Summary and Conclusion
Man is the only culture building animal. All cultures have certain aspects on the basis of which they can be conveniently categorised. A culture is an integrated whole of different manifestations of human behaviour, like implements and consumer goods, norms for the social grouping, human ideas and crafts, beliefs and customs, health and health seeking behaviour etc. by which the members of that society had been running the race for survival.

The Ongees, hunting, fishing and food gathering community have been living in the Little Andaman Island since time immemorial. They were the only people inhabiting this Island till the early nineteenth century. Practically nothing was known about them until the British set foot on these Islands (Andaman and Nicobar Islands) in 1858. The Andaman had been subjected to frequent raids by the sea pirates of Malay and Chinese traders visited these islands in search of edible bird nests and sea slug. In terms of racial unity and similarities in cultural traits the Semang of the Malay Peninsula and the Aeta of the Philippines are believed to be the closest surviving counterparts of the hunter gatherers of the Andamans.

For a considerable period the Ongees could successfully evade all attempts at contact for conciliation by outsiders through their hostility towards all strangers. In 1867 the Captain and seven crew members of a ship Assam Valley, who landed in Little Andaman never returned. A search party led by Mr. Homfery was sent for the missing persons, but the party failed in its mission due to the hostility of the Ongees, and further in
the encounter with crew in the Little Andaman Island they killed about 57 Great Andamanese also who were helping the crew. Britishers were then sent to another ship on punitive expedition with huge armed force and in the battle between this armed force and the Ongees archers about 70 Ongees were killed and 30 more Ongees were shot dead in another encounter. After this massacre the Island was not visited by any outsider until 1878. The Ongees were brought in friendly contact with British by the M.V. Portman during the year 1886-87. Since then the contact established by Portman has been further consolidated through regular visits by various outsiders.

Subsequent changes in administrative control of the territory from the British and it was only after the formation of Andaman Adim Janjati Vikas Samiti, a tribal welfare agency, that certain welfare measure were taken up among the Ongees. The Samiti was constituted under special assistance from the Government of India, Ministry of Home Affairs, in March, 1976. When the Andaman Administration approached the Ongees, they were living in groups in terms of communal huts at Dugong Creek, Jackson Creek and South Bay in Little Andaman. As a first step of welfare, the Ongees were rehabilitated at Dugong Creek, (1976-77) and at South Bay (1980). Ongees were distributed wooden hut, with raised platform as per the each Ongees families, apart from the Ongees houses there are good wooden buildings for community hall, medical sub centre, power house, Ongees Co-operative Society, residence of staff of the Samiti. The Ongees were shifted to the wooden house from their Communal Hut (Beyra) and
temporary hut (Korale) and provided all modern facilities. Subsequently the Little Andaman is open for further rehabilitation of non-Ongees communities like Bangalee refugees from the then East Pakistan, Tamilian repatriates Sri Lanka and Burma, Nicobarese from Car Nicobar and Moplah community from South Andaman, The Settlement/rehabilitation was started in 1969 and concluded in 1979. Thus Ongees were surrounding a numbers of outside community/cultures with in the Little Andaman consequences changes in their social, cultural, economical, subsistence and health practice due to this very obvious reason i.e. cultural contact. This is the result of declining of Ongees population preferably due to contact with outside society, borrowing of new and unknown disease and may be the war fought with the so called white community.

The health of the tribals is as such a function of interaction between socio-cultural and socio-biological practice, the biological attributes and the environmental conditions. So it is important not only to study socio-cultural and environmental dimensions of health but also to examine the constraints of acceptance of modern health practices.

The present study is based on the interview of 95 Ongees Individuals distributed in thirty one households of Dugong Creek and South Bay.

The investigation has been conducted through interview schedule. Simultaneously, group discussion and formal interview methods have
been used. The observations have been made through participant observation method.

The Objective of the investigation is to study the changes among Ongees culture/life style especially in their health practice due to cultural contact with the outside culture. Keeping in view the socio-cultural, demographic profiles, environmental sanitation habits and personal hygiene, reproductive health problem, antenatal care and delivery health practices, dietary habits, utilisation of government health services etc. An attempt has also been made to study the traditional health practices and the modern health awareness among the Ongees of Little Andaman.

