CHAPTER VIII

SUMMARY AND CONCLUSIONS

Chapter VIII

Summary and Conclusions

This chapter contains the systematic and logical summarization of the detailed delineation about various aspects of STD/STI and people made under the study. The first part of the chapter consists of a compact delineation of the important contents of every chapters followed by some tabular form abstracts of dominant trends among the people that have been found in the study. The next part of the chapter contains the testing of hypotheses formulated for the study, on the basis of important aspects found out with the help of this empirical study. Next, it has been tried to transform the conceptual framework of the study, designed before the data collection, into an empirical framework by putting the findings or trends in places of the assumed or tentative statements it contained. The last part of the chapter contains the concluding remarks that contain the views of the researcher and suggestions and probable implication of the study in terms of tribal health development.

Part I: Nature and Extent of Sexual Health and Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are major public health problems, not only because of their severe complications and sequel but also because they increase the risk for transmission of the HIV/AIDS, which are the major concerns to health care providers, all over the world. Young people are the most vulnerable group to get the sexually transmitted disease. Their vulnerability is caused by their young age, which is coupled with lack of and/or poor knowledge on matters related to sexuality and their inability or unwillingness to use condom and the health services putting them at a significant risk.

There are very few studies conducted among Indian tribes especially on their sexual health related aspects. The review of literature reveals that sexually transmitted diseases are the most prevalent diseases in the tribal areas. These infections are often untreated as they are difficult to diagnose. The literature also describes that in tribal

societies the system of multiple sexual partners and unprotected sex are in existence. These in turn, create the favourable conditions for the spread of sexually transmitted diseases among the tribals. Lack of trained doctors, the stigma associated with genital complaints; lack of privacy and confidentiality catalyses the situation as very few RTI/STD patients make use of public health care services due to such inhibitions.

Sex related issues are culturally coded and/or controlled in India. Being rich in cultural tradition, the tribal groups have their own code of conduct on sexual behaviour and related aspects including sexual health problems and health and treatment seeking behaviour, which felt to be explored in the present study, especially in terms of STDs.

On such a background of understanding the study was conducted to find out the nature, extent and the determinants of sexually transmitted diseases and health seeking behaviour of the male tribal youth among the two Primitive Tribal Groups in the state of Orissa, namely, the Juang and the Lodha.

METHODOLOGY

Selection of the villages and respondents

On the basis of information gathered from census data as well as Departmental data, 14 villages were selected from two districts to obtain 220 respondents from each of the two selected tribal groups.

Tools of Data collection

Both quantitative as well as qualitative techniques were used for data collection. In the quantitative part, structured interview schedules were used. Two different types of schedules were used for the quantitative survey, namely 'Individual Schedule' and 'Village Schedule'. The former was used to collect information from the individual youth of primitive tribal groups, whereas the later was used to collect information about the village in terms of availability of infrastructure,

communication facility etc. The village information was collected either from the Sarpanch/ANM/Anganwadi worker or from any educated person in the village.

In the course of qualitative part of the study, tools such as, in-depth interview, key informant interview, focus group discussion (FGD), and both participatory and non-participatory observation were used for the study. Three different guidelines were prepared and used for conducting in-depth interviews, focus group discussions and key informant interviews.

Phase of Data collection

The field work was carried out during 2007-08. The entire field work was done in two different phases namely quantitative phase and qualitative phase. In the first phase the quantitative survey was carried out and preliminary analysis had been carried out, where different issues were listed which were missed from the quantitative data or needs more focus. Those listed issues were addressed during the second phase of field work i.e. the qualitative phase.

The Land and the People

Village Profile

Almost all the study villages are tribal dominated. The findings on availability of basic infrastructure in and around the villages indicate that most of the villages (8 Villages) in Kendujhar district are connected with paved road, whereas in Mayurbhanj district most of the villages (4 villages) are connected with mud road. A relatively good modern health infrastructure is available for the people residing in the study villages. It is also found that all the study villages/ both the primitive tribal communities have traditional healers of their own community within the village.

The People under Study

The Juangs of Kendujhar district and the Lodhas of Mayurbhanj district were selected for the study. Juangs are found only in Orissa confined exclusively to Kendujhar and Dhenkanal district. The Lodhas are labelled as criminal tribe till the

revocation of the criminal tribal act, 1962. The tribe is listed as one of the primitive tribes of Orissa. It is a small tribe having a total population of 8,905 as per Census, 2001

Socio-Demographic and Economic Characteristics of the Study Population

Both the tribes are found to be patriarchal and patrilineal and usually live in nuclear families. The educational status of both the primitive tribal groups is found to be very poor, but relatively better in case of Lodha. The distribution of households by standard of living index (SLI) reveals that Juang are relatively in a better position as compared to their Lodha counterparts.

Profile of the Respondents

The mean age of the youth covered under survey is 19.5 years and 19.4 years for Juang and Lodha youth respectively. The main occupational distributions of Juang youth include 'cultivation', followed by 'daily labourer' and 'food gathering'. In contrast the main occupational distributions among Lodha youth are, 'daily labourer', followed by 'collection of *Sal leaf*' and 'food gathering'. The finding indicates the backwardness of the youth of selected primitive tribal groups in terms of mass media exposure. As far as exposure to urban life is concerned situation is relatively better among the youth. Male Female Interaction Index (MFII) shows that one fourth of the youth are 'highly interactive' irrespective of the tribal groups. Similarly, another one third youth are 'interactive' and about two fifth are 'less interactive' in nature.

Knowledge about Sex

All the youth reported to have knowledge about sex irrespective of their affiliation to tribal group. However, a clear difference exists in the mean age at receiving knowledge about sex for the very first time. Lodha youth are getting knowledge on sex at an early age from elder youth, friend circle and also form elderly persons. Though verbal communication of the knowledge on sex is the major mode of transmission of knowledge among tribal youth, a good number of the Lodha youth gets the knowledge by physical communication i.e. directly through sexual acts. In

many cases information and instructions are accompanied with some sort of experiments. The third category of mode of transmission of the knowledge is porn pictures/movies.

Knowledge about Sexually Transmitted Infections/Diseases (STI/STD)

The awareness on sexually transmitted infections/diseases is very low among the selected youth of primitive tribal groups. Among Lodha STD is known as *'Gupta Rog', 'Dhatu Rog'* and *'Meha Rog'*, whereas among Juang the same is primarily known as *'Garmi Rog'*. The overall level of awareness on sexually transmitted diseases is relatively better among Lodha youth as compared to their Juang counterparts. The prevalence of scientifically incorrect knowledge is relatively more among the Juang youth as compared to Lodha youth signifying transfer of traditional knowledge through social arrangement like youth dormitory etc. It was also found from the qualitative data that many youth of primitive tribal groups who are literate up to primary or middle standard have developed few non-scientific conceptions regarding the mode of transmission of sexually transmitted diseases over the time.

Majority of the tribal youth have faith on herbal medicines believing that it can protect from sexually transmitted diseases. A few of them knew that condom could also protect them from sexually transmitted diseases. Besides these, the other precaution mentioned by the youth is, avoiding physical contact with the infected person.

A few among the youth of both tribal groups have some correct knowledge on sexually transmitted infection/diseases. Higher age of the youth, exposure to mass media, exposure to urban area and literacy plays a certain role for gaining correct knowledge on sexually transmitted diseases.

Knowledge about HIV/AIDS

About half of the Lodha and slightly lesser number of the Juang youth are aware of HIV/AIDS, and few of them are aware of its mode of transmission. The knowledge about HIV/AIDS in terms of number of correct modes of transmission is more among Juang as compared to the Lodha youth.

Qualitative data reveal that most of the youth from primitive tribal groups who reported to have correct knowledge on HIV/AIDS gets the knowledge either from TV or Radio. The analysis also indicates that the youth have more awareness on HIV/AIDS as compared to sexually transmitted diseases as a whole. Those youth who are literate, from medium SLI category, exposed to urban areas and 'interactive' and 'highly interactive' in nature are more likely have the correct knowledge on HIV/AIDS.

A. SEXUAL LIFE OF MARRIED YOUTH

Every society defines sexual activities in its own way. The cultural norms related to sexual activity directly controls the behaviour of the individuals inside the society. However, culture and society changes over time due to external as well as internal causes. The change in culture and society also brings changes in the behaviour and attitude of the people towards sex.

Out of 414 youth, 199 (93 among Juang and 106 among Lodha) were married at the time of survey. Marriage occurs at an early age among both the tribal groups. The mean age at first marriage is 16.9 years and 16.6 years for Juang and Lodha youth respectively. The mean age of wife at the time of marriage is found to be two years less than the youth. Instant cohabitation reflects the early age sexual activity of the youth. In case of some Lodha youth sexual acts start even earlier as they have longer pre-marital relation with their wife. The couples who had relationship before marriage, among them two third had sexual intercourse before marriage.

