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CONSCIOUSNESS ABOUT LITERACY, HEALTH AND HYGIENE WITHIN THE SOCIALLY BACKWARD CLASS AND CASTE, SPECIAL REFERNCE TO TRIBAL WOMEN AND CHILDREN – A CASE STUDY IN DAHARPUR VILLAGE

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Introduction

Good health is essential to leading a productive and fulfilling life and the right of all women to control all aspects of their health, in particular, their own fertility is basic to empowerment. (Beijing Platform for Action 1995).

The tribal[1] population groups of India are known to be the autochthonous people of the land. There have been a number of studies on the tribes, their culture and the impact of acculturation on the tribal society. There have also been studies on the status of women relating to their socio- cultural problems, their economic rights, their participation in management, their access to employment, food, health, etc. The status of women in a society is a significant reflection of the level of social is a significant reflection of the level of social justice in that society. Women's status is often described in terms of their level of income, employment, education, health and fertility as well as the roles they play within the family, the community and society (Ghosh 1987).

The both the nutritional status of women and their nutrition-related roles, as these two aspects of "Women and Nutrition" are clearly inter-related. Through their diverse "nutrition-related roles" women influence the nutritional status of individual household members (for example, through child care) and of the household as a unit (e.g. by earning). As women are members of the households in which they acquire, cook, serve, consume and store food, their own nutritional status is the effect of the exercise of these roles and of the ensuing 'household nutritional status. In the Indian subcontinent, the apparent contradiction between women's primary responsibility for household nutrition (e.g. food preparation, health care), and their own serious malnutrition renders a simultaneous examination of these two aspects particularly interesting. A women's nutritional status can encompass both absolute levels of nutrition among women, and their nutritional status relative to men, i.e. issues of discrimination between males and females in nutrition-related matters (such as feeding and health care) and consequent gender differentials in nutritional status. These aspects are, of course, intimately related. The Gender differences in nutritional status in childhood initiate women's 'nutritional

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handicap,' and are also evidence of the problems experienced by women (mothers) in the exercise of their "nutrition-related roles," specifically their child care and feeding responsibilities. Although child nutritional status is clearly the outcome of a host of factors, starting with the nutritional status of pregnant women, gender differentials are established during the breastfeeding and supplementation stages.

As per NFHS report, Among children in developing countries, malnutrition is an important factor contributing to illness and death. Malnutrition during childhood can also affect growth potential and the risk of morbidity and mortality in later years of life. Child malnutrition is generally caused by a combination of inadequate or inappropriate food intake, gastrointestinal parasites and other childhood diseases, and improper care during illness. Child malnutrition has long been recognized as a serious problem in India, but national-level data on levels and causes of malnutrition have been scarce. In 1992-93, the National Family Health Survey (NFHS) collected anthropometric data on the height and weight of children below four years of age from a nationally representative sample. The survey provides a unique opportunity to study the levels and determinants of child malnutrition in India. NFHS Bulletin estimates levels of child malnutrition and examines the effects of mother's education and other demographic and socioeconomic factors on the nutritional status of children. Results indicate that more than half of all children under age four are malnourished.

Children whose mothers have little or no education tend to have a lower nutritional status than do children of more-educated mothers, even after controlling for a number of other—potentially confounding— demographic and socioeconomic variables. This finding suggests that women's education and literacy programme's could play an important role in improving children's nutritional status. Children whose mothers have some education but have not completed middle school are much less likely to be stunted, wasted, or underweight than are children whose mothers are illiterate .Children whose mothers have completed middle school or higher education are even less likely to suffer malnutrition. The mother's education has a strong independent effect on a child's nutritional status even after controlling for the potentially confounding effects.

Several studies in India and in other developing countries with widespread sex discrimination have also failed to detect a gender differential in child malnutrition. The reasons for this unexpected result are unclear. Among the other predictor variables included in the analysis, child's age, child's birth order, and household economic status all have independent effects on nutritional status. Infants less than six months old are less likely to be malnourished than are older children, probably because they tend to be breastfed. Children with three or more older siblings are more likely to suffer chronic malnutrition than are children from smaller families, probably because competition for food increases with family size. Like family size, household economic status has a strong effect on chronic child malnutrition .According to UNCEF report, the level of child under nutrition remains unacceptable throughout the world, with 90 per cent of the developing world's chronically undernourished (stunted) children living in Asia and Africa. Detrimental and often undetected until severe, under nutrition undermines

the survival, growth and development of children and women, and diminishes the strength and capacity of nations. With persistently high levels of under nutrition in the developing world, vital opportunities to save millions of lives are being lost, and many more millions of children are not growing and developing to their full potential.

According to World Bank report, the prevalence of underweight children's is highest in the world, double than that of Africa's. The relatively small number of states, districts and villages in India account for a large share of burden-5 sates and 50% of the villages account for 80% of the malnutrition cases.

The present paper by the researcher made an attempt to elucidate the consciousness about health, hygiene and literacy among the women and the children. It also highlights the belief within the villager still persist, eventhough a slow pace changes is being noitced. The women and children need a special attention to look at, they determine the index of development of the developing country like India.

The paper tries to give a glimpse on the status of health, nutrition and literacy of the socially backward class and caste women and children. The women and children are dual exploited who belong to backward strata. They remain unnoticed in development processes. So the present researcher attempt to focus on them. The discussion moves on to analyze through the primary data includes, the case study. The secondary data to show the literacy rate in the village and dietary and nutrition provide by Govt. to women and children of the vilage. Next the health status of the women and their consciousness level. The paper concludes looking forward an alternative formulation, to make the life of women and children better, with the help of Govt and Non-govt agency. It's our responsibility to uplift the plight of the women in this country .Lend support to women cause and make donations to women's health, welfare and family services in India.

