

A STUDY ON HEALTH AND HYGIENIC STATUS WITH SPECIAL REFERENCES TO DEORIS IN ASSAM

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ABSTRACT

Health & hygiene status for a group of population is one an important indicator of human developments. It depends upon the physical quality of an environment of some specific region. It is the matter which concern with the Human Development Indices of the S T population continues to be lower than non-tribal populations in term of all the parameters such as education, income, health & hygiene status etc. The tribal peoples are generally living close to nature and, influenced more by the traditional socio-cultural and the environmental dimensions in their lives. Moreover, cultural and social attributes differ from the one tribe to another tribe. This shows the difference between the health, hygiene and demographic behaviors of the different tribe groups.

Deori tribes are one of the plain schedule tribes of the state Assam. Who are likely exhibits certain socio-cultural and the demographic characteristics which are the difference from other tribes & non-tribal populations of Assam. Ethnically the tribes are affiliated to the Indo Mongoloid group and their language is called 'Deori language' which belongs to Tibeto Burman of the great family of the Sino Tibetan language. Actually, Deori tribes have four main divisions namely "Dibongiya, Borgoya, Tengaponiya, and Patorgoya. But Patorgoya group has almost become extinct today in Assam.

In my study, I try to highlight some aspects of health and hygiene behavior of the Deori Tribes of Assam through my paper.

KEYWORDS: *Deori, Mortality Health, Fertility, Hygiene*

INTRODUCTION

Assam where various tribal communities live with other communities. Each community has its own cultural heritage. In Assam there are nine scheduled tribes in some plain districts & Fourteenth tribes in the hills. According to the 2001 census, populations of Assam was 26655528 apart from this total of 3308570 persons were scheduled tribes constituting 12.42% from the total population of Assam. The tribal population in the state was 5.5 lakhs in the 1901 census. Which increased to 8.05 lakhs in 1951. Registering 46.36 percent increases during the last fifty years. But in the next 4 years, the tribal population in Assam jumped to 28.74 lakhs in 1991 indicating the '257' percent increase, while the total population of Assam increased by '180' % during the same period. Actually, the percentage of the tribal population to total population of Assam was increased

from 10.03 in the year 1951 to 12.42 in the year 2001. Among them, Schedule Tribes “Bodo” represents nearly half of the total ST population of Assam is 40.9%, Rabha 8.4%, Sonowal Kachari 7.1%, Lalung 5.2%, Dimasa 3.2%, Deori 1.2%, Miri 17.8%, Mikir 10.7% of the total ST population of Assam. Rests of the scheduled tribes were very small in their size of the population according to the 2001 Census.

The Deori tribes are the one of the plains Schedule Tribe of Assam who has been able to maintain their old culture, tradition, and practices intact in spite of various socio-political tribulations through the ages. Deori tribes were traditionally engaged in priestly activities in the royal temples of the Chutiya (numerically dominant Mongoloid population of the upper Assam) at Sadiya. Ethnically Deori tribes are affiliated to the Indo Mongoloid group their language is called ‘Deori language’ which belongs to Tibeto Burman of the great family of the Sino Tibetan language. Actually, Deori tribes have four main divisions namely “Dibongiya, Borgoya, Tengaponiya, and Patorgoya. But Patorgoya group has almost become extinct today in Assam. Deori tribe comprises four main Khel namely: Tengaponiya, Borgoya, Dibongiya, Patorgoya. Each of the division is termed as goyan/ khel and it is originated from a particular river’s. Actually, the Deori tribe who are living on the bank of river Tengapani, Dibang, Borgong and Patsadia were respectively known as Tengapaniya, Dibongiya, Borgoyang and Patorgoyan. The group of Patorgoyan is not traceable at the present situation. It is presumed that the member of Patorgoyan might have been merged with the other existing Deori groups or with communities. Now only the people of the Dibongiya khel can speak their own language but they are also used Assamese Language and script for the intercommunity communication.

As per 2001 census, the total Deori population in Assam was 41161 in comprising of 20352 female & 20809 were male population. They are mainly found in the districts like Sonitpur, Dhemaji, Tinsukia Dibrugarh, Sivasagar, Jorhat & Lakhimpur.

OBJECTIVES OF THE PAPER

The main objective of my paper is to focus the health status and behavior of the Deori tribe of Assam.

