Introduction

Chapter - 1
Health is an important condition of human life. It is a bipolar concept. On the one hand it refers to a desirable balanced state of body and mind, and on the other it implies absence and disease. Health is everyman, women's natural prerequisite for leading a successful life. Life is materially and socially productive and culturally meaningful if one is endowed with physical and mental well-being. Human beings adapt to their environments by means of their biological and cultural resources.

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

The World Health Organization (WHO) in 1948 gave the following widely accepted definition of health—"Health is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity". The basic concept of health and disease, in this sense, needs an empirical investigation in various societies for acquiring specific details.

The importance of social aspects of health has been recognized long back. Ever since the earliest medical systems of which we have historical knowledge, variations in health have been connected with variations in social circumstance and habit patterns. That's the reason why in many cultures, throughout the world, man is seen as continuous with his environment, man is not healthy unless his environment is healthy, or conversely the well-being of this environment depends upon his acts.

Disease and health are important components of all societies, and part of man's view of the universe and his place within it. Humans everywhere, at all times and places and under all forms cultural design, have had to deal with the threat of disease and illness. Insults and injuries of the human organism have always challenged the ingenuity of human individuals and groups to devise means and forms towards their prevention, control and treatment. Hence disease is a manifestation of life under altered conditions, and the devises humans produce in order to cope up with this affliction largely depend on their culture and environment. In other words, there is an intimate and inexorable linkage between disease, medicine and
human culture. Through the mechanism of cultures human groups respond to combat sickness and trauma, in the overall process of successful adaptation. Although disease and health care are universal, they are always marked by variability, because it is culture, which largely determines as to why people suffer from certain diseases and what types of treatments need to be followed and so on.

The social and cultural aspects of health paved the way for the interaction of social sciences and medicines. The challenge to biological orientation of medicine came in the 19th century when the growing interest in social and cultural dimensions of illness reached a peak as a result of public health problems associated with the Industrial Revolution. This was the period of an impressive development of social medicine. Conceived of medicine as a social science both in a basic and an applied sense; that is, they not only emphasized the need for scientific investigations of the impact of social and economic conditions on health and disease, but they also stressed that the society had the obligation to assure the health of its members, and they advocated social to promote health and combat disease. Undoubtedly changes that have occurred in relative importance of certain threats to health have increased the need for medically related research in social sciences. The diseases are related to social, economic, political and cultural factors, and the study of their inter relationship forms the important component the mill of social scientists particularly to socio-cultural anthropologists.

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 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 (Das, 2004).
The growing awareness of culture's role in health has been responsible for the development of medical anthropology. The sustainable interest in social and cultural aspects of medicine among anthropologists of diverse training, theoretical and methodological orientations give rise to medical anthropology. The comparative of holistic studies of culture and its influence on disease and health come under the preview of medical anthropology. A comparative approach consists of two more units of analysis in terms of their contrasts or similarities. Medical anthropologist also looks at the evolution and geographic distribution of disease, the means by which societies have learned to cope with illness, and ways to improve the delivery of modern medicine in traditional setting. Medical anthropology is not only a way of viewing the states of health and disease in a society but also a way of viewing society itself.

Medical anthropology encompasses the study of medical phenomena as they are influenced by social and cultural features and social and cultural phenomena as they are illuminated by their medical aspects. This distribution may be seen as two facts of a set of interrelated phenomena. But, depending on the investigator, one or the other may receive greater emphasis or focus of attention. The main focus of medical anthropology is to reveal the relevance of culture in health and health care. Culture determines to a large extent not only the type and frequency of disease but also the way people perceive, explain and treat disease as well as the manner in which person's response to the delivery of western medicine. Thus the anthropologist study of social and cultural influences on health and disease includes not only subjects because of their effects on human evolution, and it is not only medical personnel that is the subject of medical anthropology, but society at large, as it is related to health and medical problems. Since anthropologists consider the medical beliefs and practices as part of the total cultural system of a society, the quantity of data on primitive and peasant medical beliefs and practices was gathered after gaining a total understanding of the societies which they studied.

Anthropologists believe that culture influence all of man's activities both biological and non-biological. Culture determines to a large extent: the type and frequency of disease in a population, the way people explain and
treat disease and the manner in which persons respond to the delivery of modern medicine.