Summing up the results of socio-demographic profile of the Ongees of Little Andaman, it may be concluded that:

- In the present population of Little Andaman (Ongees) the band Bariadulu is in majority.
- Monogamy is the only type of marriage in Ongee society.
- Band exogamy is also widely in practice among the Ongees of Little Andaman.
- Education status is not significant among the Ongees. Require upliftment.
- The Ongees are mainly engaged in coconut plantation works, as main occupation.
◆ Maximum households are in domestication of animals such as dogs.

◆ The radio is the most popular media for information about rest of the world.

◆ The maximum households are accommodated in the government provided wooden huts.

◆ The most of the accommodations are having only two rooms.

◆ The accommodations provided to Ongees are having good ventilation.

◆ Toilet facilities are not provided in the houses.

◆ Water facilities are also not provided with in the accommodation / houses.

◆ The maximum household exhibits per-month income Rs-400-800.

◆ The maximum number of household was possessing modern type of household items, a few of them also possessed traditional type of household items.

◆ The sex ratio observed 666.66.

◆ Total dependency ratio is 118.36.

◆ The birth rate is observed 21.05.

◆ The death rate is also observed 10.52.
The socio-demographic analysis of the data among Ongees of Little Andaman revealed that majority of the individuals of Ongee tribe belong to Bariadalu band (20.00). However, few bands are at the worse of extinction, i.e., Luiyabokalae, Gagaee, Totamadalu and Tulanda bands. These bands show only single individuals. It is highly recommended that efforts should be made to protect these bands by development and Government agencies. On the other hand, most of the Ongees are illiterates and poor. Most of them lived in wooden houses provided by Government, having two rooms in general. They are mainly engaged as plantation workers alongwith food gathering and hunting activities.

The income situation exhibits that most of the Ongees come under the category of low income group. That’s why there is an urgent need to start some more relevant programmes and schemes through Government/AAJVS or non-government organizations for the upliftment of the Ongees. Their fertility rate is remarkably low. The mortality level is also low, due to significant efforts of Health Department and Andaman Adim Janjati Vikas Samiti (AAJVS). Under these circumstances, it is highly desirable to take proper steps to increase fertility and improved reproductive and child health practices among the Ongees, by providing some more medical, health and nutritional facilities etc.

Summing up the results of historical background of cultural contact of the Ongees, it may be concluded that:

- The Ongees inhabit in the Little Andaman since time immemorial.
They were with the contact of outside world till early nineteenth century.

They were in contact with Malay and Chinese traders who visited these Islands in search of birds nest etc.

The Ongees have the Cultural similarities with the Semang of the Malay Peninsula and the Aeto of the Philippines.

They show their hostility towards the strangers till 1888.

They killed all the visitors to little Andaman till 1867.

A numbers of Ongees were killed by the British during colonial administration.

M.V. Portman who had succeeded in meeting a group of Ongees, in Little Andaman, who were not hostile on 1878.

Great Andamanese were paid a vital role in contact the Ongees friendly.

Frequent visit to Little Andaman with presents for the Ongees were made by the British Administrators.

Presents were left on the Shore at different places at little Andaman as a token of friendship by the British Government.

Eleven Ongees were caught at Cinque Island during collection of Turtle eggs, and captive Ongees were brought to port Blair and
were kept under the personal care and supervision of the British Administrator.

- The Captive Onges were release to little Andaman (Bumila Creek) and (Hat Bay) loaded with various presents.

- In 1930 three Onges were persuaded to accompany the census team to Nicobar.

- Onges learn the use of Iron during the visit of Malay pirates or Chinese traders.

- In 1892 four Onges visited Calcutta with the British official accompanied by some Great Andamanese.

- The Onges are like the presents, like-Knives, axes, weapons etc.

- During 1976-77 and 1980. The Onges were settled in to two settlements at Dugong Creek and South Bay by the Andaman Administration.

- Little Andaman was open for rehabilitation of the non-Onges during 1969-79.

- Wooden huts were providing to the Onges of both the areas with all other modern facilities.

In all it could be concluded that prior to settlement the indigenous population in to two areas (Dugong Creek and South Bay) they were scattered all over the Little Andaman. Intervention of Andaman
Administration and rehabilitation of Little Andaman with non-Ongees caused a series of changes in the Ongees Culture, and further caused decline of population. They were fully dependent upon welfare agencies as they were accustomed with presents and gifts. There is an urgent need to aware the Ongees towards welfare programmes, and towards utilization of their skills and resources. They should be encouraged to cultivate their traditional craftsmanship, of course with modern materials. Further settling of non-Ongees families and extraction of timber form the forest area should be immediately stopped.

