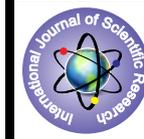


## Health and Occupation Among Tribals: A case Study of Beda Tribe of Hiregonagar Village in Koppal District of Karnataka



### Sociology

KEYWORDS :

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#### INTRODUCTION

In Indian context health is a important aspect of human being. Good Health care is essential and for that the facilities and services are also essential to lead a good life for people. Today Government of Karnataka and Central Government had taken immensive steps to improve their Health condition. But one or other way tribal Health condition is not satisfactory.

#### RESEARCH PROBLEM:

In primitive time, the tribals who live in thick forest area and other remote places had to depend upon their forest produce. Tribals have their own culture, customs, practices and religion. But today, due to increased urbanisation, Industrialisation and modernisation is affected to the tribal Health and their daily bread (occupation).

Therefore, the present study proposes to analyse the Health condition and Occupation among the bedas in Hiregonagar vilage of Gadag Taluk.

#### MEANING OF TRIBE:

The English word 'tribe' is derived from the Latin "Tribus" one of the three political divisions or patrician orders of ancient Rome, Later, when the number of political divisions was increased to 30 and eventually to 35, the original term remained and indicated a political division. In later, periods, the term assumed other meanings. Thus, in certain areas of the western world, it stood for a division of territory allotted to a family or community (Rao.Y. Ravidranath : 2003).

#### MEANING OF HEALTH

**MayBaker Eddy :** Health is not a condition of matter, but of mind or can the material sense bear reliable testimony or the subject of health.

**Frankin defined:** Health is a background feature of daily living & a person's displays to his essential normality health people are normal people are healthy.

**Talcott parsons (1951):** Who describes health as a state of optimum capacity for the effective performance of value tasks.

**But according to Gopal K. Rani:** 1996, Primary Health Care includes atleast health education, the promotion of proper nutrition, adequate and safe drinking water, proper sanitation, maternal and child health care, Family planning immunization programme, prevention and control of endemic diseases etc. To assess the growth of awareness and utilization of health facilities, in the tribal area of Visakhapantnam district we have taken three important indicators, namely, (1) School Health Services (2) Maternal and Child Health(MCH) Services and (3) Immunization Programme.

#### REVIEW OF LITERATURE

The Review of Literature helps the teaching faculty, experts, NGO people and the students to study the tribal Health problems, occupation, and various diseases etc.

Elwin(1939, 1947,1942) was one of the pioneers to focuses on the study of Indian tribes. He has contributed abundantly to the tribal literature and studies concerned with their problems. He wrote extensively on various Indian tribes such as, Baiga and Maria. In his study "The loss of Nerves' (1952), he pointed out that in India, the tribes are in a peculiar state of transition. According to him, the tribes have passed through as many as four stages of change or cultural development due to the influence of the contract with the people in the plains, villages, and non-

tribal Hindus and Christians. Elwin has advocated the policy of planned acculturation and suggested certain measures for the development of tribal people.

Rivers has published a detailed study on various aspects of Todas of Nigligiri hills(1986). Through specific case studies Singh (1982) presented an account of economic transformation that has taken place among the tribes. Their study focuses on the change and transformation of the modes of production, the relations of production among the tribes from different parts of the country. The study also discusses the problem of the relationship of the tribal economy with the society.

Further, Thankur (1980) in his study of Iepchas, a small tribe in Darjeeling district, observes that there is a slow change in their traditional activities although dress and food habits are gradually changing. There is a slow change in their outlook in their world view in their attitude to values and philosophy of life.

The study conducted in Dharwad, Karwar Gadag, Haveri, Koppal, Raichur Gulbarga and Belgaum District in Karnataka by scholars like Shivashakarnaryan (1970) Thurston (1909), Iyer (1935) Abishankar (1970), Kaptal Krishnarao(1977) Surnayth U. Kamath(1982) C.H.Chayvadan Rao (1984), L.K. Iyer(1988), Rao Y Ravindranath (2003), Dr.Jyothi.Dhruva. B (2000), etc., Delineate only few aspects none of the above study given a complete account of their socio, Health and their cultural life. Therefore the tribal study is essential. But in the case of tribal health right from the beginning, although a new twist has been given with the formation of the new ministry for Human resource development. It has been widely realised that, the vicious circle of poverty, malnutrition and sickness can be broken by an increase in the investments on health and education. Health therefore emerges as an important source of physical and mental development and human productivity. In this context, it is highly essential to focus on the incidence of sickness. Changing the picture in the case incidences of sickness throws the light on the changes in the health status etc. An attempt has been made to study about their health and occupation disturbance.

#### HYPOTHESIS:

The Study has following Hypothesis

1. Bedas neglected their health problems in modern days
2. Various causes of health problems and economic condition of bedas in the state of Karnataka.

#### RESEARCH QUESTION:

1. Why their health condition is disturbed even PHC centre is located?
2. Why they still depend on stone cutting as one of the occupation ?
3. From the last 10 years why they are migrating for occupation to irrigated district and state?

#### OBJECTIVES OF THE STUDY:

- To find out their socio-economic condition and occupational mobility among Bedas.
- To find out the problems like migration, sanitary, food, water etc., faced by the Bedas.
- To examine Bedas health and cultural profile.
- To understand tribal Health in the context of modernisation.