Culture plays a dual role in our health, isolating us from some disease, and exposing to others. Medical anthropologist's interests in understanding the ways in which human behavior effect the maintenance of health and the occurrence and control of disease has been used as an aspect of applied anthropology in various etiological and epidemiological studies.

The concept of health culture refers to a sub culture within a totality of population. It encompasses a vast complex of knowledge, beliefs, techniques, roles, norms, values, ideologies, attitudes, customs, rituals and symbols which are related to health and disease. That means the socio-cultural aspects of health, the beliefs and practices relating to health and disease, the diagnosis and treatment methods, the healers and curers and their recruitment, concepts and organization, and design culture, has its own sub-culture called health culture, because it is the beliefs and practices these people share to conceptualize the health and disease and produce the appropriate cultural methods to alleviate the pain and distress. In simple terms the subject of health culture focuses on the nature of illness as it is conceived by the natives, their own methods and criteria of classification of diseases, the causes and cures, types of therapists that seek to alleviate illness and their skills and social roles, preventive measures the relation between magic and religion, cultural aspects of ethno medicine, introduction of western medicine into traditional villages, illness behavior and finally the ethno psychiatry. The culture of a community determines its health culture; that is culture, meaning of the health problems of the community, and the means the community adopts to deal with them (Ali, 1996).

Every culture, irrespective of its simplicity and complexity has its own notion regarding health and health seeking behavior, and this is often referred to as 'Health culture'. It is integral component of the overall culture of the community. The health of any community, particularly of a tribal community, by and large is a function of the interaction between socio-cultural and socio-biological practices, the genetic attributes and the environmental conditions. The widely varying prevalent health practices, use
of indigenous herbal drugs, taboos and superstitions are also responsible for
determining the health behavior and health status of the tribal groups (Kar
and Juri 1993).

Socio-cultural variants like nutritional practices (food habits) are
inter-related with socio-biological norms; such as mating pattern,
preferential marital alliances, age at marriage etc., and have tremendous
impact on the fertility and morbidity pattern. The impact of environmental
and genetic factors is further additive ones, which complicate the situation.

The study of health culture of a particular community is important
because the health problems and the procedure to handle such problems
and other health practices are influenced by the complex interplay of socio-
cultural factors and implementation of health services (health center,
immunization center, or any kind of health programmed) would be difficult
without the knowledge of the community’s tradition health culture (Basu,
1990).

Health of the people is the natural wealth of a nation and therefore,
health problems is a problem of national importance. It is a well-known fact
that health is an aspect of cultural life. In fact all communities, especially
tribal, have their concept of health, as part of their culture. Beliefs, inherent
and integral as they are in the cultural matrix, act as invisible forces
translating pre-set ideas into overt acts & customs. Health status of different
tribal groups is influenced by entire way of life, culture, including social and
economic condition, nutrition, living condition, housing, education, food
habits, taboos, and superstition, socio-religious beliefs and practices, use of
indigenous 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 (Mitra, 2000).

According to Hassan (1964), "The importance of social and cultural
factors in health and disease and socio-cultural implications of modern
medicine and public health programmers can be understood only when both
medical men and social scientist collaborate with one another". These are
related to sociological and cultural resources of a community in a specific
environment. The environmental aspects are sanitation, sanitary habits of the people, food habits, drink and level of nutrition.

The culture of community determines the health behavior of the community in general and individual members. The cultural responses of the community to the health problems if confronts determinants its health practices. The health behavior of the individual is closely linked to the way he or she perceives various health problems; what they actually mean to him or her, on the one hand, his or her access to various relevant institutions. The complex whole embracing the cultural perception and meaning of health problems and the health behavior of individuals within the context of the available and accessible health institutions is termed as health culture (Banerji, 1982b). The holistic concept of health culture provides a valuable framework for analyzing the work of anthropologists in health fields. However, a very few studies are available in this direction, especially among the tribal population.

According to Sahu (1985), in this context, establishment of a network of health services by the Government and other genesis (e.g., missionaries) represents a purposive interventions to bring about changes in the health culture not only by making available and accessible medical institutions to populations, but also by actively promoting the use of some aspects of the services (e.g., family planning, vaccination, D.D.T. spray, etc.) within the population. Health culture, therefore, becomes an integral component of the overall culture of the community. The culture of a community also indirectly influences its health culture because certain cultural practices such as Childs rearing, food and drinking habits, pregnancy and child birth practices are directly related to the generation of some community health problems.