Description of Sexual Life of Married Youth

A detailed study on this area reveals the reserved nature of the Juang youth than Lodha youth. The Juang youth seems to be bound by, or gives more respect to, the traditional cultural norms and values, as compared to the Lodha youth.

Pre-marital Sexual Relationships

Pre-marital sexual relation is quite prevalent in both the tribal groups. The partners may be their wife or others. Multiple sex partners during pre-marital stage also prevalent which is slightly more in number in case of Lodha youth.

Exposure to urban life, habit of drinking alcohol and smoking seems to have certain impact on pre-marital sexual life of youth. The distribution by MFII indicates that more than two-fifth of married youth is ‘highly interactive’ in nature, with a varied percent distribution across the primitive tribal groups. Both partner’s house and jungle or fields are the preferred places for sexual acts.

Extra-marital Sexual Relationships

Extra-marital sexual relations are quite prevalent among them though there is no social approval for this act. About one fifth of the married Juang youth and one fourth of the married Lodha youth had/have extra-marital sexual relationship. There seems involvement with multiple sex partners in extra-marital relation. But it is also not seen as grave offence among them.

Majority of extra-marital sexual partners are married. The relationship with the partner indicates that more than three fourth of the partners of Lodha youth and more than two fifth of Juang youth are their own relatives. It is interesting to note that the married man, who has extra-marital sexual relationships, continues the relationship with their pre-marital partners -- girl friends/lovers. As the primitive tribal group is a small one and marriages also take place within the community, it creates an opportunity for the lovers to have contact with each other and continue their relationship even after the marriage.

B. SEXUAL LIFE OF UNMARRIED YOUTH

Unmarried youth are also found engaged in some sort of sexual activities. The Lodha youth are seen to be sexually more active than their Juang counterparts. Lodha unmarried youth are experiencing their first physical contact almost two years before than the Juang youth. The distribution of unmarried youth who had

experienced physical contact with any girl by male-female interaction index indicates that majority of the youth belong to 'interactive' or 'highly interactive' category.

Except kissing, in all other sexual acts including penetrative sex Lodha indicates predominance over their Juang counterparts in terms of percent youth performed. None of the Lodha youth reported any kind of fear towards community, during their physical contact with any female. Rather they tried to prove this as a common phenomenon and all the unmarried boys and girls in their village/community are sexually active. On the other hand unmarried Juang youth expressed fear towards their community and elderly members of the society.

Description of Sexual Life of Unmarried Youth

Out of total 215 unmarried youths interviewed, 96 had experienced penetrative sex at the time of survey (36 Juang and 60 Lodha). The sexual debut among unmarried Lodha youth occurs in a much lower age than their Juang counterparts. The mean age of sexual debut is 15.8 years and 13.9 years among Juang and Lodha respectively. Likewise, Lodha female also starts having sex at a lower age than Juang females. Unmarried youth prefers their first sexual partner to be unmarried. But the trend changes dramatically in case of last/more recent partner where married women are also seen as sexual partners. Drinking alcohol prior to sex increases drastically among Lodha unmarried youth between the first to last/most recent partners, whereas among Juang the same is moderate. Young boys fear about impending pregnancy during their early stage of sexual relations. But towards later period they are found to be more concerned about infections, which may transmit through sexual intercourse.

Culture and Sexual Life of Youth

Both the primitive tribal culture is in a transitional phase. The shifting is happening from traditional culture to modern culture. Traditional cultural values and norms are changing in both the cultures, with a varied intensity. The findings indicate that youth of both the primitive tribal groups are slowly moving out of their own

traditional culture. In earlier days tribal societies, especially primitive tribes, were proud to be different from other societies in terms of culture. Even now it is there, but in terms of young male female interaction and relationships the primitive tribal societies are slightly adopting the culture of main stream population. In many cases the youth are also marrying out side their own tribal community, which is prohibited by their culture. These types of changes are more among Lodha as compared to the Juang. The Juang society still controls the movement of the young boys and girls and youth, and does not permit male female interaction before marriage.

In case of both the primitive tribal communities, festival occasions and weekly market days play an important role in the process of mate selection. Usually couple meets each other during these occasions and selects each other either for marriage/friendship. Both the primitive tribal societies permit these interactions.

Migration and Sexual Life of Youth

Migration does have certain impact on the sexual life of youth of primitive tribal groups. The youth who are exposed to urban life either to arrange their livelihood or just to enjoy the beauty of city life are more likely to indulge in sexual activities with their co-workers or other women. Work related migrations among Lodha married youth have a remarkable influence on their sexual life. Students who are studying in urban schools/ college are also on a high demand among the girls in their village and community. School going youth feels that their schooling status in urban area helps them to attract girls for sex and marriage.

PREVALENCE OF SEXUALLY TRANSMITTED DISEASES AMONG YOUTH OF PRIMITIVE TRIBAL GROUPS

The active sexual life of the youth of primitive tribal groups begins at an early age and lasts for a longer period with multiple sexual partners. The chance of getting sexually transmitted diseases increases with the lack of knowledge about condom and its use.

Ever Experience of Sexually Transmitted Disease

More than one fourth of Juang and about half of the Lodha youth had reported to experience any of the symptoms of sexually transmitted disease by the time of survey. Majority of the youth had experienced 'burning sensation/pain during urination'. About one fourth of all the youth had experienced this particular symptom by the time of survey. Besides this the other symptoms experienced by the youth of primitive tribal groups are 'white/yellowish discharge from penis', 'sores on penis', 'nodules (pimples) on the genital organ' and 'pain during sexual intercourse'. Similar pattern of symptoms is reported by the youth of both the primitive tribal groups.

The mean age of the youth who ever experienced any of the symptoms of sexually transmitted disease is 19 years irrespective of the tribal group affiliation. The male female interaction index (MFII) indicates, about four fifth of Juang and two third of the Lodha youth belong to either interactive or highly interactive category. Those who do not have any knowledge or incorrect knowledge on sexually transmitted disease are more vulnerable to acquire the disease. Sexual relationship of married youth beyond marital union and multiple sexual partners plays a determinant role in acquiring symptoms of sexually transmitted disease.

Role of youth dormitory in regulating the sexual behaviour and prevalence of sexually transmitted diseases among Juang

The cultural norm related to youth dormitory life among Juang restricts the youth to indulge in sexual activity with own village girls. Though interaction with other village girls is permitted by the culture but it has its own limitation in terms of time and accessibility. The dormitory life regulates the sexual behaviour of the youth. Mostly the seniors guide the juniors to streamline their sexual life and also communicate the prospective and consequence of different activities related to sex.

As compared to Lodha culture, Juang culture is found to be strict in terms of social rules and regulations. Youth dormitory, the most important social organisation among the Juang plays the crucial role in maintaining and following the culture. On

the other hand, among Lodha though cultural norms are there, now-a-days youth hardly feel to be bound by those norms. They prefer to establish an individual entity rather than a group or community entity. Especially there is not much restriction levied by the Lodha society on its youth in terms of male-female relationships.

Ever Experience of Other Non-STD symptoms

Some of the concepts of sexual disorder prevalent among the youth are not scientifically proved. Masturbation, wet dream etc are sexual disorder for them. The other problems the youth experienced are sexual weakness i.e. feeling physically weak while performing sexual intercourse, 'Dhat'/loss of semen during urination' and 'itching of genital organ'.

Experience of Sexually Transmitted Disease within Last Six Months Prior to the Survey

Those youth who ever had experienced the symptoms of sexually transmitted diseases, more than two third of Juang and three fifth of the Lodha youth also had experienced the symptoms during the reference period of six months prior to the survey. Out of the all youth, about one fifth of Juang and more than one fourth of Lodha youth had experienced any of the symptoms of sexually transmitted disease along with other non-STD symptoms during the reference period.

'Burning sensation/pain during urination', 'white/yellowish discharge', 'sores on penis', and 'nodules (pimples) on genital organ', 'ulcer in genital', 'pus discharge', and 'bleeding from penis' are the symptoms of STD the youth invariably suffer. As a consequence of early age sexual debut Lodha youth are seen contracting STD at an early age relatively. STD symptoms are found among the youth who have had pre-marital and/or extra-marital relation having mostly multiple sexual partners, involving himself or his female partners.

It is found that having STD symptoms do not prevent them from sexual act with their partners until it becomes impossible. The reason behind it was due to their concept about the STD which is conceived as either usual phenomena of age and

time or a result of bad work of past time which cannot affect other person by the act of contact.

Rating of severity of the symptoms of sexually transmitted disease differs on the basis of symptoms and it also determines the further treatment and sexual behaviour.

Experience of other Non-STD symptoms

The major non-STD symptoms experienced by both the youth of primitive tribal groups during the reference period are, 'masturbation', 'wet dreams/swapna dosh', 'sexual weakness', 'itching on genital organ' and 'dhat'.

