4 SELECTION PROCEDURE OF THE VILLAGES

The research project aims to survey 4 villages of Damoh district. Following are these 4 villages:

- Sagra — Block Jabera
- Surajpura — Block Jabera
- Doli — Block Hata
- Foolar — Block Tendukheda

Before initiating the project, information was collected from the concerned authorities at Damoh. On the basis of the information obtained for all blocks, 4 villages were chosen on the basis of certain criteria or grounds that may be mentioned as under:

- Population Composition

Population of these villages formed an important criterion in the selection procedure. All the 4 villages chosen in this project were having population not exceeding 1500. Based on the objectives of the project the population composition of the villages was also looked upon (like SC population, ST population, General population etc.). The selection of villages on the basis of population composition may be outlined below as:

Village	Population Composition
Sagra	Average population of SC/ST with other castes & having dominant caste. Dominant caste in this village was Jain.
Surajpura	Tribal having majority of ST population.
Doli	Mixed SC/ST population.
Foolar	100% tribal. (Raj Gond tribe)

- Distance, Road Condition & Transportation Facilities

Distance constituted a major criterion for selection of village as it helped the investigator to find out whether distance and availability of transportation facilities affect the health-seeking behavior of the people. Road condition is also an important variable affecting health-seeking behavior of the individuals. Overall position can be presented in the tabular form as:

Village	Distance From Health Institutions		
	SHC	PHC/CHC	DH
Sagra	3 km (Rond)	30 km (Jabera)	42 km (Damoh)
Surajpura	2 km (Bhajiya)	24 km (Jabera)	80 km (Damoh)
Doli	8 km (Madiyado)	28 km (Hata)	69 km (Damoh)
Foolar	7 km (Sarra)	38 km (Tendukheda)	86 km (Damoh)

Village	Health Institution	Road Condition	Transportation Facilities
Sagra	SHC (Rond)	Kutcha Road 3 km	Only 1 bus from Sagra-Rond (9am). In case of any emergency villagers may use tractor, bullock cart, bicycle etc.
	PHC (Jabera)	Kutcha Road 3 km	
	DH (Damoh)	Kutcha Road 3 km	
Surajpura	SHC (Bhajiya)	Kutcha Road 3 km	Bus services to SHC (Bhajiya) are frequent and take about 15-20 min.
	PHC (Jabera)	Kutcha Road 11 km	
	DH (Damoh)	Kutcha Road 11 km	
Doli	SHC (Madiyado)	Kutcha Road 7 km	Villagers have to walk 7 km to avail services of SHC. There are no bus services. To take bus for Hata or Damoh they have to walk 7km (Madiyado). Small rivers surround the village from all sides and thus there is no transportation in rainy season (4 months).
	CHC (Hata)	Kutcha Road 20 km	
	DH (Damoh)	Kutcha Road 20 km	
Foolar	SHC (Sarra)	Kutcha Road 7 km	No regular transportation facilities. Villagers have to walk (or use bullock cart, bicycle, tractor etc to reach SHC. Walk about 3 km to take bus to PHC (Tendukheda) or DH (Damoh)
	PHC (Tendukheda)	Kutcha Road 15 km	
	DH (Damoh)	Kutcha Road 15 km	

❖ Existence Of The Anganwadi Center

Anganwadi center in a village is a major source of valuable information regarding health and reproductive & child health care, which constituted the prime concern of the study. Thus the presence of Anganwadi Center constituted one of the criterion for the selection of the villages.

Village	Existence Of Anganwadi Center
Sagra	Yes
Surajpura	Yes
Doli	Yes
Foolar	Yes

❖ Literacy

Literacy level to great extent plays a very vital role in forming/molding behavior of any individual – whether it is related to health, sanitation or reproductive & child health. If females are educated they can take and implement decisions favoring them.

Village	Literacy
Sagra	390 literate males as opposed to 190 literate females
Surajpura	66 literate males as opposed to 32 literate females
Doli	223 literate males as opposed to 78 literate females
Foolar	109 literate males as opposed to 39 literate females

4.1 VILLAGE I - SAGRA (BLOCK JABERA)

4.1.1 General Information

- Total Area : 598.01 Hectares
- Topography : Along an Unpaved road; Plain
- Location : 42 km - From District Head Quarter DAMOH
  50 km - From Block Head Quarter JABERA
- Road Condition : *From Damoh - Rond - 39 km Pucca Road*
  From Rond – Sagra - 3 km Kutcha Road
  From Jabera – Rond - 28 km Pucca Road
- Transportation : Bus, Tractor, Jeep, Bullock Cart
- Accessibility (Rainy Season) : Difficult from Sagra to Rond (Kutcha Road)
- Population

SC		ST		Others		Total	
M	F	M	F	M	F	M	F
72	65	185	180	438	418	695	663
Others include Savarna (Jain-Minority in India, Brahmins) & OBC's (Yadav, Patel etc.)							

- Number of Households : 297 Households
- Religion : Hindu & Jain
- Language : Hindi & Bundelkhandi
- Village History : Dates Back to 200 years
- Development History
  - Primary School 1972
  - Electrification 1977
  - Hand Pump 1985
  - Anganwadi Center 1994
  - Gram Panchayat 1958
  - First Television 1986
- Source of Drinking Water : Wells-3 Handpumps-4
- Water Resources (Irrigation) : Wells, Tube Wells
- Electricity : One Lamp Connection
- Sanitation : 20 Households have toilets
- Fuel : Wood, 20 HH's have " Gobar Gas Plants"
- Tele Communication : 5 Private Telephone connections

- Mass Media : 8 -Television; 10 -Radio
- Gram – Panchayat : Sagra (0 km)
  This Gram Panchayat Covers 4 villages - Sagra,Kathai, Bagalwara, Padri
  Sarpanch - Shri Babu Lal Yadav (OBC)
  20 members (excluding Sarpanch)
  6 General including 1 woman
  7 OBC including 2 women
  5 ST including 2 women
  2 SC including 1 woman
- Mahila Mandal : Yes
- Self-help Group : Yes (Not successful)
- Health Committee : No
- *Education Committee* : *Yes - Total 10 members*
- Market Accessibility : 6 Grocery Shops
  Go to Rond (Weekly Market) for Shopping (3 km)
- Agricultural Products
  Kharif Crop : Pulses (Udad, Arhar), Soyabean, Rice
  Rabi Crop : Wheat, Gram, Pulses (Masoor), Mustard
- Agricultural Work : Ploughing & Sowing for Kharif Crop -July
  Weeding-August -September
  Harvesting Rabi Crop – March
- Non Agricultural Work : Making Bamboo Basket :-Dec-June
  Collecting FireWood : - Dec-June
  Making bricks –June; Labor (Construction)
- Literacy : 390 Males & 190 Females
- Families BPL : No information could be gathered

4.1.2 Women & Life

- Marriage : Marriageable Age :-Girl 16-18 years
  Mostly endogamous marriage
- Parda & Seclusion : Parda. Daughter-in-law ought to cover her face in front of Father-in-law & Brother-in-law & *other elder males of village.*

4.1.3 Health Services

- Health Services and their Accessibility

Health Facility	Place	Distance	Road Accessibility	Transportation Cost	Time
SHC	Rond	3 km	Kuccha Road	Rs. 2/-	1 Hrs.
PHC	Jabera	30 km	Kuccha Road (3 km)	Rs. 15/-	1.5 Hrs.
District Hospital	Damoh	42 km	Kuccha Road (3 km)	Rs. 20/-	2 Hrs.
Medical College	Jabalpur	90 km	Kuccha Road (3 km)	Rs. 55/-	4 Hrs.
Refer to the Social Mapping of village Sagra: Block Jabera					

