CHAPTER-1

INTRODUCTION
"Health is a state of complete physical, mental and social well-being and not merely an absence of disease as infirmity" (WHO, 1984).

Health has always been a major concern of community development. "It is a basic requirement, not only for the fulfillment of human aspirations but also for enjoyment of all mankind of a better quality of life. It is also indispensable for a balanced development of an individual within the family and as a part of the community and the nation "(Mahler 1980).

The future of any population or country depends upon health status of its population, especially that of children and mothers. Thus it becomes necessary to identify the Reproductive and Child Health (RCH), problems and its associated factors for the formulation of need based health care programs.

The Health status of the tribal is shaped by variety of factors-some of which are cultural in nature such as food habits, poor sanitation and personal hygiene and housing pattern. The other important factors influencing their health status are nutritional status, maternal mortality rate, infant and child mortality rate, disease specific death rate etc. Health status of any tribe is determined and influenced not only by the availability and the level of health facilities but also by the ability of the tribe to take advantage of these facilities. It is observed that public health centers are essentially curative, capital intensive and are oriented towards the rich and the urban areas. The fact remains that the urban areas generally get the lions share of medical resources. There for while assessing their impact in rural areas it is necessary to thoroughly examine professional expertise and staff members.
Health centers set up at various places give necessary information, guidance and help to the mothers before and after delivery so that they may properly look after themselves and infants, these centers also ensure safe delivery of infants and postnatal care, they also provide for immunization of infants and prophylaxes against anemia and vitamin deficiency. The centers educate the newly wedded couples about the advantages of having a small family in reference to health.

Health is the most pertinent indicator of the social worth of an individual. Those least valued of society are the most neglected and suffer the poorest health. It is by now well documented that the health status of tribal women is extremely low and is indicated by the healing provided by. Neglect of women’s health streams down from a number of cultural practices favoring males, though faulty policy planning too has ensured that even after five decades of freedom women in India remain the most disadvantaged in terms of health.

The status of women in many parts of rural India is low. In India, it is estimated that about 437 women out of every 10000 women die every year due to pregnancy and its related causes (NHFS:1992-93). Low literacy level of mother, low knowledge of nutritional health education, lack of adequate maternity services and under utilization of the existing services has aggravated the problem. Therefore, the safety of the life of the women and her reproductive age depends on a number of factors, such as, number of pregnancies, number of miscarriage or abortions, and still births etc; also, antenatal, natal and post natal care received during pregnancy and child birth.
The situation is even worse among tribal communities or primitive societies, which constitute approximately 7.5 percent of the total population of the country.

A major thrust of the Reproductive and child health program is the provision of care for pregnant women. The International Conference on Population and Development, 2001 (ICPD) defined reproductive health as the "State of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its function and process".

Among the many reasons for the study of reproductive and child health, its value as an indicator of socio-economic well-being is important. It is an outcome rather than a cause, and hence directly measures results of the distribution and use of health resources. Infant and childhood mortality have frequently been used as indicators, for example, both the expectation of life at birth and infant mortality rate are among the social indicators used by the world bank to assess basic needs attainment in various societies. Historically, mortality was often recognized as a barometer of welfare. Statistical studies and commentary in the nineteenth and twentieth centuries showed concern for socio-economic, differences expressed as differential infant and child mortality. This concern was particularly manifest in England and Wales in the infant, child and maternal welfare movement after the turn of the century.

During 1994 ICPD at Cairo emerged an international consensus on a new approach to policies to achieve population stabilization with safe mother and child status. The concept of new approach, Reproductive and Child
Health (RCH) is in keeping with the evolution of an integrated approach to the programs aimed at improving the health status of young women and children, which has been going on in the country. The Reproductive and child health program incorporates the components covered under the child survival and safe motherhood (CSSM) and Universal Immunization Program (UIP).

It includes to additional components, one related to Sexually Transmitted Infection (STI) and the other relocating to Reproductive Track Infection (RTI). In short the program integrates all interventions of fertility regulation, maternal and child health with reproductive health of both man and women.

The National population policy 2000 aims to meet the reproductive and child health needs of the people of India, and to active net replacement levels by 2010. Health is a natural condition of humans. It results in living in accordance with natural law; pertaining to body and mind. In general all diseases are environmental and genetic in origin to some extent and they manifest themselves in interaction with the several socio-cultural and demographic factors in a nutshell the disease and processes of disease manifestation have a complete ethno-pathology.

Recent estimates of UNICEF show that, 53 per cent of children less than 3 years of age suffer from malnutrition. These children comprise one third of the world's total children surfer from malnutrition, 74 percent of young children and over 50 percent of adolescent girls and women in the reproductive age group suffer from nutritional anemia.
After birth, the child's development is dependent upon the mother, at least up to the age at 6-9 months. The neonate is continuum at fetal life and is very important or valuable line in the chain of events from conception to adulthood.

Among the five primitive tribal groups of Chhattisgarh, the Hill Korwa is one of the most primitive tribal groups. The main features of Hill Korwas are extreme backwardness and poor living standard, illiteracy and undevelopment. The criteria for any tribe to be considered as primitive tribe are, primitive modes of agriculture, stable as declining population, isolated or scattered inhabitation and lastly having social, economical and educational backwardness.

