CHAPTER III

THE ETHNOGRAPHIC SCENARIO

Assam, the land of hills and valleys, the land of mighty river Brahmaputra, the land of Mother Goddess Kamakhya, lies in the North Eastern corner of India. The name ‘Assam’ is derived from the term ‘Asom’ which in Sanskrit, refers to ‘unequal’ or ‘unrivaled’. The uneven topography of the land, full of hills, plains and rivers might, therefore, have contributed to her name. The Mongolian Ahom dynasty that has ruled Assam for more than 800 years might also be the cause for her name. Except for a narrow corridor running through the foothills of the Himalayas that connects to the state with West Bengal, Assam is almost entirely isolated from India. This state is bordering Arunachal Pradesh in the East, West Bengal, Meghalaya, Bangladesh in the West, Bhutan in the north and Nagaland, Manipur, Mizoram, Meghalaya, Tripura in the south. Its longitude lies at 88.25 E to 96 E and latitude at 24.5 N to 28 N and temperature varies from 60 c to 38c. Assam’s economy is based on agriculture and oil. The Brahmaputra river is the most striking natural feature of the state.

Assam is located in the heart of country’s North Eastern region. The total population density of the state is 397 sq.km. The total population of the state is
31,205,576 (2011 census). In Assam the rural population comprises of 85.92% and Urban population comprises of 14.08%. It has 27 districts and 153 sub districts. There are 26, 395 villages and 214 towns in Assam. The present capital of the state is Guwahati. The modern Guwahati has been identified as the ancient Pragiyotishpura.

### 3.1 Kamrup District

Kamrup district is situated between 25.43 and 26.51 North latitude and between 90.36 and 92.12 East latitude. The plain Karbi from which data for the present study was collected falls within Kamrup District. Till the Ahom conquest, kamrup district was known as Pragiyotishpur. During Ahom region, Guwahati became an important strategic point and saw the famous battle of Saraighat between Ahom and Mughals and since then Guwahati as well as kamrup district continue to play the political, social, economic and intellectual leadership of the state. At present, Guwahati is the state capital of Assam. In 2011, Kamrup had population of 1,517,202 of which male and female were 779,608 and 737,594 respectively and its density is 436 people per sq. km. Average literacy rate of Kamrup in 2011 were 72.81, gender wise literacy rate for male and female are 77.64 and 67.69 respectively. Out of the total Kamrup population for 2011 census, 9.36 percent lives in urban regions and 90.64 % population of lives in rural areas of villages. The state Primary Census Abstract 2011, shows that there are total 22,31,321 scheduled caste population out of which 11,45,314 are males and 10,86,007 females. There are 38,84,371 scheduled tribe population out of which 19,57,005 are males and 19,27,366 are females. Thus, the Scheduled caste and Scheduled tribe constitute 7.2% and 12.4% respectively of the total population of Assam. Kamrup metro have total 1,01,789 total scheduled caste population out of
which 52,106 are males and 49,683 are females. There are 75,121 scheduled tribes out of which 37,902 are males and 37,219 are females.

In 1996 safe motherhood and child health services were incorporated into the RCH and fertility regulation interventions with reproductive health programme. In rural areas Government delivers reproductive and other health services through its network of PHCs, and subcentres and other Government facilities. In urban areas reproductive health services are available mainly through Government or municipal hospitals, nursing homes operated by NGOs and private nursing homes. In rural areas health workers (female) or ANM is posted at subcentre to provide basic maternal health, child health and family welfare services to women and children either in their homes or in the subcentre. The following table shows the health facilities in Assam.

Table 3.1: Public health infrastructure in Assam, 2010.

<table>
<thead>
<tr>
<th>Serial No</th>
<th>Health Facility</th>
<th>Numbers (Source- Facility Survey, State Report)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical Colleges</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>State Level Hospital</td>
<td>1(MMC Hospital in Guwahati)</td>
</tr>
<tr>
<td>3</td>
<td>District Hospital</td>
<td>21</td>
</tr>
<tr>
<td>4</td>
<td>Sub-Divisional Hospitals (SDH)</td>
<td>13 (FRU-3)</td>
</tr>
<tr>
<td>5</td>
<td>CHC</td>
<td>109(FRU-36)</td>
</tr>
<tr>
<td>6</td>
<td>PHC (including Block PHC)</td>
<td>844</td>
</tr>
<tr>
<td>7</td>
<td>Sub-Centre</td>
<td>4592</td>
</tr>
<tr>
<td>8</td>
<td>B.Sc Nursing Colleges</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>GNM (Training Centres )</td>
<td>15</td>
</tr>
<tr>
<td>10</td>
<td>ANM (Training Centres)</td>
<td>18</td>
</tr>
</tbody>
</table>