- Services Provided by Health Facilities/Health Personnel

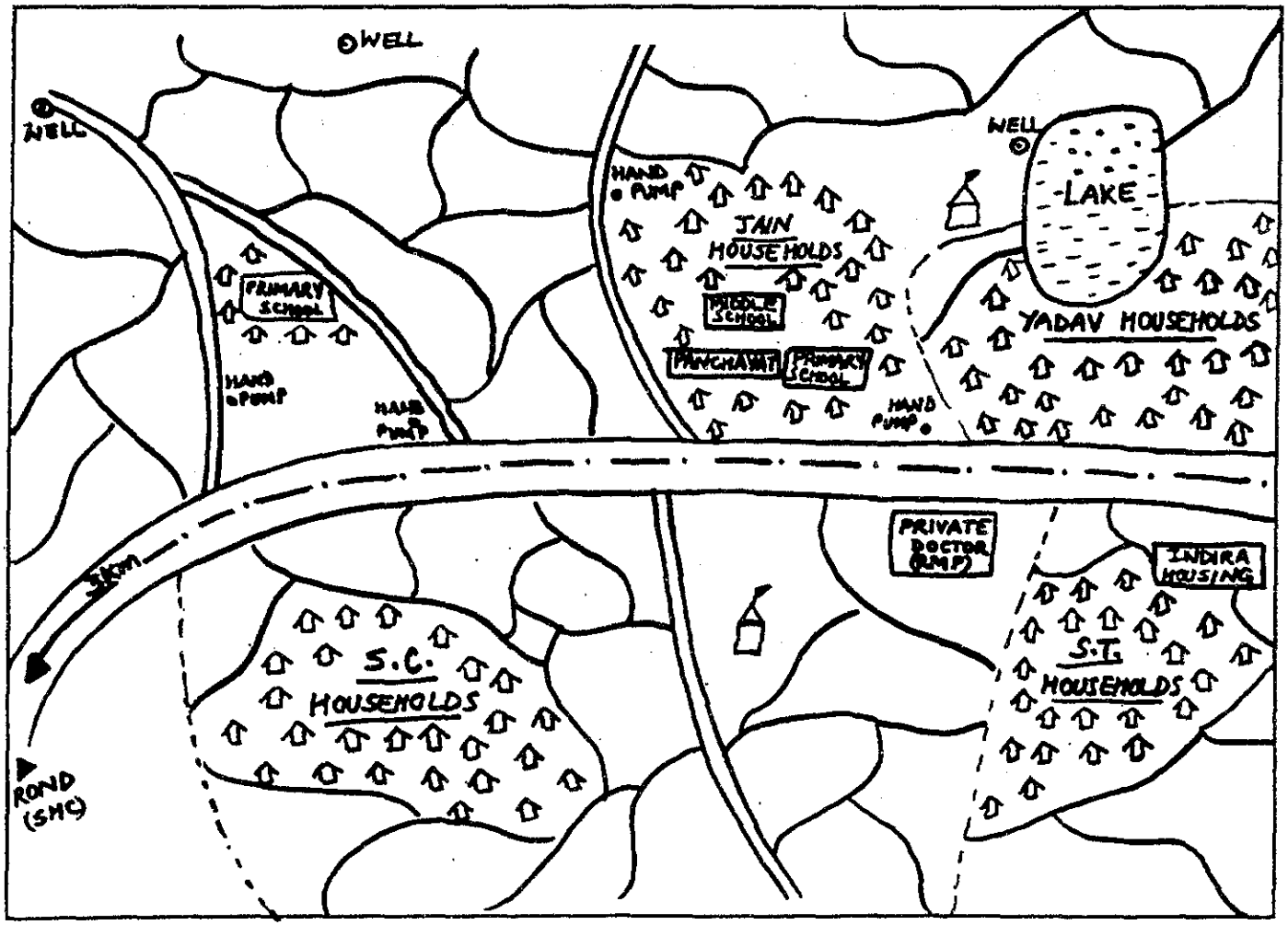
Health Facility/Personnel	Place	Services
SHC	Rond	Immunization, contraceptive pills, iron tablets, condoms
PHC	Jabera	Fever, diarrhea, delivery, operation(minor),
District Hospital	Damoh	Nearly equipped with all important facilities
Medical College	Jabalpur	Equipped with all important facilities
ANM	Rond	Inform about health & RCH issues, Immunization, Provides condoms, contraceptive pills
Multi Purpose Worker	Rond	Immunization,
Village Health Guide	No	-
Dai	Sagra	Helps in delivery
Anganwadi Worker	Sagra	Fever, Diarrhea, Contraceptive Pills, Condoms
Private Practitioners	Sagra	Fever, Diarrhea, General Illness
Traditional Healer/Practitioner	Sagra	Snakebites, fever, Infertility

- Assessment of the Health Facilities by the Villagers

Health Facility/Personnel	Assessment By The Villagers
SHC (Rond)	Not very useful. Doctors can only handle normal deliveries & not emergency obstetric cases.
PHC (Jabera)	Useful for preventive & curative treatment. No facilities to handle emergency obstetric case.
District Hospital (Damoh)	Almost all needed facilities. Very useful.
Medical College (Jabalpur)	No information from villagers could be obtained.
ANM (Rond)	Visits every Tuesday. Useful
Multi Purpose Worker (Rond)	Visits twice a month. Useful
Village Health Guide	-
Dai	Very useful
Anganwadi Worker	Useful as provides information about health & related issues.
Private Practitioners	Useful for fever, headache, stomachache
Traditional Healer/Practitioner	Useful in cases of snakebites, fever etc.

SOCIAL MAP

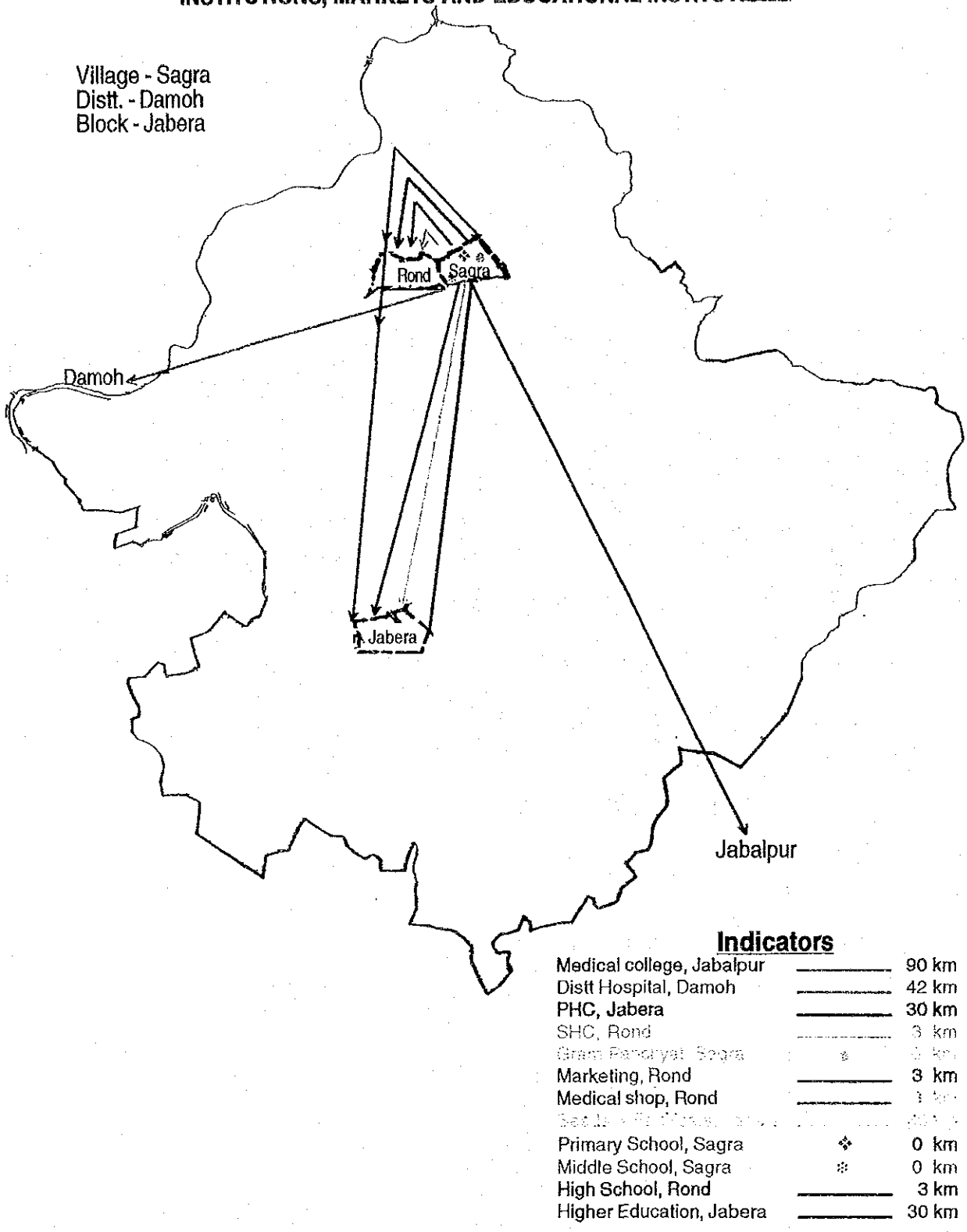
VILLAGE - SAGRA (BLOCK - JABERA)



This is a Social map of village Sagra representing the distribution of households (SC, ST, Jain, Yadav) in the vilage.

Each caste lives in a different hamlet in this village. The dominant caste (Jain) & OBC (Yadav), occupy the central place which has the maximum & nearest accessibility to the primary schools, gram panchayat, water resources - (lake, wells handpumps) & Anganwadi center.