Summing up the results of cultural contact and changing Ongees culture, it may be concluded that:

- The present population of Ongees at Dugong Creek and South Bay, the dress and personal adornment has invariable changed due to cultural contact.

- The traditional communal hut, the main social institution has no more in practices, and replaced by community hall and wooden huts.

- Temporary hut, found mostly not in practice due to non functional for the Ongees.

- Pottery, the art of the Ongees has replaced by modern utensils.

- Canoe making (dug out Canoe) skill was not encouraged, so found less interest to construct the dug out canoe.
Bow and arrow are partially in practice but the materials all are market made.

Traditional fishing nets are not found in the settlement, substituted with modern fishing nets.

Tools and techniques are burrowed from local neighbouring community and also supplied by welfare agency.

Some remarkable changes and modification are also found in the Ongees Birth, delivery, adolescence, marriage and death rituals performances etc.

Due to culture contact and settlement the Ongees of Little Andaman in both the settlements (Dugong Creek and South Bay) live in a transitional phase which may last long due to maximum intervention of the welfare agency on one side and the increasing non-tribal population in the Island and their irrational exploitation of the land and water resources, on the other side, deprived the Ongees of their natural wealth, which is threatening their social, cultural and biological existence. The entry of non Ongees population should be checked and the forest areas need to be demarcated as well as the sea boundaries. The Ongees could be motivated to cultivate their own culture and to maintain their existence by practising their traditions. The welfare policies should not be imposed on to the tribal rather there should be a selective option to be open to the tribal people. It is high time to seek the supervision and guidance of the anthropologist, and help/cooperation from various department of Andaman
Administration to execute the welfare policies among the Ongees in a meaningful manner. It is of course a good indication that Ongees are adjust with the change of time and circumstance along with their long time traditional culture and beliefs, however with some modifications.

Summing up the result of cultural contact and changing economy, it may be concluded that:

− The Annual income of the Ongees is satisfactory because of the fulfilment of requirements by the welfare agencies.

− The most of the traditional economic activities are with the influence of modern society or the impact of non-Ongees economy.

− The Ongees were not spending on health and education but a little spend on food.

− Almost all the economic activities were materialized with the modern technique and implements.

− The Ongees maintained hunting, fishing and collection of coconuts side by side.

− They have now possessing the modern type of utensils and clothes.

− The Ongees are visited Ongees Multipurpose Co-operative Society (OMPCS) with in their settlement, generally at the time of receiving the payment.
The Ongees are collecting the sea products for their personal consumption.

Traditional trade with in the communal group or a Band is not existed.

Construction of traditional communal huts, artefacts, canoe is not seen today, as they all are replaced with modern or market made.

Due to contact with non-Ongees, the Ongees have barrowed some unknown diseases, for which they don’t have any previous experience. Thus action oriented developmental programmed should be implemented through the trained Anthropologists. They should be encouraged to exploit the natural resources instead to depend on free ration supply. There is an urgent need to bring the awareness regarding the proper utilization of their skills and developmental policy. They should also be motivated to accept the modern facilities within their cultural segments. We should respect the Ongees skill and techniques, they are the hunting-gathering tribes, so we should encourage them to cultivate their traditional technique however with some modification for that, it is required to be motivate them. Forest resources may be maintained by demarcating, and artificial breeding of pigs etc. They may be encouraged for fishing with their traditional skill and modern technology.

Summing up the result of cultural contact and changing health practices of the Ongees, it may be concluded that:
The Ongees have the concept of health as a person doing all his works and not taking any herbal medicine.

The concept of disease, they thought, it may be by the unhappy spirits.

Regarding cause of disease they have a strong view that disease causes due to unhappy spirits only.

The Ongees used the traditional medicinal plant ‘Toralulu’ to cure fever.

The Ongees still using ‘Teetonoe’ for curing body pain, chest pain and headache.

They use ‘Tagaaee-waga’ leaves during delivery and first menstruation to minimize the excess bleeding and as pain killer during delivery pain.

They use ‘Bonayee’ for curing waist pain.

The Ongees traditionally use the ‘Gee-gee’ and ‘Chendalu’ for curing diarrhoea. They also use the paste of the leaves of ‘Koibotilabaee’ for cure of fracture.