Among the various problems faced by the primitive tribe the reproductive and child health problems also forms an important part of problems. The study of Reproductive and child mortality of Hill Korwas is needed because these people are illiterate, unaware and poor therefore the issue of reproductive child health become very important and is the subject of present study.
REVIEW OF LITERATURE

In the contents of this study, related literature from books journals and some of the major studies referred are highlighted. The studies associated with the field of maternal and child health concepts and infant of child mortality have been outlined. A review of literature reveals that anthropologists have made significant contributions in the field. The literature consulted is given below: Such as Rivers (1924) worked on medicine, magic and religion, Biswas (1934) studied the concept of disease among the primitive people of India. Harley (1941) worked on native African medicine with special reference to its practice in the Mono tribe of Liberia, Ackerknecht (1942) worked on problems of primitive medicine, Ascani and Ascani (1950) studied on safe motherhood in South Asia, socio-cultural and demographic aspects of maternal health, Wilder (1955) studied on environment and nutrition, Saxon and Graham (1957) studied Socio-economic Status, Illness and the use of Medical Services, Siegerist (1955) studied that the history of medicine, Sen (1956) worked on demographic study of south East Asia, Gould (1957) worked on the implications of technological change for folk and scientific medicine, Nurge (1958) worked on ideology of illness in Guinhangdan, Pattra (1958) worked on a study of food consumption pattern of the Baigas in Baga Chak region of Madhya Pradesh., Polgar (1962) studied health and human behavior areas of interest common to the social and medical science, Scotch (1963) worked that medical anthropology in biennial review of anthropology, Hasan (1964) worked on drinks, drugs and disease in a North Indian village, Zola (1964) studied illness behavior of working class, in blue collar world, studied among the American worker, Gould (1965) studied modern medicine and folk conditions in rural India, Kale (1966) worked on family planning practices in Dharwar town.
A praiseworthy work on "Family Health care of the Health Center" was done by Gupta (1966). Agarwal (1967) presented an important work on reproductive life of Onge women.


Abroad (1972) worked on maternal and Child Health, and family planning; . Russel and Hiralal (1975) worked on maternal health care with the impact of trained supervision and community education.

Devi (1972) studied knowledge and attitude of family planning among the Kuvikandha, Agarwal (1973) worked on disease and medicine, Ahemed (1973) studied on maternal child health and family planning. Dingwall (1976) studied on aspects of illness, Banerjee and Jalota (1977) worked on folk illness and ethno-medicine, Rollins & Galligan (1978) studied on the developing child and marital satisfaction of parents, Mathew (1979) studied on health and culture in a south Indian village, Mittal (1979) worked on primitive medicine versus modern medicine among the Santhals, Sinha (1979) worked on disease and disease spirits among the Pandu tribe, Mahler (1980) worked on character for health development, Basu and Sokhey (1982) worked on the expanded programme of immunization, Banerji (1982-86) studied on poverty class and health culture in India, Mathur (1982) worked on tribal medicine, disease and curing techniques among the tribal of North Wynad (Kerial), Jain

Yesudian (1988) studied utilization of health services among the urban poor, Ghosh and Mukherjee (1989) studied health services coverage of primary health centers in west bengal, Sridevi (1989) worked on modern women tribal medicine and social change.


worked on social factors, human fertility and family planning with special reference to major primitive tribes of Madhya Pradesh.


Yadav, et. al (2002) presented significant work on cultural beliefs, literacy level and economy in relation to reproductive behavior among the sedentrized Lohar Gadiyas.

Gharami and Sharma (2002) conducted a study on some aspects of health seeking behavior among the Kol tribe with special reference to Singhapur panchyat of Satna district Madhya Pradesh.


NEED AND SIGNIFICANCE OF THE STUDY

The reproductive and child health including infant and child mortality of the Hill Korwas was needed to be study because these people are illiterate, underdeveloped and poor. It is also needed to study the effect of their Reproductive and Child Health, infant and child Mortality and habitat of living, with their demographic features such as marriage pattern religion and economic condition etc.

It may be stated that reproductive child health care is a vital tool for the socio-economic development of the under developed societies, so it is also needed to curve these by such studies. The significance of the study is to generate critical information required for effective planning and formulation of health care strategies among the Hill Korba of Korba District.
OBJECTIVE OF THE STUDY

Objective of the study is to assess the Reproductive and Child Health (RCH), infant and child mortality and observe & promote health care, socio-demographic profile, source of income and living standard, sanitary habits and personal hygiene, fertility aspects, morbidity and mortality, health seeking behavior, dietary habits, feeding practices and child immunization, utilization of health and family welfare services, among the Hill Korwa of Sarguja district, Chhatisgarh. The objectives of the study are as follows:

- To study the demographic features and its impact.
- To study the infant and child mortality among the Hill Korwas of Sarguja district.
- To determine the type of family planning practices utilized by them and causes of utilizing and not utilizing of the family planning practice.
- To study the reproductive and child health practices.
- To assess the effect of physical enviroment on health.

LIMITATION OF THE STUDY

The present study is conducted under following limitations:

- The study is limited to Sarguja district of Chhatisgarh, India.
- The study is limited to the Hill Korwas only.
- The study is limited to Reproductive and Child Health (RCH) aspects.
- The study is conducted during the year 2005-2006.
- The study is conducted on the basis of random sampling.
PLAN OF STUDY

In order to achieve the objective, the study is planned in three phases:

Phase – I

Exploratory pilot survey has been done to understand the distribution of the Hill korwas of Sarguja district and gather some general information and prepare schedule for interview.

Phase – II

To enumerate detailed fieldwork among Sarguja district, information has been collected by using appropriate schedules with semi participant's observation.

Phase – III

To compile, data, analysis and writing, computer typing, printing and binding of the thesis etc.

PICTURESQUE OF THE STUDY

For the convenience, the thesis is divided into fourteen chapters, first is introduction, second is materials and methods, third is demographic profile, fourth is source of income and level of living standard, fifth is environmental sanitation, sanitary habits and personal hygiene, six is fertility aspects, seven is morbidity and mortality aspects, eighth is reproductive health problems, ninth is antenatal care and delivery health practices, tenth is feeding practices and child immunization, eleventh is utilization of health and family welfare services, twelve is summary and conclusion with a list of cited references.