Chapter - VI

Summary and Conclusion

Introduction-

The welfare policy has been taken up by the Government to ensure the development of the constituents in Indian society which have been lagged behind in development and are backward. The Five Years Plan is still in use as large number of secluded population i.e. tribal communities, which constitutes an integral part of the country’s population, is still deprived of basic amenities and living their lives in isolation from the civilized population. As per demographic figures of 2011 census, the tribes constitute 8.2 percent of the total populations in India, while Maharashtra State stands fourth position about tribal population. The tribal communities include Warli, Kolam, Korku, Aandh, Gond, Madiya, Halwa, Bhil etc. are educationally, culturally and economically backward. Similarly, the health problems including malnutrition are found more in tribal communities when compared to the civilized communities. It is also due to recurring health problems; the tribal community could not proceed on the path of progress. Even after two decades of Government of India’s campaign ‘Health for All’, health problems in tribal communities are still prevailed. During monsoon, they are disconnected from the rest of the world as they are located in remote areas with little connectivity by roads. During this period, different water borne diseases are trite. Different problems including of epidemics, drinking water, food grains, health services recur in tribal areas. Again their faith on traditional medicine and treatment, customs, superstitions etc. result in serious problems of health.

Indian constitution directs that the public health care is State government’s responsibility. Maharashtra state government declared five years plan, designs many projects of developments including health schemes for the unit of society which is comparatively backward in education and income are unable to enjoy the modern health facilities. Though the period of eleventh five year plan is ended, the health problems in tribal belts in India, is a point of grave concern for World Health Organization. The different health schemes have been implemented in tribal areas, why there is not visible impact? Why, extend of mother and child mortality,
malnutrition and other health problems have not been abated is the interest of the present research. To find out the reasons behind the health problems of the tribal, the researcher has selected topic of health problems of Korku tribes located in Melghat sub-division for the present social research.

**Concise:-**

The first chapter happens to be an introductory one which points out the nature and scope of the research problem. It reveals the selection of the research problem and how and why it is selected. As per the topic objectives and hypothesis are accepted.

In the second chapter after selecting the research problem, extensive review of literature is taken to understand the aspects of health problems of tribal communities in India.

Third chapter explains the research methodology and presents the detailed draft of the research with pure scientific point of view including concepts also.

To study the social causes behind the health problems of Korku tribal in Melghat sub-division, Dharni & Chikhaldara i.e. two tehsil of Amravati district is the research field or research area of the present study. As the study of all tribal people would be too comprehensive in term of effort, time and money, the researcher, understanding her own limits and the resemblance of the selected representatives with the complete whole, 350 units have been selected as the unit research whole to achieve the research objects. Both the sample selection methods i.e. Probable Sample Selection Method and Non Probability Sample Selection Method are adopted for the present research. The facts are collected using both primary and secondary fact collection method are edited, classified and tabulated by the researcher for the statistical analysis of the selected data. The facts collection work is made during May 2012 to Dec 2012. The present chapter also included the difficulties which came in the data collection work. The difficulties include korku dialect, remote roads in Melghat, apathetic attitude on the part of government offices in providing necessary data.
The forth chapter entitled Health Scenario of the Melghat. In the first part of this chapter is present status of health services in the Melghat sub-division. Health scheme in the Melghat are reviewed, different welfare schemes are implemented in Melghat tribal area during the period of 11th Five Years Plan. The review was taken on the government figures. Before the studying the actual implementation of the schemes in Melghat sub-division, the recruitments decided by the government. The comparative study of factual number of the health employees as against the parameters of the government was made. There are 11 Primary Health Centers for 324 villages in Melghat sub-division. Chikhaldara tehsil has six Primary Health Centers and Dharni has remaining five Primary Health Centers. Dharni tehsil has one sub district Hospital while Chikhaldara tehsil has two Rural Hospital. There are also three Health Squads in Dharani and three Health squads in Chikhaldara tehsil. Chikhaldara tehsil has one allopathic and one Ayurvedic clinic. Dharni tehsil has three allopathic clinics. Similarly there are 54 sub Health Centers in Dharni tehsil while 42 sub Health Centers are in Chikhaldara tehsil. There are 7 Moving Health Squads and 22 Flying Squads in Melghat sub-division. Under the schemes of National Rural Health Mission (NRHM), there are 580 trained nurses and 400 health workers.

As per government parameters, there should be one Medical officer for 6000 population. But the actual figures of the Medical officers in Melghat sub-division are far less. Four posts of Medical officers are vacant in Melghat sub-division while six posts of Health Assistant (district level) are also vacant. Similarly 9 posts of Aarogya Sevak’s 8 posts of drivers and 5 posts of male nurse are also vacant. There is no facility of Labour Room at 53 Primary Health Centers of the total 95 Primary Health Centre in Melghat in sub-division. In order to provide immediate health service, the government has provided free transportation facility for the tribal people. Under these schemes, Primary Health centers, Moving Health Squads, Flying Squads are provided in Melghat sub-division. All these health centers have transportation facility. In Dharni tehsil there are 24 vehicles are approved, but only 13 vehicles are in working condition while in Chikhaldara tehsil there are 22 vehicles are approved but merely 15 vehicles are in working condition. Maternity Grants Scheme, Flying Squad Scheme, Pada Voluntary scheme, Dai meetings scheme, Diet scheme, Absent...
Wages Scheme, Medicine scheme. These Health Schemes are implemented by Health department in Melghat sub-division.