Some objectives are as follows:-

- To focus socio- cultural status of Deori tribes in Assam.
- To measure the mortality & fertility pattern of Deori tribes in Assam.
- To study the health and hygiene behaviors of Deori tribes in Assam
- To study the knowledge of attitude and practice of family planning among the Deori tribe.

METHODOLOGY USED & SAMPLE DESIGN OF THE PAPER

There are mainly Three districts of the state Assam having very high to moderate concentration of Deori population selected as the sample districts. The districts are Lakhimpur, Sunitpur and Tinsukia. Among the three districts, there are 21 Deori villages have been randomly selected as sample villages for deori tribes. A village is called Deori tribes village if the percentage of Deori population in the village is 50% or above. The Total of the 1077 families from 21 sample Deori tribes

villages have been randomly selected for intensive study. Thus the study will be confined into 1077 sample households. The study is primarily based on the fieldwork data to collected from the sample households with the help of series of questionnaires prepared for this study. Apart from the field survey data, I have collected some information from some secondary sources like the census, books journals, statistical handbooks, etc.

FINDINGS

The Deori tribes are predominantly a rural community and most of them are living in rural areas. As per the 2001 census approx 93.9% Deori population of Assam live in rural areas. Deories are mainly agriculturalists in nature and they still depend upon traditional methods of cultivation. About the 78.15% surveyed deori tribe husbands were found purely cultivator. Most of their wives approx 97.12% are just a housewife.

The highest proportions around 69.1% of the sample households are having 5 to 9 family members in their family. Some big sized families having members 15 & more is about 3.6%. The average family size is found at 7.16%.

The sex ratio is to be found 966 females per thousand male which is lower than the total tribal population of Assam 972 and India 978 but higher than the overall sex ratio of the total population of Assam 932 and of India 933 in 2001 census.

The literacy rate of the Deori tribes is not so poor as compare to other communities in the state's male and female literacy rate. The male literacy rate of deori tribe is ~ 71.30% as per the 2001 census and the female literacy rate is ~54.60% as per 2001 census.

I my survey I found that most of Deori tribe houses are constructed by cane, bamboo, and wood. Their houses are four to six feet high from the ground. Which is known as the Chang Ghar. In my study, I confirm that ~82% of the sample households are living in the Chang Ghar. All Chang Ghar is the same pattern. Generally, it's facing towards the east direction. Their houses vary in length according to the size of their family members.

Housing conditions of my surveyed area's population are too far from satisfactory. Most of households do not have their basic amenities of life such as the bricks house, bricks toilets, and the pure drinking water. I have found that only 8.3% of my visited households have bricks house, 23.5% have semi bricks and the remaining 68.2% houses have catch a house. Apart from them, a few economically sound households about only 11% have both the bricks toilet facility in their houses. In the study area, I have not found any public larine facility. A large portion of Deori households approx 16% have to go in open fields and nearby jungle for latrine which are very unhygienic. To measure the personal hygiene pattern among them some factor or indicator such as washing hands before meals, daily brush, daily bath, cutting of nails and cleaning of cloths etc. etc. have been included in the schedule. I have found that in my door to door survey out of the total surveyed population, 58.9% takes regularly bath, 65.6% population have brush their teeth daily. About 70.9% of Deori tribes wash their hands before taking food while remaining of the 29% takes food by dirty hands in the crops field during the plantation which is absolutely unhygienic. During the field study of my sample villages, I have also found that most of families were little conscious of their personal hygiene. Use of drinking glass, common towels, carelessness about handkerchief & hand soiled with nasal secretion were the prevalent practices. Diffusion of infectious diseases could possibly be related to such unhygienic habits of the Deori tribe.

CONCLUSIONS

The findings of my study show that the health and hygiene status of Deori tribes is lower than some other population groups in Assam and national average in many aspects. The major determinant of the nutrition and health status of Deori population is education, income, and awareness. Medical facilities & Education facilities should be increased and some special campaigns should be organized to create awareness about the hygiene behavior among the Deori peoples. It needs to be examined carefully about the problems faced by the Deori Tribes and need-based development program should be implemented with proper monitoring especially in the field of the education sector, economy, and health in priority basis among Deori tribes.

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