Source: [http://www.nrhmassam.in/health_facilities.php](http://www.nrhmassam.in/health_facilities.php)
Table 3.2: Demographic, Socio-economic and Health Profile of Kamrup with comparison to Assam figures.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Kamrup</th>
<th>Assam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crude Birth Rate, AHS, 2011 (per thousand)</td>
<td>18.0</td>
<td>21.9</td>
</tr>
<tr>
<td>Crude Death Rate, AHS, 2011 (per thousand)</td>
<td>5.7</td>
<td>7.1</td>
</tr>
<tr>
<td>Natural Growth Rate, (AHS, 2011)</td>
<td>12.3</td>
<td>14.2</td>
</tr>
<tr>
<td>Sex ratio, (AHS, 2011)</td>
<td>977</td>
<td>954</td>
</tr>
<tr>
<td>Infant Mortality Rate, (AHS, 2011)</td>
<td>43</td>
<td>57</td>
</tr>
<tr>
<td>Neo-natal Mortality Rate, AHS, 2011, (per thousand)</td>
<td>28</td>
<td>38</td>
</tr>
<tr>
<td>Post Neo-Natal Mortality Rate, AHS, 2011, (per thousand)</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>Maternal Mortality Ratio (per hundred thousand)</td>
<td>325 *</td>
<td>347</td>
</tr>
</tbody>
</table>

Source: AHS Bulletin, 2011-12, Ministry of Home Affairs, GOI.

* Lower Assam Division (Kokrajhar, Dhubri, Goalpara, Darrang, Bongaigaon, Barpeta, Kamrup and Nalbari).
3.1.1 Objectives of the Chapter

In this chapter an attempt has been made to describe the general background of the seven localities as well as the climate, livelihood, transport and communication, etc. of that place. This chapter also includes data on socio-economic and demographic profile of the sample women and families of the studied area.

3.2 The Settings of Seven Karbi Area

In the present research study seven Karbi area inhabiting in various pockets of Guwahati city were taken into account as the field study for research work. These areas were selected by the process of random sampling method. It is to be noted that these Karbi areas are not purely homogenous population as due to various reasons different communities were found to be inhabited in their area. A brief description of the seven Karbi areas along with their general background such as climate, transport and communication, etc. are discussed below.

3.2.1 Barbari

Barbari is situated on the eastern side of Guwahati city and consists of 75 Karbi households. The meaning of ‘Bar’ means large area and Bari means widow. Although Karbis of Barbari do not recall the exact origin of the name of the village but the story revolve that once a widow used to stay alone in that large area and hence the term Barbari came into existence. The important landmark of the area is a Shiva temple which is situated at the entrance of the area. There is one Mahila Samity and a club known as the ‘Aklan Club’ where discussions and meetings are decided. There is one
primary school and one middle school viz. Hengerabari Primary School and Hengerabari Middle English School respectively which is within ½ km from Barbari. There is also a Jyoti Kendra school inside the school.

In earlier times the women of the Barbari did not avail much to the hospital at the time of pregnancy. From conception to delivery the people by and large did not have any idea of medical check-up. They did not seem to be very much concerned about the necessity of special care to the mother’s health. They consider pregnancy to be a natural process and continue their day to day activities without any restriction. The pregnant women did not receive any special food, however if the women desire to have any special food it is provided by the family members. Generally, the Karbis do not have any restriction on food but due to assimilation with different communities within their village they take restriction in some foods.