In the second part of this chapter malnutrition found in Korku community of the Melghat is studied. The malnutrition is an unhealthy state in which one or many nutrients are absent or deficient in body affecting normal growth and development and its impact is directly or indirectly realized. Malnutrition is of two kinds, under nutrition and over nutrition. The malnutrition caused by deficiency of necessary nutrients is under nutrition and over nutrition is a state which is caused by excessive intake of food and results in many dangerous diseases. Pregnant women require intake of 3600 calories but they are initially not nourished. In such conditions, pregnant women suffer acute calorie deficiency. As these women do not get nutritious food during their pregnancy, again in addition traditional knowledge prohibits them from eating papaya and drinking milk, caused anemic mother which could result in Mothers Mortality rate or their babies are born with little weight as compared to healthy newborns. When malnutrition is high, Child Mortality is also found high. The study highlights the child mortality rate during year 2007 to 2013in Melghat. Malnutrition affects the growth of persons in all age group and leads to different diseases.

Malnutrition in Melghat sub-division is a type of deficient nutrition. According to Indian Council of medical Research, healthy diet should include 2500 calories but in tribal areas people could get merely 1500 calories from their food which includes onion, bajara, maze, kodo kutki and rice. The chapter also highlights the measures to be taken up at individual and social level to redress the problem of malnutrition effectively. These measures include safety of drinking water, protective from air pollution, free from addiction and prevention from waterborne diseases etc.

Fifth chapter entitled as Data Analysis, Interpretation and study of hypothesis is most important as it elaborates the findings collected through field research. The chapter is sub divided into six parts which include individual and family study of the respondents, social & culture study of the respondents, diet & personal hygiene, residence & cleanliness of surrounding, Health & awareness of Health schemes and review of hypotheses & final interpretation. The central topic of the research is to find
out mutual relation between social life & health problems in Korku tribe in the Melghat sub-division.

As health problems are affect male female equally. In the study strikingly tried to make balanced. Female percentage is 52 percent while male percentage is 48 percent.

If education is seen in form of gender, out of 168 male respondents, 39 are illiterate while out of 182 female respondents 67 are illiterate. Not a single female respondent is a graduate. Rate of illiteracy is higher in women when compared with men.

Most of the Korku people (91.72%) are informed that they are Hindu by religion while 8.2 percent respondents belong to Buddha and Christian and other religion.

78.86 percent of the respondents in the Melghat sub-division told that they belong to Ruma sub caste; these followed by Mawashi, Bawriya and Bodyo while 10.57 percent respondents could not tell about their sub caste.

Most of the Korku people (81.45%) use their dialect. Korku for performing daily activities; respondents who live near Amravati or Akola are using Marathi as their language while respondents who live near Madhya Pradesh border use Hindi as their language.

77.71 percent families in Korku tribe are nucleus families while 22.29 percent families are joint families. 68.29 percent of the Korku families have 5 to 7 family members while merely 7.43 percent respondents live in family with more than 10 members.

**Study of Cultural & Economic conditions:**

In the second part of the present chapter light is thrown upon cultural and economic conditions of Korku tribe in the Melghat sub-division. Though the main objective of the present research is to study Health conditions of Korku tribe, cultural life which includes their age old customs and economic conditions invariably affects the health of the tribal people. Therefore, it was necessary to include cultural and economic conditions.
According to 65.43 percent of the respondents, marriages in Korku tribe are held during 16 to 20 years of age while 20.57 percent respondents said that marriages are held during 10 to 15 years of age. 46.86 percent respondents informed that animal sacrifices are made to cure diseases or stop on slate of epidemic. 24.29 percent Korku people have faith in magic to cure their diseases. The rituals Shidoli and Pitar Miloni are made to appease the souls of their dead forefathers. 35.43 percent respondents believe in it and performed such rituals for instant relief in case of some diseases.

14.57 percent Korku respondents wear their traditional clothes while 73.14 percent respondents wear sari and blouse in case of women and pyjama and shirt in case of men. 19.14 percent Korku have a single dress while 44.86 percent respondents have a pair of dress. 86 percent Korku have no means for their entertainment. The percentage of respondents having radio, tape recorder, TV or mobile is insignificant. 79.42 percent respondents do not have fan, stove, sewing machine, cycle or motorcycle.