Literature Review

Chatterjee (1990); Desai (1994) The health of women is linked to their status in the society. Poor health has repercussions not only for women but also their families. Women with poor health and nutrition are more likely to give birth to low weight infants. They are also less likely to be able to provide food and adequate care for their children. Finally, a women's health affects the household economic well being, and as a women with poor health will be less productive in the labour force. While malnutrition is prevalent among all segments of the population, poor nutrition among women begins infancy and continues throughout their lifetime. Because of prevailing culture and traditional practices in India, the health and nutritional status of women becoming worse effected.

Sain (2005) views that malnutrition and under-nutrition among the Santhals of West Bengal constitute a serious hazard to the growth and development of people, particularly children. *According to her, redesigning child and mother's care for survival, growth and development is urgently required through primary health care movement which*

not only develop socio-economic basic living conditions i.e. clean water, sanitation and nutrition but also improve or tackle poor health of future generations in an integrated manner. (cited: 2005: 90)

K. Mallikharjuna Rao, N. Balakrishna, N. Arlappa, A. Laxmaiah and G.N.V. Brahmam (2010). Women are generally vulnerable to under nutrition especially during pregnancy and lactation where the food and nutrient requirements are more during that period. The consequences of the lower status in women has formed expression in various forms such as female infanticide, higher death rate for women compared to men, lower sex ratio, lower literacy rate in female. Tribal women were particularly vulnerable to under nutrition compared to their rural counterparts. Because of wide variation in culture, religion and levels of development among different Indian States, it is not surprising that women's health also varies greatly from State to State.

The study also highlights the need for necessary steps for more community participation in various developmental programmes for removal of poverty and improve literacy rate among females. Health and Nutrition Education has to be strengthened through department of health and ICDS, to bring awareness and behavioral change for better health and nutrition practices to improve the nutritional status of mother and child.

Salil Basu (2000). Health is a pre-requisite for human development and is essentially concerned with the well being of common man. Health is a function, not only of medical care, but also of the overall integrated development of society-cultural, economic, educational, social and political. The health status of a society is intimately related to its value system, philosophical and cultural traditions, and social, economic and political organisation. Each of these aspects has a deep influence on health, which in turn influences all these aspects. Hence, it is not possible to raise the health status and quality of life of people unless such efforts are integrated with the wider effort to bring about overall transformation of a society. Health development can be integrated with the larger programme of overall development in such a manner that the two become mutually self-supporting. The health and nutrition problems of the vast tribal population of India are as varied as the tribal groups themselves who present a bewildering diversity and variety in their socio-economic, socio-cultural and ecological settings. Nutritional anaemia is a major problem for women in India and more so in the rural and tribal belt. Maternal malnutrition is quite common among the tribal women especially those who have many pregnancies too colsely spaced. Tribal diets are generally grossly deficient in calcium, vitamin A, vitamin C, riboflavin and animal protein. Therefore the widespread poverty, illiteracy, malnutrition, absence of safe drinking water and sanitary living conditions, poor maternal and child health services and ineffective coverage of national health and nutritional services have been traced out as possible contributing factors to dismal health conditions prevailing among the tribal population in India.

Dr. Sandhya Rani, N. Rajani and Dr. P. Neeraja (2011). Education of women is as essential as men, it makes the women to find the right way of development. Even

today in most part of the country the Tribal women remains steeped in superstitions and ignorance with men presiding over their destiny. The education change the cultural norms and pattern of life of Tribal women to make them economically independent, to organize themselves to form strong group, so as to analyse their situation and condition of living, understand their rights and responsibilities and to enable to participate and contribute to the development of women and entire society. The population of St is high in some state and in some state there is no ST. Many tribal women misused the education. Education develop skill and skill could be for assuming political leadership or for economic self reliance or even social transformation.

Objectives

The present study wishes to focus on the consciousness about health, hygiene and literacy among Tribal Women and Children. It also aim to give a overview of whether Government and Non Government programme's are successfully operated in the Tribal dominated village community of Daharpur. Study has also concentrated on Economic, Dietary composition and access to health fascilities by the Tribal women and Children. Along with it, it's also incorporated the opinion of Tribal people of the Daharpur village regarding the above mention indicator of the study.

Field of the Study

The study area of my field work is Daharpur village, Narayangarh block, District-Paschim Medinipur, West Bengal. Its a tribal dominated village. The dominated community of the village comprises Lodha, Sabar, Munda tribes. Lodha comprises the highest percentage of the population. The dominated community was mainly Sabar. Noted writer and activist Mahasweta Devi is known for working with these forest tribals. This reclusive tribe, is are found primarily in East Singhbhum district in Jharkhand and in Midnapore District of West Bengal.