Earlier a pregnant women depend much on the dai at the time of delivery and there was one dai in the locality. But nowadays, the women prefer to have the deliveries at the government hospital which is available within the reach of 2-3 kms. This place has one PHC centre and four Aganwadi centres. The women who are educated and belong to well to do families go for regular medical check-up to the nearest Primary Health Center (PHC). The families which are financially sound avails the facilities of the private hospital ‘Pratiksha’ s found within the area. Although there is no pharmacy available inside the Barbari area but within 1 km there is a pharmacy situated at the point of chariali.
3.2.2 **Birkuchi**

Birkuchi is located at east side from 2 kms. of Narengi railway station and it consist of approximately 80 Karbi households. The village has a historical significance. There are various stories regarding of the origin of the name of the village. One of the story depicts that Ahom soldier Bir Lachit Borphukan defeated the Moghal empire at 1667 A.D at Kajali Mukh and many Moughul soldiers were captivated at the hands of Lachit Barphukan. The captivated soldiers were all tied together to take rest at a fixed place called ‘kut’. The place where the soldiers were tied together the name changed from ‘bir kut’ to ‘bir kuchi’. The areas is bounded in the north by the Garo deo and Bonda Pahar, south by Marenka Pahar, east by Cham Pathar and west by Chikon Chori or Rakashini Pahar. There are three industries inside the areas, viz., Assam Aassbastors (presently, it is known as Assam Rafing Limited), Assam Carbon and near to Assam Carbon Pipeline is the Head office of Oil India Limited which is also considered as the landmark of this place. The Dharampal Satyapal industries is newly established in this area.

There are two important public places in the area viz. Buragosain Than (Shiva shrine) and Mangal Chandi Than. There are two important clubs, Eldardo Club and Prabhati Sangha. In the Eldardo club, meetings are held and vaccination for the child are also provided. Few schools are also found in this locality viz. East Point School, Birkuchi LP School, Raghunath Chudhuri High School, and Blue Bell English School.

The inhabitants of Birkuchi locality utilizes the PHC available in their area. Most of the women opt for institutional delivery rather than calling the dai at the time of the
delivery. Some women also visits the Urban Birkuchi Health centre for check-up at the
time of pregnancy. There are three Agnanwadi Centres within the locality.

3.2.3 Dhalbama

Dhalbama is situated in the eastern side of Guwahati city and is bounded at the
north by the Garchuk village, South by the reserved forest area of Meghalaya and West
by Moina khurung village. This place was once a dense forest but after sometime from
different directions many Karbi people came and built their houses in this area, just as
from different directions the flow of water merges into one place. The locality consists
of approximately 60 Karbi households.

The locality has no PHC centre and sub-centre and the nearest sub-centre is situated at
½ km away from this place to another area known as Moinakhurung. There is one
Agnanwadi and one ASHA centre in this area. A club called Oso Bipo Club is also
found where various festivals, dance and music are performed along with provision
for vaccination of the child.

In the locality there is a dai and is called upon at the time of delivery. The nearest
hospital from the locality is the Beltola hospital which is situated at a distance of 3-4
kms.

3.2.4 Japarigog

The Japarigog area lies to the eastern part of Guwahati and it is under the
jurisdiction of Dispur Police station of the city. The Karbis of Japarigog believed that
in the past, the area was covered by thick forest and as such the name of the place
came to be known as Japarigag. The locality consists of approximately 50 Karbi households. The area is not a homogeneous one as people of different communities were found in the localities. The house type are mainly Assam type with earthen plinths, mud plastered walls and thatched roofs. The locality does not provide the whole educational facilities. There is an L.P. School (Assamese medium) and a private school (English medium) for the small children to study upto lower primary classes.

Earlier dais was available in the area, but nowadays only one dai is found here. Most of the young generation women prefer to have their deliveries in the government or private hospital according to their convenience hospital.

3.2.5 Kenduguri

Earlier the Karbi people called this area as ‘Folorong’ where Folo is a Karbi word meaning khar and Rong meaning ghar (House). Later in this place many ‘Kendu’ (Diospyros embryopteris pers.) trees was found and hence the place was known as Kenduguri. This locality is situated at northern side of Narengi railway station. There are 55 Karbi households in the Karbi locality. There is no PHC centre in their locality and the nearest PHC centre is situated in the Birkuchi locality named Birkuchi Urban Primary Health Centre. There is one school in the locality named Kenduguri Primary School and one Agnanwadi centre in this area. The locality has one Mahila Samity, and one Narengi Nava Yubak Club where various dance festivals and meetings of the localities are held by the villagers when required time to time. Every household have one ringwell as GMC does not provide any supply of water to the locality.
3.2.6 Narikalbasti

Narikalbasti is situated in the eastern side of Zoo Botanical garden. As the name indicates that in this area lots of *narikal* an assamese word meaning coconut was found and so the place was called Narikalbasti. This area consists of 90 Karbi households. A Karbi namghar is an important public institution in this area where the Karbis of the locality assemble and sings hymns in this place. There is no PHC in this area and the inhabitants visits the GMC hospital or Zoo road hospital when their health is not good. There is one dai in the village and she is sometimes called upon when required. Nowadays, the younger generation visits the hospital for their check-up at the time of pregnancy.

