CHAPTER 8

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Tribals are widely distributed all over the world, there are more than 60 countries, in which subsist in different stage of development they belong to different stocks of human race and their population is more than 150 millions, this is the huge manner equal to more than half the population of the United States. There are more than 500 tribals groups in India, out of these 75 are identified as primitives. The tribal population of India is around 90 millions; it means that more than half (60 per cent) a world tribals are citizen of India.

The Tribals are spread far and wide, but the largest concentration is in the middle India. Attention on tribal health, however not been adequate. This is because of three reasons. There was a general belief that living close to nature they enjoyed an environment which is conductive to good health. Secondly, the tribals have been regarded as not very amenable to western systems of medicine as they still depend very much on supernatural cures. The third reason possibly was the difficult terrain occupied by the tribals, where it is difficult to reach health services adequately. The negligence on the medical aspects of tribal development can no longer be overlooked.

Health is now recognized as a birth right of all citizens. It has been realized that there is wide gap between isolated populations need and the achievement in the area of health. To provide health for all, there is an urgent need to improve the health status especially for women, children and under privileged groups like Baigas of Mandla district. Health is now ceased to be regarded as an end in itself. It has become a major instrument of overall socio-economic development and creation of a new social order.

Anthropologist interested in the study of disease and cure is as old as their interest in the study of tribal culture. It is well known fact that health and disease are interested and their concept varies from culture to culture and people to people, especially in tribal and other backward communities, because their concept of health and health seeking behavior is a part of their culture. Health status and indigenous health practices of different tribal group is influenced by their entire way of life, like culture, education, food habits, taboo and superstition, socio-religious beliefs and practices, use of indigenous.

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Medicare system, income, communication and transportation, ecology, demography, socio-biological practices, genetic attributes and the health services etc. These entire interacting subsystems complex as a whole is termed health culture.

The holistic concept of health culture provides a valuable framework for analyzing the work of anthropologist in health fields however, a very few studied are available in this direction, especially among the tribal populations.

The main objectives of the present study are to determine the health culture among the Baigas, of Mandla district of Madhya Pradesh.

The Baigas live in Mandla, Dindori, Jabalpur, Seoni, Chhindwara, Raipur, Korea, Bilaspur and also at some other places of central India. The Baigas of Mandla district are one of the most primitive tribe of Madhya Pradesh. They depend on agriculture and forest produce. They are still in food gathering stage to some extent, but other occupations like rope making, carpeting etc. are also found to be prevalent among them. The Baigas have developed an excellent system of indigenous medicines, and the local population depends for medical cure on these indigenous medicines, prescribed by the local healer.

Mandla district is located in the east central part of the Madhya Pradesh. It is eastern part of the Jabalpur district. The district forms a part of Satpura hills. Which separates the cotton growing of the south from the wheat growing extension of the Malwa Plateau on the north, and is the watershed of three district river systems. It lies between the latitude 220.2' and 230.22' north and longitude 800.18' and 810.50' east. The tropic of cancer thus passes through the north of the district. The total area of the district is 13,269 Sq. Km.

The present investigation is based on interviews of 400 Baiga household from five different blocks of Mandla district. The block and villages will be selected randomly as per the concentration of blocks. In this regard 100 samples were selected randomly from the five villages of each block and approximately 20 samples were selected randomly from each village. The total sample size is 400. The data were collected from the households of the Baigas.
of Mandla district, Madhya Pradesh. One sample was collected randomly from each household of randomly selected villages. The present study has been conducted through interview schedule. Simultaneously, group discussions and informal interview methods has been used. Observations have been conducted through semi-participants or participants methods.