The Ongees have a good knowledge about their indigenous herbal medicines.

Due to cultural contact and awareness, Ongees now use to visit medical sub centre for treatment and medicine.
Most of the Ongees are aware regarding available medical facilities.

Most of the Ongees are availing modern medical facilities with their traditional health practices.

It is observed that most of the Ongees are first prefer their traditional medicine and then go for modern medical facilities.

The most of the Ongees visited medical sub centre monthly twice. However, medical worker visited daily to the maximum households of the Ongees.

The most of the Ongees are in opinion that the limited area of living and limited area of forest and sea is the main problem of their settlement.

The Ongees accepted modern medicine in most of the disease.

The people are avoiding modern medicine in some of the disease, viz. delivery, small pox, etc.

On the basis of above results and findings it may be stated that there are a number of herbal medicinal plant in the Little Andaman which should be explored through modern techniques and pharmaceutical investigation and could be made available to the Ongees with some modification. The reported medicinal plants should be further investigated concerning the availability of various species and botanical identifications of the therapeutic values through scientific analysis.
Due to cultural contact/settlement and efforts of welfare agencies the Ongees are switching over to modern medicine, it is due to their so long cultural contact with the outside world. They should be allowed to practice their traditional health practice and use of indigenous herbal medicine. We should not intervene into their traditional practice. Cultural contact has changes their health practices and their concept of health and medicine.

The Ongees should be provided the traditional form of medicine like Ayurvedic and Homoeopathic which will cause no side effects on them. It is also observed during the field work that there is urgent need of education to the Ongees to make them aware about reproductive health and also to promote the scientific view of health and illness.

Summing up the results of cultural contact and aspects of reproductive health problems it may be concluded that:

♦ There are 43.46 per cent of Ongees male married to the age of 31-40 and 21.74 per cent of female got married at the age of 11-30 and also observed the female (21.74) got married at the age group of 41-60.

♦ There are 82.61 per cent mother are not aware about the symptoms of Reproductive Track Infection (RTI), Sexually Transmitted Infections (STI) and Acquired Immune Deficiency Syndrome (AIDS).
♦ There are 17.39 per cent of couple, who have the opportunity to receive information or interaction from any sources.

♦ There are 82.62 per cent couple, reported unawareness about mode of transmission of Reproductive Track Infection (RTI), Sexually Transmitted Infections (STI) and Acquired Immune Deficiency Syndrome (AIDS).

♦ The 8.69 per cent of women have problem related to Reproductive Track Infection (RTI) and Sexually Transmitted Infections (STI). They mentioned pain on urinating during pregnancy.

♦ There are 4.34 per cent of women reported with Reproductive Track Infection (RTI) and Sexually Transmitted Infections (STI) related symptoms by feeling of pain in lower abdomen or vaginal region during intercourse.

♦ There are 4.34 per cent of women reported with problem of fever faced during vaginal discharge. It shows prevalence of Reproductive Track Infection (RTI) is less among the Ongees.

♦ The 95.66 per cent women who have no itching or ulcer on both the sides in the vaginal area with vaginal discharge. Again, it shows that the prevalence of Reproductive Track Infection (RTI) is less among the Ongees.

♦ There are only few women (4.34), who consulted to ANM/Dai indirectly through their husbands. While remaining infected women
did not consult to anyone for treatment of Reproductive Track Infection (RTI) and Sexually Transmitted Infections (STI), due to shame and cultural values.

It may be stated that there are least reproductive health problems among the Ongees. However it is high time to provide scientific knowledge related to reproductive health problems and also enhance awareness related to Reproductive Track Infection (RTI), Sexually Transmitted Infections (STI) and Acquired Immune Deficiency Syndrome (AIDS). Awareness regarding aspects such as knowledge about mode of transmission, prevention and curability of Reproductive Track Infection (RTI), Sexually Transmitted Infections (STI) and Acquired Immune Deficiency Syndrome (AIDS) is urgently required; simultaneously less intervention should be made into their traditional culture and society. Attempt should be made to focus the issues related with Reproductive Track Infection (RTI) and Sexually Transmitted Infections (STI) through media and health workers for the betterment of Reproductive health of the Ongees women.

