Chapter 8

Discussion

&

Conclusion
Discussion

Health is one of such aspects, and as WHO also has indicated, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”, or in short it is a multi faceted aspect. Disease and illness are one of the fundamental problems faced by every human society but tribes basically living in remote and inaccessible areas, where health care and developmental services are not up to the expected mark. So this is an urgent need to understand their concept of health their concern for ensuring a positive their traditional knowledge, their customs, religions activities and attitude regarding modern health care practices. Health and disease are a continuous process and are linked to the health seeking behaviors of a community. Though there are a number of studies of among different tribal group of our country it is few in central part of India. Moreover this type of studies are rare among the primitive tribe, to the best of author’s knowledge, there is no such study on this line among the Bharia of Madhya Pradesh. In the present study some aspect of general demography, concept of health, perception and treatment of disease mortality & morbidity, knowledge and utilization of antenatal care, mother child health of family welfare services is discussed in this population.
Of the total 1399 population taken in to consideration for the purpose of present study there are 738 males and 661 females, which gives the sex ratio 896 female per thousand males. About 36 per cent of the total population are in the pre reproductive age group and 58 per cent is in reproductive age group. Where as in the post reproductive age group, 6 percent of the total population are found. There is the preponderance of males to females in most of the age groups. Index of aging is found to be relatively low among the Bharia, indicating longevity and aged individuals are low among them. While the value of young dependency ratio is quit high among the study population, the value of old dependency ratio is quit low among them. This might be due to the large member of individual falling in the age category of 0-14 years and low number of individual falling in the category of 50 year and above.

According to the Bharia health means "the proper functioning of the body". Health person of those, who are able to do work and can take heavy food, they are not very aware about health. At the individual level it can not be said that the health occupies an important place among the Bharia. When health problem arises they very often neither go to hospital nor traditional healer, who preferred self treatment until the disease is under control, when disease do not control by them self the seek help either from traditional healer are medical personnel.

The Bharia strongly believe that evil sprit, good sprit play an important role in their daily life as well as health
and disease. In the condition of dog bites, snake bites, pox, severe headache and fever they believe that this is the result of any sin work, which they have done in very near past and this will be treated only by spiritual mantra trough traditional healer. They also believe that a male and female local deities cause some diseases. The Bharia have firm faith in traditional of medicine. They have the home remedies for various ailments and there is traditional healer known as “Ojha”, “Parihar” and Pujari.

Most of the Bharia houses are semipucca or kutcha only few numbers of houses are pucca. More than fifty percent of houses among them consist with single room, which include kitchen, bedroom and cattle shed under same roof. The houses are very ill ventilated, they do not sweep their houses daily, because they have no space to set scattered material of daily use. The Bharia never cover drinking water pot with cover. There is also no drainage system of the houses the housewife usually wash the utensil and clothes in a corner of house on a platform on stone.

The sullage water flows out side the house and directly to a pit and accumulated in that pit, which is a breeding place for mosquito and germs. They are not alert of refuse of kitchen and just through the vegetable skin, froth foam of boil rice and dirty water which decompose very later of become a breeding place of insects specially in rainy season. All of the Bharia people are follower of open defecation system, they usually go out in the field for defecation purpose. After defication they generally wash their hand with water and rarely use soap and soil for this
purpose. To clean their teeth the Bharia use indigenous material. Very few of them use toothpaste and toothbrush. The Bharia usually take meals in the same utensils without washing it. Smoking is the commonest and cheapest means of recreation among them. The Bharia are very much habituated to smoke Bidi. The male population among them irrespective of young and old generally take self-make alcohol called “Daru”.

The per cent infant mortality is found to be 13.1 among the Bharia, which strikingly high than out national average. It is interesting to note that in all the three category i.e. neonatal, post neonatal and infant mortality the males shared more percent of death than that of the females. In case of child mortality also the males shared more percent of death than that of the females. The per cent of which found to 17.3 among them. Side by side the per cent of perinatal mortality is found to be 11.37 among them.