Summing up the results of socio-demographic profile among the Baigas of Mandla district, it may be stated that:

1. The maximum numbers of population come under the age-group of adult, i.e., 22-55 years of age group (34.21).
2. The maximum numbers of Baigas are illiterate (69.98).
3. Most of the Baigas live in nuclear families (74.00), but some of them live in joint families and a very few are living in extended families.
4. The maximum number of individual's practice monogamy as main type of marriage (93.00).
5. The Baigas practice clan exogamy in their marriages.
6. The Baigas mostly practice village exogamy but few cases of village endogamy are also reported.
7. The frequency of age at marriage exhibited little variation among males and females i.e., for males 16-18 years (48.00) and for females 16-18 years (42.00) respectively.
8. The sex ratio observed 972.06 per thousands per year.
9. The Child women ratio is 552.08 per thousands.
10. The average households’ size is 04.94 per thousands.
11. The contraceptive rate is 28.30 per thousands.
12. The abortion rate is 31.25 and abortion ratio is 107.14 per thousand per year.
13. The fertility rate is 30.36 per thousands per year.
14. The general fertility rate is 60.57 per thousands per year.
15. The mortality rate is 24.29 per thousands per year.
16. Infant mortality rate is 130.95 per thousands per year.
17. The morbidity rate is 788.97 per thousands per year.
18. The maximum number of individuals reported about lack of pure drinking water as the major health problem of the village (29.25).
19. The five most common diseases of the village are malaria (22.00), rather than cholera (14.00), cough-cold (10.00), itching (09.00) and stomachache (08.00).
20. Most of the individuals died at the age of 1-5 years (44.07).
21. The maximum number of mothers died during child delivery (16.16).
22. About half of the total populations are dependent.

It can be concluded that the literacy rate, mortality rate, infant mortality rate was found high among them, which clearly exhibits their poor health status. It is because of this reason that demographic indicators affect the health status of any community or tribal society. Therefore district health authorities, government and non-government organizations are required to launch such policies or programmes. This may turn them towards education and increase awareness among them which will uplift their health status and their demographic indicators too.

Considering the results of trends and determinants of health status, it may be concluding that:
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1. The maximum numbers of Baigas exhibits poor health status (41.00).

2. The good health status is reported slightly higher among females (24.54), as compared to males (21.46).

3. The good health status is reported more among the 11-15 year's age group (30.61).

It could be stated that, more than 50 percent Baiga population belong to poor health status. There is slight variation in sex-wise health status. The maximum percentage of poor health status is reported among the 0-2 year age group. Thus district health authorities and related non-government organizations should launch proper programmes related to awareness and immunization etc. So, that health status could be uplifted significantly among the Baigas.

Summing up the results of socio-religious and taboo practices, it may be concluding that:

1. The good health is reported (82.61) by those, who do not involve in religious practices like scarification of animal and worshiping etc.

2. The good health is reported (82.61) by those, who do not involve in various taboo practices.

The spiritual and socio-religious rituals related diseases are practiced among Baigas. Most of the people assume that they are benefited from these types of practices. But few have no bit knowledge about these practices but ironically they do it accordingly. That indicates the existence of stereotype customs and traditions among the Baigas. They are highly needed to be aware. To make them aware, efforts should be made combine government and non-government organizations, because socio-religious and taboo practices plays an important role to determine the health status.

Considering the results of economic and health status, it may be concluded that:

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1. It has been observed that individuals have good health status belong to service category (37.50), whereas poor health status is reported among those individuals who occupied in other occupations (55.00) viz. labour work etc.

2. The good health status is reported among those individuals who occupied more than 10 acres land (33.33), whereas the health is found poor among those occupied below 2 acres of land (47.62).

3. The maximum Baigas possess irrigated land (47.00), whereas the health is found poor among those individuals who have no any irrigated land (56.96).

4. The good health status reported among those individuals who earn Rs. 1501-2000 as monthly income (37.84), whereas the health status is found poor among those, who earn less than Rs. 500 (64.52).

5. The good health status is reported among those individuals who do not take debt (37.14), whereas the health status is found poor among those individuals who take debt by creditors (54.09).

