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Socio-cultural Aspects and Health Care in Pando Tribe of Madhya Pradesh

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INTRODUCTION

Madhya Pradesh, the largest state of India, possesses 46 different tribal groups and have the largest number of tribal population, (15.4 million in 1991). These tribal groups show a wide variation. These tribes are still deprived of basic health care facilities. The mortality and morbidity conditions of these tribes have been found to be poor and the demographic parameters have been found lagging behind for about three decades. Since, the health care practices of a community are also prescribed by its deep-rooted traditions like beliefs, customs, practices, literacy and prevailing health care facilities, therefore, studies on socio-cultural correlates of the tribe will help to understand their health seeking behaviour which in turn will be helpful to plan interventions to improve their health status.

THE TRIBE

Pandos are principally found in Sarguja district and the joining areas of Bilaspur district. They are grouped with Bharia, Bhumia and Bhuinhar in the list of Scheduled Tribes. They claim descent from the Pandavas of Mahabharata fame. They are totemistic and bear plant or animal names. They are short in stature of .PA light to dark brown complexion with scanty body hair. The tribe is under consideration for the status of "Primitive Tribe" by the Government of Madhya Pradesh. The Socio-Demographic Study conducted by RMRC, Jabalpur, in the tribe has revealed that more than one third (39%) of the Pando households are of Joint type. Average household size is 5.3 persons. The average annual income has been estimated at Rs. 10,210. About 90 percent of the population is illiterate and more than half of the population is engaged in agriculture (57.2%). The sex ratio is 931 females per thousand males. About 38 percent population is below 15 years of age and only 6.3 percent above the age of 60 years. About 15 percent eligible couples were sterilized at the time of the study (Table 1).

Table 1: Socio-Demographic Characteristics

Characters	*Percentage(%) (N=974 H.H.)*
1. Type of household	
Nuclear	61.1
Joint	38.9
2. Average size of the household	5.3
3. Average Annual income	10210.00
4. Literacy (20+)	
Literate	10.0
Illiterate	90.0
5. Occupation	
Agriculture/Ag.Labour	57.2
6. Sex ratio (F/MX1000)	931
7. Population Characteristics	
<15 years	38.0
15-59 years	55.7
60+ years	6.3
8. Couples sterilized	14.9

MATERIAL AND METHODS

The article provides an account of the findings of a project undertaken by the Regional Medical Research Centre for Tribals, Jabalpur in 1996 to study Socio-Cultural Aspects of health care in Pando tribe. The study was conducted in 40 villages. For the purpose of data collections, two schedules, (Health Seeking Behaviour and Fertility Behaviour) were used. A respondent interviewed in the first schedule was any adult member of the household and in the second schedule was a married female of 15-49 years, living with her husband(eligible female).The number of respondents covered in these two schedules was 162 and 173 respectively. A few case studies were also undertaken to supplement the findings. Distances of villages from PHC and their approachability/ accessibility were considered while selecting the villages.

RESULTS

Socio-economic and Environmental Characteristics

Type of House: All the houses are of kuccha or temporary construction and there are two rooms on an average for every household . One room is being used as living room and the other one as kitchen. None of the households had toilets. Open defecation is found to be universal. One point electric connection has been found in few households (14.2%) of two villages (Table 2).

Table 2: Socio-Economic Characteristics

Characters	*Percentage(%) (N=162)*
1. *Type of House*	
Kaccha	100.0
Pucca	—
2. *Number of Rooms in the House (including kitchen)*	
1	18.5
2	55.6
3	13.6
4	8.0
5+	4.3
3. *Place of Defecation*	
Inside the house	—
Outside the house	100.0
4. *Electrification of Houses*	
Yes	14.2
No	85.8
5. *Source of Drinking Water*	
Well	42.0
Hand pump	40.7
River/Nallah	17.3
6. *Keeping of Animals*	
Inside the house	46.9
Outsie the house	36.4
Not applicable	16.7
7. *Fuel Used*	
Wood	98.8
Others	1.2
8. *Washing Hands After Defecation with Water*	2.5
Ash/Soil	93.8
Soap	3.7
9. *Cleaning of Teeth is Essential*	
Yes	90.1
No	3.1
Do not say	6.8
10. *Teeth are cleaned with Sarai + Neem*	96.9
Coal	1.2
Paste	1.9
11. *Daily Bathing Necessary*	
Yes	86.4
No	6.8
N.A.	6.8
12. *While Taking Bath Use*	
Soap	61.7
Ash/Soil	24.7
N.A.	13.6
13. *Washing of Cloths of Regular Use*	
Every day	14.8
Once in 2-3 days	53.1
once in a week	17.3
once in a month	5.6
N.A.	9.2