When the infant mortality is dealt with some bio-social factors it is found that infant that is higher as earlier and later birth orders, whereas its lowers per cent is recorded in the middle birth orders. Infant mortality decrees with increasing age of Bharia mother. Thus their exist and inverse relationship between infant mortality and mother age. The literate mothers share higher per cent of infant death, whereas the mother who have primary & above label adduction, so lowest per cent of infant deaths. The father engaged in miscellaneous job experienced highest percent of infant death and the agriculturist father experienced the lowest child mortality
however maintain positive relationship with birth order, while the same maintain an inverse relationship with mothers age. Like infant mortality in case of child mortality also literate mothers show highest per cent and the mother with primary & above level education show lowest per cent. Thus their exist a inverse relationship between mother education and child mortality. Like infant mortality in case of child mortality also highest per cent is recorded among the fathers engaged in miscellaneous jobs and the agriculturist father show lowest per cent in this respect.

The important diseases, which occur regularly among the Bharia, are cough and cold, dysentery and diarrhea, skin diseases and malaria. However whooping cough, typhoid, heart diseases and eye infections occur in low frequency among them.

When the reproductive health problem of the Bharia women is taken into consideration. They mainly experienced burning sensation, pain of difficulty during urination and pain in lover abdomen during pregnancy. They also experienced the problem in vaginal discharge. However a good per cent of them said that they did not experienced any kind of health problem in this respect. Majority of the Bharia women depends upon traditional Dai to cure their reproductive health problem but a few of them avail treatment from health center. It reveals that more than 93 per cent Bharia do not have any knowledge about AIDS. This per cent is higher among the females than that of the males. Side by side the perception
regarding AIDS is found to be better than their counterparts.

Most of the Bharia receipt necessary information regarding RTI, STI and AIDS through radio, pamphlets and posters. The knowledge about AIDS transmission is assist among them it is found that majority of them believe that this disease transmit to the child through mother a good per cent of them also said that AIDS transmit due to sexual relationship with the commercial sex worker. To avoid the transmission of AIDS they said that using of condom, abstaining from sex and pregnancy help as saver. Near about 60 per cent of the male are not aware about family planing method, while this percent age 23 among the females. Thus the level of awareness in family planning is much better among the females than that of the males. Surviving children here found to be more among the women who used modern method of family planning side by side surviving son also found to be more among the women who are user of the modern method. The educated mother adopts family planning methods in higher number than that of the illiterate mother.

Infant and child mortality both are considerably lowers who followed regular medical check ups during pregnancy. Side by sides this mortality in lower frequency, who have taken iron and folic acid tables and double doses of tetanus injection during pregnancy. Infant and child mortality both are found to be lower in case of the delivery which took place in a separate room. Traditional Dai or elderly member of the family attended either most of the deliveries among them. Consequently
higher percent of infant and child mortalities are recorded in case of those deliveries. In most of the cases old blade is used to cut umbilical cord, and worm mustard oil is applied to that. The mother experienced highest per cent of infant death whom faced bleeding problem during pregnancy. Most of the mother experienced labour problem during delivery. However a good number of mother experienced no health problem during delivery. Majority of the mother experienced lower abdominal pain, foul smelling vaginal discharge and excessive bleeding after first week of delivery. Both infant and child mortality are lower among the babies who received colostrum after their birth. Side by side both are these mortality lower among the babies who received medical treatment then that of the babies who not received treatment by medical personnel.

Conclusion

Public health initiatives in our country indeed have contributed significantly to the improvement of various health indicators. Despite the impressive public health gains, the morbidity and mortality level in the country are still unacceptably high as compare to the develop country. There is a huge burden of communicable diseases, for example malaria, dengue, japanese encephalitis, tuberculosis, HIV/AIDS, water born infections, cholera, hepatitis and many other diseases.