6. The maximum Baigas take debt for agriculture purposes (34.61).

7. The maximum Baigas take debt at the rate of 6-10 percent (25.50).

It could be concluded that, the maximum Baigas are occupied in agriculture, total monthly income of Baiga families is between Rs. 1501-2500, they are under the debt of creditor and the maximum Baigas pay the debt rate 6-10 per cent, which reflect on their economy.

In all, it could be stated that the monthly income and situation of debt etc. reflects their poverty level and living standard. Thus there is an urgent need to launch some income generating programs to improve economic status of the Baigas and bring the awareness regarding the proper utilization of their skills and resources by government and non-government organizations. The programs
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should be launched according to their aspirations, needs and resources, because economic status plays an important role for determining the health status.

Summing up the results of environmental sanitation, personal hygiene and health status, it may be concluded that:

1. The good health status is reported among those individuals who maintained good sanitation in the house (48.28), whereas the health status is found poor among those individuals who reside with poor sanitation in the house (44.33).

2. The good health status is reported among those individuals who disposed off garbage at pre-decided areas (40.00), whereas the health status is found poor among those individuals who disposed the garbage around their residence (46.67).

3. The good health status is reported among those individuals who clean the house twice a day (50.00), whereas the health status is found poor among those individuals who clean the house alternate/not daily (58.49).

4. The good health status is reported among those individuals who were surviving in more clean and hygiene environment as they did it possessed any domestic animals (38.10), whereas the health status is found poor among those individuals who do not daily clean the animal dung (44.66).

5. The good health status is reported among those individuals who daily clean their teeth (36.75), whereas the health status is found poor among those individuals who do not clean their teeth daily (50.98).

6. The good health status is reported among those individuals who used paste.datum/mukhari (39.44), whereas the health status is found poor among those individuals who used alone water (63.29).

7. The good health status is reported among those individuals who take bath twice a day in summer season (39.02), whereas in winter season,
good health status is reported among those individuals who take bath daily (34.09), and in rainy season, good health status is reported among those individuals who take bath daily (45.10).

8. The good health status is observed among those individuals who used soap (41.40), whereas health status is found poor among those individuals who used soil and water (67.92).

9. The good health status is observed among those individuals who used closed type of bathroom (42.43), whereas health status is found poor among those individuals who used open type of bathroom (45.15).

10. The good health status is observed among those individuals who used closed type of latrine (42.43), whereas health status is found poor among those individuals who used open type of latrine (45.15).

11. The good health status is observed among those individuals who used soap after defecation for cleaning of hands (47.22), whereas health status is found poor among those individuals who used soil (63.56).

12. The good health status is observed among those individuals who used soda, soap and ash (36.00), whereas health status is found poor among those individuals who used only water (61.42).

13. The good health status is observed among those individuals who care their hairs properly (40.40), whereas health status is found poor among those individuals who don’t use oil daily (51.55).

In all, it may be stated that environmental sanitation through inhabitants are not satisfactory. However nature provide well natural environment but practices related to sanitation, sanitary habits and personal hygiene are not up to the mark and need awareness. The findings indicate the importance of information, education and communication with respect to health, environmental sanitation, sanitary habits and personal hygiene. It is suggested to district health authorities and concerning governmental and non-governmental organizations that there is an urgent need to improve the
situation through formal and non-formal educational measures etc., because environmental sanitation, sanitary habits and personal hygiene plays an important role to determining the health status.

Consulting the results of ecological conditions and health status, it may be concluded that:

1. The good health status is reported more among those individuals who lived in forested area (26.04), whereas poor health status is reported among those individuals who lived in de-forestation areas (64.63).

2. The good health status is reported more among those individuals who lived in mixed type of house (40.00), whereas health status is found poor among those individuals who lived in kuccha with khappar roof house (49.35).

3. The good health status is reported more among those individuals who have four rooms in house (40.00), whereas health status is found poor among those individuals who possess only one room in the house (44.86).

4. The good health status is reported more among those individuals who have at least one window in their houses (37.95), whereas health status is found poor among those individuals who have no any window in the house (51.33).