The comparison between symptoms of STD and other non-STD symptoms clearly indicates that youth of primitive tribal groups consider the symptoms of sexually transmitted diseases as a serious health issue, as majority of them rated these symptoms as 'very sever' or 'some what sever', whereas in case of other non-STD symptoms they are not so serious. They also consider these symptoms as common and acceptable.

Current Status of the Symptom of Sexually Transmitted Disease

Among Juang youth who had experienced the symptoms of 'burning sensation/pain during urination', white/yellowish discharge' 'ulcer in genital', 'swelling of genital organ', and 'pus discharge from genital organ' during the reference period, more than two third reported to have the symptom at the time survey. Of the youth who had experienced the symptoms of 'nodules (pimples) on genital organ' and 'pain during sexual intercourse' more than four fifth reported to have the symptom also at the time survey.

Among the Lodha youth who had experienced the symptoms of 'burning sensation/pain during urination', white/yellowish discharge', 'swelling of genital organ', and 'pus discharge from genital organ' during the reference period, more than four fifth reported to have the symptom at the time survey. Similarly, more than three fourth of the youth who had experienced the symptoms of 'nodules (pimples)

on genital organ' and 'pain during sexual intercourse' reported to have had the symptom at the time of survey as well.

About half of the Juang and three fifth of the Lodha youth who had the symptom of sores on penis during the reference period were also having the symptom at the time of survey.

Impact of Sexually Transmitted Disease on Other Aspects of Life

The youth of primitive tribal groups feels that the symptoms which they developed have affected their personal health, sexual life, and work life. Some times the partners are also found to be concerned about their own health. They also know the fact that the sexually transmitted disease may transmits from one person to another through physical intimacy.

HEALTH SEEKING BEHAVIOUR OF YOUTH

Faith on Health Care Systems

It is quite interesting to note that though a major part of the Juang and a good number of Lodha youth perceived modern health care system as a better and sought after way, in practice both the tribal groups are seen inclined towards their traditional healers, especially for common ailments and STD related problems. While physical accessibility to modern health care system is a factor among the Juangs for not utilising it, it is the financial factor that keeps the Lodhas away from modern health care system to a large extent.

The findings also indicate that a considerable percentage of youth of both the primitive tribal groups have faith on both modern as well as traditional health care systems, as one third of Juang and one fourth of Lodha youth have reported so.

The major reasons specified by the youth irrespective of the tribal group affiliation to have faith on modern health care system are, its effectiveness, past experience and easy availability of the medicines. Besides these, the other reasons specified by the youth are, 'medical doctors are qualified and trained' and 'medicines are available

free of cost at government hospitals'. The finding also clearly reveals that non-accessibility to modern health care system is a barrier in building faith on modern health care system.

Similarly, the major reasons specified by the youth to have faith on traditional health care system are, easy accessibility, supernatural power of the traditional healer, effectiveness of traditional medicines and free medicine or cheap medicines. About half of the Lodha youth and two fifth of the Juang youth also reported that they are just following their culture, which supports traditional health care system. Similarly, more than one fourth of the Juang and about one third of the Lodha youth have faith on traditional health care system because of the caring nature of the traditional healer.

Faith on Traditional Healer

Among all the youth about one fourth of Juang and more than two fifth of the Lodha have faith on traditional healer from other community.

The finding clearly indicates that the youth of primitive tribal groups are ready to accept the culture of other communities with regard to the health and treatment. Unlike the traditional days, now the youth do not want to confine themselves to the health care practices prevailing in their own society/culture. They are consulting the traditional healers not only from the scheduled tribe community but also from the scheduled caste, depending on their level of faith and belief.

Treatment Seeking Behaviour for Common Ailments

The preference of the youth for different health care facilities is led by their faith on different health care systems. About four fifth of the Juang youth and three fifth of Lodha youth reported that they would prefer to go to government hospital/PHC/sub centre for treatment of common ailments. Among Lodha little less than one fifth of the youth also reported to prefer private health care facilities for the treatment of common ailments. Besides, about one fourth of the Lodha and little less than one fifth of Juang youth also reported that they would prefer traditional healer for the treatment of common ailments.

Treatment Seeking Behaviour for the problems related to Sex and Sexual Organ

The pattern of treatment seeking behaviour for the problems related to sex and sexual organ is totally different from the treatment seeking behaviour for common ailments. The youth of primitive tribal groups have great faith on traditional health care system and herbal medicines as far as problems related to sex and sexual organ is concerned. The percent youth preferring traditional healer for the treatment of such problems is substantially higher than the modern health care system because, of the reasons such as effective medicines, privacy, easy accessibility, and cheaper medicines. Even the traditional healers themselves also claim that they have very effective cure with them for the treatment of sexually transmitted diseases.

Treatment Seeking Behaviour for Sexually Transmitted Disease

The findings on treatment seeking behaviour of the youth for the treatment of sexually transmitted disease indicate that almost all the tribal youth have taken treatment for the symptom which they have had experienced during the reference period of six months prior to the survey.

For treatment of few symptoms the Lodha youth indicates a slightly deviant trend. For the treatment of symptoms such as ‘pus discharge from penis’ and ‘bleeding from penis’ Government hospital/PHC/Sub centre is found to be the most preferred service provider among Lodha youth. Moreover, the symptoms of sexually transmitted diseases for the treatment of which Lodha youth have sought treatment from private hospitals/clinics, as the second most important category are sores on penis, nodules (pimples) on genital organ, ulcer in genital organ, and swelling of genital organ. Besides, home remedy is also tried by some youth.

The treatment seeking behaviour among youth varies across the tribal groups and type of symptoms. For the treatment of symptoms such as burning sensation/pain during urination, white/yellowish discharge from penis, sores on penis, ulcer in genital organ, and pain during sexual intercourse, majority of the Juang youth have sought treatment only from traditional healer. On the other hand for the treatment of

nodules (pimples) on genital organ, swelling of genital organ, pus discharge from penis, and bleeding from penis majority of the Juang youth have sought treatment from both traditional as well as modern health care system. Majority of the Lodha youth have sought treatment only from modern health care system for the symptoms of sores on penis, ulcer in genital organ, pus discharge from genital organ, and blood discharge from genital organ. On the other hand for the treatment of symptoms such as, burning sensation/pain during urination, white/yellowish discharge from penis, nodules (pimples) on genital organ, swelling of genital organ, and pain during sexual intercourse majority of the Lodha youth have sought treatment from both traditional as well as modern health care system.

The analysis of qualitative data reveals that when traditional medicines fail to cure the symptom, youth opts for modern health care system. This may be one of the reasons for utilisation of both the health care systems by the tribal youth.

The above paragraphs revealed that a substantial number of youth of primitive tribal groups are taking treatment from both traditional as well as modern health care system. It may not be wrong to mention here that the youth taking treatment from both the health care systems are in a transitional phase. They have neither left their own traditional health care system nor have they adopted the modern health care system fully. But at least they are ready to adopt the modern health care system in case they feel the symptom to be serious.

Views of traditional healer

The reasons specified by the traditional healers for the shifting happening in the treatment seeking behaviour of the youth from traditional health care system to modern health care system includes the frequent interaction with the out side culture which changes the entire life style of young people and loosing faith and belief on god, in absence of which the traditional medicine may not work. Besides this, non availability of essential roots and herbs is also one of the main reasons of shifting of young people from traditional to modern health care system. The traditional healers find it difficult to prepare medicine without essential herbs. With limited medicines sometime they also find it difficult to treat the disease properly.

Similarly, the Lodha traditional healers feels that due to the changing climatic conditions, excessive heat and lack of confidence and faith of the people in god and goddesses, *'Basu Mata'* (mother earth) stopped producing the essential herbs for treatment.

Treatment Seeking Behaviour for Non-STD symptoms

As far as pattern of taking treatment for different non-STD symptoms is concerned not much difference is found between both the primitive tribal groups, except 'sexual weakness', 'itching on genital organ'. Majority of the youth had taken treatment from the traditional healer for all the non-STD symptoms which they had experienced during the reference period, except 'itching on the genital organ'.

The major trends of tribal youth's sexual behaviour, perception and action and knowledge and treatment pattern etc, revealed from the study, have been presented in tabular form as follows, which might help to create an overall idea about the situation already discussed.