MAP SHOWING ACCESSIBILITY OF THE VILLAGERS TO THE HEALTH INSTITUTIONS, MARKETS AND EDUCATIONAL INSTITUTIONS



4.2 VILLAGE II - SURAJPURA (BLOCK JABERA)

4.2.1 General Information

- Total Area : 184.97 Hectares
- Topography : Along an unpaved road
  Surrounded by mountains, plain
- Location : 71 km - From District Head Quarter DAMOH
  24 km - From Block Head Quarter JABERA
- Road Condition : 11 km Kutcha road (Singrampur–Surajpura)
- Transportation : Bus, Tractor, Jeep, Bullock Cart, Bicycle
- Accessibility (Rainy Season) : Difficult due to kutcha road
- Population

SC		ST		Others		Total	
M	F	M	F	M	F	M	F
1	-	157	154	10	10	168	164
Others include Savarna (Brahmins) & OBC (Yadav)							

- Number of Households : 72
- Religion : Hindu
- Language : Hindi & Bundelkhandi
- Village History : Dates back to 250 years
- Development History
  - Primary School 1998
  - Electrification 1987
  - Hand Pump 1985
  - Anganwadi Center 1996
  - Gram Panchayat -
  - First Television 1994
- Source of Drinking Water : Wells-6 Handpump-2 Lake-1
- Water Resources (Irrigation) : Canal, Wells
- Electricity : One lamp connection
- Sanitation : No toilets or bathrooms
- Fuel : Wood
- Tele Communication : No telephone connection
- Mass Media : 2 Television; 5 Radios

- Gram – Panchayat : Salaiya Badi (2km)
  This GP covers 3 Villages
  Badera, Salayia (Badi), Surajpura
  Sarpanch - Swaroop Singh Thakur (OBC)
  11 members (excluding Sarpanch)
  2 General including 1 woman
  8 ST including 4 women
  1 SC
- Mahila Mandal : Yes
- Self-help Group : No
- Health Committee : Yes
- Education Committee : Yes
- Market Accessibility : 2 grocery shops. Rest is purchased from Singpur (Weekly Market) – 4km from Surajpura
- Agricultural Products
  Kharif Crop : Pulses (Udad, Arhar), Soyabean, Rice, Oilseeds (Til)
  Rabi Crop : Wheat, Gram, Pulses (Masoor), Mustard
- Agricultural Work : Ploughing & Sowing for Kharif Crop -July
  Weeding-August -September
  Harvesting Rabi Crop – March
- Non Agricultural Work : Collect Tendu Leaves, Labor Construction
- Literacy : 66 Males & 32 Females
- Families BPL : 34 Households

4.2.2 Woman & Life

- Marriage : Marriageable Age :-Girl 13-18 years
  Mostly endogamous marriage
- Parda & Seclusion : Parda for all married women
  Daughter-In-Law is ought to cover her face in front of her Father-In-Law/Brother–In-Law & other elder & unknown male members.

4.2.3 Health Services

- Health Services and their Accessibility

Health Facility	Place	Distance	Road Accessibility	Transportation Cost	Time
SHC	Bhajiya	2 km	Kuchha Road	Rs. 2/-	15 min
PHC	Jabera	24 km	Kuchha Road (11km)	Rs. 15/-	1.5 hrs
District Hospital	Damoh	80 km	Kuchha Road (11km)	Rs. 35/-	3 hrs
Medical College	Jabalpur	60 km	Kuchha Road (11km)	Rs. 30/-	3 hrs
Refer to the Social Mapping of village Surajpura: Block Jabera					

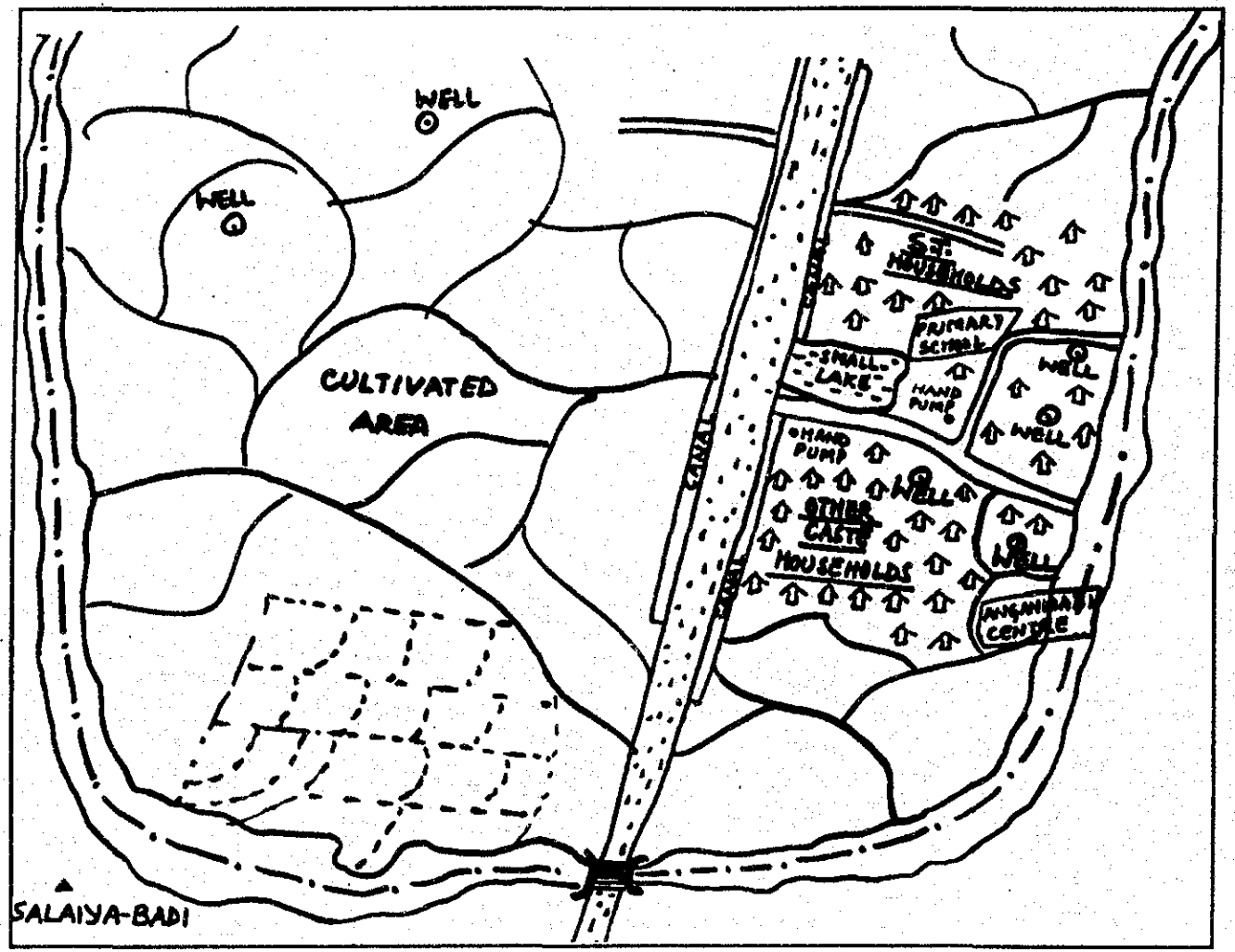
- *Services Provided by Health Facilities/Health Personnel*

Health Facility/Personnel	Place	Services
SHC	Bhajiya	Immunization, contraceptive pills, iron tablets, condoms
PHC	Jabera	Fever, diarrhea, delivery, operation(minor),
District Hospital	Damoh	Nearly equipped with all important facilities
Medical College	Jabalpur	Equipped with all important facilities
ANM	Bhajiya	Inform about health & RCH issues, Immunization, distributes condoms, contraceptive pills
Multi Purpose Worker	Bhajiya	Vaccination (women & children), Inform about Family Planning methods etc.
Village Health Guide	No	-
Dai		Helps in delivery
Anganwadi Worker	Surajpura	Fever, Diarrhea, Contraceptive Pills, Condoms
Traditional Healer	No	-
Private Practitioners	Singpur	Fever, Diarrhea, General Illness