The main occupation of Korku tribe is working as daily wages worker (73.72%) and other occupations include farming, industrial worker, trader and service. 18 percent of the respondents have work available for sixth months. 13.14 percent of the respondents have work available for nine months. 22.57 percent respondents have their annual income is up to Rs 10,000 Rs. Near about half of respondents lead their lives under BPL conditions because they have more family members.

**Study of Diet & Personal Hygiene:**

Diet and personal hygiene of Korku tribal in the Melghat sub-division are studied in the third part of the present chapter. It is the accepted fact that diet and personal hygiene directly affect the health of a person and collectively of the health of the community.

Though diet of Korku includes of non vegetarian food (95.42%); around 91.14 percent Korku do not get non vegetarian food regularly. 26.58 percent Korku tribal’s’ diet include sorghum bread, chapatti, rice and subji while 68.28 percent Korku tribal’s diet include bread, chapatti, rice and chatani. They hardly get enough food regularly round the year (13.14%). As a part of eradication of
malnutrition, the government started food grains distribution scheme. Only 38.29 percent Korku people received its benefit regularly while 61.71 percent Korku people received irregular food grains under the scheme as distribution centre is either closed, unavailability of food grains or low quality of food grains. 77.43% respondents do not make any change their diet in illness. 44.86 percent respondents opinioned that pregnant women are given less diet than regular. 73.53 percent respondents opinioned that even after child birth, women are not given enough food and sawriya flower curry, Kanji of Mohua with chapatti, or other light diet. 23.14 percent respondents opinioned that infants are given first breast feeding with yellow milk. 76.86 percent respondents informed that breast feeding is made only after first yellow milk is taken out. Only 5.14 percent respondents said that children are given supplementary food items along with breast feeding after period of six months. 64 percent respondents could not make available supplementary food for their newborn due to lack of food while 30.86 percent respondents could not make available supplementary food for their children only because they are not aware of the need of nutritious food. Children are given food items such as kodo, kutki, rice, chapatti, sorghum bread etc whenever they demanded.

37.14 percent respondents informed that new blade is used to cut the umbilical cord of the newborn. 39.14 percent respondents informed that old household cutter such as sickle, knife, old blade is used to cut it; 23.72 percent respondents said that it is cut with razor made up with tree of bamboo or branch of boroo tree.

96.86 percent of Korku tribal consume liquor. They take it to remove fatigue, satisfy hunger or during festivities. The percentage of Korku tribal consuming narcotic drugs is higher. It is 96 percent which include 57.14 percent tribal addicted to tobacco chewing.

11.42 percent respondents use salty water, for 61.4 percent respondents have only 20 liters water is available for daily use. Government Water supply scheme is available only at 94 villages of the total 152 villages in Dharni tehsil and 58 villages of the total 169 villages in Chikhaldara tehsil while remaining villages get water supply from either hand pump or wells.
28 percent respondents received regular and enough water. 72 percent respondents do not receive regular water supply despite having tap connection. Most of the people use water of ponds, rivers and rivulets. As drinking water directly affects health of the tribal, the government distributes medicine and bleaching powder. But most of the tribal people (26.86%) prefer water unpurified as they complain smell of purified and treated water. Thus 62.86 percent respondents do not use purified water; 17.14 percent respondents have no knowledge of purifying water while 19.14 percent respondents use water without purifying as necessary material are often unavailable to them. Only 37.14 percent respondents use purified water to drink.

Near about half of the respondents use only water to wash their mouth and teeth. (Table No 6.3.19). More than half of the respondents (72.29%) do not bath regularly. Most of the respondents (79.72%) do not wash their cloth regularly. It casts wrong effect on their hygiene and health. Out of 350 respondents 218 (62.29%) respondents wash their cloth only with water. Out of 114 respondents who use detergent powder/cake to wash, only 12 respondents use only water to wash their cloths regularly while 102 respondents do not wash regularly;

Following points are derived from the above discussion-

**Study of locality & Cleanliness of the surrounding:**

With spread of urbanization, though sky rocketing buildings are constructed in urban areas, the condition of the tribal areas is altogether different. Most of the tribal men live in thatched huts or small houses. Though their houses appeared clean, lack of required facilities put their lives in hazards of different diseases. Often their small houses have more family members, absence of sanitation, lack of latrine, rearing of domestic animals make the conditions even unhealthy to live in.

91.71 percent respondents have their own houses. 2 percent respondents live in thatched house at their farms while 6.29 percent respondents have received constructed house under the government housing schemes.

49.42 percent respondents live in thatched huts of bamboo, 24.86 percent respondents live in the house made up of mud walls with tile roof, and 14.86 percent respondents live in houses with tin while merely 10.86 percent respondents
live in concrete houses. 56.57% respondents are living in a single room, while 1.43 percent respondents have 4 or more rooms. 61.14 percent respondents’ houses have not a single window to their house wall, while 16.29 percent respondents’ homes mere one window. 76.57 percent respondents’ houses have only neither kuccha bathroom nor latrine. 10.57 percent respondents’ homes have pukka bathroom and latrine of cement. 67.72 percent respondents drain out the sewage water in backyard of their houses. 27.71 percent respondents have dug ditches near residence and cleanliness of surrounding to carry sewage water while only 4.57 percent respondents have used cement pipelines.