Trends in Knowledge about Sex and Sexual Activities Abstracted From Chapter IV

Broad Category of Investigation	Sub-category of investigation	Primitive Tribal Groups		Dominant trends
		Juang	Lodha	
Knowledge about sex	Mean age at receiving knowledge on sex	At higher age	At lower age	Overall at an early age
	Age of knowledge providers	Similar age group, sometimes by elderly persons	Elder age group, some time by elderly persons	Elderly persons
Knowledge about Sexual activities	Knowledge of masturbation	Most of them know	Most of them know	Most of them know
	Frequency of masturbation	Less frequent	More frequent	Practice by most of the youth
	Mean age of those youth who have knowledge on masturbation	Higher age	Higher age	Mostly equal age, which is late teen
	Mean age at receiving knowledge on Masturbation	Relatively at a higher age	Relatively at a lower age	Overall at an early age
	Knowledge provider's age	Elders of relatively lower age groups	Elders of relatively higher age groups	Commonly elders
	Mode of knowledge transmission	Primarily verbal communication	Usually verbal, Many time practical	Both verbal and practical modes persist
Knowledge about STI/ STD	Extent of knowledge	Very low	Very low	Very low
	Terminology	Traditional	Traditional	Traditional
	Awareness on causes of STD	Lower	Relatively higher	Overall low level of awareness
	Awareness on correct symptoms	Very little	Very little	Very little awareness on correct symptoms
	Awareness on correct mode of transmission	Lower	Relatively more	Aware partially
	Awareness on precautionary measures	Lower	Relatively more	Aware partially
	Correct knowledge	Very low	Very low	Very low
	Mean age of those who have correct knowledge	Lower age	Higher age	Relatively higher age

Broad Category of Investigation	Sub-category of investigation	Primitive Tribal Groups		Dominant trends
		Juang	Lodha	
	Source of knowledge	Mostly traditional healers	Mostly traditional healers	Mostly traditional healers
Knowledge about HIV/AIDS	Extent of knowledge	Relatively better	Relatively better	About half of the youth are aware
	Correct knowledge	Lower	Relatively higher	Better as compared to STI/STD
	Intensity of knowledge on correct mode of transmission	Majority knows at least two modes of transmission	Majority knows only one mode of transmission	Level of awareness is better among Juang than Lodha youth in terms of number of correct modes of transmission known
	Mean age of those who have correct knowledge	Higher age	Higher age	Mostly equal age, which is late teen
	Source of knowledge	TV/Radio	TV/Radio	Mass media

Trends in Sexual Behaviour and Attitude of Married Youth Abstracted From Chapter V

Broad Category of Investigation	Sub-Category of Investigation	Tribal groups		Dominant trend
		Juang	Lodha	
Marital background And nature and extent of sexual activities of married youth	Age at first marriage	Slightly higher	Slightly lower	At an early age
	Age of wife	Lower by 2 years	Lower by 2 years	Lower age to husband
	Type of marriage	Commonly arranged followed by elopement and capture	Commonly arranged, followed by elopement	Mostly Arranged and elopement.
	Age at first cohabitation	Slightly lower	Lower	At an early age.
	Relation with wife before marriage	Lesser in number	More in number	A much prevalent factor
	Duration of relation with wife before marriage	Mostly around one year or less	Some have more than 2 years	A common trend to have relation with wife before marriage
	Sexual intercourse with wife before marriage	More in number	Less in number	Commonly have sexual intercourse with wife before marriage
	Place for pre-marital sex	More in wife's house	More in jungle and fields	At various places
	Concern about pre-marital pregnancy of the partner	Lesser	Higher	Mostly have fear for pre-marital pregnancy
	Scared of infection	More	Less	Fear of infection/disease, that may transmit through sexual intercourse persists
	Number of youth not having pre/extra-marital sex	More in number	Less in number	Lesser number of youth not having PMS/EMS
	Number of youth who had only Pre-marital sex	Less	More	PMS is rampant,
	Number of youth who had both PMS and EMS	Equal	Equal	Both are prevalent

Broad Category of Investigation	Sub-Category of Investigation	Tribal groups		Dominant trend
		Juang	Lodha	
	Relation between PMS and Education	More literate, more PMS	More literate, more PMS	Literacy catalyse PMS
	Number of youth having only one sexual partner	More in number	Less in number	Single partner a norm to some extent
	Multiple sexual partners before marriage	Less	More	Multiple sexual partners is common and more among Lodha
	Age at first sexual intercourse	Higher	Lower	At an early age
	Profile of the first sexual partner	More with unmarried women of younger or same age	Sex with elder women and married women also persists	Age and marital status of partner varies
	Extent of extra-marital sex (EMS)	A quarter of youth	A quarter of youth	EMS prevalent
	Acceptance of EMS	EMS accepted with non-welcome notion	EMS accepted	EMS an accepted factor
	EMS partners marital status	EMS more with married women	EMS more with married women	EMS with married women
	Relationship with EMS partners	Some EMS partners are relatives	Most of EMS partners are relatives	EMS with relatives of some sort
	EMS partner's identity	EMS continues with PMS partners	EMS continues with PMS partners	PMS partners become EMS partner
	EMS places	EMS mostly at partner's house	EMS mostly in jungle/field	Varied places for EMS
Partner's sex relation	Knowledge about partner's multiple relation with other men	Most do not know	Most do not know	Partner's multiple sex relation may exist
Secrecy of sexual relationships	If the relation exposed	Mostly no action, only a few were forced to marry in case of PMS	Mostly no action	Society's reaction varied with lose control

Trends in Sexual Behaviour and Attitude of Unmarried Youth Abstracted From Chapter V

Broad Categories of investigation	Sub-categories of investigation	Tribal groups		Dominant trends
		Juang	Lodha	
Nature and extent of sexual relationship among the unmarried youth	Sexual relationship of any type	Relatively low	More	Vary much common
	Single sexual partner	More	Less	Lodha are more active in terms of number of sexual partners and different sexual acts
	Two or more No. of partners	Less	More	
	Penetrative sex	Less	More	Aggressive sexual act among Lodha
	Number of times having physical contact	More	Less	Sexual activities prevails invariably
	Concern about community sanction	More	Lesser, think as usual	Loose community control
	Age at first physical contact (any type)	Higher age	Lower age	Physical contact (any type) at an early age
	Age at sexual debut	Relatively at higher age	Relatively at lower age	Early age at sexual debut
	Marital status of partners with whom had sexual intercourse for the first time	Almost all unmarried, some are married or divorcee as well	Almost all unmarried, some are married or divorcee as well	Youth have wide option within the tribal society
	Relationship with partner with whom had sexual intercourse for the first time	Almost all girlfriend	Some are relatives of some kind	Both girlfriend and some relative women are sexual partners
	Consent on sex	Mutual consent	Mutual consent	Mutual consent
	Use of alcohol before sex	Less	More	Mostly a common aspect
	Concern about pre-marital pregnancy of the partner	Less and reduces with the increase in sequence of partners	Comparatively more and remains constant irrespective of the partner's sequence	More number of Lodha have fear for pre-marital pregnancy of the partner compared to Juang youth

Broad Categories of investigation	Sub-categories of investigation	Tribal groups		Dominant trends
		Juang	Lodha	
	Scared of infection	Relatively less but increases drastically with the increase in sequence of partners	Relatively less but increases drastically with the increase in sequence of partners	Fear of infection/disease, that may transmit through sexual intercourse persists
	Frequency of changing partners	Less	More	Shifting of partners prevalent
	Relationships exposed to society	Less number of relationships are exposed	More number of relationships are exposed	Few relations are exposed to society
Perception about past and present times	Past times	Not good, males dominated women's sexuality	Good, disciplined and had respect for elders	Mixed responses
	Present time	Good as youth of both sexes can mingle more freely and exchange ideas	Good as youth of both sexes can mingle more freely and exchange ideas	Good for freedom
Village environment	Change in environment and its impact on sexual life	Mixed opinion on changing village environment, but the fear towards the socio-cultural norms and sanctions exists	Changes welcomed and accepted. PMS and EMS also seen loosely	Changes leads to loosing social control over youth and their life-ways
Fairs, markets and festivals	Importance for youth	Serves as meeting place for boys and girls, place of interaction leading to mate selection	Serves as meeting place for boys and girls, place of interaction leading to mate selection	Plays important role in sexual life of youth
Migration and sexual life	Influence on youth	A lot of youth migrating as waged labourer, indulge in sex with unknown partners	A lot of youth migrating as waged labourer, indulge in sex with unknown partners	Migration adds to PMS and EMS invariably
Urban exposure	Nature of influence	Helps getting attention from girls	Helps getting attention from girls	Increases the chance of multiple sexual partners

Trend in Prevalence of Sexually Transmitted Diseases Abstracted From Chapter VI

Broad Categories of investigation	Sub-categories of investigation	Tribal groups		Dominant trends
		Juang	Lodha	
Ever experience of STD	Any type of STD symptoms	Less	More	Prevalent
	Marital status	Equal among both groups	Equal among both groups	Both groups have STD symptoms
	Literacy and urban exposure	Attracts more girls	Attracts more girls	Leads to multiple sexual partners
Knowledge on STD	Correct knowledge on STD among sufferers	Very few have knowledge	Very few have knowledge	Mostly ignorant about STD
	Condom as preventive device	Less youth know	More youth know	Knowledge does not reflected in practice
	Multiple sexual partner (MSP) and STD	STD is more among those having MSP	STD is more among those having MSP	MSP increases the incidence of STD both among married and unmarried
Youth dormitory	As knowledge provider and its impact	Separate youth dormitory for boys and girls, knowledge imparted about sexual activities along with other socio-cultural aspects	No youth dormitory and no formal sex education, No village exogamy, free to mix with girls of same village	A difference in sexual activities are seen between these two groups as an impact of having/not having youth dormitory
Concept on sexual disorder (SD)	Number of youth considering Masturbation as SD	Less in number	More in number	Masturbation prevails as SD
	Number of youth considering Wet dream/Swapna Dosh as SD	Exist but less in number	More in number	Wet dream (swapna dosh) prevails as SD
	Number of youth considering Sexual weakness as SD	A few experienced it	A few experienced it	Sexual weakness prevails among some youth in lesser number