Collection of Drinking Water: Majority of the households collect drinking water from open well (42%). Although hand pump is available in almost all the villages (40.7%), the villagers are reluctent to collect water from it because of the belief that water collected from hand pumps is not tasty, causes indigestion due to its rusting smell and thus spreads diseases. Water collected from nallah/streams are comsumed (17.3%) with the belief that it cures several diseases as water flows through branches of several tree/plants/ herbs and then their medicinal qualities are mixed with water.

Hygienic Habits: Domestic animals are mostly kept inside the house (46.9%). Wood as fuel is used in the earthern chullah (98.8%). Before taking food, they never used soap to wash their hands. Plain water is mainly used for hand washing. Plain water and soil is used to wash their hand after defecation (93.8%). Cleaning of teeth by an adult member is done by almost all (90%) every morning, except the old and sick persons. Sarai/Neem sticks (96.9%) and some times coal powder are used for cleaning teeth. Majority of the adult members take bath everyday (86.4%), soap (61.7%), Soil/Ash (24.7%) are used for cleaning the body. Cloths of regular use are washed once in 2-3 days (53.1%) or while taking bath. They never use others clothing with the belief that clothing is a part of the said person, to whom it belonged. Washing of cloths of daily use is done by soap subject to its availability. Cutting of nails and hair is done periodically. They never touch cut nail/hair with the belief that if becomes impure after detachment from the body.

Concept of Health and Health Seeking Behaviour

Concept of Health: Most of the villagers have no clear knowledge about a healthy person (56.2%). Some respondents defined healthy person as those who are not having any kind of

disease (4.3%) and have some ability to carry on his/ her daily duties properly (39.5%) (Table 3). Thus they associate one's ability/disability to do any work with healthy and ill person. Majority are not aware of the concept of an ill person (42%). Some (40.7%) consider that a person who sleeps on a cot throughout the day is unhealthy/ill person. Their concept of the reason/reasons of one falling sick is also not clear. It is believed that sickness is caused due to intake of impure food and water, polluted atmosphere (25.3%) or due to attack of ghost or spirit (29.6%). Some consider sickness as caused due to over work (11.7%) and also due to the effect of divine punishment (13.6%).

Health Seeking Behaviour: When an adult member of the house falls sick, Gunia, the traditional healer is first contacted (56.2%). He diagnoses the patient by touching his/her pulse.

Table 3: Concept of Health and Health Seeking Behaviour

Characters	*Percentage(%) (N=162)*
1. A Healthly Person:	
i) He who can do his own work properly	39.5
ii) Who does not suffer from any ailment	4.3
iii)Do not know	56.2
2. An unhealthy/Ill Person	
i) He who sleeps in a Kot throughout the day and is unable to do his own duty	40.7
ii) He who suffers from any kind of ailment	17.3
iii)Do not know	42.0
3. Reasons of Falling Sick	
i) Intake of impure food/water or due to polluted atmosphere	25.3
ii) Attack of Ghost/Sorcery	29.6
iii)More work (Heavy work)	11.7
iv) Punishment of God	13.6
v) Do not know	45.7
4. When an Adult Falls Ill, They Approach	
i) P.H.C.	19.1
ii) S.C	13.0
iii)Private doctor	11.7
iv) Gunia	56.2
5. When an Infant Fall Ill, They Approach	
i) P.H.C.	19.1
ii) S.C.	11.7
iii)Private doctor	9.9
iv) Gunia	47.5
v) No child	6.8
vi) No response	4.9
6. Are P.H.C. Services Free	
Yes	82.1
No	17.9
7. Have You Ever Used P.H.C. Service	
Yes	60.5
No	39.5