5. The good health status is reported more among those individuals who used hand pump water (37.10), whereas health status is found poor among those individuals who used rivers or ponds water etc. (81.58).

6. The good health status is reported more among those individuals who have used clay pots (25.08), whereas health status is found poor among those individuals who have used clay pots (42.12).

7. The good health status is reported more among those individuals who have used electricity for lighting in their houses (40.85), whereas
health status is found poor among those individuals who have used chimney for lighting the house (46.25).

8. The good health status is reported more among those individuals who have provision of smoke exit in their houses (40.91), whereas health status is found poor among those individuals who have used kerosene (53.85).

9. The good health status is reported among those who have provision for smoke exit in their houses (40.91), whereas health status is found poor among those individuals who have not provision for smoke exit in their houses (42.70).

In all, it could be concluded that ecological condition through inhabitants is of an average degree. The main source of drinking water is well and other source (ponds and rivers), but this sources is not satisfactory scientific point of view. The reason for this is unawareness regarding the hygienic conditions and also some of the traditional believes and values or superstitions. The natural ecological condition is quite good, but practices related to ecological uses are not good, so there are urgent need to aware them from various ecological points of view because ecological determinant plays an important role to determining the health status.

Considering the results related to dietary habits and health status, it may be concluded that:

1. The good health status is reported among those individuals who have no any specific choice viz. sweat, sour, salty and spicy (34.12).

2. Nobody during the investigation was found as non-eater of meat thus all of them are non-vegetarian (100.00).

3. The good health status is reported among those individuals who take non-vegetarian at least twice a week (36.54).
4. The combination of good food items of Baigas are bhat, roti, pej, bhaji/sag/dal, pej, pinhuti.

5. The 54.00 per cent Baigas stated that cow meat prohibited in their religion.

6. The good health status is reported among those individuals who have taken non-vegetarian once a month (39.84).

In all, it may be stated that the Baigas of Mandla district are basically non-vegetarian by nature. They take pej, bhaji, sag, basi, dal, bhat, kudai, roti etc. as their food at different times according to the dietary requirement and availability of the stuff. Usually they take their food twice a day, i.e., in the morning and evening. Most of the Baigas consume the meat of fish etc. is made at special occasions such as festivals etc. Thus we can say that in-spite of poor economic conditions; they manage their food items from the locally available resources, which they get from the forest or surroundings. Thus their nutritional condition is not an excellent one but satisfactory up to a certain extent. Thus we can state that there is a need to aware them regarding proper and scientific dietary habits, so that health status could be uplifted.

Summing up the results related to utilization of health facilities and health status, it may be concluded that:

1. The good health status is reported among those individuals who have visited government hospital, health workers and guniya (35.56).

2. The good health status is reported among those individuals who have visited hospital (30.91).

3. The maximum households visit government medical centre for the treatment of Malaria (20.00) and stomachache (20.00).

4. The maximum number of individuals did not visit the hospital during last one year because they did not feel necessary (40.00).
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5. The good health status is reported among those individuals who have visited by the health workers (34.95).

6. The 97.09 percents respondents reported immunization of polio vaccine.

7. The good health status is reported among those individuals who have immunized their children (39.08).

8. The maximum numbers of Baigas know about benefits of immunization (48.50).

9. The maximum numbers of Baigas think that child immunizations help to prevent disease among children (46.00).

10. The maximum numbers of Baigas do not know the name of disease which is prevented by immunization (68.48).

11. The maximum individuals fall sick during the last one year (66.75).

12. The good health status is reported among those individuals who have taken allopathic treatment (43.94).

It could be concluded that maximum number of individuals did not visited the primary health centre, maximum households visited government medical centre for the treatment of fever and maximum number of individuals reported visits made by the health workers, maximum number of individuals did not visit the hospital during last one year because they did not feel necessary, maximum individuals fall sick during the last one year, maximum family members received allopathic treatment. Therefore it is recommended that government and non-government organizations aware them by various programmes, health education at their places to explain the different aspects of health facilities and so that they can come forward and receive various health facilities.