Study Settings

Physical Features

- *District:* Paschim Medinipur.
- *Name of the sub division:* Kharagpur
- *Block/Panchayat Samithi:* Narayangarh
- *Name of the Gram panchayat:* Makrampur
- *Jl no:* 223
- *Booth no:* 61
- *Name of Mauza:* Daharpur.
- *The surrounding of the village:*

North: Makrampur, pichabondi

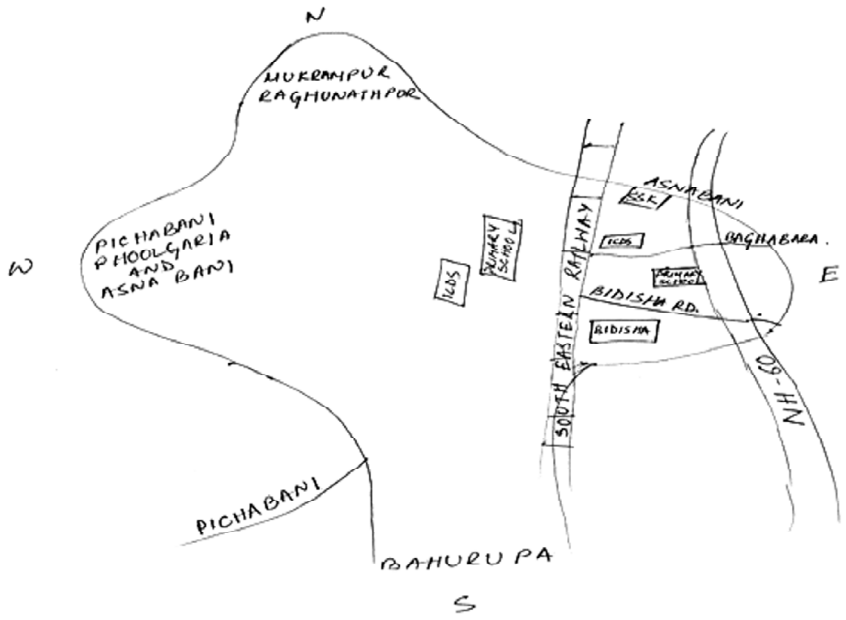
South: Bahurupa

West: Phoolgaria, Asnabani

East: Bagha Bhara.

It also comprises a National Highway (NH60) and a track of South Eastern railway leads to Orissa and South India.

The sketch map of the study area is furnished below:



Natural habitation: It has a unique distinction of rich flora and fauna and a fertile agricultural field, aquatic bodies that encircled the Daharpur Village.

- *Fauna:* Jackel, wild rabbit, snakes, different kind of fishes, deer, frog, tortoise, wild cat and cattles.
- *Flora:* Pepal, mango, neem, bamboo, Kadam, Mahagony, Eucalyptias, Krishnachara and also various types of herbs and sherbs.

Social settings: It's a tribal dominated village. Though other community and SC population also exist. But no minority and other backward caste were noticed.

- *Occupation structure:* Mainly agricultural labourer. Most of them is marginal or small farmers. Some are also today engaged in small scale industry and other small retail business in and around the village. No landless family having atleast small homestayed land. It has been achieved in the late 70's and early 80's

through distribution of land among the landless people in the form of "pattas" under Land Reform Programme launched by Left front rule Government in West Bengal.

- *Community found:* Lodha, Munda, Sabar and it also includes some SC and general caste.
- *Household pattern:* Mostly linear.
- *Religion:* They practiced Hinduism today. But along with that they still continue the practice of Totenism and belief in supernatural power.
- *Language they speak:* Bengali. The dialect of the each community differ.
- *No of Anganwari centre:* 2
- *No of SSK:* 1
- *No of Primary school:* 2
- *No of Secondary school:* 1
- *No of higher Secondary:* Nil
- *No of Post office:* 1 (situated at Makrampur-away from 2 km)
- *No of primary health centre* (situated at Makrampur-away from 2 km)
- *Nearest Railway station:* Narayangarh (2 km away from the village)
- *Road Transport:* Available connect through NH6.

Methodology

The present study has been conducted by using quantitative and qualitative method. The secondary data were gathered from different government centre-SSK, Anganwari

Kendra, Primary schools. Further case study method have been apply in order to find out the consciousness level of Tribal women and Children. There were around 25-30 case study done, out of that 7-8 person perception has been placed.

Findings

Primary Data: The case studies of the nine person perspective are given below:

- *Case study 1:* Jyoti Bhakta, 50 years old lady mother of Shyamal Bhakta of 28 years. They belongs to the ST category, lives in Daharpur hamlet of Daharpur village. Jyoti has done her education upto class 3. She couldn't continue due to poverty of her parents, and being a Girl she was asked to marry at a young age. His husband Jaganath, is educated upto class 2 and work as a marginal agri labourer. But they made their son educated upto class 10, even after economic barrier. She laments that his son doesn't want to continue. So now he works as agri labour with his father. They also have their own cultivable land, but its negligible. His son is now married, with two children. She wants her grandchildren to be educated. Jyoti visits primary health centre regularly when needed. But the belief in "Ojha" is still there in her mind.
- *Case study 2:* Sukumer Bhakta of 48 years old lives in Madhyapara works as marginal agri labour, during season he also visit Kharagpur, to do some small business like poultry. They have two son. Elder son is married and younger son have given Madhyamik in year 2010. Elder son passed Madhyamik in year 2008, and even her wife Kanchana Bhakta passed Madhyamik from Pingla Jaganath Memorial Girls High School, in year 2009, and passed with 51%. She used to get a stiphen of Rs. 480. When interviwed with Sukumer, father in-law of Kanchana, was pregnant and there she said "I like my child to be educated". She also have a wish to continue her education. Her husband work as a construction labourer. The new generation, of the family, doesn't belief in supernatural power. Health and Hygiene is primary importance for them.
- *Case study 3:* Gita Singh, belongs to the Munda tribe, couldn't say her age, but its approximately 26 years of age. Lives in Madhyapara. Has family member of 5, two son, husband and mother in law. She studied upto class 5 and work as a member of Self help group of 10 member, in the SSK of the village to cook daily mid-day meal of the village. She receive Rs. 100 per month. Her husband work as a agricultural labour. Her elder son studied in Primary school and younger one is still a toddler. She laments, that they runs in poverty. So they are worried whether they can continue younger child education. But in this circumstance to control population is still not in their training. She has given birth in her home itself. She stated they never visits primary health centre and when asked the reason, she felt shy to reply. But stated repetedly that as other visit the local "Quack doctor" she follow them, even though the Govt. health centre is near.

