CHAPTER I
INTRODUCTION

1.1 Introduction

Health is vital part of development of an individual and community and for a country’s socio-economic development. Health is defined by the WHO (World Health Organization) as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”. It is more particulate that Public Health is a science as well as an art of ensuring health by avoiding disease and extending human life through the sequence of planned efforts of a society (WHO).

The health care practices claimed the health of mother and her baby under the new facet of reproductive healthcare measures. Women's reproductive health is now getting significant attention in the government point of view as well as various NGOs globally. As a developing country, in India the health condition is generally poor, mainly that of women’s health when it relates to reproductive health. The conception of ‘reproductive health’ can be considered from various features and women suffer from reproductive problems in the multicultural setting of India. The current study pays its attentions on deployment and availability of reproductive health care practices and the issues involved in mother’s health during reproductive process among the tribes. In this sense the study may have significant contributions to formulating policy and improving the level of attention on reproductive health
care infrastructure to the tribes and ensuring quality services. In addition to reducing the fertility by providing incentives to the tribes, it is also necessary to create awareness to realize the vitality of reproductive health among them.

1.2 Conceptual background

1.2.1 Reproductive health

Reproductive health is stated as the diseases, complaints and conditions that influence the working of both the male and female reproductive organs during all phases of life. Issues of reproduction are plenty including birth flaws, developmental disorders, poor birth weight, pre-term birth, reduction in the fertility, the cause of impotency and disorders during menstrual cycle. Research attempts have revealed that the environmental pollutions may cause a greater degree of reproductive health problems. Many studies are associated with poor rate of ability in the fertility by men and women, while mercury acquaintance has been connected with birth deficiencies and many neurological disorders. A mounting body suggests that revelation to endocrine disruptors, compounds that seem to upset hormonal activity among humans. The electrical and magnetic waves due to using too many technological devices in the air may subsidise various problems with fertility, pregnancy, and other aspects of reproduction.

1.2.2 Definition of Reproductive health

Reproductive health can be simply defined as mother’s physical and mental well-being from pregnancy to lactating period. Reproductive health
covers before and after the years of reproduction and it is closely connected with socio-cultural factors, the roles of gender and the concern of human rights, and personal relationships. International Conference on Population and Development (1994) defined reproductive health as “a state of complete physical, mental and social well-being and not merely absence of disease or infirmity, in all matter relating to the reproductive system and its functions and processes”. Therefore Reproductive health infers that people are enabled to have a happy and safe sex life and so that they can have the ability to reproduce and enjoy the right to decide if, when and how often it is.

1.2.3 Reproductive health care among Indian tribes

Tribes have their own unique culture and social practices to treat various illnesses. They have considered that the cause of illness or disease is related to his/her actions in their social life and to the atmosphere where he/she is living. Disease cannot be seen as it’s from social-cultural-environmental context. Tribal communities possess unique health care approaches concerning the acceptance and rejection of modern medicine. They have retained much of their traditional health care during pregnancy and post delivery period. A tribal woman and her traditional health care is mutually related based on her trust, her responsibility, her charity, her power in the family and respect from which she is expecting more than any treatment (Ali, 1994). It is also observed that, among tribal population reproductive health is comprised of paranormal philosophies related to
sickness followed by the treatments, solid traditional medicine men or shamans’ role, their communal involvement in those traditional treatments, mixed intrusions of traditional and conventional modern health care treatments (Chaudhuri, 1994). It has been observed from a recent study that there is a keen inclination among the tribal women towards modern medical facilities if accessible (Kumar, 2007, Chanu, 2010). WHO (1978) also recommended that some traditional medical possessions, such as some plants which is having medical capability could be used after an assessment where the useful resources should be derived and those are considered as injurious to health should be rejected. Traditional tribal social-religious practices also can adversely affect the reproductive health of the tribal women as well as tribes’ general health, such as alcohol consumption during pregnancy (Salehin, 2012). In the past few decades with the increase data about the life, style, pattern and culture of tribes, the researchers in the social work are taking much interest in ethno-medicinal research studies. Many studies have been conducted, especially about various rural and tribal communities in all over India. Dash and Dash (2003) have witnessed that a plenty of species are treated as traditional medicines, and they are overriding in the whole tribal society. Ray and Sharma have made an explanation of ethno-medicinal thoughts, beliefs and practices predominant among the Savaras, a notable Tribal community in the state of Andhra Pradesh during their study conducted
in 2005. Kumari (2006) has given an idea regarding the role of folk medicines in curing the illnesses and diseases among the tribes of Sauras in Jharkhand.