The bulk of the Indian population lives in villages. The primitive tribes forms the main segment of weaker
sections of our county, an account of high rate of poverty, illiteracy, ignorance and superstition prevailing among them. They are highly disease prone and do not have access to basic health facilities. They have a high degree of malnutrition, morbidity and mortality. Their misery in compounded by poverty, ignorance, illiteracy, hostile environmental, poor sanitation, lack of safe drinking water and faith traditional belief. The knowledge system of the primitive tribes (beliefs, customs, rituals, traditions, values) is closely associated with their health culture. Keeping the above in view an attempt has been made to deal with health seeking behaviour among the Bharia primitive tribe of Dindori district in particular. The primitive tribes generally lead a precarious economic life and their health status too in very poor. It reveals from the present study that the rate of infant mortality is very high (131 per thousand live birth), which is consideravely higher than Madhya Pradesh state label data and much higher than our national level. Though this rate is comparatively lower than that of the Bharia (139 per thousand live birth) as found by Pandey and Tiwary (2000). Infant mortality is always used as a reliable indicator of health status in any community. A high rate of infant mortality among the study population might be due to the fact that this population is not health conscious as well as standard of health is very poor among them. This view is collaborated through the findings on antenatal check ups, mother child health and family welfare services among the Bharia.
It reveals that from the findings of reproductive health problem that if higher percent of Bharia women have experienced burning sensation and pain or difficulty during urination. Side by side a good number of them have experienced problem in vaginal discharge. As medical facilities is lacking Bharia localities, most of them abstain from any kind of treatment when this kind of problem arises. A good percentage of them however depend upon traditional dai to care reproductive health problem. And a very few of them are found to avail ANM facility. More than 93 per cent of them have any knowledge about AIDS. The females again show higher percent than the males. Side by side the perception regarding AIDS is also very poor among them. Thus it can be said that there perception regarding RTI, STI and AIDS is very poor. It has also been found that though a good number of them have the knowledge of family planing method, very of them to practice any method. A good number of the Bharia respondent express their view in favour of not using any family planing method because of infecundity, religious belief, non excessibility of methods and risk sterilization. This reflex the lack of health consciousness among the study population.

The state of environmental sanitation and personal hygiene is an important factor in determining the health status of a community. The level of sanitation and hygiene among the Bharia people are found to be very low. Most of the Bharia houses are semi pucca or kutcha, which are ill ventilated and consist only single room. They are also not aware of cleanliness of house. Most of the Bharia give
preference to well water for drinking purpose. There is no proper drainage system in Bharia house, which are not sweep daily. All of the Bharia people are follower of open defecation system. An respect of dental care, body care and eating habits, they exhibit a poor level of health awareness. Like other tribal people smoking and alcoholic habit is very common among them. All these are indicating a poor level of sanitation and hygiene among the study population. These have profound effect on their health status.

The health status of population is determined not only by the availability and the level of health facilities but also by the ability to take advantage of these by various groups of the people. It is observed that public health centers are essentially curative, capital intensive and are oriented towards the rich and the urban areas. The fact remains that the urban areas generally get the lions share of medical resources. While assessing their impact in rural areas it is necessary to thoroughly examine if the public health centers are well equipped in terms of professional expertise and staff members. However, the fact remains that though the public facilities are to play dominant role in the lives of the patients belonging to the rural areas, but their performance have not be perfect and adequate in many areas.

It reveals from the present study that very low percent of children have completed their immunization and most of them have not taken any dose of immunization. Breast feeding has important advantage
for infant and children. Positive effect of breast feed and long birth interval on survival of the children is well established. It is found from the present study that duration of breast feeding among the Bharia children is low.

It is also noticed that visit of the health providers is not frequently among the Bharia villages. Again it is found very often the medical personnel are not able to provide proper health facility to the villagers when problem arises. They are not well equipped with staff as well as medicines.

A low percent of the Bharia women are follower of regular medical checkup during pregnancy, who usually do not take iron and folic acid tables and tetanus injection, in this period. All the delivery among them took place at home which are attended by the traditional dai and elderly women, who used old blade too cut the umbilical card. The mother mainly preferred treatment for children and them by the traditional healer. All these have profound effect of mother and child health among the study population. To find out the reasons behind these it may be said that living condition of the Bharia is deplorable which is characterized by poverty, ignorance and lack of medical facilities.

For the upliftment of health status in this population it can be suggested that:

1. Efforts should be made towards developing proper sanitation and personal hygiene as well as the provision of safe drinking water among the Bharia.