- *Case study 4:* Khalisi Singh, belongs to the Tribal community and follow Tribal religion along with other Hindu religion. She is of 70 years of age. She has family member of 8, two son who are married each have one children, who are Male. They have a primary occupation of agriculture, cattle rearing and sometimes does secondary occupation as construction labourer and does poultry farming. Khalisi does her education upto class 4. Her husband has done upto 1. Her two son, has studied upto class 8 and 5 respectively. Their wife's studied upto class 4. Economic barrier is major reason for which Khalisi and her Husband need to stop their education. Their son didn't continue of their own wish. Still now, Khailisi have faith in totenism and belief supernatural force. When asked she state their children visit doctor, and have no faith in Totem. During emergency only they visit Govt. Health centre.
- *Case study 5:* Kakali Debnath belongs to general caste, practice Hinduism. She is of 23 years of age. Done her education upto class 8. Her family consisit of 5 members. Her son, husband and mother and father in-law. Kakali's husband work as a marginal farmer. Her son is of 5 years of age, studied in an Anganwari Kendra, she is not satisfied with the curriculum of the ICDS, so she started giving her child in the Tution centre, which takes Rs. 50 per month. The main reason for giving tution, is to make children knowledgeable about the alphabet, which is under the Government program to be learn in SSK and Primary schools and she state her child doesn't want to study at home. She on other hand though happy with the ICDS training of hygiene. They visit to primary health care whenever required.
- *Case study 6:* Jhuma Dahi, of age 22 yr. belongs to Schedule caste. Educated upto class 8. Seems a v. bright girl. Has a family member of 3. Her husband Rabindra Bhakta, is of 25 yr. work as a construction labourer done his education upto class 8. Their son Tamal bhakta, studied in Anganwari Kendra of the village, nearby his house. Jhuma and her family doesn't belief in any supernatural force. They want their son to be highly educated. Jhuma lament, she has a wish to do Madhyamik, but her mother died, and her father never look after her. She was not allowed to study by her aunt and their family, they threaten her to marry and constantly made her belief she can't pass class 10. She doesn't want same to happen with her son. She herself teach her son. She loudly stated in the interview, "Without education my son life will ruin, I don't want my son to be in village".
- *Case study 7:* Rakhi Sri, a 28 year lady, belongs to a tribal community. She is illiterate so as her husband Makhansri of 29 yr. Their son will be first generation literate. His son study in the ICDS, but when interview the worker of Anganwari Kendra was there, she reported her child hardly comes. She only come take the daily meal. Her husband take her son to the field where he work. Her husband also has a secondary occupation of "katmail". The couple belief strongly in Ojha. They never went to primary health care of Mukrampur. In serious cases, they visit "quack doctor". Sometimes they go for homeopathic. Only during

the time of pregnancy she was taken by the ASHA lady of the village for vaccination and delivery.

- *Case study 8:* Ramesh Digar, 52 years of age, completed class 4, her wife Bharati Digar is of 49 year, studied upto class 8. They belong to ST community. Ramesh family runs in poverty, so he couldn't continue education. But she had a wish to make her son Chinmoy Digar to continue. Chinmoy done till class 4. When asked Chinmoy why he didn't study, Chinmoy laugh and said, he had no interest. But he found to be couscious about his son and daughter, studying in class 1 and 4 respectively. He though stated, if his children like to continue, he is ready. Chinmoy and her wife Sulekha, class 5 educated have no belief in supernatural force, they said it have no value, when Bharati Digar explaining how ojha cure them during snake bite.
- *Case study 9:* Mangal bhakta, a 67 old men has a wife of 47 age, Mukti Bhakta. They both used to belief in totenism and done education upto class 1 due to poverty, couldn't continue. But they they have cultivable land where he work. He has two son. While interviewing I found outside their home was the "Wagonr car". I was astonished. I asked whether its his, and he proudly said yes. My next question come directly, why aren't you in a better house, and live in Town. He stated that his son has brought this for them. He is a engineer and is in Haldia, proudly he said, "My elder son was a brilliant student, his teacher used to pay for his education. But silently he said my younger child is in class 7, and he doesn't study. So I took him in field with me". The car is given as rent to the locale, when needed. Its a source of income to the family for which his son has given this. The family visit the health care when require, Mangal and his wife used to have faith in totem, but now they doesn't, as their son made them aware of it.

The Life Story of the Villager

Secondary Data: The present researcher wishes to study two Anganwari Kendra, two primary school and one Sisu siksha Kendra.