If he considers the disease as curable, he gives herbal medicine or in some cases performs some religious activities/worship and keeps a watch for few days. If in the meantime, no improvement takes place, he advices the patient to contact a doctor. Pandos prefer the services of the traditional healer, because he is not required to pay immidiately in cash but could be renumerated in kind. Besides, the Gunia is a part of their socio-religious life. Gunia is given a fowl, a cocconut, locally made wine, agarbatti, depending upon severity of the disease. He never asks for cash. In case of sickness of infants, parents take them to the doctors for treatment (30.8%). The cases which are not curable by Gunia are taken to the doctor. Through majority of the population (82.1%) have knowledge about the prevailing health facilities, but their acceptability was lower (60.5%). Visit of PHC health workers in the villages was confirmed by 79% respondents. Observations of the patients who were sick since last one month preceeding the survey indicated that out of 91 patients, majority were suffering from fever/ malaria (69.2%) and majority of the patients were treated by nurse/doctor at the PHC / SC (46.1%). On the average they had to pay Rs. 180/- per patient. It may be mentioned that 12% patient did not take any treatment. It is perceived that diseases like Cholera, Sexually Transmitted Diseases, Measles, Attack of Ghost, Sorcery, Infertility, problems during delivery can only be cured by Gunia, the traditional healer.

FAMILY PLANNING

Majority of the respondents are aware (87%) of family planning (Table 4) Sixty-one percent respondents had knowledge of vasectomy and seventy six percent respondents had knowledge of leproscopy, while only 18.5% and 16.7% utilized the services respectively. There are two couples where both husband and wife have been operated. Knowledge of temporary methods like Copper-T, Nirodh and Oral Pills were 5.6%, 16.7% and 10.5% respectively, while only one person was found using Nirodh. Tubectomy/ L.T.T. is preferred more because it is considered that males have to do hard work, which will be not possible after the operation.

Table 4: Family Planning Practices

Characters			*No.*	*Percentage(%) (N=162)*
1. Benefits from Family Planning				
i) Limits in the family size			96	58.0
ii) Keeps gap between successive issues			17	10.5
iii) Stops of child birth			30	18.5
iv) Do not know			21	13.0
2. Knowledge and Practice of Permanent Methods of Family Planning				
Permanent	*Knowledge*			
Methods	VT	Yes	99	61.1
		No	63	38.9
	LTT	Yes	123	75.9
		No	39	24.1
	Practice			
	VT		30	18.5
	LTT		27	16.7
	VT/LTT		2	1.2
3. Knowledge and Practice of Temporary Methods of Family Planning				
Temporary	*Knowledge*			
Methods	Copper T		9	5.6
	Nirodh		27	16.7
	Oral Pills		17	10.5
	Practice			
	Nirodh		1	0.6

CONCLUSION

Pando tribe is illiterate and living in poor socio-economic conditions. The people are superstitious to some extent and lack proper knowledge of modern medical facilities. Their poverty and ignorance are the main reasons behind the less utilization of PHC services. They have their own perception of health, hygiene, antenatal, postnatal care and family planning. There are certain practices like regularly taking bath, regularly cleaning of teeth, feeding of colostrum to new born baby are good and should be encouraged, but harmful practices like non - utilization of drinking water from hand pump, less utilization of family planning practices due to misconceptions, use of old blade for cord cutting, etc., should to discouraged. There is also a need to strengthen MCH and family planning services to combat the prevailing misconceptions resulting higher acceptability of government health facilities, which in turn will improve their demographic and health indices, which are at present very poor.

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KEY WORDS Sarguja. Pando. Concept of Health. Health Seeking Behaviour.

ABSTRACT The Pando tribe is principally found in Sarguja district and is socially and economically backward. The demographic parameters have shown a poor state of health of the population. This paper describes findings of an indepth investigations on Socio-cultural characteristics and health seeking behaviour of the Pando tribe. Socio-cultural parameters, not conducive to the health have been pointed out. The paper emphasizes improving MCH and family planning acceptability in the tribe and to take suitable measures in light of their Socio-cultural practices to improve infant mortality level and other health indices.

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