This holistic concept of health culture provides a valuable framework for analyzing the interaction of the pre-existing health culture of a community with that of the recent health institutions (i.e., PHC, dispensary and hospitals) as a process of purposive intervention. However, very few of the workers have taken a comprehensive, holistic approach, which is embodied in the concept of health culture.
Conventional studies in anthropology refer to unified culture and its components are unified health culture. This implies that this culture of a community does not change materially with changes in the access to various health services. In context of rural communities, scholars like Mckim Marriott and Morris Castaires have emphasized the need for changes in the rural health services to health culture of rural communities. If this argument is true, it is obliviously more relevant to tribal culture. In fact, health educators to impart health education to tribal rural population to enable them to make use of the health this assumption have drawn up action programs. “Is it true that access to health services does not have any significant impact on the health behavior of a tribal population?”

As far as the tribal communities are concerned; they have own cultural identity and as its component a health culture. Now some tribal communities are found at different culture complex (from interior village to the industrial town). To this pre-existing culture of these tribal communities health institutions have been introduced as innovations to bring to about changes in health culture at different social milieu.

Now question areas, what is the outcome of the interaction of the pre-existing health culture of the tribal community and the new health institutions in the midst of different cultural milieu.

According to Bhadra and Chakravarty (1997), health behavior is therefore, an important part of a culture, which can be called as health culture. Housing, sanitation, personal hygiene, food habit and child rearing practices from an integral part of the health culture of any community and have strong bearing on the general health.

Health status of different tribal groups is influenced by entire way of life, culture, including social and economic condition, nutrition, living condition, housing, education, food habits, taboos, and superstition, socio-religious beliefs and practices, use of indigenous Medicare system, income, communication and transportation, ecology, demography, socio-biological practices, genetic attributes and the health services etc. and they are determinants of health culture.

Health culture becomes an integral component of the overall culture of a community. It is necessary to take a holistic view of all the cultural
dimensions that are related to the health and health services of a community and to relate such a hostile perspective to the overall culture of the community.

The study of health culture forms the cultural them of medical anthropology as described in earlier pages. This health culture forms of one of the two dimension medical anthropology. The first dimension of anthropology in medicine which emphasizes the contribution of anthropological knowledge to the diagnosis and treatment of disease, the second is anthropology of medicine, which concerns itself with anthropological study of the medical profession. Hence the study of health culture contributes to the understanding of contributions of anthropological knowledge to the etiology. Concept of disease, diagnosis, treatment of diseases and the place medicine occupies in the lives of the people.

Register used the term of medical anthropology in 1956 to mean the study of the influence of social, genetic environmental and domestic factors and the incidence of human disease and disability in any population.

Beginning with their earliest field research 100 years or more ago, anthropologists routinely have gathered data on the medical beliefs of the peoples they studied, in the same way and for the same purpose that they have gathered data on all other aspects of culture, to have as complete an ethnographic record as possible. The diligence of early anthropologists, and of explores and missionaries who also gathered data on the peoples whom they discovered, or among whom they worked, is well illustrated by the first comparative worldwide survey of beliefs about disease causation.

The quantity of data on primitive and present medical beliefs and practices that had been gathered by cultural anthropologists in earlier years, their information on cultural values and social forms, and their knowledge about the dynamics of social stability and change provided the needed key to many of the problems encountered in these early public health programs. Although the Rockefeller Foundation had been engaged in international public health work since the early years of this century, it was only in 1942 that the U.S. government initiated cooperative health programs with the governments of number of Latin American countries as a part of a broader technical assistance program. With the end of the war, with the
extension of U.S. technical aid programs of Africa and Asia and with the founding of the World Health Organization, major bilateral and multilateral public health programs in developing nations became a part of the world picture. Health workers in cross-cultural settings came to see far sooner than those working within their own cultures, and particularly those involved in clinical medicine, that health and disease are as much social and cultural phenomena as they are biological. They quickly realized that the health needs of developing countries could not be met simply by translating the health services of industrial countries.