Anganwari Kendra:[2] Each *Angawari Kendra* of Narayangarh block, act as a crèche centre, the centre works from 7.30-10.30. The centre consists of a worker and a helper. They involve in socialization of children, take care of the nutrition and health of children and pregnant mother registered and prepare mid-day meal respectively. Each member receive Rs. 4300 and Rs. 2800 respectively. The worker usually get a training before joining. Anganwari Kendra organize medical check up, where the weight of the child is noted, to keep a track, whether they get the proper nutrition and pregnant lady is taken for a regular check up, for the vaccination and health check up. The centre also does monitoring and evaluation, sometimes the meeting are also organise with mother, where she is made conscious about her children education, health and hygiene. There is VHND meeting (village help nutrition and development), where the mother is educated about the nutrition value. The supervisor sometimes visits, to evaluate the Kendra working.

Anganwari Kendra 1

Literacy Among the Children Recorded

Gender and Caste wise distribution of beneficiaries. (2010-11) registered under the particular centre–

	Total					*SC*			*ST*			*General*		
Age group	*B*	*G*	*G.T*	*% of boys*	*% of Girls*	*B*	*G*	*% of SC*	*B*	*G*	*% of ST*	*B*	*G*	*% of Gen*
0-6 month	3	3	6	50	50	0	0	0	3	3	100	0	0	0
1-2 yrs	9	5	14	64	36	3	1	29	5	1	43	1	1	14
2-3 yrs	5	10	15	33	67	0	8	53	5	0	33	0	2	16
3-5 yrs	15	14	29	52	48	7	1	28	4	12	55	4	1	17
5-6 yrs	12	12	24	50	50	6	1	29	4	9	55	2	2	16
Grand total	44	44	88	50	50	16	11	31	21	25	54	7	6	15

According to the above table, it shows that most of the students are of ST; as Daharpur dominated by the ST community. But the SC also shows a good percentage. The Kendra consists of equal number of boys and girls.

No. of pregnant mother during 2010 and 2011 registered

Year	*Total*	*SC*	*ST*	*General*
2010	5	1	4	0
2011	3	0	3	0

No. of delivery mother during 2010 and 2011 registered

Year	*Total*	*SC*	*ST*	*General*
2010	6	1	4	1
2011	5	1	4	0

At the time of 3 month during pregnancy, the food provided to the pregnant mother, it continues up to 6 month after delivery. During the month of pregnancy they get Rs. 500 from Government, and encourage to take regular vaccination.

As per the report of 2011-12, the record of ST is highest. It account more than half a percentage.

Provision of Nutrients & Medical facilities for the per Beneficiaries registered by the both Anganwari centre.

Sl. No.	*Nutrients*	*Children*	*Pregnant & Delivery Mother*
1.	Rice	50 gm	70 gm
2.	Pulses	22 gm	30 gm
3.	Soya beans	10p per student	
4.	Egg	Rs 1.70/- per beneficiaries	
5.	Oil	1.87mg	
6.	Salt	3.75 gm	
7.	Micro Nutrients	0.25 mg	0.25 mg
8.	Fire woods & spices		Rs. 21/- per day

Anganwari Kendra 2

Literacy Among the Children Recorded Under the Centre

Gender and Caste wise distribution of beneficiaries. (2010-11) registered under the centre.

	Total					*SC*			*ST*			*General*		
Age group	*B*	*G*	*G.T*	*% of boys*	*% of Girls*	*B*	*G*	*% of SC*	*B*	*G*	*% of ST*	*B*	*G*	*% of Gen*
0-6month	2	1	3	67	33	0	0	0	2	1	100	0	0	0
1-2yrs	14	6	20	70	30	1	0	50	11	5	80	2	1	15
2-3yrs	5	6	11	45	55	0	0	0	4	4	73	0	2	18
3-5yrs	15	15	30	50	50	1	0	35	2	9	37	1	6	24
5-6yrs	7	7	14	50	50	2	0	15	6	6	85	1	1	15
Grand total	43	35	78	50	50	4	0	6	25	25	64	4	10	18

According to the above table, it shows that most of the children are of ST, more than 50% as Daharpur dominated by the ST. A few belongs to SC and general category.

No of pregnant mother during 2010 and 2011 registered

Year	*Total*	*SC*	*ST*	*General*
2010	5	2	2	1
2011	4	0	4	0

No of delivery mother during 2011 and 2012 registered

Year	*Total*	*SC*	*ST*	*General*
2010	4	0	4	0
2011	7	2	3	2

Primary School[3]

The present researchers study two number of primary school of the village. The primary school starts from 11-3.30. Each school consist of a head and group of teachers. One primary school consist a para teacher. The teacher education status mostly start from Madhyamik to masters. Each need a training before joining. Most of them gets primary teacher training. There remuneration start from 12000. Some take special training also, like "Child with special training" that increase their remuneration. The school along with education, teach the basic hygiene to the children. The school also provides provision of Mid-day meal, where the egg, fish and meat serve twice in a month. Other than that they are provide with vegetable and pulses. The ration of the meal is provide by Government. Recently the Government started giving Rs. 400 for the uniform of the children. The curriculum of the school, includes English, Bengali, Mathamatics, History, Geography and Natural Science. They also get the time to play and physical training are also taught in the school. The school also organize various evaluation programme of the children. They organize staff meeting, after every two month the meeting is organize with mother, to discuss about child education and it also aim to develop the mother consciousness level. The school also keeps medicine and first aid box during emergency.

Primary School 1

Gender and Caste wise distribution of Students. (2010-11) registered.