57.14 percent respondents do not have domestic animals. The respondents who have domestic animals include 12 percent respondents rearing goats and the respondents who rear cow, buffalo and bullock is (11.14%) less. Out of total respondents 11.72% respondents keep these domestic animals at their homes. 38.57 percent respondents keep them in their house or in front yard, while merely 4.29 percent respondents make separate facility for their domestic animals to live in.

24.86 percent respondents deposit the garbage inside their homes, 46.86 percent respondents deposit in their yards, while 28.28 percent respondents deposit the garbage outside their village.

Study of Health & Awareness about the Health Schemes:

In the sixth part of the present chapter health and awareness about government programmes are studied. Food, clothes and residence are the three basic needs of mankind; but in modern age, Education and Health are also included in the basic needs. Thus, along with individual health, social health is also held important. Understanding this basic tenet of health, the welfare state has also started implementing the different welfare schemes for economically, educationally and socially backward communities. The present study attempts to trace out the responses of the tribal people on whether they know about the welfare schemes; whether they get benefit of the welfare schemes and if they get, in what way they get the benefit.

32 percent respondents in the Korku community think healthy person who does not get tired after routine work, he is stout and strong. 9.14 percent respondents think that healthy person is slim; while 13.43 percent respondents think
that person who takes too much food is healthy. 45.43 percent respondents opinioned that healthy person is fat.

32 percent respondents think that individual get ill due to anger of god or ghost. 16.57 percent korku respondents do not know the reason of illness. 74.57 percent respondent prefer traditional healer. Only 25.43 percent respondents prefer to take medical advice of govt/private doctors. Greater percentage of illness and diseases are found in the Melghat sub-division. 72 percent respondents suffer from general diseases like fever cough and skin eye infections.

8.57 percent respondents tell the reason of death of their family member during treatment of chronic disease while 27.71 percent respondents informed that their family member died either during pregnancy, soon after pregnancy or are still born (in case of infants). Korku people think birth and death as a part of natural phenomenon; they therefore do not take these matters seriously. 72.29 percent respondents do not enter name of their family member in Births & Deaths Registration. The figure of malnourished persons of Melghat fetched the attention of World Health Organization; but 66.57 percent of respondents do not know the symptoms of malnutrition.

The government has implemented welfare schemes to eradicate malnutrition. Under the schemes, 56.57 percent respondents opinioned that only financial help provided through the schemes; 44.43 percent respondents opinioned that free nutritious diet and medicine provided; 53.71 percent beneficiaries opinioned both these benefits while 23.15 percent respondents noted that beneficiaries who had earnestly required the benefits, but did not get any facility.

Every year Health department organizes Health camps for the tribal people. Benefits of these camps goes to 24.86 percent of the respondents; 44.86 percent respondents think that they do not get benefit of the government welfare schemes due to corruption; while 44.86 percent respondents informed that health camps are not held every year due to corruptions.

66 percent respondents informed that pregnancy is made at homes while 34 percent respondents informed that pregnancy is made in hospital. According to 86.57 percent respondents korku mother attempts more than four times delivery
due. 46 percent respondents did not take help of trained dai at the time of delivery, merely 18 percent respondents take help of trained dai in home delivery.

9.71 percent respondents use medical contraceptive means while 25.71 percent respondents use traditional material to keep safe distance between children. 33.43 percent respondents have fear of family planning operation while 10 percent respondents have no faith in the family planning operations only 21.71 percent respondents have performed family planning operation.

28.29 percent respondents show negative response to the vaccinations due to fear, while 20.57 percent respondents do not believe in vaccination. 8 percent respondents could not remember whether they have given vaccination or not.

54.29 percent respondents said that Malaria Eradication drive was not held in their locality since two years back 14.29 percent respondents received the benefit of health care from Rural Health Centers; 22.86 percent respondents receive the benefit of the Primary Health Centers; 37.14 percent respondents receive the benefit of sub health centers while 25.71 percent respondents receive the benefit from moving health squads.

Distance of Primary Health centre is more than 5 km for 85.71 percent respondents. 66.86 percent respondents bring the patients a foot or taking them on shoulder.

49.14 percent respondents noted that govt. medical staff is not punctual and regular. 59.14 percent respondents inform that free medicine is not available at govt. health center. According to 20.57 percent respondents, medical staff at govt. health center always recommended to private practitioner.

47.71 percent respondents complete the referred medicinal course while 52.29 percent respondents inform that they take medicine until some relief.

37.71 percent respondents inform that they never get any of guidance about diet, medicine or about their addictions.
Conclusion:-

1) Korku tribe has lagged behind literacy and their level of literacy and education is basically restricted to Primary Education. Men have more literacy when compared with women in the tribe. The percentage of respondents taking higher education is also negligible.