The role of anthropologists are very much valid now because they are in a position to explain to health personnel the traditional beliefs and practices in contrast to the western medical assumptions; how social factors influenced health care decisions; and as to how health and disease are aspects of total cultural patterns, which change only in the context or broader and more comprehensive socio-cultural changes. In early 1950's anthropologists were able to demonstrate the practical utility of their knowledge and research methods to international public health personnel, many of whom welcomed anthropologists with open arms. Anthropology provided insight into why many programs were less successful than had been hoped and, in some instances; anthropologists were able to suggest ways to improve programs. The anthropological approach was acceptable to public health personal, too, because it did not threaten their profession. They saw as a safe approach, in that it defined the problems of resistance to change as lying largely with the recipient peoples.

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. But, the holistic concept of health culture is a group of socio-demographic variables:
SYSTEMATIC CHART OF HEALTH CULTURE
Review of Literature

In the contents of this study, related literature from books, journals and some of the major studies referred and highlighted. The studies associated with the trends and determinants of health culture have been outlined. A review of literature reveals that anthropologists have made significant contributions in these fields. The literature consulted is given below: Such as Rivers (1924) worked on medicine, magic and religion, Biswas (1934) studied on concept of disease among the primitive people of India, Elvin (1939) worked on the Baiga, Harley (1941) worked on native African medicine: with special reference to its practice in the Mano tribe of Liberia, Ackerknecht (1942) studied on problems of primitive medicine, Awadh (1950) studied on the Baigas, Nag (1954) conducted a study on a demographic study of the Kanikkar of Travancore, Nag (1955) worked on effects of culture contact on Baigas handicraft, Wilder (1955) worked on environment in nutrition, Saxon and Graham (1957) studied on socio-economic status, illness and the use of medical services, Siegerist (1955) studied on the history of medicine, Sen (1956) worked on demographic study of south East Asia, Gould (1957) worked on the implications of technological change: for folk and scientific medicine, Nurje (1958) worked on ideology of illness in Guinhangdan, Pattra (1958) worked on a study of food consumption pattern of the Baigas in Baga Chak region of Maghaya Pradesh, Hasan (1964) studied on drinks, drugs and disease in a North Indian village, Zola (1964) studied on illness behavior of working class, in blue collar world, Gould (1965) studied on modern medicine and folk cognition in rural India, Hasan (1967) conducted a study on the cultural frontier of health in village India, Leslie (1967) worked on professional and popular health cultures in south Asia, needed research in medical sociology and anthropology in Morehouse, Som (1967) studied on a demographic note of a Midnapor village, Vidyarthi (ed.) (1968) worked on applied anthropology in India, Dubos (1969) worked on man, medicine and environment, Ackerknecht (1971) studied on medicine and ethnology, Balakrishna (1971) worked on family planning knowledge, attitude and practice; a sample survey in Andhra Pradesh, Bose (1971) studied on Tribal life in India, Mandakini (1971) studied that utilization of social and welfare services in greater Bombay, Devi (1972) studied on knowledge and attitude of family

Kar and Jari (1993) worked on health culture and tribal life: a case study among the Nocts of Arunachal Pradesh. And Stated that, the fallacy of the empty vessel warns us against assuming that people did not have any perceptions about health and illness and about the cause and appropriate treatment of ailments before the introduction of modern medi-care system. And the fallacy of the separate capsule warns us from thinking that health is a separate entity unconnected with other aspects of people's life. The study also makes is imperative that an anthropological approach is necessary to understand and to develop repeat and a collaborative relationship before introducing modern medical system in any community.

Dwivedi (1993) worked on family planning attitude and practices in an academic institution having mixed rural and urban background. Reddy and Kumar (1993) studied on utilization of public health services among the Godabla tribe of Andhra Pradesh. Agarwal (1994) studied that morbidity pattern and source of first contact in rural undeveloped children. Basu et. al., (1994) worked on perception of health and patterns of health seeking behavior among the selected tribal population groups of Madhya Pradesh and Orrissa. Mahapatra (1994) studied on concept of health among the tribal population groups of India and its socio-economic and socio-cultural correlates in tribal health in India. Premarajan and Shrinivasan (1994) worked on child health cares and the observed a gender difference. Sachchidananda (1994) studied on health of tribal people and observed that health status of the tribals cannot reach the same level as that of other populations even if we provided them all available health services on account if their poverty and unhealthy environment in which some of them live. Their resistance to disease is also poor. To add to this, we have the leave of awareness about health habit among them. Unless poverty is alleviated and ignorance dispelled, positive health cannot reach them. It is necessary at the same time to give the doctors and all paramedical staff working in tribal life and culture so that they are able to communicate with
the establish report with and in still confidante among them. This is a pre-
requisite to the success at any health program in the tribal areas.