	Total					*SC*			*ST*			*General*		
Class	*B*	*G*	*G.T*	*% of boys*	*% of Girls*	*B*	*G*	*% of SC*	*B*	*G*	*% of ST*	*B*	*G*	*% of Gen*
I	7	8	15	47	53	0	2	13	7	4	73	0	2	13
II	9	11	20	45	55	1	6	35	4	4	40	4	1	25
III0	8	10	18	44	56	1	6	39	3	2	28	4	2	33
IV	12	6	18	67	33	3	2	28	7	4	61	2	0	11
Grand total	36	35	71	51	49	5	14	26	21	14	50	10	5	22

From the above table it can be interpreted that sex ratio of students are almost equal. 50% of the students belongs to ST community. No minority & OBC students.

Performance of Students

- 1 (one) repeater in class IV only in the year of 2011-12
- No drop out
- Attendance is an average 65%
- Arrangement for monthly and terminal written examination for evaluation of merit
- All are promoted to next higher class
- Most of the students are admitted to local junior high or secondary school after completion of primary education as reported.

Primary School 2

Gender and Caste wise distribution of beneficiaries. (2010-11) registered.

	Total					*SC*			*ST*			*General*		
Class	*B*	*G*	*G.T*	*% of boys*	*% of Girls*	*B*	*G*	*% of SC*	*B*	*G*	*% of ST*	*B*	*G*	*% of Gen*
I	35	13	48	73	27	1	0	2	33	13	95	1	0	2
II	25	13	38	66	34	1	0	2	23	13	95	1	0	2
III	16	8	24	67	33	0	0	0	15	7	92	1	1	8
IV	23	15	38	61	39	0	0	0	23	15	100	0	0	0
Grand total	99	49	148	66	34	2	0	1	94	48	97	3	1	2

From the above table it can be interpreted that sex ratio of students are 3:1, most of the students belongs to ST community. No minority & OBC students.

Performance of Students

- 5 (five) repeater in class I on request of parents in the year of 2011-12
- No drop out
- Attendance is an average 85 to 90%
- Arrangement for monthly and terminal written examination for evaluation of merit
- All are promoted to next higher class
- Most of the students are admitted to local Junior high or secondary school after completion of primary education as reported.

- About 80 nos. of students are boarder, boarding and lodging arranged by Govt. aided organization namely Bidisha which is located very close to school. All the boarders are tribal who are coming from 25 TO 30 KM away from the school.

Sishu Shiksa Kedra (SSK)[4]: There is one Sishu Siksha Kendra in Daharpur village, its under the Narayangarh Block. The centre start from 10.30 AM - 3.00 PM. After 6 years, the student either shift to SSK or Primary school. Eack Kendra consists of "Sahyaika". There were two Sahayika of the SSK, the researcher studied. They both need a training before joining. The curriculum, monitoring, evaluation, provision of mid-day meal, medical check up and supply of the uniform carried by the centre is same as primary school. As like the Primary School, the centre organize co-curricular activities for the student to participate.

Gender and Caste wise distribution of Students. (2011-12) registered under the centre.

	Total					*SC*			*ST*			*General*		
Class	*B*	*G*	*G.T*	*% of boys*	*% of Girls*	*B*	*G*	*% of SC*	*B*	*G*	*% of ST*	*B*	*G*	*% of Gen*
I	14	10	24	58	42	1	3	17	12	7	79	0	1	4
II	5	8	13	38	62	0	2	15	4	4	62	1	2	23
III	8	4	12	67	33	1	0	8	7	3	84	0	1	8
IV	5	6	11	45	55	0	0	0	5	4	82	0	2	18
Grand total	32	28	60	53	47	2	5	12	28	18	76	1	6	12

From the above table it can be interpreted that sex ratio of boys and girls are 53:47, 76% of the students belongs to ST community. No minority & OBC students. No of drop out I class II is 1 (one) due to metal retardiation. Nos. of repeater of boys and girls are 1 and 2 respectively in class II. 1 no. of girl student in each class of III and IV.

Performance of Students

- No of drop out in class II is 1 (one) due to metal retardation.
- Nos. of repeater are boys and girls are 1 and 2 respectively in class II. 1 no. of girl student in each class of III and IV.
- Attendance is in an average 60%.
- Arrangement for monthly and terminal written examination for evaluation of merit
- Most of the students are admitted to local junior high or secondary school after completion of primary education as reported.

Literacy Programme in the Village

Key Findings

- When interviewed with the worker, teacher and in-charge of the centre, the students found not regular. Hardly 5-6 are regular especially during cultivation and harvesting of paddy crop period. They only come to collect the daily meal. Most of their mother's are not aware; they take their children to the field rather than keeping in the centre. During interview every time she mention "As its ST para, the parents are not aware. The Sabar community are still v. backward, they are difficult to make learn and conscious. They take their child to field, than bringing them to school".
- The worker of the centre complained the irregularity is due to the lack of awareness of guardian. The guardian complained that teacher doesn't teach, doesn't bring their child to the centre, rather they prefer tuition instead. The villagers mostly run in poverty, getting a daily nutritious food became more important than going to the centre to them. In many instance the children are asset of family.
- The ration chart shows, what the Government set up, but when interviewed the workers stated that the egg need to be provided half, the full egg cant' be provided as the cost of egg is Rs. 4/-. The vegetables are also not provided regularly as they complained. The micro nutrient is also not always available. Even the firewood provided is not sufficient. They need to be bought latter on by the worker. The workers also stated that when weight is meassured, they have found that girls are of low weight than boys, especially among SC and ST community than General.
- The ration money is provided from the Block office which is headed by is CDPO. The Naryangarh market is the nearest to buy the above items. The fund is provided more-or-less at right time. Some centre complained they doesn't gets money at

right time, so they need to spend from their own money and wait till the money comes from block.