- Assessment of the Health Facilities by the Villagers

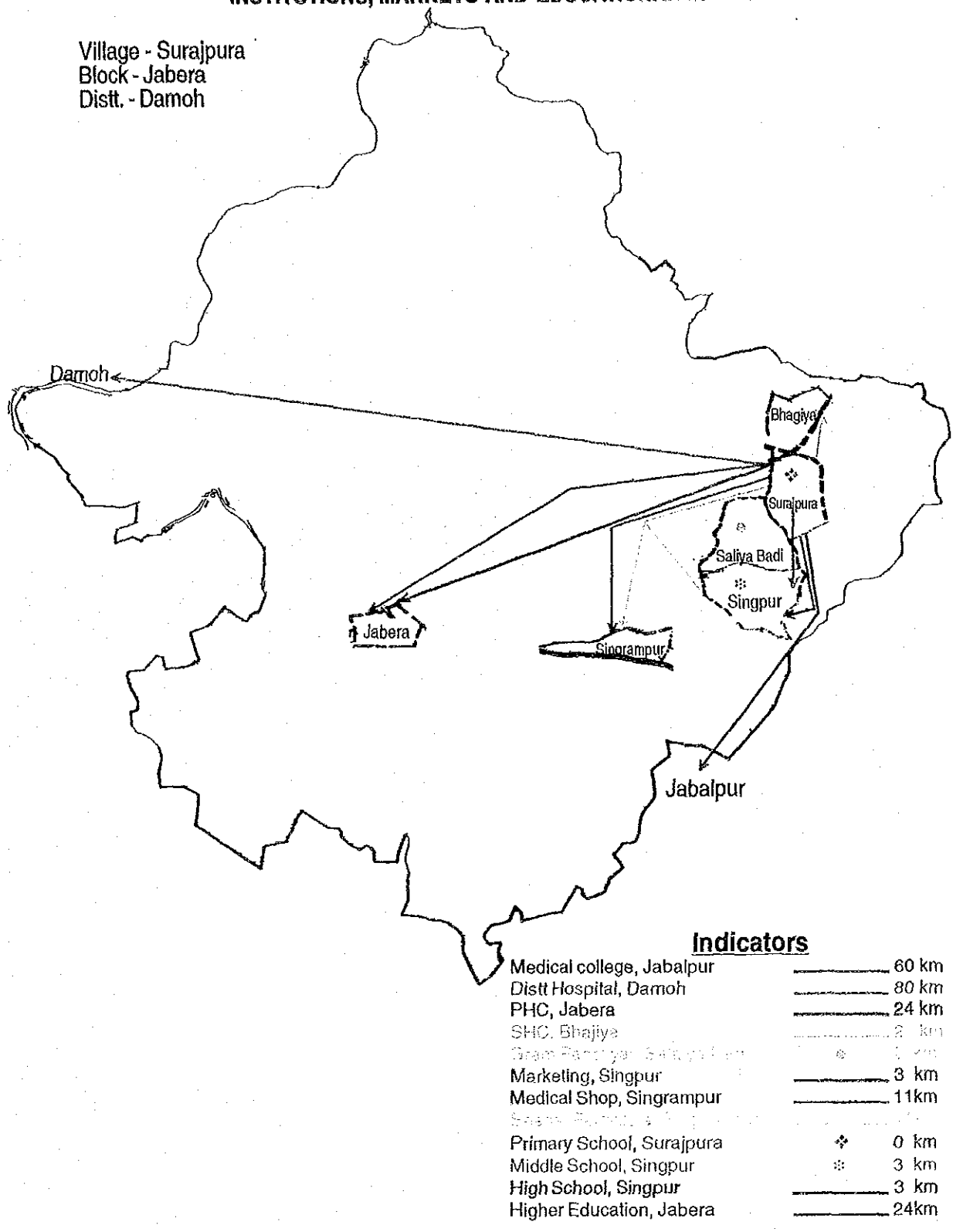
Health Facility/Personnel	Assessment By The Villagers
SHC (Bhajiya)	Not very useful. Doctors can only handle normal deliveries & not emergency obstetric cases.
PHC (Jabera)	Useful for preventive & curative treatment. No facilities to handle emergency obstetric case.
District Hospital (Damoh)	Almost all needed facilities. Very useful.
Medical College (Jabalpur)	No information from villagers could be obtained.
ANM (Bhajiya)	Useful, visits once in a month (2nd Tuesday per month)
Multi Purpose Worker	Useful, visits once in a month.
Village Health Guide	-
Dai	Very useful
Anganwadi Worker	Useful as provides information about health & related issues.
Traditional Healer	Chicken Pox, Infertility. Useful
Private Practitioners	Useful in cases of snakebites, fever, general illness etc.

SOCIAL MAP
VILLAGE - SURAJPURA (BLOCK - JABERA)



All the households have almost equal accessbility to the primary school, and water resources (lake, well, handpumps) as this village comprises of the majority of ST population.

MAP SHOWING ACCESSIBILITY OF THE VILLAGERS TO THE HEALTH INSTITUTIONS, MARKETS AND EDUCATIONAL INSTITUTIONS



4.3 VILLAGE III - DOLI (BLOCK HATA)

4.3.1 General Information

- Total Area : 503.24 Hectares
- Topography : Along an Unpaved road; Plain
  Surrounded by small rivers from all around
- Location : 69 km - From District Head Quarter DAMOH
  28 km - From Block Head Quarter Hata
- Road Condition : From Damoh – Hata - 41 km Pucca Road
  From Hata – Doli - 20 km Kutcha Road
- Transportation : Bus, Tractor, Jeep, Bullock Cart
- Accessibility (Rainy Season) : No accessibility at all (Kutcha Road)
- Population

SC		ST		Others		Total	
M	F	M	F	M	F	M	F
143	144	164	154	263	229	570	527
Others include Savarna (Brahmins) & OBC's (Kurmi, Patel etc.)							

- Number of Households : 201 Households
- Religion : Hindu
- Language : Hindi & Bundelkhandi
- Village History : Dates Back to 300 years
- Development History
  - Primary School 1965
  - Electrification 1980
  - Hand Pump 1972
  - Anganwadi Center 1981
  - Gram Panchayat 1970
  - First Television 1989
- Source of Drinking Water : Wells-2 & Hand Pumps- 2
- Water Resources (Irrigation) : Wells, Tube Wells & Nalah(Small Stream)
- Electricity : One Lamp Connection
- Sanitation : 2 households have toilets & bathrooms
- Fuel : Wood, 4 HH's have " Gobar Gas Plants"
- Communication : No Telephone connections

- Media : 8 -Television
  10 -Radio
- Gram Panchayat : Doli (0 km)
  This GP covers one village
  Doli
  Sarpanch – Mrs.Dulari Bai Ahirwar (SC)
  11 members (Excluding Sarpanch)
  5 OBC
  3 ST
  3 SC
- Mahila Mandal : Yes
- Self-help Group : No
- Health Committee : No
- Education Committee : Yes
- *Market Accessibility* : *2 grocery shops. Fair Price Shop (Govt.)*
  Go to Madiyado or Fatehpur for shopping
- Agricultural Products
  Kharif Crop : Pulses (Udad, Arhar), Soyabean, Rice
  Rabi Crop : Wheat, Gram, Pulses (Masoor), Mustard
- Agricultural Work : Ploughing & Sowing for Kharif Crop -July
  Weeding-August -September
  Harvesting Rabi Crop – March
- Non Agricultural Work : Labor (Construction)
  Making Baskets
  Collecting Mahua Seeds
- Literacy : 223 Males & 78 Females
- Families BPL : 152 HH's – 75 SC, 38 ST, 39 OBC

4.3.2 Women & Life

- Marriage : Marriageable Age :-Girl 13-18 years
  Mostly endogamous marriage
- Parda & Seclusion : Parda
  Daughter-In-Law is ought to cover her face before her Father-in-Law/Brother-in-Law & other elder male members of village.

4.3.3 Health Services

- Health Services And Their Accessibility

Health Facility	Place	Distance	Road Accessibility	Transportation Cost	Time
SHC	Madiyado	7 km	Kuchha Road	Nil (Mostly Walk)	
PHC	Hata	28 km	Kuchha Road(20km)	Rs. 13/-	1 hr.
District Hospital	Damoh	69 km	Kuchha Road(20km)	Rs. 30/-	2 hrs.
Medical College	Jabalpur	179 km	Kuchha Road(20km)	Rs. 70/-	6 hrs.
Refer to the Social Mapping of village Doli : Block Hata					

