier. Even some educated respondents do not have awareness about the utility of preventive medicine though they have participated in most of the health programmes implemented in the study area.

The tribals are dissatisfied not only with the MPHWs, but also with the Anganwadi workers who too have been very irregular. The Anganwadi centres in the study area are largely dysfunctional in regularly providing food to the poor children. In many hamlets there is no building for Anganwadi centre and the Anganwadi workers work in school premises or verandahs. The Anganwadi workers, on their part complain that the tribals do not send their children
regularly, nor do they provide firewoods for cooking the food. They also complain that the government does not provide food items on time.

Further, the Anganwadi workers are also supposed to take care of the minor ailments with medicines and equipments provided to them but they often do not do it. They also do not distribute contraceptives for implementing the programme of family planning.

However, both the MPHWs and Anganwadi workers have done a good job in popularising family planning through making the people aware of that. The MPHWs especially the ANMs, who have better and free access to women, have tried to convince them about the benefits of small family and the methods of controlling the family size. As a result, majority of the respondents are aware of the small family norm and they believe that a couple should have only two children. Such awareness is more among educated respondents though a few illiterates are also aware of it. But a few better-off respondents do not feel the need of checking the family size as their children can make a living out of their agricultural land if they are unable to get any work outside. Also, the elder believe that children are god's gifts and there should not be any check to their number. A few others believe that they have every right to bear the children. When grown up, it is the responsibility of children to earn their living.
Majority (128) of the respondents are ignorant and superstitious about birth spacing. The rest know that there should be a gap of about 2 to 4 years between two consecutive births. Most of these respondents are better educated and hail from the hospital and PHC villages. About the methods of family planning, majority of the respondents are against vasectomy. As other methods are not popular and are difficult to manage, tubectomy has been the only method accepted by the tribals. In accepting it, both the MPHWs and the tribals have some interest involved. The MPHWs earn some extra money out of every tubectomy and the tribals get some economic incentives to enjoy or pay off loans.

However, customs and traditions of the tribals still have some hold especially on elders in the family who accept the taboo and are not allowed to accept family planning. Yet, some of them go for traditional methods which are very dangerous for both the mother and the child. The prevalence of traditional method is also found among the tribals elsewhere (see Culshaw 1949; Archer 1944; Gautam 1977; Mahapatra 1986; Sahu 1991). Yet, poverty has promoted family planning among the Santals of Nilagiri area. In Sajanagarh village, for example, there is more acceptance of family planning by the poor tribals as they need money. On the other hand, the acceptance of family planning is less in the PHC village Modhupuria where people are relatively better-off and can manage their family without much problems. Besides, they are also influenced by the neo-ethnic Jharkhand Mukti Morcha movements to protect their
tradition. Even their relatively better educational level has not helped them realise the utility and acceptance of family planning. Those who have accepted family planning in this village are poor.

In all, majority of 66.3 percent of the eligible respondents have accepted modern methods of family planning. Interestingly, 91 percent of the acceptors of modern method are women who have tubectomised themselves. The highest number of them is from Sajanagar, the hospital village followed by those from the neighbouring Hatimunda village. This has been possible more due to the economic incentives as stated earlier. Similar are finding of other studies also (see for instance, Mukherjee 1981; Bose 1988; Jaiswal 1979, Mahapatra 1986).

Findings of the present study suggest that whenever interventionist agencies of change are introduced and a friendly atmosphere is created, even traditional tribals have undergone modernization. Logically, systematic and persistent efforts need be taken to improve all the aspects of development of the tribals. In this context, some suggestions may be made towards improving the health conditions of the Santals of Nilagiri. There is a need of establishing new health centres and upgrading the existing ones for successful implementation of the programmes of health and family welfare among the people particularly the tribals. For instance, there is need of setting up a Community Health Centre (CHC) besides establishing more
PHCs to comply with the relaxed norms for a tribal dominated block like Nilagiri. It is also necessary to improve the capabilities of the existing health centres including the hospital by providing them with more manpower, medicines and equipments. While employing manpower in the health centres, emphasis must be given to the specialist doctors especially the medicine specialists and those specialising in mother and child health (MCH) care.

Importance of the grass-root level health workers can never be undermined as they play a significant role in popularising modern medicine among the traditional tribals. More number of trained and motivated MPHWs need to be appointed enabling them to successfully work among the tribals. The residential and educational problems of the health personnel need to be resolved. Adequate incentives be provided to the health personnel serving in the remote areas in Nilagiri.

While providing the health centres with the medicines and equipments, attention is to be given to the availability of life-saving drugs and the medicines for the diseases prevalent in the area. In evolving planning for health, a decentralised, need based approach, instead of a top-down approach, is necessary. In other words, programmes of health services must consider opinions of the local bodies like Panchayat and those of the health personnel working among the people. As people's participation is very important for successful implementation of the health
programmes and for improvement of health status of the individuals, community and the area as a whole, serious efforts must be taken in this regard. For this, it is very important to improve the educational level of the people by establishing the educational institutions. Besides, awareness programmes must be conducted to spread health consciousness among the tribals and to attract them to the modern medicines.

The Santals' system of medicine is intimately involved with their customs and tradition. The issue of encouraging them to accept modern medicine in place of the traditional health care system is emotional. It should be dealt with all delicacy. What is important here is to popularise modern medicine among them and encourage them to retain good elements of their traditional system of medicare. Instead of being ethnocentric, the doctors and other health personnel need to be culturally relative. They should empathically understand the tribal traditions and customs, their superstitions and rituals. They must learn how to respect the other culture. While training and motivating the doctors and other health personnel, these aspects must be taken into account.

Planning for health must take into account the felt needs of the tribals. The Santals believe that there are certain herbs which are very effective in curing some particular ailments. There should be scientific research to assess the effectiveness of these medicinal plants. The
result may enhance the self-esteem of the Santals who can be sure of a cost-effective cure at their disposal.

Lastly, health is holistic and depends on a multiplicity of factors. An isolated development of the health sector alone is not enough. Besides the health services, emphasis may be given on the development of infrastructural facilities, transport and communication, economy, education and other sectors of development. An integrated development of the Santals of Nilagiri will be the true development of their health status.

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