2.2.4. Tribes’ Scenario in India

According to the 2011 census, the total population of tribes in India stood at 72,147,039, with 36,137,975 males, 36,009,055 females, and having a sex ratio of 996 females per 1000 average. As per the 2011 Census of India, Scheduled Castes and Scheduled Tribes accounted for 20.01 percent and 1.10 percent of Tamilnadu's 72 million populations.

About 104 million people in India are members of Scheduled Tribes, which accounts for 8.6 % of India's population (according to the 2011 census). Many Indians belonging to these populations adhere to traditional Indian tribal religions, often syncretized with one or more of the major religious traditions of Hinduism, Buddhism, Islam and/or Christianity and often under ongoing pressure of cultural assimilation. In keeping with the nature of Indian religion generally, these particular religions often involve traditions of ancestor worship or worship of spirits of natural features. Tribal beliefs persist as folk religion even among those converted to a major religion.

The largest and best-known tribal religion of India is that of the Santhal of Orissa. In 1991, there were some 24,000 Indians belonging to the Santhal community who identified explicitly as adherents of the Santhal
traditional religion in the Indian census, as opposed to 300,000 who identified as Christians. Among the Munda people and Oraons of Bihar, about 25% of the populations are Christian. Among the Kharia people of Bihar (population about 130,000), about 60% are Christians, but all are heavily influenced by Folk Hinduism. Tribal groups in the Himalayas were similarly affected by both Hinduism and Buddhism in the late 20th century. The small hunting-and-gathering groups in the union territory of the Andaman and Nicobar Islands have also been under severe pressure of cultural assimilation.

1.2.5 Palliyan tribes in Tamil Nadu

The tribes in Indian are having their own unique style of life with diversification of nature and people. With respective of the extreme poverty of the multitudes, the tribes found the core of the poor. They struggle really with poverty, deprived health, poor sanitary conditions, lack of education and other relevant social issues which are causing a tedious effect on the social culture of the nation. The Five year plans in India framed the operation of a series of activities – sponsored organisations and projects for the improvement of the condition of the tribes living in the backward areas. Many of the tribes in the country with the forest-residence life styles do not have the impetus or the skill of structured civilisation. As a consequence, the tribes’ lands have been estranged to their better skill tribes’ neighbours or non-tribes. There are many research studies conducted towards tribal studies in India
based on their economy, their land alienation, their socio-economic development, their culture, problems and the like.

Palliyan are also known as Palliyar, Poliya, Palleyan, Palani Makkal, and Malai Paliyar and are divided into two groups. Vana Paliyar and Devya Paliyar. They are of the food gathering communities of Tamil Nadu. It is believed that the Paliyan originally belonged to the Palani hills. The term palliyan or paliyan has originally belonged to the Palani hills. The term Palliyan of Paliyan has been derived from the word palaniyan, which in Tamil language means a man from Palani. They are distributed in the districts of Madurai, Tanjavur, Pudukkotai Tirunelveli and Coimbatore. They use Tamil as a language as a medium for communicating among both inter-group and intra-group. The above tribes are non-vegetarians, but do not take beef and pork. Their staple food grains are rice and ragi. They consume all kinds of pulses and use groundnut oil and palm oil as cooking media. They also eat tubers, vegetables, fruits, milk and milk products, and drink black tea and black coffee. The men and women of this community consume alcoholic drinks regularly. They smoke beedis, cigarettes, chew betel leaves and tobacco and use snuff.

Their life style is very simple and holy. They love to live with nature. Their belongings are limited and they do not have saving habits. Once they lived in rocks and their life style has now been disturbed and witnessed past erosion. Those days the marriage ceremony was very simple and they had a practice of marrying the maternal uncle’s daughter. They will
exchange the groom within their community settled in particular settlement. They rarely search the groom from the other paliyars living in the other parts of the places in the Western Ghats. The same custom is still in practice. In early days, the bride and bridegroom were allowed to start the new life by separating them from the father’s house from the day one wards on by giving gift of small pottery for cooking. The young couple had to accept and to start the new life in the forest.