Summing up the findings related to cultural contact and changing antenatal care and delivery health practices, it may be concluded that:

- Even after cultural contact and several welfare measures there are still some unawareness and traditional belief and shyness among the Ongees regarding utilization of antenatal care facilities.
After cultural contact and efforts of health department changes related to availing health facilities observed among them i.e., the majority of mothers immunized themselves against tetanus before delivery and receives iron and folic tablets.

There are 58.33 per cent of mothers who take rest for 11 to 15 days before delivery.

There are 58.33 per cent mothers who take rest for 21 to 25 days after delivery.

There is significant number of mother (66.67) who delivered their last child in the wooden hut in the settlement.

The maximum number of mothers delivered their last child within their residence. Infact even after cultural contact there are no more changes observed in their place of delivery.

The 66.68 per cent of mothers have not faced any problems during delivery whereas 16.66 per cent of mothers facing problems like too much bleeding and weakness.

The 50.00 per cent of mother takes traditional foods like crab, fish and tuber after delivery, rather than 17.39 per cent takes tonic and nutritious drinks like Amul milk, Horlicks etc. whereas 21.74 per cent takes roti, pulses, fish with coconut gravy and 8.70 per cent vitamins tablets.
The maximum neonates' naval cord is cut by new blade (52.17) the traditional Cane stripe was also used for this purpose (30.43). The use of new blade is a significant change after cultural contact.

The 58.34 mothers applied traditional ash as dressing material on naval cord and 33.33 per cent mothers used burned mud, there are 8.33 per cent mothers used white clay on naval cord as dressing material. It is observed that even after cultural contact and measures taken by the health department Ongees still practiced traditional dressing material.

The cent per cent (100.00) mothers were feeding colostrums to their neonates. In fact Ongee mothers traditionally practiced feeding of colostrums to neonates.

The 58.33 per cent of mothers were breast feeding their children for 19 to 24 months and 25.00 percent mothers for 25 to 30 months whereas 16.66 per cent mother breast fed for 13 to 18 months to their neonates. The practice of longer duration of breast feeding naturally exists among them.

It could be concluded that under these circumstance, it is highly desirable to provide/extend scientific knowledge related to antenatal health care and delivery practices among the Ongees mother through health workers. Infact unawareness is the major cause for not utilizing proper antenatal care and scientific delivery health practices. There are some other factors such as traditional values related to antenatal care and
delivery health practices, feeling not necessary and customary, shameful attitude, no time and permission of elders and attitude of health staff etc.

The findings suggest the need to inform mothers about the availability and benefits of antenatal and delivery health care services. It also suggested that proper attitude of health staff could also increase the utilization of antenatal care and delivery health services. This will help to uplift the health status of Ongees mothers and may regulate natural and proper growth of the population.

Summing up the findings related to cultural contact and changing dietary habits, it may be concluded that:

♦ Traditionally the Ongees depended on sea animals/ fishes, wild animal and forest produce, and consumed by boiling and roasting.

♦ The Ongees dietary system was fully depend on the season. They take food available with the season.

♦ The Ongee mothers traditionally take turtle, fish, pork, geegee crab etc., during pregnancy.

♦ Traditional foods were given to the mother after delivery also.

♦ The Ongees of little Andaman are non-vegetarian by nature and usually consume fish, pork, turtle and Dugong meat.

♦ The Ongees are taking non-vegetarian food almost daily.

♦ They are now due to cultural contact start cooking their food.
Most of the Ongees takes their food in the morning and noon, a less number of Ongees prefer to take food during night time.

Supplementary food like cereal, milk powder, rice, pulse, etc, given to the children from 6 month onwards and up to the age of 12 years.

They have included a number of modern food items in their traditional food habits, like Rice, wheat, sugar, milk, cerelac, garlic, onion, tea, salt, spices, jiggery, horlicks, bread, biscuits, puri, chicken, eggs, mutton, etc.

The Ongees due to cultural contact have also included some modern food items for the mother, especially during pregnancy and post delivery period.

Due to contact of outside society as well as welfare agencies and settlement since 1976 the Ongees manage their items from Andaman administration and locally available resources, which they get from the forest or surrounding seashore. Thus we should not interrupt them to practice their indigenous food habits either from sea or forests.

Summing up the result of environmental sanitation, sanitary habits and personal hygiene, it may be concluded that:

Traditionally 87.36 percent Ongees have the water holes, the only sources of water before cultural contact/settlement till 1976.