Broad Categories of investigation	Sub-categories of investigation	Tribal groups		Dominant trends
		Juang	Lodha	
	Number of youth considering Loss of semen in urine (Dhat) as SD	Less	More	Partially common among youth
Existence of STD	Number of youth who had STD during reference period	Less in number	More in number	Comparatively high from the main stream population
	Number of youth continuing with STD at the time of survey	Majority continuing	Majority continuing	Majority continuing the problem
Experience of non-STD symptoms	Number youth of affected	More than half	More than half	Very common

Trends in Faith and Healing Behaviour
Abstracted From Chapter VII

<table>
<tr><th rowspan="2">Broad Categories of investigation</th><th rowspan="2">Sub-categories of investigation</th><th colspan="2">Tribal groups</th><th rowspan="2">Dominant trends</th></tr>
<tr><th>Juang</th><th>Lodha</th></tr>
<tr><td rowspan="5">Faith in particular health care system (HCS)</td><td>Number youth having faith in modern HCS system (opinion)</td><td>More in number</td><td>Less in number</td><td>A good many have faith in modern HCS</td></tr>
<tr><td>Number youth having faith in traditional HCS (opinion)</td><td>Very less</td><td>More in number</td><td>Varied in number toward decline</td></tr>
<tr><td>Actual practice/treatment seeking behaviour</td><td>More for traditional HCS</td><td>More for traditional HCS</td><td>Contradiction between opinion and practice</td></tr>
<tr><td>Number youth having faith in both system</td><td>A good number</td><td>A good number</td><td>Combination persist indicating changing trends</td></tr>
<tr><td>Reason for contradiction between opinion and practices</td><td>Lack of accessibility physically and economically</td><td>Cost factors mostly</td><td>Contrast due to underlying factors</td></tr>
<tr><td rowspan="7">Reason for having faith in particular HCS</td><td rowspan="5">Reasons for having faith in modern HCS</td><td>More effective</td><td>More effective</td><td rowspan="5">Various reasons play for bending towards modern HCS but the pattern remains same among the youth of both the PTGs</td></tr>
<tr><td>Past experience and easy accessibility</td><td>Familiarity and easy access</td></tr>
<tr><td>Doctors are qualified and medicines are available free if taken from government hospitals</td><td>Doctors are qualified and medicines are available free if taken from government hospitals</td></tr>
<tr><td>Good behaviour of doctors</td><td>Good behaviour of doctors</td></tr>
<tr><td>Lack of alternative</td><td>Lack of alternative</td></tr>
<tr><td rowspan="2">Reason for having faith in traditional HCS</td><td>Mostly easy to access</td><td>A few of them have easy access</td><td rowspan="2">Various reasons play for bending towards traditional HCS but the pattern remains same among the youth of both the PTGs</td></tr>
<tr><td>Most believe that traditional healers have supernatural power</td><td>A slightly lesser number think that the traditional healers have supernatural power</td></tr>
</table>

Broad Categories of investigation	**Sub-categories of investigation**	**Tribal groups**		**Dominant trends**
		Juang	**Lodha**	
		Almost half finds it effective	Almost half finds it effective	
		A few says they follow the tradition	Following tradition	
		Traditional healer understands their problem well with care	Traditional healer understands their problem well with care	
		Most feel the cost is lesser	Most feel the cost is lesser	
Preference for Health care provider for common ailments	Modern healers	Almost all prefer modern healer	Slightly lesser number, but majority prefers modern healers	Preference does not match with actual practices
	Traditional healers	Mostly get treated with traditional healers	Mostly get treated with traditional healers	Traditional HCS utilised by most in practice
Preferred Health care provider for treatment of STD	Modern healer	Half of them think of modern HCS	Half of them think of modern HCS	Preference does not match with actual practices
	Traditional healers	Almost all taken treatment from traditional healers	Almost all taken treatment from traditional healers	Traditional HCS utilised by most in practice
	Reason for utilising traditional HCS	Effectiveness, privacy, approachability	Effectiveness, privacy, approachability	People feels comfortable with traditional healers to discuss STD problems
	Extent of combined treatment	Varies on the basis of symptoms	Varies on the basis of symptoms	Shows the tendency to accept modern HCS also
Problems of traditional healing system	Non-availability Under-performance	Lack of resources due to deforestation, Lack of practice, Lack of demand, Intrusion of new varieties of diseases unknown to traditional world, Change in viewpoints of people.		

Part II: Testing of Hypotheses formulated for the study

On the basis of the data collected and analysed, the hypotheses are tested for their validity in the following paragraphs.

The first hypothesis led to the collection of information as how and to what extent the knowledge of sex and sexually transmitted diseases and infections is prevalent among the Juang and Lodha youth. The hypothesis says that these tribal societies must have definite traditional ways or system of acquiring knowledge about sex and sexually transmitted diseases and infections. It also speaks about the role of other media influencing such knowledge and prevalence cutting across traditional domain. The following findings can be cited to test the first hypothesis for its validity.

Chapter IV deals with the field data regarding the knowledge about sex and sexuality and sexually transmitted diseases and infections among the primitive tribal groups. The first and the foremost hands-on idea the young people get about sexual act is by observing the mating of domestic animals and birds like goat, cows, buffaloes, hens, ducks etc. Thus a curiosity arises among them regarding human sexual act. By referring the sexual act of such animals and birds sex knowledge is imparted to new comers in the form of jokes or advices.

Statistical inferences reveal that these tribal youth acquire knowledge about sex at an early age. While Juang gets it at the mean age of 13, Lodha gets it at the mean age of 11.8 years. It is learnt that their queries for ideas of sex are fortified by knowledge input from some elders and mostly from peer group and youth of slightly older age group. It is also seen that among the Lodha the unmarried youth gets ideas about sex from elderly males and females through some kind of jokes and advices. Direct physical relation as a means of knowledge building about sex is somewhat prominent as more than a quarter of them acquired it in this way. Interestingly, a few urban exposed youth acquired knowledge on sexual act by watching pornographic movies. Thus the influence of urban exposure and media is also present among them. Masturbation as a sexual act is prevalent among them and they get the knowledge from their peer group practically for most of the cases at an early age. No socio-cultural belief about the effect of such act is found prevalent among them. It is

also seen that the Lodha youth are exposed to such knowledge at an earlier age as compared to the Juang youth. But the age of knowledge providers among the Lodha is more compared to its counterpart tribal group, the Juang. It is also revealed that knowledge providers are mostly from the friend circle. More number of Lodha youth gets knowledge on masturbation directly from practice compared to the Juang youth. It is also revealed from qualitative data that the knowledge on sex is imparted by elderly or youth of higher age who accompany a group of youth in herding, in food collection, hunting etc.

Next, regarding acquiring knowledge about STD/STI the data reveals that a very smaller part of the youth from the primitive tribal groups are aware about such problems. Whoever knows it, terms it as *gupta rog, dhatu rog, meha rog, garmi rog* etc. A few of them know the names like HIV/AIDS and Gonorrhoea. ‘Dhat is known as a king of STD by some of them. While incapable of performing sex remains a major symptom of perceived STD among the youth, swelling of sexual organ and bleeding from it are two other symptoms they perceive as STD/STI. Lodha are comparatively in a better position in terms of knowledge about the symptoms. But they are not well aware of correct mode of transmission of the same. Lodha youth are also in a better position regarding the perception about the causes of STD/STI. While more Juang believe it as a result of black magic, a lesser number of Lodha youth feel like this. It was also found that such non-scientific or traditional perceptions have been transformed along with the knowledge about sex by various means. Based on background characters it is seen that acquiring knowledge properly about STD/STI is possible in a higher age. This is more so in case of Lodha youth. Again, more Juang youth acquire correct knowledge about STD/STI before marriage as compared to Lodha youth. A somewhat weaker positive relation between literacy and correct knowledge is seen among Juang youth but not among the Lodha. Exposure to urban areas and mass media shows positive relationship with acquiring knowledge. The youth having correct knowledge are also relatively interactive in nature and also indulge in drinking liquor.

Many of the concepts prevailing among the tribes regarding the causes and spread of STD/STI are not scientifically correct. Among such concepts, ‘irregular food habit’,

‘lack of good food’ ‘past bad activities’ black magic’ etc., are prominent causes of STD/STI.