Figure 1.1 An image of palliyan couple with kid

They used Tharanipoo and perandipoo during the marriage feast and the young woman put the Tharanippu garland as a token of love and affection and a symbol of marriage. Such a system of marriage has been eroded now once the community started mingling with outsiders. But instead of giving mud pot as a marriage gift, now they are accustomed to give goat and cow as
marriage gifts to the bridegroom family. They keep their marriage function simple with an affirmation of agreement through by both the groom and the bride in a festival in front of their invited relatives and neighbours who all are invited.

1.2.6 Rituals in Health care Practices

Their practices and rituals are very different about their health care measures. They approach the diseases with ease and they use their traditional way of curing those troubles. For instance in the case of small-pox, a barricade is drawn around the affected area, and admission to other villages is restricted to all the residents of the infected zone, who at once are isolated from their houses, and camp out for an adequately a length of period. The individual who is suffered alienated with his fate, and no medicine is unveiled to him, as is made-up that the disease is carried on solely by the just discontentment of the god. Suppose any snake-bite to the tribal, they are always taken with them certain medical leaves (naruvalliver), which they treat to be a very efficient remedy to that cause. But it is ensured that Paliyans are very famous by their knowledge in the use of various herbs and roots in curing various diseases.
1.2.7 Hunting

Hunting is another special feature of the Palliyan tribes. For instance, their hunting on the pig are critically acclaimed. They dig a large pit and cover it with leaves and make a big stimulus. By acting like animals caught in it and attract the pigs. Another way is to make a node on a high floor, where the other tends to lean on a fork as it skilfully leans, which is fixed by a strong rope that at least the movement does not fly a bird like a fork, while the platform and the stones fall down quickly. The string to protect the lever is arranged to loosen itself in the slightest touch, and the affected victim cannot
lick the inspirational foods without having to weigh it all over the weight. The way they catch the hares and wild fowls are really very rightful to witness.

**Figure 1.3**

*Dense forest of the tribes region*

For that they have use traps for catching those smaller animals. They raise the smoke around the trees and their places to catch them. Hunters catch up when their prey leave the habit of suffocation. As a tribute to the god they worship, the first drop of the blood of their hunt will be dropped of the statute of god. The meat hunted from the play must be shared between the families of hamlet. The other parts of the hunted animals like skins are valuable and are kept for the exchange of other products which they need for their day to day life. Fishing from the river and other short water bodies is also another way
for their regular income. The method for getting fish involves in tossing leaf removed creeper with rough fashioned hooks into the water.

1.2.8 Stabilizing their Regions

In the 1980s, massive riots broke out in central Tamil Nadu between the tribal community and landowners. Since then, till today a majority of these tribes have not been granted Scheduled Tribe Status. The struggle for a brighter future for these tribes continues to be a long and arduous journey. Palliyans, the aboriginal tribes, live in the clad of the Western Ghats falling in the District of Theni. Palliyans are scattered and unorganised group who are all used to live as a smaller group in the foothills. Poolavaadi, Puliyaampatti in the hills of Palani in the Eastern Ghats is the origin of this tribe. Palliyans live as isolated groups. They used to live in rock crevices and caves. Palliyans in Virudhunagar and Madurai districts are mostly settled in the hilly areas of sathuragiri-, ShenbagaThoppu, Thanipparai, Aththikoil, Ayyanarkoil, vinobanagar, in Pilavakkal Dam, Vallimmanagar etc. They are short in physique and black in colour, with curly hair, thick lips, broad and flat nose. Tamil is their mother language. In the ancient time, the ancestors of Paliyans lived with nature and settled as a small group in the interior forest. In the earlier days, these tribes lived in small cave like structures called Kalazhais and later on constructed a small hut in the forest. They are now settled in the footsteps of the hills and used to venture into the forest on several occasion for collection of minor forest produces and medicinal plants
and herbs. Their life is very simple and well contended and they do not have saving habits. Palliyans are chased by the outsiders to parade on their nature. They were once hunters and nomads. Only in early 50s, they exposed their life to the outside world and also started to wear limited clothes. Their dress code is very simple. Earlier Palliyans were, nomadic and later period Palliyans were semi nomadic and the present Palliyans are settlers. Nomadic Palliyans do not build houses. However for a short while they would line in rock cave called “pudai”. The Palliyans who are able to travel little bit, build temporary houses and limit themselves to small territories.