Sanitary conditions around the communal huts were very poor before cultural contact.
The 94.74 percent Ongees disposed their garbage near by their huts before settlement or cultural contact.

Most of the Ongees are not clean their Beyra (communal huts) before cultural contact and settlement till 1986.

Before cultural contact traditionally 89.48 percent of Ongees were not takes bath.

Before cultural contact /settlement the Ongees practiced defecation in the forest and used dry wood and stone for cleaning purpose after defecation.

Due to cultural contact and settlement of the Ongees, the change in their environmental sanitation, sanitary habits and personal hygiene, are observed. They have the wells as sources of water.

Due to outer world influence the maximum Ongees (73.68) store their drinking water in plastid Jerry cans.

After settlement most of the Ongees are accommodated in government provided wooden houses.

The 91.57 percent Ongees presently keeps clean their surrounding of the house.

The Ongees are disposed the garbage and waste of house at the back side of their house, even after cultural contact and welfare services.
After cultural contact only 55.78 percent Ongees clean their house regularly.

Even after cultural contact most of the Ongees still defecate near the seashore and use dry wood to clean themselves after defecation.

After cultural contact, presently 40.00 percent of Ongees started taking bath regularly and using soap for bathing.

Due to awareness and welfare measures after cultural contact major portion of Ongees population wash their clothes occasionally and use soap and surf powder for cleaning.

After cultural contact and health awareness 50.00 percent of Ongees cleaned their teeth and normally use tooth paste and twig of neem tree.

Due to influence of outer world and welfare measures more than 60.00 percent of Ongees applying oil in their hair and combed. The oil is generally applied after taking bath.

In all it could be concluded that after cultural contact and welfare measures, environmental sanitation, sanitary habits and personal hygiene is of an average degree. Even today the Ongees are not fully aware of environmental sanitation, sanitary habits and personal hygiene, thus need awareness and intensive health education, which should be extended to the Ongees through the health workers.
Summing up the result of cultural contact and aspects of population decline, it may be concluded that:

- Ongees depopulated initially due to war with non-Ongees (Britishers).

- Cultural contact and introduction of disease would decimate the tribal population.

- The slave trade by the Malaya and Chinese for centuries might have also removed out the members of the Ongees able bodies, disrupts the sex and age structure of the small population of Ongees community.

- The census reports (Table 12.1) shows the information regarding Ongees population decline over the year. However since 1988, they are maintained their population around one hundred.

- Imbalance sex ratio is one of the major factors for population growth.

- The imbalance age at marriage of the partners may be one of the reasons for less population.

- The low fertility rate and Reproductive track infection (RTI) problem also responsible for decline the Ongees population.

- Influence or intervention of outsiders' photogenic psychology among Ongees especially welfare agency may also restrict the flourishing of the Ongees population.

- The inbreeding is also one of the major factors for slow and steady population growth.
As far as depopulation of Ongees is concern, the studies suggest that both the inherent character of the population and the disease prevalent are responsible for decline the population, the presence of infertile women, the custom of widow remarriage holding young men back from taking part in reproduction. Presently the young girls are not getting proper mats to marry. The imbalance age and sex population structure, more and more intervention in their socio-cultural/ traditional life style by the outside society, low fertility rate are some of the probable major reasons of population decline among the Ongees.

It is urgently required to aware the Ongees, and motivate them to conduct the marriage among the eligible couple (male, female) and to avoid widow remarriages of aged (above 45 years) women with younger males, to educate them health education especially awareness regarding Reproductive and Child Health (RCH), modern medicines, as well as allow them to continue their natural Beyra system of life to get more opportunity to increase the frequency of coatis.

It could be concluded that due to cultural contact with the other outside society the Ongees have no more the Little Andaman as their homeland all the communal huts were disturbed and switchover to new wooden huts and settled in two areas. Due to their settled life a series of changes have been observed in the Ongees culture subsequently declining of population. Once hunting fishing and gathering tribe became the plantation worker and daily wages worker at different departments of Andaman Administration, most of the forest lands were occupied by the
non-Ongee community. Due to settled life, it have been affected the Ongees in socio-cultural, religious belief, traditional ceremonies, indigenous health practices, personal hygiene, environmental sanitation, economical pursuits, dietary habits, dress and ornaments, household utensils and use of modern medicine and above all they are declining in numbers. Main problems with the Ongees are the unawareness and illiteracy and fascinating behaviour towards modern trend. The Ongees are in the transitional phase, neither they can retain their old aged traditional practices nor they are able to accept the modern facilities as a whole.