Knowledge about HIV/AIDS and the correct mode of transmission is not very encouraging among the youth of primitive tribal groups. While slightly less than 50 percent know about it, only a few of them know correct and multiple mode of transmission. The knowledge they acquire is from TV and Radio only. Thus exposure to such media is vital in terms of knowledge acquiring on HIV/AIDS.

From all these delineations we can come to the conclusion that the socio-cultural environment of the primitive tribal groups under study plays a prominent role in shaping sexual life of the tribal youth. Right from the self-observation to the informal mode of transmission of knowledge, the tribal youth start their learning in this regard at a very early age. Formal and informal social groups like age-groups, groups involved in economic activities etc., plays definite role to inculcate knowledge of sex and sexual acts. Their traditional beliefs and practices also play important role in shaping their sexual life from the beginning. The delineation also reveals that while the Juang have youth dormitory as an institution of imparting knowledge on sex related issues to a certain extent, the Lodha have no well defined institution as such. Following such situation the Juang shows a relatively passive and slow pace of inculcating sex related knowledge or perceptions while the Lodha youth shows relatively more active and uncontrolled inculcation at an early age. This fact reflects among Juang youth in their character of higher age at receiving knowledge on sex, lesser sexual acts, role of similar age groups, lesser known ideas about STDs etc. Thus, we can say that the hypothesis is valid to a greater extent.

The second hypothesis aims at finding out the sexual behaviour of Juang and Lodha youth and its nature, extent and consequences through the presence and absence of youth dormitory or other socio-cultural norms that might influence their sexual habits. The details of the relevant enquiries or data to testify this hypothesis is mainly the context of the Chapter V.

First, the sexual behaviour of married youth may be taken for the purpose of testing the hypothesis. The study shows that most of the youth of primitive tribal groups get

married at an early age, just below 17 years of age. A girl, likewise, gets married by the age of 15 or so. Arranged marriages are more common in number followed by elopement and to a lesser extent marriage by capture. Early marriage also leads to early age sexual activity among them.

An inquiry into the pre-marital relation with wife leads to the fact that nearly two third of them had pre-marital sexual relationship of some kind with wife and this inclines towards Lodha youth more compared to the Juang youth. It is seen that some of the married youth had relationship with wives one year or more than one year before marriage. This indicates the early onset of sexual activity among tribal youth. Lodha youth score more for longer period pre-marital relationship compared to Juang, but having pre-marital sex with wife is seen more common among the Juang. For this too, they (Juang) prefer wife's house as safer place to mate whereas Lodha youth find field, work place and jungle as a safer place. Pre-marital pregnancy concerns less to Juang youth compared to the Lodha youth. But the fear of contacting disease in this act is more among Juang than Lodha youth. It may be mentioned that Juang youth are allowed to have sex with girls outside of their village and there is no problem of getting married even after pregnancy. But Lodha youth are not protected in this way.

Among Lodha youth more than half of such pre-marital relationship goes unexposed even for their longer period of relationship because people hardly suspects such kind of relationships in village. A good number of cases got exposed among Juang despite of their shorter duration and were forced to get married because they follow village exogamy. Also more than half of the unexposed cases may be due to shorter pre-marital relations which were immediately converted to marriage. The shorter pre-marital relationships of Juang youth can be explained in the following lines. The Juang gets intimate with girls from other villages which virtually become an open secret and due to social sanction and familial pressure etc., they get married at an earliest. But Lodha may have relations within the village which cannot be detected or suspected for which they are stretched longer.

A lesser number among the Juang youth who did not have pre-marital sex in comparison to Lodha youth also indicate that village exogamy kept some of them

away from such act. Prevalence of extra-marital sex depicts the presence of socio-cultural norms like polygamy sanction, especially among the Lodha.

Prevalence of multiple sexual partners before marriage among these youth also depicts somewhat lose control over this matter. Lodha youth are seen more in number having relation with multiple sexual partners before marriage indicating their socio-cultural norms and also life-ways which is somewhat lack of social control. Prevalence of sexual acts with older women other than their girl friend before marriage also indicates somewhat lose social control among the primitive tribal groups. Life-ways like consuming alcohol and having sex is invariably reported.

Exposure to media and urban places is also evident among the people. This has also opened up opportunity to meet freely among the youth of different sex and also help changing attitude or perception towards many traditional inhibitions and customs.

Extra-marital relations prevalent among these tribal youth show that usually they continue with the pre-marital partner when they did not marry, as extra-marital partner after marriage. As a closely knit tribal group the previous partner, after marriage or so remain as relative of some sort for which the married youth can visit or meet her and indulge in sexual act at different frequency. Extra-marital relation is not seen as grave offence as no report of social action was found in the present study.

Sexual behaviour of unmarried youth of the Juang and Lodha was investigated the same way to test the validity of the second hypothesis. More Lodha youth experienced sexual act of any kind than the Juang youth. But frequency of sexual acts preformed is more in number among the Juang youth. Penetrative sex among Lodha is more in number indicating their aggressiveness and indifference towards family or community reaction contrary to such concerns among the Juang youth. Sexual partners are usually of younger age to the male youth, but some involve with elder girls also. While all interactive partners are unmarried some of them among the Lodha are married women and divorcee or deserted women. If not girlfriend, the women involved are relatives of Lodha in some way. It is also seen that Lodha youth

experience sexual act at an earlier age compared to Juang youth. The same is the case for their sexual partners. Resultant cause of sexual act among the youth may be due to the mutual desire or partner’s desire or one’s own desire. Among the Lodha youth own desire causes more sexual acts as compared to Juang youth, who, on contrary, involve in such acts basically due to partner’s or mutual desire. Having a drink (country liquor) before sex is very common and dominant character among the Lodha youth.

Lodha youth favours field or jungle as a suitable place for the sexual acts, whereas Juang youth favours partner’s house as a suitable place. Fear of getting pregnant from first to last sexual partner decreases along with the increase in concern for getting infected. Shift of relationship from first to last partner is lesser among the Juang youth and such shift is more in number among the Lodha indicating a relatively easy and indifferent relation with sexual partners over a period of time. Lodha youth’s sex involvement is more exposed to village or community but no stern action or reaction was reported for either of them.

Lodha elderly youth feels that past times were better in terms of discipline and having respect for elders in society and social control mechanism which is fast diminishing at present. But Juang elderly youth feels that present time is better in terms of loosing social control on meeting and mingling between girls and boys and to know each other, whereas, in past time girls did not have good option to select their spouse.

In general the younger tribal youth feel present day is better in terms of freedom to meet and mingle with each other and to know each other out of social control. But while Lodha youth are vocal and practical against social control over boys and girls free relationship, the Juang youth still are reluctant to be carefree of such norms and very much aware and cautious about social norms and subsequent punishment.

The tribal youth use festivals, fun-fares and weekly markets as opportunity to meet their fiancees and plan for their own desired act. These events also offer the opportunity for partner selection and put forward their proposals. Dancing and singing in community and inter village festivals and ceremonies play important role

for Juang youth in particular, because they cannot dance or marry own village girl. They had to dance and sing with girls from other village which is possible through such events only.

Having sex while being outside the village especially as migrant labour, is evident among some tribal youth. This is seen among the married youth also as they go alone for seasonal work in towns and indulge in sexual act there with strangers.

The study reveals that unmarried male and female youth among Juang spend nights in bachelor house separately. This place is the platform of getting knowledge about their socio-cultural norms and to some extent sexual life. Performing sexual act in such place is not known. There is social sanction in mingling with opposite sex of different villages, but sexual relation is not the social norm. Contrary to such norms, a somewhat loose social control over such relationship is evident as the study shows wide spread practice of sexual acts of varied nature among the youth. Thus pre-marital sexual activity is not institutional, but somewhat a controlled prohibition among the Juang. It is also seen that exposed relations usually ended up with socially sanctioned marriage. Thus a social back-up or support is always there for the girls having relationship with their boy partners. The Juang youth are seen somewhat concerned about social sanction and act accordingly to some extent.

Contrary to such situation the Lodha youth are not strictly bound by social norms. They have levirate system and found indulging more in sexual act and also with multiple partners. Lack of village exogamy and other restrictions they find easy to get their partners for sexual acts. While Juang youth are generally confined to a single partner till marriage the Lodhas seem to changing their partners.

Thus, by examining all these characters we can derive at a conclusion that it is not the presence or absence of youth dormitory or any institutionalised instructions responsible for determining the sexual behaviour. It is the existence of social system like village exogamy, patterns of marriage like levirate and people's life style and extent of social control mechanism that influence the sexual behaviour and activities of youth of these two primitive tribal groups.

From this conclusion we can say that the second hypothesis is valid in part only that talks about social responsibility of concerned person and the social control authority on pre-marital pregnancy and exposed sexual relation which in turn might use as a shield to protect involved girls/boys in such act. Likewise, it is found that it is not the presence or absence of youth dormitory, but the social cohesion, norms and consequent life- style of people that determines sexual behaviour of youth. Thus the third hypothesis does not hold good here.