**Figure 1.4**

**A Palliyan Hut**
The huts are mostly dark without windows and with no other facilities for ventilation. Paliyans living in Cumbum, Bodi, Varusanadu and Cudaloor areas of Theni are mostly settled in the hilly areas of the Western Ghats in Varusanadu which is known for legendary and religion. It is a remote hill located at the eastern lateral of the Western Ghats. This hill range is an off ranged one which is connected to the Western Ghats through the Kodaikanal hill in the north. It is known for Siddhas date back to 5AD. It was also referred in Ramayana. It was believed that while the god Hanuman was carrying the Sanjeevi Mountain for the treatment of Lakshmana, a portion of Sanjeevi Mountain was dropped comprising all the rare medicinal plants.

1.2.9 Customs and Rituals

Palliyans are relatively nonviolent, peace loving and innocent tribes. They have been living a nomadic life from time immemorial. The men were half naked and used to put on the dotti around the waist and the used ones of the men were then worn by women. The habit of wearing the sarees and other modern dresses found in their changed life style only in the later period having been exposed to the outside world and started to settle down in the foothills. The ancestors of paliyans used to eat vallikizhanku and hunt animals for food. They worship Goddesses Ananthavali and vanadevadai. The tribal offer prays to the vanadevadai in the interior forest. They also worship a powerful god which they believed strongly called as ‘Karuppan’ by trekking to a remote region of the forest along with their families. They still believe
that these vana devada protects their family. Adi amavasai (an auspicious day for the Hindus) is an important festival that is celebrated with more ritual and gaiety. Fifty years before the Palliyans were permitted to do poojas other spiritual practices, but today their rights have been stripped off due to the caste Hindus of the plains, though the tribal community is having the habit and celebrity of venturing to in the interior forest with family members and offer poojas.

1.2.10 Life Style

About 50 years before they have the habit of wearing limited dresses. Male tribes were semi naked and used to wear dhoti and the females were covering their bodies with the sarees by the old dhotis used and handed over by their husbands. Only in the recent days they started have wearing a complete saree and other modern attires with the effect of changing life style. It is happened after they have been exposed to the other side of their world and they have started to settle down in the plain valleys.
Their life style is very simple and sacrosanct. They love to live with nature. Their belongings are limited and they do not have saving habits. Once they lived in rocks and their life style has now been disturbed and witnessed past erosion. Those days the marriage ceremony was very simple and they had a practice of marrying the maternal uncle’s daughter. They will exchange the groom within their community settled in particular settlement. They rarely search the groom from the other palliyans living in the other parts of the places in the Western Ghats. The same custom is still in practice. In early days, the bride and bridegroom were allowed to start the new life by separating them from the father’s house from the day one wards on by giving gifts of small pottery for cooking materials. The young couple had to accept and to start the new life in the forest. They used Tharanipoo and perandipoo
during the marriage feast and the young woman put the Tharanippu garland as a token of love and affection and a symbol of marriage. Such a system of marriage has been eroded now once the community started mingling with outsiders. But instead of giving mud pot as a marriage gift, now they are accustomed to give goat and cow as marriage gifts to the bridegroom family.

1.2.11 Livelihood

The hunters have now become gatherers. Their knowledge on medicinal plants is extraordinary and has a rich expertise about herbs. They used to collect the medicinal plants from the interior forest. Their rights on forest and their present with nature are to be relooked as they have been conventionally defending and sustaining the forest resource for supportable purpose. They collect honey from the branches of towering tall trees and rock caves skilfully. A research study identified of 134 medicinal plants in the Palliyan tribal area which are used by them to treat common diseases such as cold, cough, head ache, snake bites, poisonous insect bites and digestive disorders.
1.3 The problems tribal face:

Over the past three decades, the international tribal communal has been persistently trying to lure the care of the world’s leading associations to save them from perpetual miseries. There are about 300 million home-grown people in 70 countries (Beteille, 1998). All they come together to pursue help from the UN to ensure an end to their poverty which they perceive as well as to social discernment against them. In reaction, the UN has made some constructive decisions, as a series of measures in the name of ‘Declaration of the International Decade of World’s Indigenous People’. These programs such as this were aimed at establishing international collaboration on the
solutions to the issues of tribes in the areas of environment, education, health, development and human rights.