3.2.7 Pillankata

Pillankata is situated at the eastern side of Guwahti city and consist of approximately 65 households. The landmark of this area is the Manasha temple located in the Barshapara locality which is near to the Pillankatha locality. Both the inhabitants of Barshapara locality, and Pillankatha area worship snake goddess Manasha after every three years. The legend goes that a sacred pot of Manasha was found in the water flowing in the pond of this locality. The people of this area thereafter prayed to mother that if she saves the land from the hands of the alien people they would offer puja after every three years. So, after every three years the Karbis of both Barshapara and Pillankatha area worship mother Manasha unanimously seeking blessings and protection from obstacles.
Although the exact origin of the name of the village is not known to the people but the story goes that a boy named Pillang and his father used to stay in this area a long time back. After the death of the father the boy’s maternal aunt cut the boy’s head and left the place. Thus, the locality came to be known as Pillankata from the boy’s name.

Earlier their was two dai in the area but now there is one dai only who is called upon when necessary. There is no health centre in their locality and their nearest hospital is the Last Gate Government Hospital. Nowadays, the women folk prefers institutional deliveries and at the time of delivery they visit the Last gate hospital at Beltola. There are two Agnanwadi centres in the area. The locality has two schools Pillankata L.P.School and Pillankata High School.

It was found that transport and communication, language, food and livelihood and village pattern of all the seven villages are same, so in the following paragraphs a general description of the above mentioned factors are described below:

### 3.3 Transport and Communication

These seven Karbi localities are situated within the area of larger part of Guwahati city, therefore the facilities for transport and communication is good. The roads of the area are wide enough and as such any kind of light to heavy vehicle can enter in their localities. The transport facilities such as auto-rickshaws, motorbikes, cars are sufficiently found so the people of these localities do not face any inconvenience while travelling from one place to another.
3.4 Language

Originally the mother tongue of the Karbis is Karbi language. But in study area majority of the people has been found to communicate with each other in Assamese language. Their mother tongue Karbi is mostly spoken by only the older generation but the younger generation speaks mostly Assamese language. Some of the younger generation can understand but cannot speak the Karbi language.

3.5 Climate

The climate of all the study areas is moderately hot with humidity. December to middle part of the February is the winter season. The second part of December to January is the coolest month. March and April represent pre-monsoon season. This season is almost rainless but extremely windy. Extremely high temperature is the main feature of the last part of July – August. Rising temperature sometimes brings down heavy showers and storms. This is the monsoon season which is warm and humid. The last part of September to November is the retreating monsoon season where monsoon gradually diminishes and sunny conditions with very pleasant weather prevails during this time.

3.6 Livelihood

Earlier, agriculture was the primary occupation of the Karbis living in plains of Assam and majority of them are orthodox cultivators. They usually raise paddy crops but they also cultivate other crops and vegetables. With urbanization, people started taking up different occupations in the secondary and tertiary sectors, notable among
which is urban informal labour. In places, like Dhalboma and Pillankata Karbi agriculturists are still found. However, in Japorigog, Barbari and Narikalbasti areas the Karbi men prefer to work as a labourer in various non-agricultural sector. Some of them work as a clerk in various government and private offices and also have petty business in their home. Young ones, who have not completed their schooling find openings in various small establishments like PCO operators, assistant sales boy in grocery shops, bus, handyman etc. There are also instances of plain Karbi boys and girls having successfully completed higher and professional education and engaged in various professions although their numbers are very few. Most of the Karbi families also rear fowls, goats, pigs and relish the meat of these animals. Another subsidiary source of income in brewing rice beer which fetches a good income in the town market although till now it remained a secret trade mostly run by woman. In all the localities some woman also practice weaving in their home, however very few sell the products in the market.