- Many pregnant mother were found malnourished, the food supply by Kendra, doesn't reach the pregnant and delivery mother. The food as bring back in home get share among the family member. Even the complained stated that the girl child show remarkably low weight who belongs to tribe than a boy of general caste.

Conclusion

Health and nutrition problems of the vast tribal population of India were as varied as the tribal groups themselves who presented a bewildering diversity and variety in their socio-economic, socio-cultural and ecological settings. The nutritional problems of different tribal communities located at various stages of development were full of obscurities and very little scientific information on dietary habits and nutrition status was available due to lack of systematic and comprehensive research investigations. Malnutrition was common and greatly affected the ability to resist infection, led to chronic illness and in the post weaning period led to permanent brain impairment.

Good nutrition was a requirement throughout life and was vital to women in terms of their health and work. Nutritional anaemia was a major problem for women in India and more so in the rural and tribal belt. In developing countries, it was estimated that at least half of the non-pregnant and two thirds of the pregnant women were anaemic. The situation was particularly serious in view of the fact that both rural and tribal women had a heavy work load and anaemia had a profound effect on their psychological and physical health. Anaemia lowered resistance to fatigue, affected working capacity under conditions of stress and increased susceptibility to other diseases. Maternal malnutrition which was quite common among the tribal women was also a serious health problem, especially for those having many pregnancies too closely spaces, and reflected the complex socio-economic factors that affected their overall situation. The nutritional status of pregnant women directly influenced their reproductive performance and the birth is crucial to an infant's chances of survival and to its subsequent growth and development. Nutrition also affected location and breast feeding which were key elements in the health of infants and young children and a contributory factor in birth spacing.

Scanning through available data, it was observed that among most of the tribal groups the staple diet was rice or minor millets. Tribal diets were generally grossly deficient in Calcium, Vit. A, Vit. C, riboflavin and animal protein.

As pointed out in the National Nutrition Policy of 1993, widespread poverty, resulting in chronic and persistent hunger is the single biggest scourge of the developing world today. The physical expression of this continuously reenacted tragedy is the condition of under-nourishment, which manifests itself among large sections of the poor, particularly women and children. Daharpur village is of no exception. People over here run in poverty. Food to Education is of greater importance to them. The

processes goes like cycle. The greater the poverty, more the illiteracy the greater is lack of awarness and in turn greater susceptibility of malnutrition, of which women and children are the victims. The consciousness about health is v. poor among the Tribal women, especially among women and children. The belief of supernatural power and the belief in "ojha" still continues there. The 1st generation are still in belief of supernatural force. Today the "quack doctor" gains its importances the doctors who are not so specialized. The belief in him, make the villagers rush towards him. The Government health centuries not so popular, firstly is the distance which is the main reason for the villagers reluctancy to go and visit. But there are some who give priority to the govt. health centre. During pregnancy though today the women with the help of ASHA lady visit to govt health centre.

The programme of the Govt. have reach to the village, but the lack of awarness among the villagers and the poverty as a barrier blocks the development within mind of the villagers and the village as a whole. For example, they still have a nature to take the children as the asset of the family, who will work in field. As agriculture stand as the main occupation in Daharpur village. Some also engages in some business, and make their children involve. On other hand in some cases the Govt. policy is not adequate, for eg- The govt. decided Rs. 1.75 for per beneficiaries, in the distribution of eggs. The price hike is increasing and is not possible to buy and suuply a single egg to per beneficiaries, so automatically its distributed as half, the proper nutrient is not getting. Even the food when taken back to house, the beneficiaries registered for that particular meal, is not receiving. The meal gets divide among family members. The villagers too misuse the Govt. programme, as their child is registered in any of the centre, they get regular food in weekdays. Its also the policy of Govt. to encourage children to literacy and the task of the centre to look at it. In reality, the villager come to take meal and hardly come to school. Sociologically its interpretated that, they need daily meal, and education is not so important for their child. Rather they are asset, than can give them financial gain. If the centre incharge refuse to give food, for not bringing their child to the centre, the villager's started shouting and is refuse to understand the reason. The mentality of the villager is that, the centre is there to supply the regular meal, that their child deserve, education is secondary. It's mainly within the Tribal community than the schedule caste and general. In our experiences during the study period, everyday when the researcher used to go to the centre, there were v. few student and in most cases there were no ST candidate present, even they constitute the majority, registered under the centre, as mentioned Daharpur is Tribal dominated village.

The centre which the researcher study, faced several problems, even the guardian whose children's are registered they raise complain against this Govt. centre.

The problem face by the centre's in general are as follows:

Infrastructure Problems

- There is no chair /table or sitting arrangement for the worker.

- There was no door.
- There were no toilet and drinking water facilities; it is affecting the hygiene of the centre. Due to lack of water the children couldn't be provide with the food at the centre, they need to take back home the food. Due to that, the proper nutrition to the respective individual couldn't be assured, as the food gets divide among brother. The pregnant and delivery mother also need to take the food back home.

Social Problem

- Lack of awareness among the villagers. They complained that "Sabar jati are difficult to make them concern about literacy and health, that is why they show lack of weight. Adivasi (Bhumej, Munda) are more interested in study.

Economic Problem

- Most of the villagers runs in poverty, the daily nutritious food is more valuable to them, than education. Children are in most cases asset to the family.