Saraswati (1994) studied that health diseases and health seeking
behavior of tribal people of India, Sharma (1994) conducted a study on the
Bharia of Patakote, Kumar and Chakrapani (1995) worked on availability
accessibility and utilization of rural health services, Pandy and Sinha (1995)
studied on marriage, family system and traditional mother and child care
practices of 'Ho' tribe of Bihar, Bhadra and Chakravarty (1997) studied on
health culture of the tribal workers of tea industry: change and continuity,
Tiwari (1997) worked on Baigas of central India: habitat and culture of
primitive tribe, Begum et. al., (1998) studied factors affecting complications
during delivery: an analysis of NFHS data, Chopra (1999) focused tribal
health with reference to health's and family welfare development in
independent India, Pandy (1999) worked on a study of effect of social factors
on human fertility and family planning with special reference to major
primitive tribes of Madhya Pradesh, Sharma (1999) worked on the socio-
cultural and demographic profile of Bharias of Patalkot,

Basu (2000) stated that there is urgent need for initiating area
specific, group specific, and holistic health need action research studies in
consonance with the felt needs of the tribal communities. The research
should be mission oriented and directed towards improvement of the quality
of the tribals. These health oriented action research studies will ultimately
help in formulating effected need based health care strategies among various
tribal groups and will also development area specific group specific health
care delivery models for the areas tribal concentration.

Chauhan and Mukherjee (2000) suggested that available resource
could be pooled together and in collaboration with the PHCs, NGOs and
village women's organizations tribal health objectives may be full field. Thus,
it could be managed despite the scarce resource and with a few health
specialists. The health management in this way is thus derestilized and
organized by beneficiaries at the grass root levels.

Choudhri (2000) stated that to act more professional oriented to these
use so that we may prescribed some kind of solution full filling all there
conditions essentials for proper planning. Over and above, evaluation for
programmes is to be conducting all regular intervals so as to understand the true situations and accordingly necessary modification or new schemes may be prepared for their development.

Kulkarni (2000) studied on tribal health problems in anthropological perspective, Mitra (2000) worked on health culture and health seeking behavior among Abhujmaria and Kamar primitive tribes of Madhya Pradesh, and stated that the growing interest of the cultural value of public health during the past few years has brought about diversified researches and studies among the socio-cultural and psychological aspect of the acceptance of health measures. Such studies would help to understand the place of culture in tribal health. An anthropological approach therefore, can be useful to understand the ground reality and to develop rapport and a collaborative relationship before introducing modern medical system in any community.

nomadic Lohar Gadiyas of Malthon town of Sagar district, Sharma and Yadav (2002) worked on an ethnographic profile of sedentized Lohar Gadiyas of Malthon of Sagar district, M.P., Gharami and Sharma (2002) conducted a study on some aspects of health seeking behavior among the Kol tribe with special reference to Singhapur panchyat of Satna district Madhya Pradesh, Yadav and Jain (2002) conducted a study on the sedentary Lohar Gadiyas of Malthon,

Dwivedi (2003) worked on demographic profile and health care practices among the Baigas of Samanpur block of Dindori district Madhya Pradesh, and stated that, making them aware about the various aspects and benefits of environmental sanitation and personal Hygiene, proper educational attainment, child immunization and utilization of health and family welfare services should uplift the health status of Baigas. Government should also take some necessary steps to improve their economic status by reducing the poverty among them, through various schemes, and by exploring, their skills and capabilities through the establishment of small scale industries, which should planned according to their aspirations and need.

Das (2004) conducted a study on cultural contact and changing health practices among the Onges of Andman and Nicobar Island, and stated that, Onges 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 Onges 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 fieldwork that there is urgent need of education to the Ogees to make them aware about reproductive health and also to promote the scientific view of health and illness.

Berias (rai dancers) socio-demographic and reproductive child health care practices, Sharma and Jain (2006) worked on morbidity and mortality profile among the traditional prostitutes of Beria caste of Sagar district, Madhya Pradesh,

Lal (2006) worked on health status and health practices among the tribals: a case study in Andhra Pradesh, and stated that, the health problems in tribal areas caused by diseases like malaria, viral fever, water borne communicable diseases common to all the tribal communities can be solved to a great extent by the utilization of low-cost technologies like spraying of melethin, providing training to traditional dai, creating awareness among women and developing local need based infrastructure, involvement of practitioners of alternative system of medicine these will help in reducing the disease burden of tribal community, many infectious and parasitic diseases can be prevented with timely intervention and health awareness.