The World Health Organisation (2000) has stressed that ethnic people have greater rates of infant mortality, lower life expectancy and more cases of chronic illness than the non-indigenous people in their own countries. It is disputed that the native people are among the poorest of the poor. They are suffer from high discrimination between the non-tribes and lead a life of despair and deprivation. The development treatise needs to focus on finding an effective approach to alleviate these problems. It should be recalled that problems faced by Indian tribes can be majorly divided as poverty and unemployment. The other problems like health and social oriented nakely lack of education, requires a greater understanding by carefully taking into account the intensity of those problems.

The Indian tribes are geographically scattered and alienated from the rest of people. The tribal are managed to live in the remote physical areas such as deep valleys, dense forests, hills, mountains, and the like. It makes them to face difficulty in maintaining relationships with others, therefore they are far away from the urbanized people. These kinds of physical and social segregation or isolation have backed to various problems to the tribes. (Pranav Dua, 2011).
1.3.1 Cultural Problems

The tribal culture is completely changed from the life style of the other civilized people. By having suspicious feeling on the civilized people, they are adhering persistently to their beliefs, myths, customs and traditions. In the British tenet few overseas Christian missionaries tried to spread their religion aspects among some of the tribes, more particularly in the North-Eastern outlying areas, even today also such practices going on. Along with Ramakrishna Mission, R.S.S, the Vishwa Hindu Parishad and other associations are trying to spread the myths of Hinduism in the tribal areas. These discriminated and dissimilar hypes among the tribes have created a higher rate of agony for them. The cultural gap between the civilized and the
tribes is getting in the way of the adaptation and integration of the tribes into the conventional stream of the common life in the country.

**Figure 1.8**

A cave

### 1.3.2 Social Problems

The tribes have their own peculiar individual problems as well. They are very traditional and bounded with lots of customs and rituals. They turn into the victims of abnormal beliefs, unfashionable and meaningless activities and harmful traditions. Infanticide, child marriage, animal sacrifice, homicide, exchanging their wives among them, black magic and other destructive practices are still followed by them. They have a strong belief in ghosts and other negative spirits. They are very intense to follow all these practices in their day to day life. They are quoted “the tribal are the tribesmen first, the tribesmen last and the tribesmen all the time”.

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1.3.3 Economic Problems

The tribal people are still economically the poorest in India. Majority of tribes are below in the poverty line. The tribal-economy is purely based on agriculture and depends on the forest products. The concerned economic problem of the tribal is about 90 per cent of them are involved in cultivation and obviously most of tribes are landless and they are practicing shifting cultivation. They lag far behind in using new methods and technologies in cultivation. Due to poor yield from their cultivation, their economic holdings are also very poor.

1.3.4 Educational Problems

Illiteracy is another major issue of the tribes. More than 80 per cent of them are illiterates. The rate of literacy among them has increased from 0.7
per cent in 1931 to 11.30 per cent in 1970 and to 16.35 per cent in 1981. It indicates that more than three out of four tribes are uneducated. They have shown no much interest in the formal education. Many of them are not aware about education profile, school details, college courses, university set ups, degrees and diplomas. They have no intention to make their children to study. They do not encouraging them to go schools and other educational set ups. Since the tribes are poor, they are treating education as a luxury element for them. As a result of that the tribal children also engaged to do undertake the agricultural activities, or else they are encouraged to collect forest products for selling by that ensuring sum of money as an income to their family. The poor illiterate tribal parents are do not bother about their responsibility to send their children to schools for education.

**Figure 1.10**

**Condition of a House**
1.3.5 Language Problem

The language for communication is another hurdle for promoting the education in the tribal region. The tribal languages are difficult to understand for the stranger as they do not have a definite script. Their medium of instruction is created by their own, and the tribal children are asked to learn things in a different language which is so far from them. It is another point to be that the number of teachers from the tribal community is very less, so that the communication in the schools seems to be a consistent problem among the teachers and the students.

1.3.6 Health and Sanitation

The tribes are not ready to accept modern initiatives in the health and sanitation due to the poor level of education and the ignorance. They are not bothering about the measures for their health. Their awareness on the causes of diseases is very pathetic, that they believe that poor spirits and ghosts are the reasons for their diseases. They are following their own out-dated methods of diagnosis and cure. Most of the tribes are the victims to the diseases of forest fever, typhoid, skin disease, T.B., malaria, leprosy, venereal diseases and so on.
1.3.7 Health Issues