Problems Faced by Guardians

- They are not happy with the syllabus of Anganwari Kendra. Jhuma Dahi, a villager, whose child is registered in the Anganwari Kendra, when interviwed stated that they want the teacher to teach their child, the alphabet and numbers and not to play. Due to that they doesn't send children to centre. Rather to make them learn send them to tution.
- Many complained that "didimoni'' doesn't come always, she provide us half egg". They also state that Didimoni misbehave with them.

A change although has been noticed within present generation, the guardian of the upcoming generation, are showing awarness more than their parents. They like to continue their children education. Education even is still though a luxuary among the majority, but within them some who are able to come out of poverty want their children to continue education. The many families noticed, who themselves are Madhyamik. Even a women found who is educated till class 10. It gives a developing signal of the village. Interestingly the guardian who is educated upto class 9 or 10, seem much aware with their child education. The percentage of that is v. few. The importance of medicine than supernatural force gains importances. The consciousness among women during pregnancy and after delivery is developing, with the help of Government policy. The ASHA lady of the village along with the worker of Anganwari Kendra, daily tries to visit the pregnant ladies house. If the awarness about health, hygiene and literacy can be at a constant pace in village and in mindset of the people could be change, the villager can hope to see light in near future. The literacy make a person conscious, the consciousness make a human being aware of their and children's health. The healthiness determines the person

capacity to work and live a better life. To women and children in general, who are already taken as weak, need a much care and awarness, they determine the index of development. The pregnant mother give rise to the new generation and new generation determines the future, so their literacy, health and hygiene awarness and consciousness need a prime focus to take account and bring changes when needed. Good health and good society goes together.

Women in general, are quite satisfied with what they are and what they have. It is often not only true for women folk, but everyone who feel frustrated and helpless. However in order to develop and raise their level of aspiration, adequate educational opportunities, are to be provided so that they get motivated to participate, support and also ultimately learn to initiate their own programme of development. It can make individual better suited to the change of dynamic world.

Recommendation

To raise the consciousness level of the people of the village, an awarness need to be created. Govt. may colloaborate with other organization which can successfully raise the consciousness level. The consciousness need to be rise among the present mother, who will make the new generation through socialization. The primary school, might forthnightly organize class for the mother, to make them aware about health and hygiene fascilities of the Government. It is task of the Government organization, set up in village to change the mindset of the people. ASHA should involve in door to door service every forthnightly, and organize joint meeting of the women of the village at night, every Weekend. This can change the outlook of the villagers and a hope can be seen, that it can raises the consciousness level.

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Notes

1. A tribe viewed historically or developmentally, consists of a social group existing before the development of, or outside of states. Many anthropologists use the term tribal society to refer to societies organized largely on the basis of kinship, especially corporate descent groups. A tribe is an Indian group which possesses certain qualities and characteristics that make it a unique cultural, social, and political entity. The nature of what constitutes an Indian tribe and the very nature of tribes have changed considerably over the course of centuries, but certain characteristics have remained. Scheduled Tribes make up around 7.5% of the population of India These tribal groups inhabit widely varying ecological and geo-climatic conditions (hilly, forest, tarai, desert, coastal regions etc.) in different

concentrations throughout the country and are distinct biological isolates with characteristic cultural and socio-economic background. Tribal groups are homogeneous, culturally firm, have developed strong magico-religious health care system and they wish to survive and live in their own style.

2. *ICDS: (Integrated Child Development services scheme):* It was launched on 2nd October 1975, today, ICDS Scheme represents one of the world's largest and most unique programmes for early childhood development. ICDS is the foremost symbol of India's commitment to her children – India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other.

   The main objectives of ICDS are:

   1. To improve the nutritional and health status of children in the age-group 0-6 years.
   2. To lay the foundation for proper psychological, physical and social development of the child.
   3. To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
   4. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
   5. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

   The Non-formal Pre-school Education (PSE) component of the ICDS may well be considered the backbone of the ICDS programme, since all its services essentially converge at the Anganwadi Centre (AWC) – a village courtyard – is the main platform for delivering of these services.

3. *Primary education:* Sarva Siksha Abhiyaan and the District Primary Education Programme aim to achieve universal elementary education. The Government of India wants to bring the children of age group 5 to 14 years under the purview of elementary education by 2010. Thus the District Primary Education Programme (DPEP) and the Sarva Siksha Abhiyaan (SSA) was introduced in the years 1997 and 2000 respectively. The Government of West Bengal has implemented the DPEP in 10 districts since 1997 and it has become a part of the SSA from 2001-2002 in all the districts of the state. In the planning period 2007-2012, SSA will be funded on a 1:3 basis where the share of Central Government's contribution will be 25% and that of the State Government will be 75%. SSA aims to universalize elementary education by community-ownership of the school system. It provides a wide convergent framework for implementation of Elementary Education schemes. It provides budget provision for strengthening vital areas.

4. *SSK (Sisu Sikha Kendra):* It was set with a objective to bring all children between 5-9 years under Primary Education, where primary school away from the locality. It was implemented in the West Bengal by Paschim Banga Rajya Prarambhik Sishu Siksha Unnayan Sanstha (PBRPSUS) and the department are jointly responsible for planning, monitoring, supervision and administration of S.S.K centres. Upto 40 children one Siksha Sahayika and two Sahayikas remain in-charge of teaching. The Sahayikas are remunerated [at] Rs. 1,000/- per head per month. The process of teaching, total school time per day, test books etc. all are similar to those of a formal school. The cost of test books and other teaching and learning materials are borne by the State Government & PBRPSUS.

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