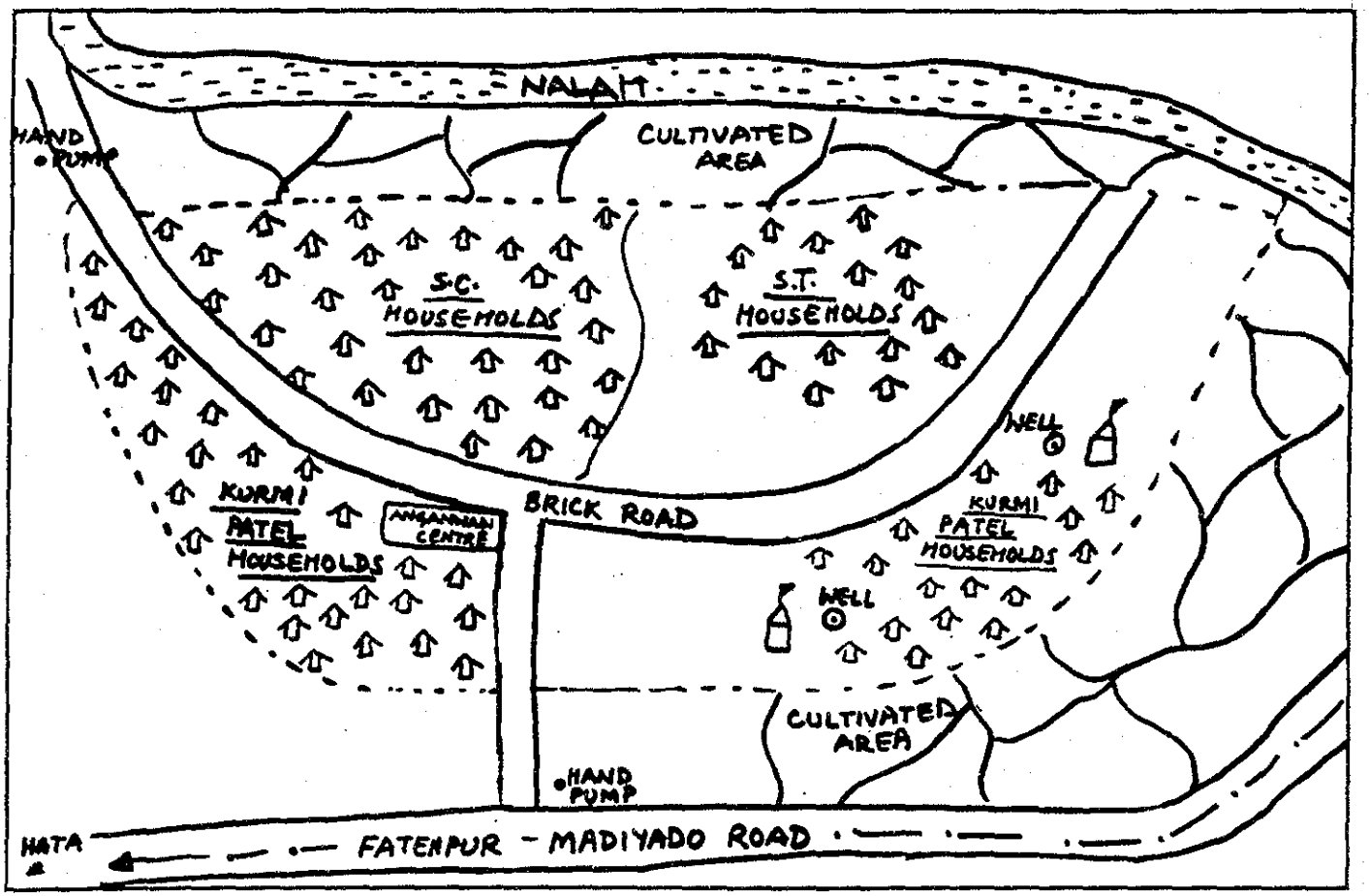
- Services Provided by Health Facilities/Health Personnel

Health Facility/Personnel	Place	Services
SHC	Madiyado	Immunization, contraceptive pills, iron tablets, condoms
PHC	Hata	Fever, diarrhea, delivery, operation(minor)
District Hospital	Damoh	Nearly equipped with all important facilities
Medical College	Jabalpur	Equipped with all important facilities
ANM	Yes	Visits once in a month
Multi Purpose Worker	Madiyado	Once in a month
Village Health Guide	No	-
Dai	Doli	Helps in delivery
Anganwadi Worker	Doli	Fever, Diarrhea, Contraceptive Pills, Condoms
Private Practitioners	Madiyado	Fever, Diarrhea, General Illness
Traditional Healer/Practitioner	Yes	Fever, Chicken Pox, Infertility

- Assessment of the Health Facilities by the Villagers

Health Facility/Personnel	Assessment By The Villagers
SHC (Madiyado)	Not very useful. Doctors can only handle normal deliveries & not emergency obstetric cases.
PHC (Hata)	Useful for preventive & curative treatment. No facilities to handle emergency obstetric case.
District Hospital (Damoh)	Almost all needed facilities. Very useful.
Medical College (Jabalpur)	No information from villagers could be obtained.
ANM (Madiyado)	Useful
Multi Purpose Worker (Madiyado)	Useful
Village Health Guide	-
Dai (Doli)	Very useful
Anganwadi Worker (Doli)	Useful as provides information about health & related issues.
Traditional Healer/Practitioner	Useful in cases of snakebites, fever etc (Most useful)
Private Practitioners	General treatment, minor wounds.

SOCIAL MAP
VILLAGE - DOLI (BLOCK - HATA)

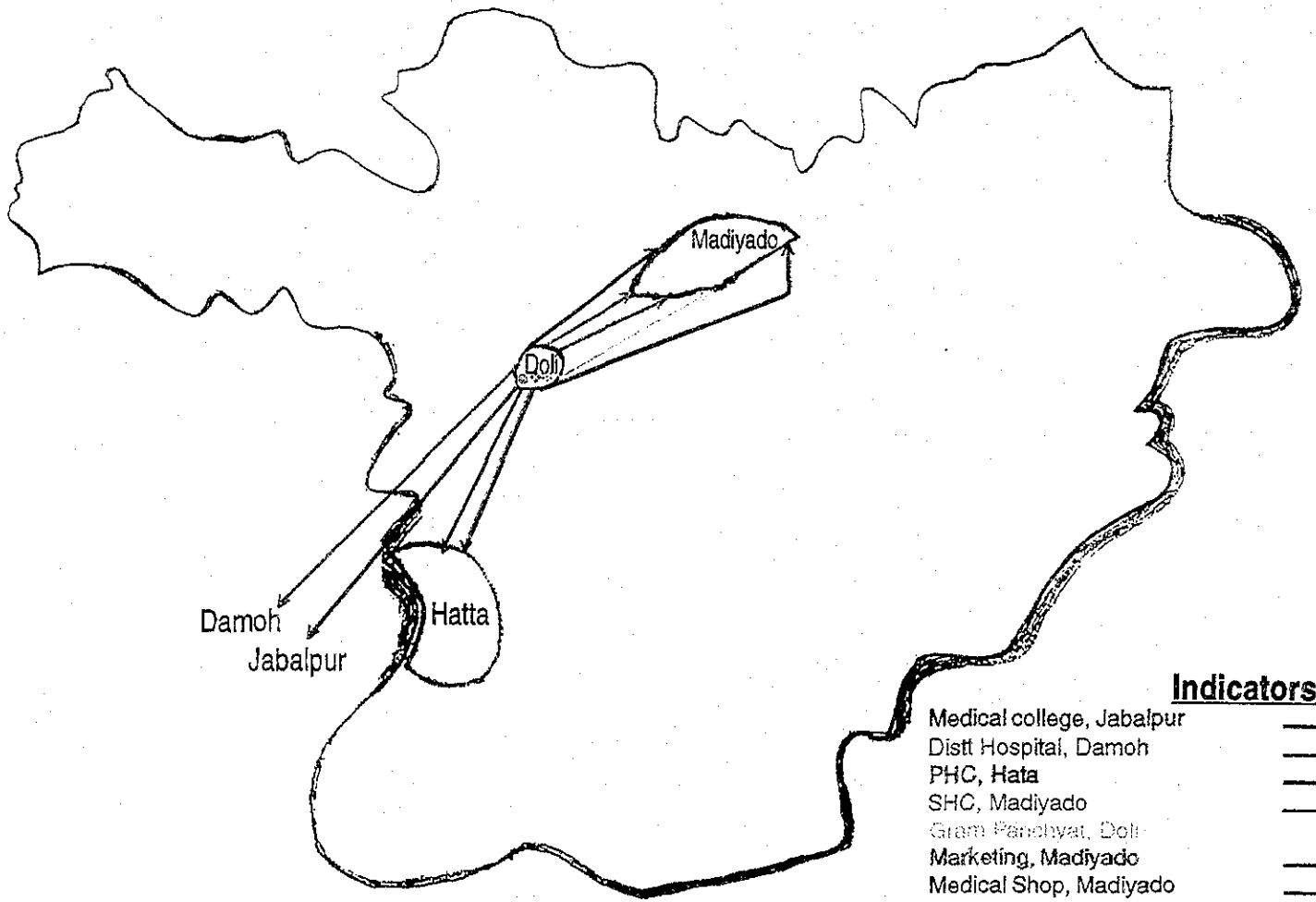


This represents a mixed village consisting of almost equal distribution of households (SC, ST, OBC - Kurmi, Patel).

Since Kurmi, Patel (OBC'S) enjoy an economically superior position the water resources, school and anganwadi center are located in their areas. Hence SC, ST people have difficult accessibility to these facilities.

