Experiences have show that it is hard to induce people accept new practice. It requires systematic efforts and simultaneous attention to a number of variables social, psychological, economic, administrative, technological, political etc. Some among the important variables those are relevant to influencing health awareness and problems.

Every individual, through years of experience, has built up a perception of himself and the world around him. While the perception cannot be directly observed, it can be inferred from behaviour. Perceptions usually guide action. For example, a person who has an image of latrines as filthy and smelly automatically rejects a personal to build one in his house. Village people who see hand-pump as devices that will be in constant need for repair cannot be easily persuaded to accept an improve water supply scheme using such pumps. Similarly, something that is not perceived by the individual does not exist for him. Many individuals and community do not perceive a link between health and current sanitary practices and therefore see no reasons to modify existing practices.

Therefore, present study has been conducted to render meaningful analysis of social-demographic features of schedule tribe families, to explore the socio-economic, psychological and cultural factors related to health and problems to identify various health problems, to study the opinions, believes and practices in relation to present health services and barriers in obtaining them and understand the various issues of Health education to promote the health status of schedule tribe families.

Attempts have also been made to highlight the influence of socio-
economic and cultural factors on health awareness and problems of schedule tribe families, their present status of health, their perceptions, beliefs and minimum use of present health services. Various health problems which we observed during investigation were also highlighted and various issues of health education among studied area were also considered in this study.

Though many studies have been conducted in different parts of the world such as in America (Anderson, Suchman) and U.K. (Kosa) to understand health status and problems, rarely any such study has been undertaken in our country, especially in scheduled tribe families more so on socio-economical and cultural aspect. Moreover, the result of other studies may not be applicable to our country because of wide difference in social, cultural aspect and availability of medical care services.

It is clear that there has been an increasing demand for health and family planning services in our country which has been raised sharply during the past five years. It should be broadly accepted that the health care is equally important as a social problem relating to maternal, child health and family planning.

Thus there is an urgent need to build up the required facilities and follow-up services; if this matter is delayed it may result in serious social consequences in terms of I.M.R., M.M.R., morbidity and mortality and other social problems.

In nutshell, the health status and problems of human being is largely affected by the environment conditions, economic, social and educational status, religion, customs, superstitions and last but not the least the availability of health services.
The present study was conducted in 300 schedule tribe families residing in Talbehut Tahseel, Lalitpur District. These segments were characterized by poor socio-economic health status of .Schedule tribe families. Therefore, it was found very appropriate geographical area. For the study, 300 families were selected on the basis of simple random sampling due to constraints of time, money and other resources; it was not

The whole study was divided in to chapters which were given below:

1. First chapter deals with introduction and objectives of the study.
2. The second chapter will review of pertinent studies relevant to the topic of the study.
3. The third chapter deals with research methodology.
4. Fourth chapter deals with socio, economic and demographic features of the respondents.
5. Chapter five discusses about the health status of the respondents.
6. Sixth chapter review on awareness, attitude and utilization of various health programme among of the respondents.
7. The chapter seven reviews the effect of socio-psychological and cultural factor on schedule tribe families.
8. The eight chapter deals with various health problems among of the respondents.
9. Chapter nine discusses the various issues of information, education and communication about health among scheduled tribe families.
10. Chapter ten provides conclusion and limitation of study.
It is hoped that this work will be some use of the health administrators, epidemiologists, sociologists, demographers, policy makers and too many other who are working on the subject. It gives wealth of information for any body who attempts to undertake similar kind of field investigation in future days of come. The results observed in this study would possibly help the health planners and policy makers in organizing family health care, utilization of health services and proper health planning as well as this will provide sufficient knowledge for developing a process of delivery of health care in areas predominantly inhabited by schedule tribe families in the state of U.P.. As valuable for this region of the state where numerous development programmes are being launched by the government. These results will also be useful in formulating alter nature approach strengthening health programmes to achieve goal of “health for all” in the region.