The scheduled tribal live in their own living style in the remotest of the forest places and are nervous about mingling with plain culture and hence suffer health hazards they suffered of health hazards due to the lack interaction with others. Diseases like Leprosy, skin disease, tuber culosis, anemia and diarrhea are common diseases to them. Among the tribes more than 90 per cent of them facing health vulnerabilities related to reproduction, pregnancy and poor nutrition. The expenditure in this case is very high among the tribes than the non-tribes.
The infrastructure related with health care is very poor to the tribal including lesser number of primary health care centres, poor availability of medical professionals, and lack of transportation to the health care centres which lead them worst rate of health care of them. In some places though the facilities are available, the tribal are to be in the same fashion to follow their tradition treatment. The World Health Report (2000) has hence emphasized significance of delivering the health services, insisting of creating awareness about hygiene, sanitation and the infrastructures to them. It highlights more on the part of interventions that indirectly removes the chronic poverty. It is further needed to make cultural average to improve the habit of maintaining hygiene activities and maintaining health.
1.3.9 Education for Tribes

Increasing rate of literacy level is the important indicator of any social group for their socio-economic development, because the employment opportunities are depended on the level of education relatively.

There is a reasonable gap between the literacy level of the tribes and the overall literacy level. As per 2011 census the general literacy rate in Tamilnadu is 79.45 per cent, hence the literacy rate of the tribes is 41.53 per cent respectively.

The rate of female literacy is little worse compare with the overall female literacy, due to the higher rate of dropouts among the tribal girls. Therefore the state government has been putting more insistence in
implementing various strategies to promote awareness on the education of tribal girl children. Several strategies are taken by both the state and the central governments to increase the level of literacy among the tribes.

1.3.9.1 Boys/Girls Hostels for Tribes

The scheme of providing hostels to the ST Girls started in the Third 5 year Plan. It is acted as a handy tool of spreading the interest of education among the ST Girls, who are very poor in the literacy rate that reads as 34.76 per cent in the year 2001, against the 54.28 per cent of general female literacy. In this scheme, the part of assistance is given by the central government to States/UTs for constructing the buildings for new hostels and/or extending the existing hostel buildings. Under this scheme the sum for constructing the hostel buildings is equally shared between the Centre government and the State government in the ratio of 50:50. In case of the Union Territories, the Central Government allows the entire cost of constructing the cost of building. The purposes, ideas and the plan of support of this are same as has been laid for the scheme for general girl’s hostel.

1.3.9.2 Ashram School

This is one of the Central Government sponsored schemes which was started during the year of 1990 and 91. Under this scheme the Central assistances are provided to the States and Union Territories for constructing ashram schools for tribes in India.
1.3.9.3 Vocational Training Centres

The objective of this scheme is to upgrade the skills of the young tribes in different conventional/modern aptitude depending on their educational eligibility, present economic conditions and the market positions, which would encourage the youth to secure suitable employment opportunities or empower them to be self-employed.

1.3.9.4 Scholarships

The purpose of the scholarships is to offer financial support to the students belonging to Scheduled Tribes studying recognized post graduate courses in recognized educational institutions. The scholarship schemes are covered professional courses, technical courses, along with other vocational courses at various levels. This scheme covers correspondence courses including distance and continuing education.

1.3.9.5 Rajiv Gandhi National Fellowship (RGNF)

RGNF Scheme was implemented in the year of 2005-06 with aim of enabling the ST students to avail fellowship while doing their higher studies. The students can get fellowship up to 5 years. The fellowship program is being implemented by University Grant Commission (UGC) on behalf of the Ministry of Tribal Affairs. All the ST students who have qualified post-graduation from any UGC recognized University can avail the fellowship with the proper formalities.
1.4 Tribal Cooperation

The Tribal Cooperative Marketing Development Federation of India Limited (TRIFED) was made up by the Government of India in 1987. The prime purpose of this cooperation is providing marketing support and adequate prices to ST groups for their small forest production and the surplus agricultural products in order to safeguard them from exploitation by the private agents and middlemen.

The above observation indicates the socio-economic background of the tribal, various problems faced by them and Government programmes for the welfare of them. It indicates that there is a gap in studies related to problems in the tribal society at district level. Hence, the present study tries to identify problems faced by tribal and needs of the tribal persons with respective of their health in Megamalai Hills of south Tamilnadu in India.

1.5 Conclusion

This chapter presented an overview of the current study. It elaborated the background of reproductive health care and measures, and portrayed a picture on Palliyan tribes in Tamilnadu. It also provided general profile of tribes, their life style, their problems, and the education facilities available.