Village Doli
Block - Hata
Distt - Damoh

MAP SHOWING ACCESSIBILITY OF THE VILLAGERS TO THE HEALTH INSTITUTIONS, MARKETS AND EDUCATIONAL INSTITUTIONS



Indicators

Medical college, Jabalpur	———	179 km
Distt Hospital, Damoh	———	69 km
PHC, Hata	———	28 km
SHC, Madiyado	———	8 km
Gram Panchyat, Doli	⊛	0 km
Marketing, Madiyado	———	8 km
Medical Shop, Madiyado	———	8 km
[illegible]	———	[illegible]
Primary School, Doli	✥	0 km
Middle School, Doli	✳	0 km
High School, Madiyado	———	8 km
Higher Education, Hata	———	28 km

4.4 VILLAGE IV - FOOLAR BLOCK (TENDUKHEDA)

4.4.1 General Information

- Total Area : 316.21 Hectares
- Topography : Along an Unpaved road; Plain
  Surrounded by forest area
- Location : 86 km - From District Head Quarter DAMOH
  38 km - Block Head Quarter Tendukheda
- Road Condition : 15 km Kutcha Road (Jhalon – Foolar)
- Transportation : Tractor, Bullock Cart, Bicycle, Motor Cycle
- Accessibility (Rainy Season) : Difficult (Kutcha Road)
- Population

SC		ST		Others		Total	
M	F	M	F	M	F	M	F
-	-	264	267	-	-	264	267

- Number of Households : 96 Households
- Religion : Hindu
- Language : Hindi & Bundelkhandi
- Village History : Dates Back to 200 years
- Development History
  - Primary School 1970
  - Electrification 1985
  - Hand Pump 1998
  - Anganwadi Center 1996
  - Gram Panchayat -
  - First Television 1988
- Source of Drinking Water : River(1km), Well- 1, Hand Pump- 1
- Water Resources (Irrigation) : Wells
- Electricity : One Lamp Connection
- Sanitation : No toilets or bathrooms
- Fuel : Wood
- Tele-Communication : No Telephone Connections
- Mass-Media : 1 –Television 3 -Radio

- Gram – Panchayat : Bhainsa (2 km)
  This Gram Panchayat Covers 3 villages - Bhainsa Sarra, Foolar & Majhgunwa Sarra
  Sarpanch – Mrs. Sushila Yadav (OBC)
  8 members (excluding Sarpanch)
- Mahila Mandal : Yes
- Self-help Group : Yes (20-25 members)
- Health Committee : Yes (7 members)
- Education Committee : Yes
- Market Accessibility : 1 grocery shop. Go to Tendukheda
- Agricultural Products
  Kharif Crop : Pulses (Udad, Arhar), Soyabean, Rice
  Rabi Crop : Wheat, Gram, Pulses (Masoor), Mustard
- Agricultural Work :Ploughing & sowing for Kharif Crop -July
  Weeding- August -September
  Harvesting Rabi Crop – March
- Non-Agricultural Work : Collecting Tendu Leaves
  Labor (Construction)
- Literacy : 109 Males & 39 Females
- *Families BPL* : *60 Households*

4.4.2 WOMEN & LIFE

- Marriage : Marriageable Age :-Girl 12-18 years
  Mostly endogamous marriage
- Parda & Seclusion : Parda for all married women
  Daughter-In-Law ought to cover her face before her father-in-law & other male members (especially unknown)

4.4.3 Health Services

- Health Services and their Accessibility

Health Facility	Place	Distance	Road Accessibility	Transportation Cost	Time
SHC	Sarra	7 km	Kutcha Road	Rs. 3/-	1 hr.
PHC	Tendukheda	38 km	Kutcha Road(15km)	Rs. 20/-	1.5 hrs.
District Hospital	Damoh	86 km	Kutcha Road(15km)	Rs. 35/-	3 hrs.
Medical College	Jabalpur	85 km	Kutcha Road(15km)	Rs. 35/-	3 hrs.
Refer to the Social Mapping of village Foolar : Block Tendukheda					

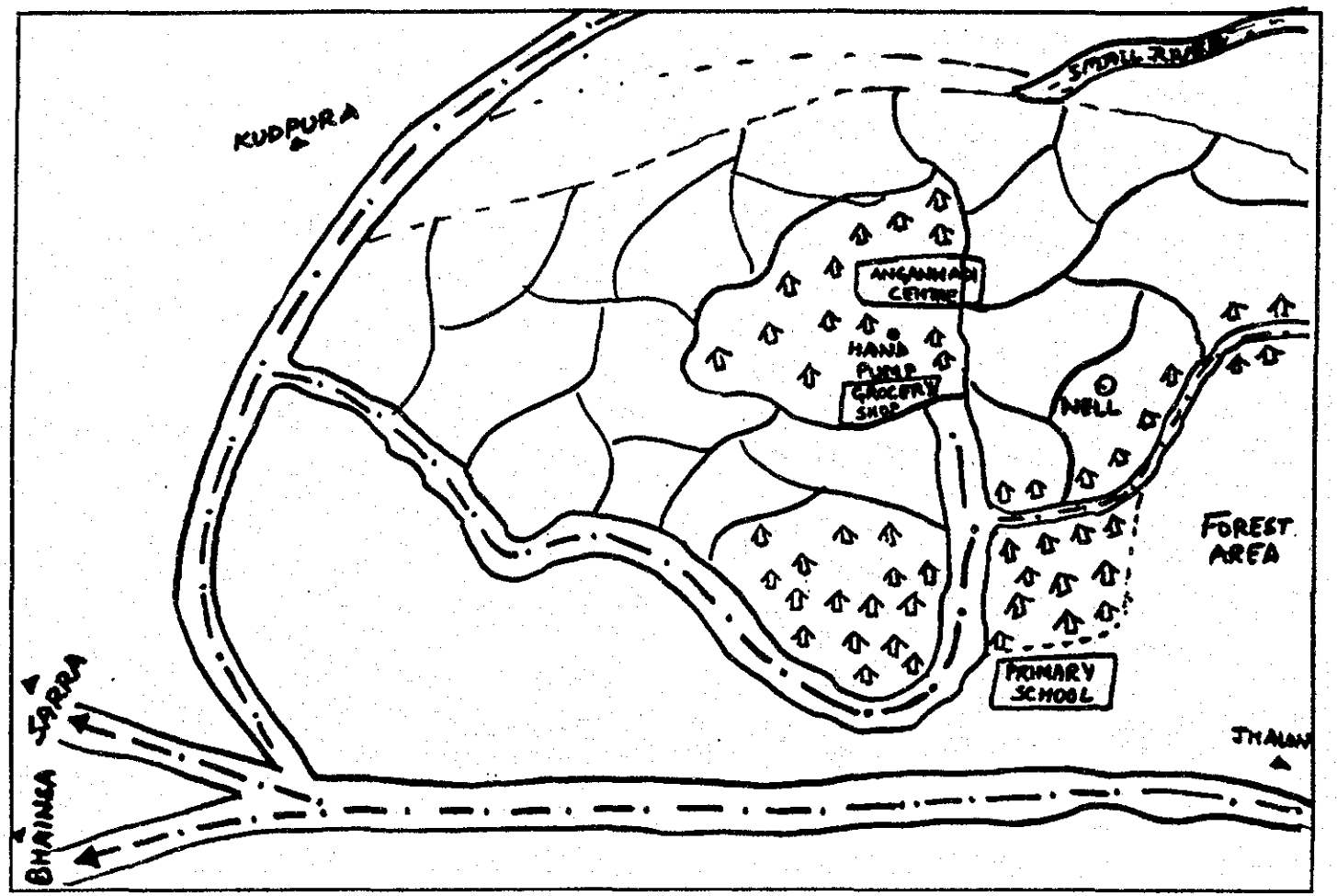
- *Services Provided by Health Facilities/Health Personnel*

Health Facility/Personnel	Place	Services
SHC	Sarra	Not started yet. Building Completed.
PHC	Tendukheda	Fever, diarrhea, delivery, operation(minor),
District Hospital	Damoh	Nearly equipped with all important facilities
Medical College	Jabalpur	Equipped with all important facilities
ANM	No	-
Multi Purpose Worker	*Sarra*	
Village Health Guide	No	-
Dai	Kudpura (5km)	Helps in delivery (Very Useful)
Anganwadi Worker	Foolar	Fever, Diarrhea, Contraceptive Pills, Condoms
Private Practitioners	Sarra (MBBS)	Fever, Diarrhea, General Illness
Traditional Healer	No	-

- *Assessment of the Health Facilities by the Villagers*

Health Facility/Personnel	Assessment By The Villagers
SHC (Sara)	Building is there but the Sub Health Center has not started working yet.
PHC (Tendukheda)	Useful for preventive & curative treatment. No facilities to handle emergency obstetric case.
District Hospital (Damoh)	Almost all needed facilities. Very useful.
Medical College (Jablapur)	No information from villagers could be obtained.
ANM	-
Multi Purpose Worker	Do not visit village frequently.
Village Health Guide	-
Dai	*Very useful*
Anganwadi Worker	Useful as provides information about health & related issues.
Private Practitioners	Useful for fever, headache, stomachache
Traditional Healer	Useful in cases of snakebites, fever etc.