**Need and Significance of the Study**

The tribals are, by and large, children of nature, their life being conditioned by their eco-system. At present there are approximately 200 million tribal people, roughly 4 per cent of the global population. They are found in all regions of the world and number among the poorest of the poor Indian is the largest concentration of tribal people anywhere in the world except perhaps in Africa. According to 2001 census, the population of the schedule tribes in the country was consisting about 8.02 per cent for the total population, approximately one tribesman for every thirteen Indians. Areas inhabited by tribals constitute a significant part of the backward areas of that the country. On the whole it is estimated that the predominant tribal areas comprises of about 15 per cent of the total geographical areas of the country.

Tribals are very segments of the weaker sections are with their traditional skills and resources. They are exploited by the most age old social and cultural handicaps coupled with environmental factors. The age old exploitation and repression of the tribal have cut them off from the mainstream of socio-economic development of the country as a whole.
Introduction

The study of trends and determinants of health culture of the Baigas is significant because these people are illiterate, underdeveloped and extraordinarily shy by nature.

The health culture including in the culture, social and economic condition, nutrition, living condition, housing, education, food habits, taboos, superstition, socio-religious beliefs and practices, use of indigenous Medicare system, income, communication and transportation, ecology, demography, socio-biological practices, genetic attributes and the health services etc. Baigas are needed to be study because these people are illiterate, underdeveloped, poor and unaware to health.

The present developing countries of the world are fighting against multitudinous problems in order to overcome the retarding factors, i.e. poverty, agricultural and scientific backwardness and over and above the health less-ness. It may be stated that demographic profile, health status, prevalent diseases and health seeking behavior are vital tools for the socio-economic and health development of the isolated primitive societies.

It is well known that Baigas of Mandla district are one of the most primitive tribal communities in Madhya Pradesh, but there is a dearth of information regarding latest socio-demographic, cultural and environmental aspects of health, socio-religious believes and taboo etc. Thus, the present attempt will be useful in uplifting the health and standard of life of the Baigas of Mandla district.

Thus, the significance in the study is to generate critical information required for effective planning and formulation of health care strategies among the Baigas of Mandla district. The present investigation is focused on trends and determinants of health culture. In-depth investigation of demographic profile, prevalent disease, health seeking behavior and health practices are vital dimensions of the study.

In fact, with the help of proposed study, there will be all round gain, as the government and other non-governmental organizations will be benefited because they will be successful in improving the living standard of Baigas. On the other hand, quality and standard of life of Baigas will improve significantly. In this regards, the proposed study have a very high
value for improving the socio-economic development and over all welfare of Baigas.

Objectives of the Study

The main objectives of the present study are as follows:

- To study the health culture among the Baigas of Mandla district.
- To study of the demographic features and its impact.
- To assess the impact of the health on the education.
- To determine concept of disease and the level of awareness regarding illness among the Baigas of Mandla district.
- To assess the impact of health on the awareness of different aspects of life.
- To find out the impact of health on the pattern of morbidity and mortality among the Baigas of Mandla district.
- To trace out the drawbacks or shortcomings of health.
- To suggest necessary measures and strategies for the upliftment of health status.

Limitation of study

The present study is conducted under following limitations:

- The study is limited to Mandla district of Madhya Pradesh, India.
- The study is limited to the Baiga tribe only.
- The study is limited to aspects related to health culture.
- The study is conducted during the period of July 2005 to June 2006.

Plan of Study

In order to achieve the objective study is planned in three phases:
Phase -I

Exploratory pilot survey has been done to understand the distribution of the Baiga in Mandla district, gather some general information and prepare schedule for interviews to them.

Phase -II

To enumerate detail fieldwork among the Baigas of Mandla district, information on the relative aspects has been collected by using appropriate schedules with semi participant’s observation.

Phase -III

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

Picturesque of the Study

For the convenience, the thesis is divided into eight chapters, first is introduction, second is materials and methods, third is socio-demographic profile, fourth is trends and determinants of health status, fifth is trends and determinants of concept of health and disease, six is trends and determinants of the impact of education on health and awareness, seventh is trends and determinants of health practices profile, eight is summary and conclusion.