Due to cultural contact, apart from the changes in other segment of Ongees culture, their health practices have also been changed. They are now slowly and gradually accepting the modern medicine in addition to their indigenous one, especially the reproductive health problems of the community should be given more attention, there is a definitive decline in numbers, the decline may be due to low rate of fertility, imbalance, marriage age, band exogamy, etc. but we can't deny the existing health practices. This may be intimately connected with socio-cultural habit and practices as well.

It may be suggested that the action oriented development programme should be implemented through the trained Anthropologists. They should be made aware of the modern facilities including health practices, the free food supply should be gradually withdrawn, should encourage them to cultivate their traditional economy pattern. They should be provided traditional forms of medicine like Ayurvedic and Homeopathic should be introduce scientific knowledge regarding health
and hygiene and also enhance awareness related to these effects, simultaneously less intervention should be made into their traditional culture and society. We should respect the Ongees' skill and technique. Forest area should be demarcated. Experienced supervision and guidance of trained Anthropologists and help/co-operation from various department of Andaman Administration is highly appreciated to execute the welfare policies among the Ongees in a meaningful manner.

The Ongees could be much benefited by managing forest and marine resources and prohibiting heavy industrial development in the Little Andaman, it may be possible to ensure the livelihood of the Ongees population and guarantee the right of the Ongees to exist.

The following policies should be included for survival of the Ongees in Little Andaman:

- Further settlement of refugees on the Little Andaman Island should be stopped.
- The Ongees should be allotted a significantly large area of land base than they have presently and permitted immediately.
- We should not impose welfare/development policies on the Ongees.
- The Small Scale Industries based on forest produce, sea product may be encouraged.
They should be educated to earn their livelihood rather the free supply.

The Welfare/development policies should be framed out keeping in view their traditional/indigenous traditions belief and practices. Andaman Administration should recognize the right of the Ongees to exist independently with their tradition and culture, than only their survival may be assured.

As far as cultural contact and changing health practices are concerned, the following health care strategies suggested to be actively pursued:

- The level of health, education, general literacy standard should be uplifted through formal and informal devices to minimize superstitious beliefs, shame, taboos and rigidity related to utilization of available medical services.

- The economic condition also plays an important role in determining the health care practices. Thus measures should be taken to uplift the economic status significantly, such as skill of handicrafts should be improved, their knowledge and attitude related to sea and forest produces should be encouraged to such extent that it should change in the professional manner, so to enhance their economic condition.

- To train few elder ladies among the Ongee community for proper delivery practices.
The level of awareness regarding causes of health hazards, malnutritional aspects and immunization should be improved through welfare agency and health staff etc.

A proper and reliable list of indigenous medicines with disease must be prepared with the help of qualified doctors, who keep in mind our findings of indigenous medicines for the popularisation and awareness of the Ongees. So that they could uplift their health status without modern health facilities.

To eliminate the problem of nutrition aspects awareness regarding nutrients, daily allowance of low budget and local resource based balanced diet, way of presentation of food, cooking methods, sanitation, causes of infection, necessity of extra-nutrients for pregnant and feeding mothers and growing children should be improved through health workers and welfare agency.

The special counselling programmes should be launched to curb the tobacco chewing habits and alcoholism.

Over and above since Ongees are confined to Dugong Creek and South Bay of Little Andaman, their arts and cultural life has to be appreciated by the government in particular and the public at large. If it is done, so they will not feel scheduled and detached from the outer world. The Ongees have been conscious about their rights. It cannot be taken for granted that their rights should be protected and better socio-economic safe guards
should be provided. In fact, they should be meaningfully associated with special programmes related to health and development.

The Ongees exhibits either declining in number or steady population growth. In such case Anthropological knowledge and studies should be incorporated especially for health and development schemes among them. On the other hand some new and meaningful studies should be concentrated on multiple and epidemiological determinants vis-à-vis cultural determinants of health to examine the failure of certain health related welfare programmes. In fact in the present scenario of cultural contact there is an urgent need to uplift socio-economic and health status of the Ongees, especially among the most privileged class of women and children who contribute more significantly in the development of the society.