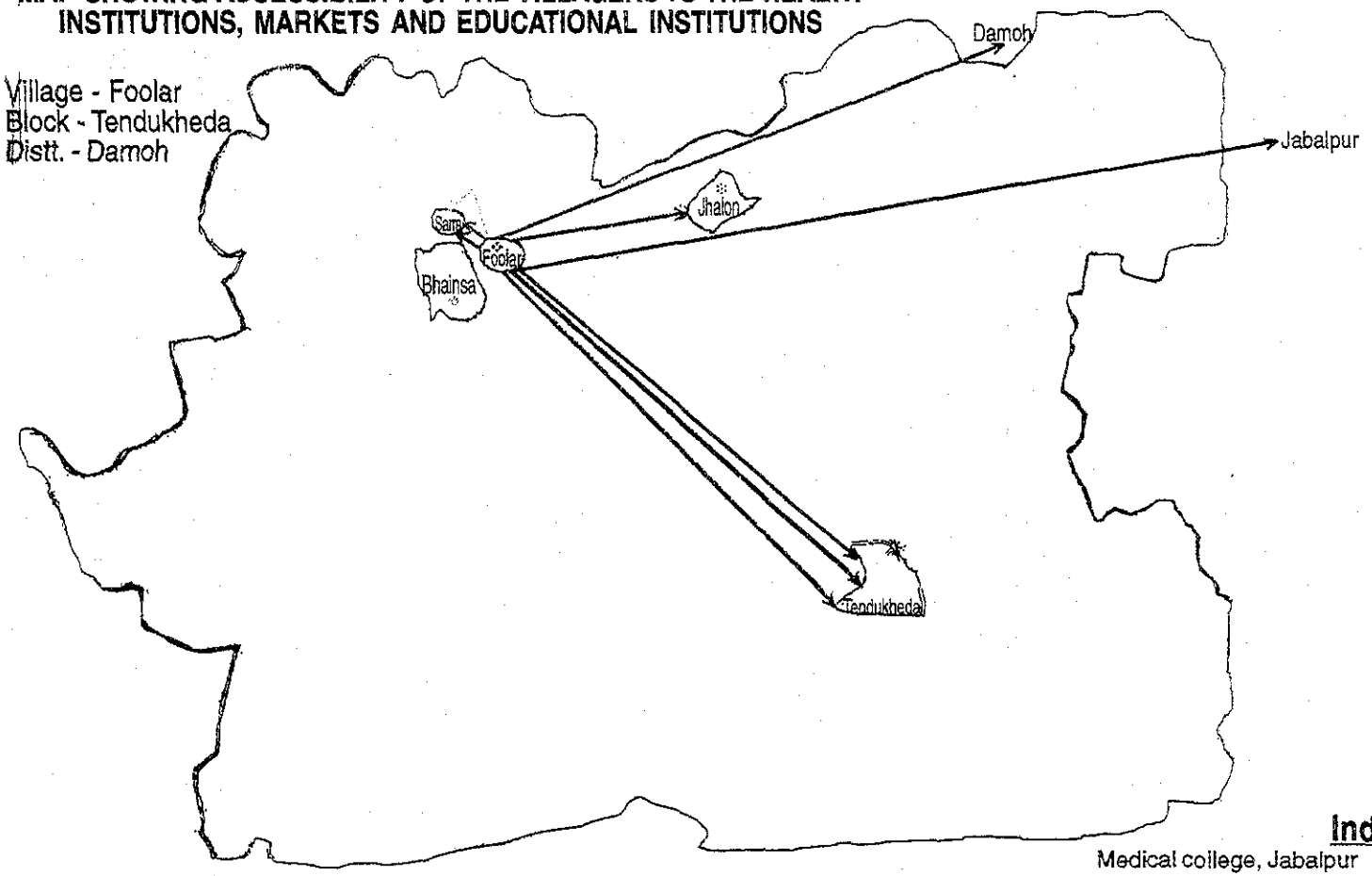
SOCIAL MAP
VILLAGE - FOOLAR (BLOCK - TENDUKHEDA)



This is primarily a tribal village comprising of all ST households (Raj Gond). Hence no discrimination of any kind regarding location of Anganwadi center, Primary school & water resource was observed.

MAP SHOWING ACCESSIBILITY OF THE VILLAGERS TO THE HEALTH INSTITUTIONS, MARKETS AND EDUCATIONAL INSTITUTIONS

Village - Foolar
Block - Tendukheda
Distt. - Damoh



Indicators

Medical college, Jabalpur	———	85 km
Distt Hospital, Damoh	———	86 km
PHC, Tendukheda	———	**38 km**
SHC, Sarra	———	7 km
Gram Panchyat, Bhainsa	⊕	4 km
Marketing, Jhalon	———	16 km
Medical Shop, Sarra	———	7 km
[illegible]	[illegible]	[illegible]
Primary School, Foolar	✥	0 km
Middle School, Jhalon	❊	16 km
High School, Tendukheda	———	**38 km**
Higher Education, Tendukheda	———	86 km

5 CONCLUSION

➢ ATTITUDES PERCEPTION BEHAVIOUR RELATED TO FAMILY PLANNING

Villagers were aware of the family planning methods (both temporary & permanent) for limiting & spacing pregnancies. ANM and Anganwadi worker make them aware of these (temporary & permanent) methods of family planning.

- ❖ Condom /Pill: Condom, which is distributed in the village by AWW, is used. However exact number or percentage could not be ascertained due to insufficiency of data. However, they (couple) discarded the use of condom as it worked as a restraint in the sexual satisfaction. Use of birth controlling pills among women is not so common. Their use is simply negligible. Mostly women are illiterate & they don't know how to use them. They believe that they have to work a lot and consumption of birth controlling pills may affect their working capacity.

- ❖ Sterilization: – Male sterilization as a method of birth controlling is not in vogue. Men have a common perception that if they will resort to sterilization it will affect their health a working capacity adversely. Female sterilization was however common. Majority of the women have resorted to this method of family planning willingly. As per the survey conducted by an American organization it was found that for every 300 female sterilization only 1 male sterilization is there in India.

- ❖ Abortion: - Abortion is not considered respectable. Villagers believed that once a woman becomes pregnant she should give birth to that child. There has not been any registered case of abortion.

- ❖ Pregnancy: - Perceptions/ Attitudes related to pregnancy vary from family to family. It also depends upon the status of the family. Well to do families take good care of pregnant women & don't allow them to work her. However, in tribal families & other disadvantaged group who are not well to do pregnant women go to work (Labor) up-to 9 months.

- ❖ Post-partum Care: - Post partum care for the woman is an essential requisite for the child as well as the mother. Generally, behavior of the family member relating to the post partum care of the females was quite unfavorable, as they were hardly allowed to take adequate rest after the child was born. This kind of behavior was mostly evident in the tribal families as they are supposed to get back to work (Labor) after 1-2 days only.

- ❖ Breast-feeding & care of the New Born Child: - As far as child care is concerned both rural and tribal illiterate mother are observed to breast feed their babies but most of them adopt harmful practice of discarding colostrum, & delaying the introduction of supplementary feeds. Vaccination & immunization have been inadequate among the tribal people of the village. Since personal by given is very poor, the under 5 children are worst sufferers & most vulnerable to infection.

➢ CULTURAL FACTORS AFFECTING REPRODUCTIVE & CHILD HEALTH

❖ Factors Affecting General Health & Illness

The culture of a community determines the health behavior of the community and of its individual members. The cultural response of the community to the health problems it confronts determines its health practices. The health behavior of the individuals is closely linked to the way he or she perceives various health problems; what they actually mean to him & her, on one hand, and on the other, his or her access to various relevant institutions. Though they believe in natural causes of disease, most of the people attribute majority of the diseases & premature death due to evil spirit or breach of taboos or ghosts of the dead. What is spiritually caused, therefore must be spiritually cured, and this is the reason why people in the interior prefer to go to their own doctors rather than to ours. When they find that the whole village is affected with epidemic disease they seek medico–religious practices. This belief was found in all the villages. However, it was deep rooted in the beliefs of the people of Doli and Foolar.

❖ Factors Affecting Reproductive Health & Child Care

During pregnancy, maternal care was observed to be poor right from the inception of pregnancy to its termination, no specific food is consumed by any women Rather some food restrictions are followed by the villagers especially by the tribal population.

If a woman does not have a child, she goes to a traditional healer who finds out that her barren condition is due to or evil spirit & hence curses it.

If a woman is fat & well before pregnancy they think that it is a girl & woman is ailing & thin a boy is said to be born.

The women are not supposed to consume lemon, spicy food. Once the child is born the mother is not given tea.

The pregnant lady is not allowed to use needle or scissors, sweep her house with mud.

A very interesting fact was observed in all the 5 villages ***"SOR CUSTOM"***. In this the mother and the newly born child are kept away from the males (including husband) for about 2-3 days. However the extent of this period varied from village to village. During this time period women are only provided with sweet made from jaggery. She is looked after by a hired woman called ***"KUTWARAN"*** and not by her mother-in-law or other people of the family. The practice of discarding colostrum and delayed breast-feeding is observed in this period only, which is very harmful for the child. During this duration the husband cannot even see his wife or the baby. However extent and duration of this custom varied in all the 4 villages.

The extent and duration of the "SOR CUSTOM" in all villages may be provided in the tabular form as:

Village	Tribe	Duration (SOR)	Extent/Restrictions
Sagra	Kol	4 Days	After giving birth to child the woman of Kol tribe is kept aloof with her child. No male members can see her in this duration. The woman is only provided with sweet prepared from jaggery. She also discards colostrum. On the 4th day i.e., last day of SOR woman is asked to brush her teeth from a mixture of some spices (used for cooking) and then is allowed to eat.
Surajpura	Raj Gond	4 Days	Rest all is same except for brushing of teeth. No such custom was found in the tribe.
Doli	Raj Gond	5 Days	Same as above.
Foolar	Raj Gond	7–8 Days	Same as above.