Considering the results related to communication, transportation and health status, it may be concluded that:
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1. The good health status is reported among those individuals who used television (61.54).

2. The good health status is reported among that individual who covers distance by foot (37.50).

It could be concluded that, communication and transportation facilities are not satisfactory. So, there is an urgent need to make Baigas aware about the communication and transportation media by government and non-government organizations, because communication and transportation plays an important role in determining the health status.

Summing up the results related to awareness related to genetic disease and health status, it may be concluded that: 97.00 percent Baigas are not aware of any genetic diseases; even they have not listened ever about these diseases. But who have listened about genetic diseases, they are not aware that any disease had its existence in his/her family. However, the 22 per cent of Baiga population are affected by sickle cell disease. So, there is an urgent need to implement such programmes which could make them aware about genetic diseases.

Considering the results of trends and determinants of health status, it may be conclude that most of the individuals of Baiga community suffer from low health status and these are comprised mainly of those people who are extremely superstitions by nature and are rather more engaged in taboo practices. Most of the people who were found to be of low health status were traditional and had blind faith in supernatural power, instead of modern and scientific ideas. Most of the Baigas falls below the poverty line, due to which they are not able to afford for the modern and expensive materials of daily need to gain good health. No proper sanitation and hygiene was observed among Baigas. For instance, no proper outlets for smoke (which emerges in the house mostly during cooking) were found in Baiga houses. Baigas consume only the seasonal and easily available food items. It was found among Baigas that most of them still have faith on guniya instead of modern medical facilities and primary health centre. Initially sick individuals do not move to doctors, they
consult the 'guniya'. Low economic status, unawareness and illiteracy have always been the constraints of the development of the Baigas. Baigas are less aware about many diseases like genetic disease. Socio-religious practices, taboo practices, lower economic status, poor sanitation, unawareness about personal hygiene, dietary habits, health facilities, available communication and transportation medias and less genetic knowledge affects Baigas to great extents. In context of health facilities, district health authorities, government and non-government organizations should formulate such plans and policies, which shall make Baigas aware, and should also develop plans to increase the source of income, which will surely uplift the health status.

Summing up the results of trends and determinants of concept of health and disease, it may be concluded that:

1. The most of the Baigas think that a person becomes physically fit, who move freely, work without feeling tired and capable to do all work of daily routine (67.50).

2. The maximum Baigas exhibit their opinion that disease is caused by due to God’s curse (46.75).

3. The maximum number of Baigas exhibits their opinion that possible cause of fever is due to natural causes, natural causes mean atmospheric changes which affects, the body temperature (53.25).

4. The maximum number of Baigas exhibits their opinion that possible cause of cold and cough is due to cold (58.50).

5. The maximum numbers of Baigas exhibit their opinion that possible cause of vomiting is due to irregular food habits and excess intake of uncooked food (58.00).

6. The maximum numbers of Baigas exhibit their opinion that the possible causes of earache are natural causes, natural causes mean atmosphere affected on body part (53.00).
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7. The maximum numbers of Baigas exhibit their opinion that the possible causes of diarrhoea are due to irregular food habits and excess intake of uncooked food (74.58).

8. The maximum numbers of Baigas exhibit their opinion that the possible cause of stomach-ache is due to irregular food habits and excess intake of uncooked food (74.50).

9. The maximum number of Baiga exhibits their opinion that the possible cause of headache is due to curse of Gods (41.00).

10. The maximum number of Baigas exhibits their opinion that the possible cause of body-ache is due to curse of Gods (41.00).

11. The maximum numbers of Baigas exhibit their opinion that the possible cause of skin burn is due to excess work in heat (97.25).

12. The maximum number of Baigas exhibits their opinion that the possible causes of jaundice are due to irregular food habits and excess intake of uncooked food (25.00).