The fourth hypothesis talks about infection of STD/STI through contact with outsiders by means of sexual exploitation or PTG women by non-tribal alien people intruding into tribal domain. Qualitative data reveal that among the Juang some women are sexually exploited or lured by non-Juang and non-tribal men from nearby areas. But not many cases were found in this regard to make a strong point of concern.

The next section speaks about a relationship between migration of youth as wage labourer and incidence of sexually transmitted diseases. Findings in Chapter V reveals that married as well as unmarried youth had been to urban localities at different point of time and were away from home at least for one month time. Among them quite a few had experienced pre-marital/extra-marital penetrative sex. In-depth qualitative data also reveals that some of them were involved in sexual activities with other than their regular partners during the stay in urban localities. Some of them revealed that they have contacted disease from such sexual act. After contacting STD/STI they do not take precaution while indulging in sex with wife or partners back at home. Thus this part of the hypothesis stands valid.

The third section of this hypothesis opines that social approval of pre-marital sex and the habit of unprotected sexual intercourse with multiple partners helped in spread of STD among the youth. Data analysed in Chapter VI clearly shows that the youth affected by some symptoms of STD have been continuing their sexual activities with their most recent partners. They are least concerned about it, as qualitative data shows that they consider such symptoms as usual consequence of growing–up as youth and happens to certain age group of youth. As has been mentioned earlier, these tribal groups do not have social approval for pre-marital sex

though they indulge in it invariably. Prevention of STD by means of protected sex is not known among them, although many of the youth indulge in multiple sexual partners. It was found that some herbal remedy was used by some youth to prevent the diseases that may transmit through sexual intercourse. Thus we can conclude that a relatively loose social control, especially among the Lodha helps in spread of STD to a great extent. Thus, the hypothesis tested valid minus the statement regarding social approval for pre-marital sexual activities.

The fifth hypothesis says that prevalence of traditional beliefs regarding having STD/STI might led the people to keep it secret, which affects the treatment and healing of such diseases.

Chapter VI describes the details of prevalence of STD among the youth of both the tribal groups. It shows that symptoms of STD are present among the youth of both the tribal groups. Numbers of youth who experience STD symptoms are more among the Lodha, as nearly half of them are infected contrary to one fourth Juang youth in this category. Contrary to the general belief that education and urban exposure helps to prevent STD/STI, the cases under the present study shows just the opposite. One who have relatively higher education and exposed to urban localities get more attention from girls leading to more sexual indulgence with multiple partners, especially among the Lodha youth. But this may not be the case all the time. Juang shows that STD is lesser in number among those who have access to mass media and urban places.

It is also interesting to note that majority of youth who have STD symptoms do not have knowledge about it. While some have incorrect perceptions, only one-tenth of them have correct knowledge about it. Multiple sexual partners remain one of the major causes of STD among the tribal youth.

Knowledge about use of condom as a preventive measure for STD among the youth is also not encouraging as nearly two third of them negates it. Traditional health care system is very much present among the tribal people of both tribal groups. But modern health care facilities are also available now-a-days with certain impact on their belief system and treatment seeking behaviour. But availability and faith in a

particular health care system does not assure utilisation of the same due to factors like accessibility, cost factor etc. There is a clear indication that the PTGs are very much aware of effectiveness of modern health care system, especially the Juang. Lodha youth are seen to have more faith in traditional type of health care system as compared to the Juang youth. Some are also seen playing safe by expressing their faith in both the system. But interestingly, the traditional healers happened to be the person from outside their community, sometimes a tribal person from other community and sometimes an unknown one.

Based on the preference of treatment providers a majority of tribal youth are inclined towards modern health care providers. Preference of traditional healer for the treatment of common ailments is very low as, less number of youth reported so. Compared to Juang youth, Lodha seems to be more inclined towards traditional healer.

In actual practice, these tribal people are seen using home made medicine or see a traditional healer, contrary to their preference for modern health care system. Cheaper medicine, accessibility and faith etc., are major causes for treating with traditional healer. In terms of STD symptoms preferential treatment seeking more inclined towards traditional healers, especially among the Lodha. Traditional healers of village also knows remedy of 'Gupt Rog' (STD). This is claimed by traditional healers and treatment seekers as well. Privacy and easy access to such treatment remains major causes of seeking treatment from traditional healer. It is also found that sex related problems not amounting to STD are invariably treated by traditional healers among the youth.

Chapter IV contains the detailed data and analysis of beliefs and perceptions about causes of STD/STI and its preventive measures prevalent among PTG youth. It clearly indicates that traditional (also non-scientific) perceptions dominate among these youth regarding causes of STD/STI. Among such traditional beliefs, irregular food habit, lack of nutritious food, effect of bad work done in past, bad work of parents, evil spirit, climate change, sex during menstruation, excess heat etc., are some of the causes perceived by them. But they are also aware of some causes having scientific or valid bases. Chapter VII also shows that the youth want to

maintain privacy regarding such diseases because it is perceived to be related to bad work done in the past. Having STD/STI also results in under-performance in sexual act, a detrimental to maleness or the masculinity. Data show that as far as possible the youth try to do it away with homemade medicine first. Then they go to traditional healers seeking privacy.

Thus if treating with traditional healer is a failure, of course, there is every possibility of spreading the disease following their sexual habit, i.e. relationship with multiple sexual partners, which sometimes also happens from both sides (i.e. from both boy and girl). But it is proven that traditional healers are quite adept with such diseases and have proved to be remedial. Therefore, we can say that this hypothesis is valid or invalid on the condition of success or failure of traditional healers in curing the problem because, as far as they are present, the youth do not hesitate to seek treatment for STD symptoms, which otherwise may not be reported by each and every infected youth to the modern health care providers owing to their traditional inhibition.

Sixth hypothesis opines that having traditional beliefs regarding any disease is positively related towards seeking traditional healing system. To validate this hypothesis we can say that people have certain set of beliefs regarding the cause of STDs attributing to bad work, food habit, black magic or even ecological factors. We also see a good many number of youth seek treatment from traditional healers. Thus in one sense we can say that there is a relation between such beliefs and treatment. But it should also be noted that for the want of privacy and factors like difficulty in accessing modern health care might influence health care seeker's behaviour as seen from the study.

While trying to testing the 7th hypothesis we can say that non-traditional belief system and urban exposure might increase the number of youth seeking health care from non-traditional means in case of STD, as opined in this hypothesis. It has been revealed from the study that urban exposure does not guarantee hundred percent acceptance of modern treatment. Cost factor plays important role along with traditional beliefs. Low cost and easy accessibility are two major causes for taking to

traditional healer in all diseases. When these two barriers are silent, people do not hesitate to take to modern treatment.

The exposure, no doubt, helps to remove traditional inhibition among these tribal groups. Moreover, urban and non-tribal contact also infested with diseases, otherwise were unknown to traditional healers. Again, changing ecological situation and changing notion has acted negatively for the traditional health care practices influencing negatively on the successful performance of traditional healers. These combined factors play deciding role on declining acceptance (in practice) of traditional healing system by the concerning tribal groups. Thus we can derive at the conclusion that as long as traditional healing system is able to show success; a mere exposure to non-traditional and urban situation is not likely to change people's health care seeking behaviour. Thus factors related to such shift are multidimensional in nature. We can say that decrease of forest cover, changes in livelihood of tribal people and influence of non-traditional culture of surrounding population are responsible for the change in several socio-cultural beliefs and practices. The effect of such changes also reflects in their religious beliefs and practices which are directly related to their perception about contacting diseases and ailments. Thus tribal people are getting out of several traditional inhibition related to causes and effect of health aspects and obviously subsequent health care seeking ways.