2) Korku tribal people think themselves Hindu and mostly of them belong to Ruma sub-caste.

3) The nucleus families in Korku have mostly 5 to 7 members.

4) Korku people marry at early age.

5) Most of the tribal offer animal sacrifice to cure their diseases.

6) To cure diseases, Korku tribal use magic and worship their dead.

7) Most of the Korku tribal have farm working as the main occupation.

8) Though they are mostly agricultural labourers, they get employment for three months.

9) Korku tribal lived their life Below Poverty Line.

10) Most of the Korku people do not have means for entertainment & modern equipments.

11) Around half of the tribal people could not satisfy their need of cloths.

12) There is ignorance about the relationship between diet and diseases.

13) Korku tribal in the Melghat sub-division required enough nutritious food.

   They do not receive proper benefit of Government Food grains distribution scheme.

14) Korku tribal in the Melghat sub-division have traditional beliefs regarding diet of pregnant women, lactic mother and breast feeding of new born baby

15) Most of the tribal are addicted to liquor and other narcotic stuffs.
16) The Melghat sub-division has a lack pure drinking water. The most of the tribal use unpurified water.

17) Korku tribal reluctant towards their physical hygiene.

18) Korku tribal in the Melghat sub-division suffered with unavailability of drinking water and means of keeping cleanliness and hygiene.

19) Korku tribal in the Melghat even today live in their traditional thatched houses. They could not enjoy healthy life as their houses do not have basic facilities of toilet, drainage and window.

20) The benefit of Indira Aawas scheme implemented under the government’s rural reform project, construction of latrine under rural cleanliness campaign does not reach in huge number to Korku tribal in the Melghat sub-division.

21) Though Melghat sub-division has many pastures, the percentage of Korku tribal keeping live stocks (domestic animals) is less.

22) Korku tribal people have misconceptions about health and fitness.

23) Different diseases and illnesses are largely prevailed in Korku tribe in the Melghat sub-division. But they preferentially follow traditional ritual to treat the diseases or illness, secondly they use herbal medicine and finally they take allopathic medicine.

24) Korku people do not register deaths or births in their families.

25) Korku people could not take benefit of the different welfare health schemes implemented at Melghat sub-division.

26) Most of the tribal villages do not have facility of immediate health services.

27) Often positive response is received about different vaccination including oral vaccination for Polio.

28) Korku tribal people have greater cases of delivery at home. The percentage of Korku people performing family planning or using taking alternative method to keep judicious distance among their children is negligible.
29) Though transportation facility available with the Health machinery, its actual beneficiaries is negligible.

30) Health centers do not provide complete health facilities including treatment, medicine, guidance about diet and addiction to the patients during treatment.

Thus, hypotheses given in the first chapters are evaluated in the sixth and last part of this chapter. And validity and verity of all these hypotheses are proved. As the findings received in the present study are similarly to those of senior scholars and anthropologists, these findings could easily be generalized and established as valid and tested facts.

Recommendations:

It is the extract of the present research and the concluding part of the chapter includes some of the recommendations to make the implementation of the government health programmes for the tribal more effectively and those would be helpful in mitigating the health problems of Korku tribal.

The suggested recommendations are as follows:

1) The funds of development meant for tribal people should be spent for them and also there should be definite orders to use the funds unmistakably in the same financial year for which the fund is allocated.

2) The success of the government health schemes altogether depends upon the employees who implement the schemes. Therefore, the government should provide increment and other prizes for the employees who sincerely implemented the Health schemes for tribal people.

3) To make the implementation of health schemes for tribal people more effective there is need of perfect co-ordination in different factors in the implementation of the government Health schemes. As the government schemes could hardly be successful without the cooperation of the tribal who are the direct beneficiaries of the schemes, a separate Public Relation Units should be established in every Primary Health Centre. These units will create awareness in tribal people about the use of Government Health Schemes.
4) If the figures in the implementations of the government welfare schemes of tribal people are found out inappropriate, the government should also take some penal action against the guilty officers.

5) Taking benefit of the illiteracy of the tribal people, if quacks are found providing medical treatment to them using faulty or unscientific knowledge, strict penal actions should be taken against them.

6) The huts of the tribal people are unhealthy to live in. Again these have to be repaired every year. Therefore, the government should provide financial help for these tribal people to built concrete and permanent houses.

7) To avoid malnutrition in tribal people, there is system of Public Distribution and Nutritious Diet schemes. If the quality of food or food material provided through these schemes is found out of inferior quality, strict action should be taken against the concerned government officers.

8) The local employees like nurse, pada, swayamsevaks etc are appointed on fixed remuneration for implementing health schemes. As these local employees do get meager remuneration, they are not enthusiastic to work. The government should increase their remuneration and also make them permanent after some fixed period.