- FACTORS RELATED TO HEALTH CARE INFRASTRUCTURE AFFECTING UTILIZATION OF HEALTH CARE SERVICES
  - Transportation Facility

    The utilization of modern health care facility by the rural people is non-satisfactory. SHC and PHC are situated in such places that are away from the tribal residing regions. To approach health center they take hours walking due to inadequate transportation facility. A clear picture can be depicted with the help of table given below:

Village	Transportation Facility
Sagra	Only 1 bus (9 am) to Damoh (via SHC Rond).
Surajpura	Facilities are available but are not frequent enough. 1 bus (7:30 am to Damoh)
Doli	No facilities at all. Villagers have to walk or use their private means to reach 7 km to SHC.
Foolar	No facilities. Villagers have to walk/private means for 3km to take bus to SHC & PHC

❖ Approachability

Due to interior, remote, hilly terrain and scattered population it has been very difficult for the health workers to visit regularly specially in the case of lady workers. Moreover doctors are not at all interested in serving remote tribal areas.

Village	Approachability
Sagra	Not situated in much remote area. Approachability to SHC/PHC is much easier. ANM & BMO make frequent visits in the village.
Surajpura	Situated in remote, mountainous region. However ANM visits the village once in a month (on every 2nd Tuesday of the month)
Doli	Situated in remote area along an unpaved road. Surrounded by Sonar river and other small rivers from all around. No transportation for 4 months in rainy season. ANM visits once in a month. There are no mobile health services in the village.
Foolar	Situated in remote area and is surrounded by forest area. No health worker regularly makes visit in the village.

❖ Inadequate Health Services

SHC and PHC are equipped only with facilities for preventive and curative treatment. Health institutions have been unmanned for long period of time. Due to shortage of financial allocation shortage of medicine was evident.

Village	SHC /PHC	Assessment By Villagers
Sagra	SHC– Rond, PHC– Jabera	Services provided are inadequate. They are not equipped with facilities to provide emergency health services. They have to rush to Damoh in case of any emergency. SHC Sarra has not started functioning yet.
Surajpura	SHC– Bhajiya, PHC– Jabera	
Doli	SHC– Madiyado, CHC– Hata	
Foolar	SHC–Sarra, PHC– Tendukheda	

❖ Expensive Treatment And Medicines

Tribal people are poor and cannot afford expensive allopathic/ayurvedic treatment. It is found that generally for firsthand treatment they (tribal people) tend to prefer their magico-religious man, next is the use of herbal medicine and they opt modern health care system in last. All the villagers (especially tribal) interviewed in the project were of the view that allopathic/ayurvedic medicines are very costly and they cannot afford them. Thus whenever they fell ill they use folk medicines (herbs etc) to cure the disease.

➢ VILLAGE CULTURE & STRUCTURE AFFECTING HEALTH CARE SERVICES

Village	Village Structure	Village Culture Relating To			
		Education	**Health**	**Labor**	**Other Social Activities**
Sagra	Average SC/ST Population; Dominant Caste (Jain)	• SC/ST children made to sit away from others (non-SC/ST) • Not provided with Reading & writing materials • Not given one meal a day • Teachers ask them to do their work.	ANM (higher Caste) do not visit SC/ST households ANM visits Jain HH's only & all people who need some counseling or treatment are supposed to gather there.	No discrimination pertaining to labor was found. There was however only one discrimination that on the basis of sex. Women receive low wages as compared to men.	• SC/ST women are not allowed to fill water before the non-SC/ST women. They cannot even touch the vessels (drinking water) of the non-SC/ST women or of higher caste (Jain, Brahmin). • People of SC/ST are not allowed to enter the houses of non-SC/St or higher caste. • If any woman (SC/ST) has to pass from the house of higher caste she is supposed to remove her footwear and walk barefoot till she crosses the household. • Hand Pumps were located in the area where people of higher castes resided.
Surajpura	Tribal Majority-ST Population	No discrimination was found.	No such practice was observed.	Same as above.	No such practice was found.
Doli	Mixed SC/ST Population	OBC's were financially strong. No discrimination in education was found.	No such practice was observed	Same as above.	OBC's (Kurmi, Patel) were economically strong & were having nearest accessibility to Anganwadi Center, Primary School, water resources.
Foolar	100% Tribal Population	No such discrimination was found.	SHC (Sarra) has not yet started. No health personal visits HH's.	Same as above.	No such practice was found, as it was 100% tribal village.

6 SUGGESTIONS AND FUTURE STRATEGIES

There is an immense variety in the tribal population of India and this makes the task of dealing with the problems at once fascinating and difficult, for it is seldom possible to lay down general rules or suggestions that will apply everywhere. The tribal people living in their remote hills and forests for many centuries led a life of their own, generally uninfluenced by the main currents of history. It was only with the entry of the missionaries into these areas that the officers of the government started paying some attention to them. But this contact was superficial policies, the foremost of which was to isolate the tribal people from the purview of the normal administration. It was however only with the attainment of independence that India gradually became conscious of her tribes, became aware of her responsibilities towards them. The formula evolved in the Constitution to deal with the tribal problem was the first attempt to bring this great and vital community within the fold of the vast community within the fold of the vast Indian family, with adequate safeguards for smooth integration.

Tribal societies are said to be the very close, conservative and traditional. They have strong faith in their own beliefs, customs, rituals, and patterns of behaviors and ways of doing things. Many health problems are deeply rooted in their myths, taboos and beliefs and other worldliness. In such societies the process of change is very slow mainly because in such societies institutional changes occur rather slowly. Therefore, the opportunities and occasions for efforts by the social welfare agencies and workers to mitigate the human hardships, to avoid social costs and to improve the work situations and conditions of living, become imperative.

With this background, an attempt is being made to provide some empirical evidence, justifying and identifying specific areas of work. The work is space and time bound and it is hoped that it opens fresh grounds. In this context social work approach appears to be very useful for the tribal who are in transitional phase (Gond, Kol). For these communities we need to devise a health package which includes maternal health education and preventive care. These people have completely lost their indigenous health service on the one hand and have not been able to learn either home remedies or the basic principles of modern medical system on the other hand. We need to organize the women groups initially by providing them knowledge about health problem, symptoms and identification of common disease. More components on reproductive and child health are required to be included. Mothers will have to be taught about some hazards diseases (with symptoms) such as eye or skin diseases, diarrheas, malaria and fever, common cold and coughing whooping-cough, measles, tetanus meningitis, worms, epidemic. There should be regular campaigns to explain how diseases are transmitted. It is very important because radio broadcasts or of explanation by physician or nurses is confusing rather than understanding. For instance much efforts has been devoted to malaria and the use of chloroquin. Although some people have received the message properly, many do not understand it and other doubt its validity. The package should be made clearly explicable.

Most of the people, who have been interviewed in course of the fieldwork, show an overwhelmingly favorable attitude towards modern medicine. This is not to say that they do not use traditional medicine as often as modern medicine, but they seem to

rely on modern medicine to solve most of the health problems of their children. Limiting factors of modern health care services is as under:

- Inadequate health care services
- Greater distance from village to PHC/ SHC
- Expensive treatment and medicine
- Ignorance about the basic idea of prescriptive dose
- Abuse of drugs and its side effects
- Lack of Knowledge on health care and illness care
- Poverty and illiteracy
- Culture of consumerism

The package has to be designed in such a way that the above limitations can be efficiently removed and the health services could be made more effective and supportive. The women groups may be given major responsibilities of maintaining domestic/village sanitation and hygiene, providing protective and preventive care, periodical health check up, remedies and ameliorative measures. They should not stumble in the dark with respect to a treatment of diseases. When there is no other choice modern medicine has to be made cost-effective either through the help of voluntary organization or through the NGO's who are working for the Ministry of Health and Family Welfare, Govt. of India in executing RCH (Reproductive Child Health) projects.

We must ensure to the tribal people all the facilities of life to which as citizens and human beings they are entitled, and provide them with everything necessary to fight successfully against the privations of poverty and ignorance, unemployment and disease, exploitation and neglect.

Health education should be imparted to the local people (preferably women) with guidelines provided by health functionaries. It can be imparted through distribution of leaflets and playing of audio and where possible videocassettes, preferably in local dialects at weekly markets, schools etc. finally there is a problem of healthy, co-operative and fruitful contact with the rest of the country. This cannot be left to chance. It can be achieved partly through education, partly by care in the selection of officials and others sent into the tribal territory. The whole approach to the tribal problem should be of integration.

We conclude that all the available resources could be pooled together and in collaboration with the PHCs, NGOs and village women organization, tribal health objectives may be fulfilled. Thus it could be managed despite the scarce resource and with a few health specialists. The health management in this way is thus decentralized and organized by its beneficiaries at the grass root level.