13. The maximum number of Baigas exhibit their opinion that the possible cause of tooth-ache is due to irregular food habits and excess intake uncooked food (52.25).

14. The maximum numbers of Baigas exhibit their opinion that the possible causes of oral ulcers are due to irregular food habits and excess intake of uncooked food (66.75).

15. The maximum numbers of Baigas exhibit their opinion that the possible cause of swelling of stomach is due to irregular food habits and excess intake of uncooked food (66.25).

16. The maximum numbers of Baigas exhibit their opinion that the possible cause of small pox is due to god’s curse (74.50). Baigas think that small pox is occurred due to curse of Hadphoran Mathi.
17. The maximum numbers of Baigas exhibit their opinion that the possible cause of blindness is due to curse of God (50.75).

18. The maximum numbers of Baigas exhibit their opinion that the possible cause of epilepsy (Mirgi) is witchery (80.75).

19. The maximum numbers of Baigas exhibit their opinion that the possible cause of bristles are by natural cause (51.25).

20. The maximum numbers of Baigas exhibit their opinion that the possible cause of cholera is due to irregular food habits and excess intake of uncooked food (48.75).

21. The maximum numbers of Baigas exhibit their opinion that the possible cause of bone fracture is due to god's curse (52.50).

22. The maximum numbers of Baigas exhibit their opinion that the possible cause of skin disease is intake of spoiled food (43.50).

23. The maximum numbers of Baigas exhibit their opinion that the possible cause of abortions is due to god's curse (51.00).

24. The maximum numbers of Baigas exhibit their opinion that the possible causes of rickets are due to excess work in heat (43.50).

25. The maximum numbers of Baigas exhibit their opinion that the possible causes of urinary tract infections (UTI) are due to natural causes (30.50).

26. The maximum numbers of Baigas exhibit their opinion that the possible causes of sexually transmitted infections (STI) are due to natural causes (40.50).

27. The maximum numbers of Baigas exhibit their opinion that the possible causes of asthmas is natural causes, here natural causes mean polluted atmosphere (43.50).
28. The maximum numbers of Baigas exhibit their opinion that the possible cause of pneumonia is due to cold (49.50).

29. The maximum number of Baigas exhibits their opinion that possible causes of infertility is due to natural causes (44.75).

It may be stated that if an individuals is able to move from one place to another without any difficulty, can do its work by own are the parameters of beings healthy or unhealthy. On being unhealthy they particularly believe that due to the curse of god, due to spirit’s and others natural reason for instance change in climates/weather, black magic, not eating on right time, working in unfavorable climatic condition, like execs heat or cold, but all these reason do not full fill in all the diseases scientifically and whose greatest reasons are their illiteracy, lack of awareness, their superstitious which holds them from becoming aware and restricts them from development. Therefore present scenario requires formulation of such policies and programmes, which bring awareness among them. Simultaneously, it is also required that such policies, should be formulated in collaboration of government and non-government organizations, which can provide health education, in order to help Baigas to maintain their health and let them make aware about importance of good health status.

Considering the results of trends and determinants of impact of education on health and awareness, it may be concluding that:

1. The maximum Baigas are illiterate (68.25).

2. Those individuals who are educated show good sanitation around their houses (20.47).

3. Those individuals who are educated throw garbage on pre-decided spots (94.49).

4. Those families who are educated clean their house twice a day (04.72).
5. Those families who are educated clean dung of domestic animals daily (94.49).

6. Those families who are educated have bathrooms and toilet of closed type (45.67).

7. Those individuals who are educated used ash and soap as cleaning material after defecation (54.38).

8. Those families who are educated used soda, soap and ash for cloths as cleaning material (51.18).

9. The maximum individuals who are educated used oil daily (51.18 percent) and clean their teeth’s daily (100.00).

10. The families who are educated, found to be much better economic status, debt was also found less among them. So we can state that literacy has its prominent role to determine the economic condition.