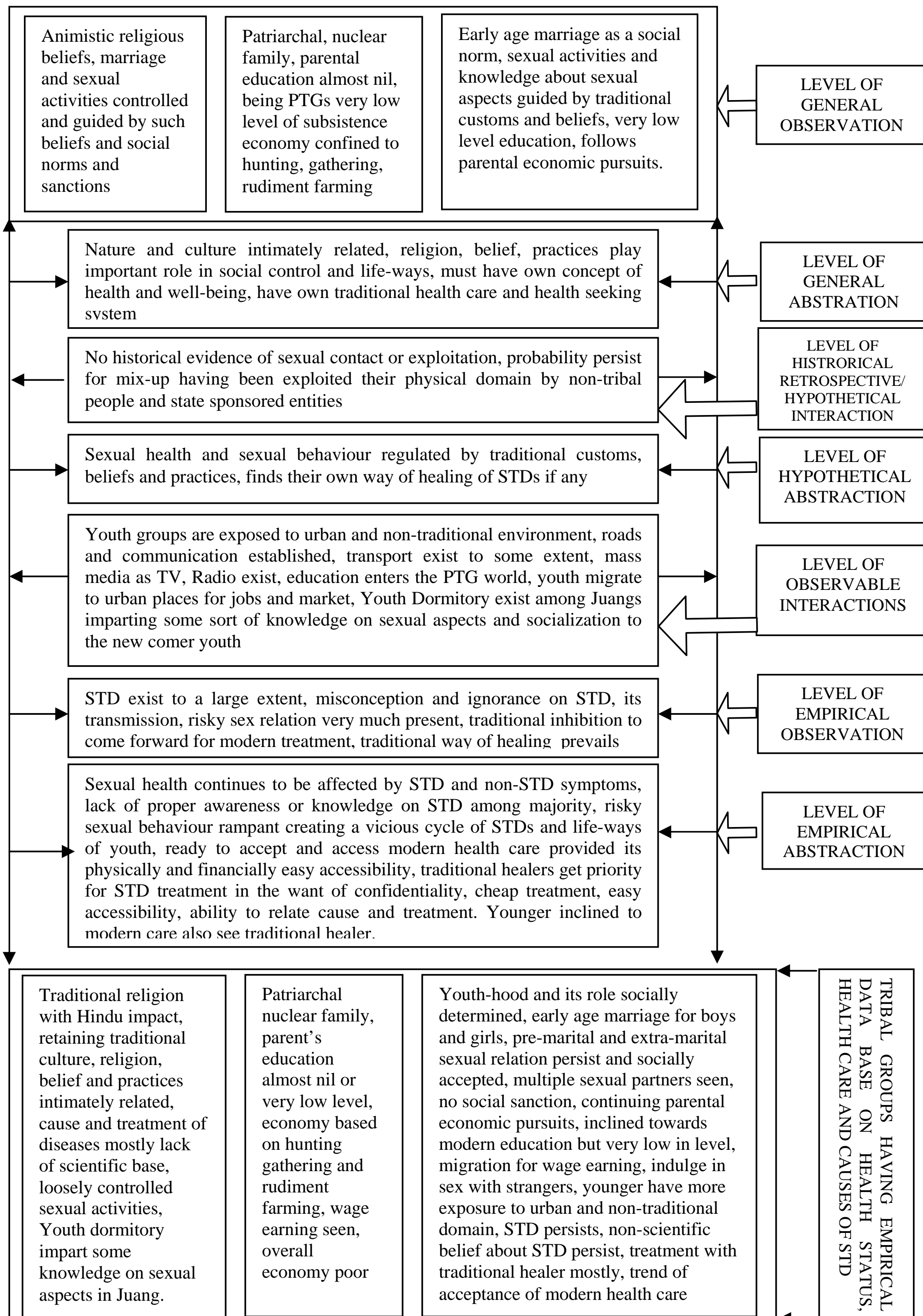
This way, exposure to urban environment and accessibility to modern health care makes them familiar to it to accept it. On the other hand non-availability of required raw materials from nature due to depleting natural resources, non-practice of traditional knowledge due to lack of demand and intrusion of unknown diseases due to changing physical and social environment made the traditional healing system weak or somewhat non-performing. These combined effects are sufficient to show in reduction of acceptance of traditional healing system and acceptance of modern health care system.

The last hypothesis opines that when the tribal youth accepts modern health care system, the incidence of STD will decrease. The analysis from Chapter VI and VII reveal that a good many tribal youth take modern treatment for their STD symptoms.

But they do not take preventive measures despite of their habit of risky sexual activities like sexual intercourse with multiple partners and frequently changing of partners over a period of time. Whether treated with traditional or modern healers, the tribal youth who were suffering from such symptoms were cured. Thus there is no evidence that one kind of treatment has increased or decreased the STD infection among these tribal youth.

In the introductory chapter a conceptual framework was prepared on the basis of perception built from literature review and some existing prior knowledge supposing its role in guiding the study throughout. Now, after generating and accumulating knowledge and insight into the aspects of sexual behaviour, sexually transmitted disease, perceptions and knowledge about STD and consequent health seeking behaviour of the studied population the conceptual framework has been transformed into an empirical framework putting the relevant findings in it. Following is the empirical framework prepared in the same line of conceptual framework prepared for the study.

EMPIRICAL FRAMEWORK



CONCLUSIONS

From the delineation made in the foregoing paragraphs it becomes evident that sexually transmitted diseases are very much prevalent among the selected primitive tribal groups. Among the factors responsible for the problem, people's sexual behaviour is the most crucial one. This is crucial in the sense that it is simply not a segregated or individual behaviour. It is very much shaped by their age-old culture and tradition. For example, their early age marriage, prevalence of pre-marital and extra-marital relations, and above all their perception about the disease itself are socio-culturally moulded to a great extent.

External factors also have definite effect on the health situation of the selected tribal groups. The physical contact with non-tribal population, seasonal migration and indulging in sex with strangers outside their traditional domain etc are some of the determining factors affecting sexual health of the people.

Inevitable changing factors influencing their physical surroundings also have a lot to do with the health status of the tribal people. The direct impact of such changing situation is seen on their shift of economic pursuits forcing them to go out of their traditional domain and mingling with non-traditional world which in one or the other way have affected their health situation. Changing geo-physical condition is also leading to the change in the requirement of their day to day and spiritual domain. These in turn have compelled them to modify or abandon many of their traditional beliefs and practices introducing a social change among them. Such changes also affect the system of age-old social control, traditional set-up in their society. Thus a social disintegration appears in traditional societies. Weak social control among the tribal society leads to several unexpected social phenomena that may have detrimental effect on tribal societies.

The tribal youth are invariably engaged in pre-marital and extra-marital sexual activities with no control or a very lose social control. The youth have been exposed to non-traditional world which has changed their viewpoint and making them lesser accountable towards their traditional life-ways. On the other hand, lack of definite social system or diminished social system for imparting sexual knowledge to the

youth has been reflected in having no knowledge or incorrect knowledge about sex and related aspects among the tribal youth. This has, as seen from the study, direct bearing on the sexual behaviour and sexual health of the youth at large.

Changing social and geo-physical condition also have observable impact on the traditional health care practices among the tribes under study. In changing social situation the traditional healers have been loosing their importance. Due to deforestation the traditional healers are finding it difficult to get their required herbs and roots for medicines. Besides these factors, the lack of demand and the related misconception prevailing among the youth related to traditional healing system also prevents the traditional healers to maintain their practice and status. Moreover, as history reveals, physical contact with non-tribal domain also bring new strain of diseases, which are very much foreign to the traditional people and they have hardly immunity to such diseases. In such a situation the traditional health care system may not work to win the people’s confidence to some extent.

Contrary to such situation, the tribal people are still inclined towards traditional health care system. Besides traditional perceptions attached to this, some other very real situation like lack of physical accessibility to the modern health care providers, distance and related consumption of time, cost factors etc play important role in determining the treatment seeking behaviour of the tribal people. Literacy rate is very low and the level of education among the literate is so low that such literacy can hardly make any difference among the tribal people under study. Along with education, the economic condition of the people is also very poor for which they are reluctant to approach modern healthcare providers. Finally, the very concept of health and illness, especially problems related to sexually related aspects, have some direct bearing on the health seeking behaviour of the people.

The trends examined in the study also clearly show that the younger generation is more inclined towards modern health care system in practice. Though they are not totally bias towards traditional system of health care, they are open for both kind of treatment system, showing a change in the health seeking behaviour of the tribal groups under study.

Probable plan for development of sexual health among the tribal groups:

From the present study the following line of suggestions could be forwarded to improve the health status of tribal people in general and sexual health in particular:

- The level of knowledge on sexually transmitted diseases needs to be improved among youth of primitive tribal groups through effective information education campaigns and counselling.
- Improve the knowledge and promoting safe sex in an effective way acceptable to traditional tribal people.
- Reduce the incidence of early age marriage, early sexual debut among youth of primitive tribal groups by promoting awareness and diversion of recreation and interaction among the youth away from sexual intentions.
- Strengthening the rural infrastructure, especially the health care facilities with a plan to improve the interaction between modern health care providers and tribal people. Cost factor must be taken into consideration in view to the tribal people's due importance towards health seeking behaviour.
- Efforts should be made to logical induction of traditional aspects in modern health care system. In other words attempts should be made to attract and persuade tribal people to take modern health care facilities, without hampering their traditional beliefs.
- Collection of statistical data on incidence of sexually transmitted diseases among primitive tribal groups should be done in regular interval followed by necessary treatment, support and personal counselling.
- Promoting the research activities among primitive tribes, the findings of which may be included in framing plans and its implementation in prevention of sexually transmitted diseases.

The above suggested policies can only be implemented by taking the tribal traditional dignitaries in confidence keeping in view of their age-old beliefs and practices as some sort of meaningful entity in their health and wellbeing. In the implementation of these policies the 'Lodha Development Agency' and 'Juang Development Agency', which are the agencies formulated by the government of India for the development of the Lodha and Juang under tribal sub plans could take

the lead with the help of local voluntary organisations. Besides them, the anthropologists and demographers may get involved in understanding and resolving the problems of primitive tribal groups in a scientific manner and to provide technical guidance.

- End -