3.7 Food

The staple food of the plain Karbis is rice which is taken along with pulses and fresh vegetables, fish and occasionally with meat. They also consume their home made liquor (hor). This tribe is basically non-vegetarian and prefers different kinds of herbs, fish and meat. *O-akerang* (dry fish), *tomang* (grounded dry fish with wild yam), *mehekpat* (a wild herb), *rupisuad* (a sour herb), *hingru* (yam), etc are some of their popular food items; although boiled food was relished earlier, oily and spicy food has now gained popularity amongst the young generation. During the festive occasions, food and homemade liquor occupies an important place. Every ritual or festival have
some specified food and drink according to the availability of a particular food item. Fruits, fruit juices, nuts are eaten in abundance, while milk and other dairy products are not common.

The impact of urbanization on the plain Karbis in their food habit is enormous. In the study areas their food habits have undergone drastic change. Earlier they used to take rice prior to their leaving for paddy field, then again at noon time and finally in the evening, but now due to change in occupational pattern their food intake has been reduced and they are now habituated in taking only two major meals a day—one in the afternoon and the other at night. This has necessitated making a provision for breakfast in their food schedule. Apart from this, their list of food items has also undergone change with packed food making way to the list. They are now used to take different urban packed food like noodles, chowmein, magi, roti, bread etc.

3.8 Village Pattern

The Karbi concept of village is a simple one. Their village set up has no impact of their clan system and neither separate plot is reserved for clans nor does their land holding pattern have any reflection on their village set up. In every village the individual land boundaries are perfectly defined as each such plot has corresponding land records. But the boundaries of unsettled lands are not perfectly defined and many villagers are in occupation on such lands. The villages are not significant as village in their appearance. One can enter the village without actually knowing that he/she is entering a tribal locality. The houses continue to be built along the busy main road in the Japorigog, Narikolbasti and Pillankatha village. As homestead land is falling short
due to further construction or extension, new houses are being built leaving either no space or marginal space between two such buildings. In some cases the plots of lands are so small that families do not even have a kitchen garden. In certain cases the adjacent plot is sold out and is owned by a non-Karbi people. Even the Karbis sell their own land to a non-tribal people and leave their place in lieu of money. Within the original compound, existence of two or three houses usually indicates that there are married sons. The sons after marriage, if condition arises, get separated raising their own house either within the compound or in a separate plot. Now after the shortage of homestead land, the village scene presents a picture, which is gradually transforming into a clan locality, especially in the Japarigog, Birkuchi, and Narikalbasti villages.

### 3.9 Festivals of the Karbis in the study areas

A crude form of hinduism is the religion practised by the Karbis, there is no idol worship as such but stone worship is widely prevalent. *Tamulong or Buragohain* (Lord Shiva), *Jilimi* (goddess Parvati) and *Boliya* are their main deities along with other nature gods like sun, water, earth, wind, snake, etc. It would not be wrong to say that a negligible percentage of the population still believe in magic and witchcraft. The *Barghar* is their sacred domain and is divided into two rooms separated by the *nungpe*, a holy pole which has several significance in the rites, rituals, practices and believes of the Karbis. They also perform festivals such as Domahi, Mono Ke-en, and Johong Kachir Dom in their locality.

The *nungpe* is the stem of the *Dangari* tree. Several norms are followed while cutting the tree in the forest. Homemade liquor and betel-nut are offered and it is taken
care that the tree falls in the southern direction without any noise. Thereafter, the tree is respectfully carried by the people with utmost care so that it does not touch the ground. After fixing the pole in the Barghar, four roosters are sacrificed. Tangtik or a bag of grains is kept in the other room. The significance of the Barghar and the nungpe is still intact despite owing to the forces of urbanization.

3.10 Death Ceremony

In all the study areas the deceased was traditionally buried but nowadays they have taken to burning of the deceased person. A tupula (a small offering) of rice and Juguli is offered to the spirit of the person and the kith and kin are supposed to be on a diet of boiled vegetarian food for about ten days, and after that there is a ritual called Khar chuwa. This ritual marks the end of the mourning period and fish and meat along with homemade wine again is offered to the soul and others feast so as to get back to their day-to-day lives.

3.11 Socio-Economic and Demographic Profile of the Sample

Women and Families

Socio-economic factors are very important variables that influence the reproductive health of the mother. The level of education of the parents, occupation and income of the family, size and type of family etc. are very closely associated with the health of the mother.