9) To avoid malnutrition in tribal people, Aganwadies in tribal areas provide nutritious food for children and pregnant women. Number of Such Aganwadies should be increased. As some of the children and pregnant women could not come to Aganwadies, nutritious food should be made available to them at their doorstep. Such measure should definitely curtail the increasing malnutrition and mother mortality.

10) Non employment is one of the leading factors of the problem of malnutrition. If regular employment is made available for these tribal people, their daily needs could be easily satisfied and their health problems would be mitigated.

11) There are different superstitions in tribal people. Superstition Eradication Centres should be formed to eradicate these superstitions. These superstitions increase their health problems. Health department, Superstition Eradication Committee
and Social Welfare department should jointly recruit employees on Arogya Sakshar or sanitary inspector post to create health awareness in tribal people.

12) To implement health schemes effectively in tribal areas, help of Media should be taken and Health awareness could be spread in tribal areas through pamphlets published in local tongues.

13) Aged people in these tribes and traditional physicians such as Vaidu, Bhumaka, and Padiyal etc in Korku tribe have knowledge of herbal medicines. Their knowledge of herbs should be primarily harnessed to solve their health problems and secondly to use in Pharmaceutical companies.

14) Good roads should be laid in tribal villages and also safe drinking water supply should be provided in the tribal areas regularly.

15) Addiction is one of the major problems which have directly affected the health of tribal people. Thus, the government should launch campaigns to make addiction free communities. Again the government should stop issuing permits to wine bars near tribal localities.

16) Role of women is important in economical set up of the tribal communities. Tribal women should be imparted some professional education and also some financial aids should be given to propel them to start their own business or cottage industry. If the financial condition of these tribal families is improved, its positive impact could be seen on the health scenario of the Korku tribe.

17) The number of Rural hospitals, Primary Health Centers, sub centers, flying squads and Arogya Sevaks in tribal areas should be increased to make Health system in tribal areas more effective. Thus more readily health services could be reached out to the door steps of the tribal communities.

18) The posts of the Medical officers and Health employees in tribal areas should be increased as against the population of the tribal areas. The vacant posts should be filled up immediately and their residential facilities should be made available in the villages or within the ambit of the Health centers, so that tribal people could get health services immediately when required.
19) To mitigate the health problems of the tribal communities, Non Government Organizations engaged in social work should be encouraged by giving them financial aids to work in tribal areas. The government should also keep watch on their work.

20) The regular tours of the higher authorities such as government secretaries, Commissioners etc should be regularly organized to review the development works in tribal areas.

The present topic has been widely researched upon in different regions in our country. But the condition of every region is not similar. Health problem is one of the core problems that are faced by the tribal communities. But to understand its pervading limits, comprehensive research should be made on it through different branches of knowledge. Every tribal community has its own cultural milieu. The cultural environment directly affects the life style and health. Culture is an indigenous way of leading life. Thus, the culture has undeniable and close impact on the health problem of people. The present research aims simply at highlighting the health problems of Korku communities. The health problems of Korku community are serious and deserve immediate attention of the government, different government agencies and social organizations are made. The present research taken up through a specific direction also attempts to suggest the measures which should be taken up to eradicate the problems. Taking up the sociological study of health problems of Korku tribal community as a parameter, the health problems of other tribal and deprived communities should be discussed and appropriate solutions should be suggested to solve those problems. And efforts should be put into praxis these solutions, so that health problems could be minimized and their participation in the development works would be enhanced.

Limitation of the study:

Due to certain limitations, the research work is to be done through working in a certain frame. Hence, limitations of the present study became consequential to mention. In view of the subject titled “sociological study of health problems of the korku tribal in Melghat sub-division”, only korku community from Melghat and Melghat region existing health services departments are included in this study. When the study is continued with reference to the health problems of the korku tribe it is
observed minutely that most of research work regarding these tribal community is went in the direction of studying tribal development schemes, its effects; and way of action as well as political and economical aspects with emphasis. But in the health problem of tribal their social traditions, customs and rites seems to be one of the major affecting factors which never have been the part of available research till now. Present study could not be verified against the whole Melghat field hence, other related researches are taken as base for this research work.

1) No other tribe except Korku is taken for the present study.
2) The study is restricted only to the Melghat sub-division of Vidarbha.
3) Only health problems are taken and focused for the study.