11. Those individuals who are educated show more awareness about reproductive track infections (RTI), sexually transmitted infections (STI), acquired immune deficiency syndrome (AIDS). So it can stated that literacy has its prominent role to determine the awareness of reproductive track infections (RTI), sexually transmitted infections (STI), acquired immune deficiency syndrome (AIDS) and family welfare devices among Baigas.

12. The main sources of awareness of different aspects of health are health workers and other sources. Other sources means through husband, relatives and weekly market etc.

13. The maximum Baigas are not consulted to any one for the treatment of reproductive track infections (RTI), sexually transmitted infections (STI) and acquired immune deficiency syndrome (AIDS).

14. The maximum respondents utilized folk medicines (41.10) rather than condom (33.13), sterilization (23.93) and oral pills (01.84) as family
welfare devices. On the other hand maximum respondents are illiterate, which shows low level of awareness related to family welfare devices.

15. Those individuals who are educated were utilized properly health care facilities. Thus, it can be stated that education has direct impact on the utilization of health care facilities.

16. The education has its direct impact on the awareness and socio-religious acts. The education plays an important role on the socio-religious and taboo practices.

17. The maximum number of individuals reported lack of pure drinking water (25.50) as one of the major health problem of the village.

It may be conclude that education has its direct impact on sanitation and personal hygiene, economic condition, awareness, utilization of health care facilities, socio-religious and taboo practices; because education changes the attitude and direction of thoughts of an individual. Therefore government and non-government organizations should formulate such policies, which could improve the level of education among them. The rate of education should be increase among them, so that awareness will improve in all aspects of life, health and economic levels will also be uplifted.

Summing up the results of trends and determinants of health practices, it may be concluded that:

1. The 46.07 per cent individuals received indigenous or ethno medicines.

2. There are a large number of herbal medicines and plant wealth which should be explored through modern techniques and pharmaceutical investigations.

3. These herbal resources could generate a good source of income for the Baigas of Mandla district.
4. A socio-psychological and therapeutic investigation should be made to find out the reliability of the usefulness of magi-co-religious acts.

5. A proper and reliable list of indigenous medicines with diseases should be proposed for the awareness of the tribals, so that they can uplift their health status without modern medical facilities.

6. The proper and reliable list of indigenous medicines with diseases should be evolved within same ecological conditions.

7. The reported medicinal plants should be further investigated concerning the availability of various species and botanical identification of the therapeutic values through scientific analysis.

8. The Baigas have a good knowledge about the indigenous medicines for anti-fertility.

9. The medicines are used for fever, malaria, cough and cold, wounds, cuts, burns, toothache, stomachache, diarrhoea, headache, earache, ulcers, blood dysentery, jaundice, vomiting, worms of stomach, weakness, body-ache, skin diseases, wounds due to itching, scorpion bite, snake bite, dog bite, bleeding, anti fertility, refertility, body or stomach swelling, fever with unconsciousness and tight teeth, typhoid, crack etc. and need extensive scientific investigations for wider spectrum of human welfare.

In short, a sizable medicinal plant wealth exists in Mandla district, which still awaits scientific exploration. The indiscriminate deforestation should be checked, so that rare plants could not become extinct. Promoting the indigenous medicines system of Baigas, can fulfill the World Health Organization’s important issue, i.e., people must be involved as partners in the decision making and management process for health at all levels. In the words of Nakajima (1990), “The time has now come to galvanize our efforts. The knowledge and technology already exist, what we need now is determination, courage and foresight. Health is a product of special action. Active community participation and supportive social policies are necessary for progress in health and here in lies our challenge”. So, it may be stated from the foregoing brief
reporting of indigenous health practices that there are number of indigenous medicines and plant wealth, which should be explored through modern techniques and pharmaceutical investigation. Such attempts will give new material and direction in the field of pharmaceutical researchers.