The background information of the respondent gives a transparent idea about the sample population on which the study is based on. Therefore, in this section using
univariate table, the background profiles of the respondents have been presented. The selected socio-economic and demographic characteristics of the sample women and their family have been given below.

3.11.1 Type of family

Type of family structure and women’s fertility is correlated while reviewing the studies on family types and fertility in Bangladesh, India and Taiwan, Nag (1975) observed lower fertility of women living in extended or joint families compare to that of women living in nuclear families. On the other hand living in joint family may cause higher level of sexual abstinence and consequently can influence the fertility and the likelihood of pregnancy (Upadhyay, 2005). Hence, in tribal context, family structure can be a strong economic factor of the reproductive health, since size of the family actually determines the workload for a woman living in the family.

In the study areas 100 % of women interviewed are Hindus.

Table 3.3: Family type of the Karbis in study area

<table>
<thead>
<tr>
<th>Type of Families</th>
<th>Number of Families</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nuclear</td>
<td>244</td>
<td>68.9</td>
</tr>
<tr>
<td>Joint</td>
<td>110</td>
<td>31.1</td>
</tr>
<tr>
<td>Total</td>
<td>354</td>
<td>100</td>
</tr>
</tbody>
</table>

The above Table 3.3 shows that in the study population 68.9% families are nuclear and 31.1% of them are joint composition.
3.11.2 Education Level of the Women

There is an old saying that when we educate a man we educate only one individual, but when we educate a women, we educate the whole family. Many social scientists also say, ‘Awaken the women socially and see the difference’. Education plays a prominent role in that. Therefore, it can also be commented that education plays a critical role in determining the fertility behaviour.

![Diagramatic representation of the Karbi womens’ education](image)

**Fig. 3.1: Diagramatic representation of the Karbi womens’ education**

Figure 3.1. shows that the educational level of the Karbi women is poor. Only 13.07% of the Karbi women had their education up to primary level and 62% of them are illiterate. Only 5.6% and 3.4% of the women had completed their matriculation and graduation, respectively.
The figure 3.2 shows the literacy level of the Karbi men which indicates that the 33.2% of the Karbi men are illiterate; 20% of the men had completed their high school education whereas 10% had their education upto matriculation.

### 3.11.3 Occupational Structure

In traditional Indian society, household is the domain of work for most of the women. A women is generally not expected to go out of the house for work and earn livelihood for the family. But working women, because of their financial independence and higher educational qualification in all possibility can take certain important decisions that are in the best interests of herself, her children and the family—if necessary by breaking the age-old traditional myths and taboos.

The occupational structure of the population is also an important indicator of the socio-economic situation.
Fig. 3.3: Diagramatic representation of the Karbi mens’ occupation

The figure 3.3 shows that the Karbi men of the study area are mostly labourers (28.9%) and petty businessman (25%). About 21.4% of them are working in government sectors. It can roughly be said that the occupation of the husband reflects the educational, financial and societal position of the family of the women. This in turn can have bearing on the fertility behaviour of the couple.

Fig. 4.4: Diagramatic representation of the Karbi women’s occupation

The data reveal that more than three-fourths of the women (92%) are housewives, indicating that most of these women have no independent income and depend on the limited resources of the family. About 3% of the women are engaged in clerical and other related services or having petty busi
3.11.4 Income of Household

Economic factors influence reproductive health in several ways. Economic development and income both account for improving reproductive health of women by influencing their reproductive behaviors in both micro and macro levels. At the macro level, economic development of a community can facilitate improved quality of reproductive facility and services. In micro level, higher income can provide more resources for women to access health care services.

Income level is very much related to occupation. The occupation of the Karbis in the study area were found to be labourers or having petty business and therefore their income level is low. The private health services are utilized by those with high socio-economic standard or high in income levels which is very less while the others visits the government hospitals or PHC.

Table 3.4: Income of the Karbi families

<table>
<thead>
<tr>
<th>Income in Rupees</th>
<th>Numbers</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>3000-3999</td>
<td>174</td>
<td>58</td>
</tr>
<tr>
<td>4000-4999</td>
<td>100</td>
<td>33.3</td>
</tr>
<tr>
<td>5000+</td>
<td>26</td>
<td>8.6</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 3.4 shows that most of the Karbi families income level per month is less than 4000 rupees, which shows that their economic level is hand to mouth only.