“**A SOCIOLOGICAL STUDY OF HEALTH PROBLEMS OF KORKU TRIBAL IN THE MELGHAT SUB-DIVISION**”

**Interview Schedule**

**Section I**

**Study of Personal and Family Information**

Name: -------------------------------------------------------------

Village: --------------------Ta: ---------------- Dist ----------------

1) **Age group**
   a) 20 to 30 yrs  
   b) 30 to 40 yrs  
   c) 40 to 50 yrs  
   d) 50 to 60 yrs  
   e) above 60 yrs

2) **Marital Status**
1) Marital status
   a) Unmarried
   b) Married
   c) Devours
   d) Widowed/Widowers

3) Educational Status
   a) Illiterate
   b) primary
   c) High-school
   d) Higher-secondary school/Diploma
   e) Graduate

4) Gender
   a) Male
   b) Female

5) Religion
   a) Hindu
   b) Christian
   c) Buddha
   d) Other

6) Clan
   a) Mawasi
   b) Bawriya
   c) Ruma
   d) Bodoya
   e) do not know

7) Dialect
   a) Korku
   b) Marathi
   c) Hindi/Nemali

8) Type of family
   a) Nuclear family
   b) Joint family

9) Family members
   a) 1 to 4
   b) 5 to 7
   c) 8 to 10
   d) more than 10

Section II
Study of Cultural and Economical status

10) What is marital (nuptial) age in your community?
    a) 10 to 15 years
    b) 15 to 20 years
    c) 20 to 25 years

11) Do you pay vows and sacrifice animal?
    a) Yes
    b) No
12) Do you believe in magic?
   a) Yes                    b) No
   If yes why?
      a) It cures diseases
       b) It words of nature
      c) It bring financial benefit   d) all

13) Do you try to worship dead ancestral/ propitiate supper natural power?
   a) Yes                   b) No

14) What type of costume do you wear?
   a) Traditional           b) Modern
      (pant+shirt/salvar+kamij)   c) Shirt + pajama / sari + blouse

15) How many costumes do you wear throughout the year?
   a) One dress               b) One pair of dress
      c) Three dress            d) four dress and more than 4

16) Are there any instrument is available for your recreation?
   a) Yes                      b) No
   If so which?
      a) Radio
      b) Tape recorder
      c) T.V.                     d) Mobile Phone

17) Do you have domestic appliances or vehicles and any machine?
   a) Yes                       b) No
   If so what?
      a) fan
      b) stove
      c) sewing machine           d) Bicycle
      e) Motorbike/Auto/Tempo.

18) What is your occupation?
   a) Framing                   b) labourer
      c) self business/trade     d) service
      e) other

19) How many days do you have work?
   a) Near about three months b) Near about six months
      c) Near about nine months d) Not applicable
20) What is your family annual income?
   a) Up to 10000 Rs  b) 10000 to 20000 Rs  
   c) 20000 to 30000 Rs  d) above 30000 Rs

Unite III
Study of Food habit & physical cleanliness

21) What is your staple diet?
   a) Vegetarian  b) Non vegetarian

22) If you are non vegetarian, daily take meat?
   a) Regularly  b) irregularly

23) What are the items in your daily diet?
   a) chapatti + dal + rice + curry + salad + sweet.
   b) chapatti + dal + rice + curry
   c) chapatti / rice / bhakri + curry
   d) chapatti / rice /bhakri + chutney

24) Do you have sufficient amount of meal to eat every day?
   a) Yes  b) No
   How many days in a year?
   a) Throughout year  b) near about 9 months
   c) near about 6months  d) near about 3months

25) Have you benefit of government food distribution schemes regularly?
   a) Yes  b) No
   If not, why?
   a) Fair price shops are closed is closed  b) Grain is not available
   c) Available grain is not of good quality  d) Not applicable

26) Do you feed ill person according to illness?
   a) Yes  b) No

27) How much food do you offer to pregnant women?
   a) As usual  b) Less than daily meal  c) More than routine meal

28) Which food items do you offer for mother after delivery?
a) sawriya flower curry           b) soji of kodo/kutki

c) kanji of mahuva + Jawar chapatti  d) daily food item

29) Does the mother breast feed yellow milk an infant just after birth?
   a) Yes           b) No
   If not, why?     a) It is not in custom
   b) milk is bad   c) do not know

30) Do you offer supplementary food to the child after six month?
   a) Yes           b) No
   If not, why?     a) Lack of knowledge  b) Lack of supplementary food

31) Which instrument is used to cut the umbilical cord of new born baby?
   a) New Steal blade  b) old sickle/knife/ blade
   c) instrument which is made from tree

32) Do you take drink (Siddu)?
   a) Yes           b) No
   If yes why?      a) As a tradition  b) To release fatigue  c) to satisfy hunger

33) Do you have an addiction?
   a) Yes           b) No
   If Yes of which? a) Bidi/ optimum / Marijuana
                    b) Tobacco      c) Ghu

34) How is your drinking water?
   a) Fresh water   b) Salty/saline water  c) Mixed

35) How much water do you use daily?
   a) Up to 20 lit.  b) 21 to 40 lit.
   c) 41 to 60 lit.  d) Above 60 lit.

36) What is your water source?
   a) Govt. tapping connection  b) Well
   c) River/ Brook/Ponds/ Lake  d) Hand pump / bore
37) Is drinking water is enough and regular?
   a) Yes         b) No

38) Do you purify drinking water?
   a) Yes         b) No
   If not, why?
       a) Lack of information       b) Water becomes tasteless and smells is foul
       c) Medicine for purification is not available.