In short, it may be concluded that the main problems prevalent among the Baigas of Mandla district are illiteracy, low level of income, i.e. poverty, low level of awareness regarding scientific aspects of health and hygiene, viz. concept of disease, personal hygiene, environmental sanitation, utilization of health and family welfare services. It is very surprising that the Baigas of Mandla district have a good account of knowledge about the indigenous medicines, for the cure of almost all diseases, which are found among them. They have firm belief on the folk medicines, and almost all diseases are cured by the guniya (folk healers). However, some people of present generation have started using modern means of medicines along with the traditional folk methods, for the better of treatment; still the priority is given to the ethnomedicines.

It is suggested that the level of awareness should be uplifted through various ways, along with the proper coverage of health workers and supervision of health authorities or doctors. The level of health education should be uplifted through formal and informal devices. Findings indicate the importance of information, education and communication with respect to health, environmental sanitation, sanitary health practices and personal hygiene.

There is an urgent need to launch the programmers related to income generation and to uplift the level of education through district health authorities, government and non-government organizations, because it is the reality that awareness, illiteracy and poverty are the main causes of poor sanitation, sanitary habits, health care, personal hygiene, high fertility, morbidity, mortality, child immunization, nutrition and utilization of heath and family welfare services. A proper and reliable list of indigenous medicines with disease must be explored with help of Baiga folk healers, i.e., from guniya, and qualified doctors. The list should be popularized among the local people,
so that they can uplift their health status.

The causes of various diseases prevalent among them are the result of high morbidity, unhygienic conditions and lack of pure drinking water. Thus some awareness programmes may be launched there to make them aware about the benefits of cleanliness; besides, the district authorities should take appropriate actions to remove the problem of pure drinking water, so that the occurrence of many diseases may be prevented.

At last, it could be concluded that the health status of Baigas should be uplifted by making them aware about the various aspects and benefits of environmental sanitation and personal hygiene, utilization of health and family welfare services, proper educational attainment, child immunization, aware about the basic health needs and decrease the superstition believes and taboo practices. Government should also take some necessary steps to improve their economic level by reducing the poverty among them, through various scheme, and by exploring their skills and capabilities through the establishment of small scale industries, which should be planned according to their aspirations and needs.

It could be concluded that the health status of Baigas should be uplifted by making them based on following suggestions;

1. The Baigas have a wealth of folklore related to health. Documentation of this folklore available in different socio-cultural system could provide the model for promoting appropriate health and sanitary practices in given eco-system.

2. Study of nutritional status and physical growth among the Baiga children should be carried out for an effective strategy to plan nutrition intervention programmes.

3. Simple kits should be provided at primary health centre (PHC) level and staff to be trained for genetic disorder tests like stickling, G-6-PD enzyme deficiency etc.
4. Health education should be imparted preferably to women with guidelines provided by health functionaries. It can be imparted through distribution of leaflets and playing of audio and where possible videocassettes, preferably in local dialects at weekly markets, schools etc.

5. The Baiga community leaders, clan chiefs must be involved in the decision making process, in which women must also be included.

6. The drinking water facility should be provided in required places. It may observe that most of the sources are to from their regions and not proper working conditions.

7. Need based and area specific health programmes incorporated through anthropological investigations.

8. Health status is directly depending on their food habits. The Baiga tribe is not able to get sufficient crops due to lack of irrigation facility, fertile land. More attention to be given for the upliftment of agricultural network.

9. The every year utilization of health care will be evaluated with the help of anthropologists which should be free from beaurocratic network.

10. A team may be constituted for the minoriting and assessment of health services consisting anthropologists, social worker, journalists.

11. In district/block places a workshop will be organized to give basic health care trainings for their magico-religious man locally called guniya.

Over and above, since these Baigas are inhabited in remote and inaccessible ecological setup, their art and cultural life has to be appreciated by the Government in particular and public at large. So that they will not feel secluded and detached from the other world. The level of health education, general literacy standard and economic status should be uplifted for proper and balanced development of the Baigas and anthropologists may play a significant.