39) What do you use to wash & clean your teeth daily?
   a) Only water      b) charcoal/ash/neem or babul tree
       c) tooth powder/past

40) Do you have a bath daily?
   a) Yes         b) No
   If not, why?
       a) No inclined           b) shortage of water

41) Do you wash your costume daily?
   a) Yes         b) No

42) What do you use to wash it?
   a) Only water      b) traditional herbal product
       c) detergent powder / soap

Section IV
Residential condition and cleanliness of surroundings.

43) What is your residence?
a) Own house      b) Huts at farm      c) govt. housing scheme

44) How is your house?
   a) Hut of straw and  b) Of mud and tile
   c) Of mud and teen  d) Of cement concrete.

45) How many rooms are there?
   a) One room     b) Two
   c) Three room    d) four / more than four

46) How many windows are there on the walls of your house?
   a) Not a single     b) One
   c) Two              d) Three more than three

47) What is lavatory arrangement in your house?
   a) Only kuccha bathroom b) Only pukka bathroom
   c) kuccha bathroom + latrine  d) Pukka bathroom + latrine

48) What is an arrangement for dirty water from your house?
   a) In backyard b) in ditch/mud savage line
   c) Enclosed cement pipe

49) Have you pet animals?
   a) Yes     b) No
   If so which?
   a) Hen     b) Goat
   c) Caw – buffalo/ bullocks

50) What is an arrangement of sheltering of your pet?
   a) In house     b) in yard
   c) Separately out of house   d) Not applicable

51) What is an arrangement for daily wastage?
   a) Make a heap indoor b) make a heap in campus / yard
   c) Make a heap in a cattle-enclose

Section V
Awareness of Health and Health Schemes
52) According to you who is a healthy person?
   a) One who eat more   b) One who is fat
   c) One who is thin   d) One who does not tired.

53) Why we fall ill?
   a) Curse of god/evil soul   b) lack of food
   c) Lack of safe water   d) Do not know

54) Whose help do you seek to diagnose a certain disease at first?
   a) Doctor   b) Bhumka / Padyal

55) Within 12th month, is there any person was ill in your family?
   a) Yes   b) No
      If Yes due to?
      a) General disease like fever/cough/headache/skin eye
         b) Chronic diseases like T.B./cholera/typhoid/malaria/dengue

56) Is any member is dead in last year?
   a) Yes   b) No
      If yes, due to?
      a) During labour pain/still borne   b) During treatment of chronic disease
      c) Due to snake biteing/burning/suicide/accident   d) due to old age

57) Do you enter the name of your family member in birth – death government record?
   a) Yes   b) No

58) Do you know the symptoms of malnutrition?
   a) Yes   b) NO

59) According to you, anyone has benefit of government scheme to stop malnutrition?
   a) Yes   b) No
      If yes how?
      c) Both.

60) Do you have you got all benefit of government health campus?
   a) Yes   b) No
      If not, why?
a) Lack of information  b) Corrupted medical manpower

61) Where does the child birth take place?
   a) At home       b) At hospital

62) Do you take help of Dai?
   a) Yes                   b) No
   If yes where?
   a) At home              b) At hospital

63) How many attempts of delivery a woman performed generally?
   a) two/three                   b) four or more than

64) Which aids are used in to keep safe distance between children or for non pregnancy?
   a) Traditional aids            b) Modern aids
   c) Not any                   d) Not applicable

65) Do you perform family planning operation?
   a) Yes                     b) No
   If not, why?   a) Due to fear                     b) Do not believe
                   c) Not applicable.

66) Have your family member attempt all vaccination in particular time?
   a) All                     b) some
   c) Do not know           d) not applicable

67) Is there conducted the programmed for malaria annihilation in your village?
   a) Yes                     b) No
   If yes how?
   a) Spread mosquito spray       b) distribute preventive tablets
                   c) Only guidance                   d) all

68) Which government health facility is available for your village?
   a) Rural health center              b) Primary health center
                   c) Sub primary health center       d) Mobile health team

69) What is the distance between health center and your residence?
a) up to 5 km  
b) up to 6 to 10 km

c) up to 11 to 15 km  
d) more than 15 km.

70) How is a patient rushed / carried to health center for treatment?
   a) A foot  
b) By bicycle/bullock cart
   c) Motorcycle/auto  
d) Ambulance

71) Is doctor, nurse is available at govt. Health center?
   a) Yes  
b) No  
c) Sometimes

72) Do the patients receive required medicines free from the Health Center?
   a) Yes  
b) No

73) How is patient treated at govt. Health Centre in severing condition?
   a) Diagnosing and admit till complete recovery
   b) Admit till some relief and then discharge
   c) Often recommended going to a private one

74) Do you take medicine as prescription?
   a) Take till complete recovery  
b) Take till get timely relief

75) Is doctor guide patient about meal, medicine and addiction?
   a) Yes  
b) No  
c) Whenever

Thanks!

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