#### METHODOLOGY:

##### Universe of the study:

In Karnataka state out of the 52 Tribal groups the Bedas is the

first and largest tribal group. They constitute nearly 7.05 per cent. According to 2001 census of Karnataka tribal population has been increased more than 8.8 of the total population. In our study region Hiregonagar of Koppal district bedas constitute approximately 80% of the total population of the village.

**SAMPLE:**

A systematic sampling technique is adopted Researcher collected the data from 80 respondent (Head of the House hold) moreover after collecting the data the elder opinion about the leaders and other knowledge person in the community also interviewed. Researcher also obtained the data from the panchayat, social welfare officers, community leaders, sanghas, organisation, official in various departments and other persons were consulted to obtain accurate information relating to bedas settlement, Health and their problem. District Gazetteers and manuals helped the researcher to traced their various problems.

The Study has been conducted in northern Karnataka districts which have thick Beda population in different regions. The study is confined to the Hiregonagar village of Koppal Districts the sample was selected on the basis of the total Beda population in respective places and their different occupation and characteristics. In the case of Homogeneity the sample was small in size but in the case of other villages newly existence for the administrative purpose. The data was collected from 80 Heads of the House hold belonging to Beda or valmiki tribe .

**TOOLS AND TECHNIQUES:**

The study is based on both primary and secondary data. The primary data was collected with the help of interview schedule the interview schedule contained both pre-coded and open-ended questions. The unit of study was the head of the household. Usually on an average each interview took about 2 or 3 hours the interview conducts during the day time.

**NON-PARTICIPANT OBSERVATION:**

Through this method the researcher has to be observed Bedas non-emotional involvement with the social situations. These members may relatively free to share their tensions and other delicate matters. For e.g. conflict threat, harassment, elite power etc. Further it is also noted that the data collected from the interview schedule, contains pre-coded and open ended questions. Further collected data is used for the report writing.

**INTERVIEW SCHEDULE AND GROUP DISCUSSION**

A major portion of the data was from the interview schedule. It contained both pre-coded and open-ended questions and then administered to the head of the household. The relevant data was collected from the head of the family.

The collected data enabled the investigator to asses their feelings and awareness. Further it also enables to know the recent changes that are taking place in various fields and areas such as marriage, family role, status of Kattimani, economic, organisational status of men and women, dress, health, religion, food habits, sanitary, education occupation patterns, drainage system etc.

Data was also obtained from the elderly and other manners of the community regarding their social, economic, cultural religious and political matters. The interview schedule was structured in form. The schedule was prepared in English but administered in Kannada and Marathi.

With the help of Beda community members, group discussions were organised. The respondents were frank and co-operated with the research scholar during the fieldwork. The group discussions had both advantages and disadvantages. Some respondents felt free to express themselves whereas some were hesitant to express their views freely in the presence of their neighbours and relatives.

**SECONDARY DATA**

Data was also collected from such secondary sources like books, journals gazetteers census reports. This data was a collected only to supplement, clarify and elucidate the primary data.

**HEALTH FACILITIES:**

Health is most and fundamental aspects of every human being better Health status leads to better productivity. One of the major organisation world over is to provide the sound health to every individuals and hence the slogan "Health for all by the year 2000 AD" central Government and State Government trying their best efforts upgrading the health status among the people but they are neglected beda tribes in this respective area especially this group population less in every villages of Koppal districts and approximately 40,000 in the Koppal Districts.

An analysis of the Health problem of Beda/Valmiki in Hiregonagara village revealed following the problems they are

**Table 1.1  
DRINKING WATER PROBLEM**

Sl.No	Particulars	Numbers	Percentage
1.	Private tab in the house	5	41.66
2.	Public stand point in the street	5	41.66
3.	Public hand pump	2	16.66
4.	Public well	0	0.00
	Total	12	100.00

In above the table 1.1 clearly indicated that drinking water problems persists and is a major priority area which must be look into researcher observation revealed that there is very high percentage stone type of mud. Government is failed to provide drinking water facilities due to 11 km away from the town called Gajendragada.

Further researcher observed that due to impure water people suffering from fever omitting and skin disease therefore pure and safe drinking water is one of the most basic needs of the tribals. Added to this it is observed that all the schemes like and hand pumps wells bore wells pipelines etc. Are existing but number of them becoming out of order and not repaired and are non functional

**Table No.1.2  
EDUCATION WISE CLASSIFICATION.**

Sl No	Education	Total	Percentage
1	Illiterate	35	43.75
2	Primary	40	50.00
3	Middle School	05	6.25
	Total	80	100

The above the table 1.2 indicates the Educational qualification of the respondent who were interviewed by the Head of the Household. Among the 80 respondents 35(43.75) percentage respondents are illiterate because poverty is one of the major obstacle for their study and 40(50.00) percentages respondents were gone to primary education and 0.5 (6.25) percentage respondents were went to the middle school. This above the data clearly indicates that lower level education is the another reason to neglect their health and cleanness among the people It is important to find out the changes taking place at the education levels of the respondents comparing to their parents and their fore fathers their aspirations towards the education and the children it is observed that majority of the respondent illiterate they may speak only Kannada but a could not right in Kannada or any other language Right from the primitive to the present society cast is a dominant factor and is deep rooted in Hindu society. Lingayath and Brahamins enjoy the virtual monopoly over education they consider themselves as the knowledgeable people. In this region Lingayath is dominate caste they have many education institutions in surrounding area but they are neglecting or not encouraging or not compelling Beda/Valmiki people for the studies and occupation.

**Table No.1.3**  
**TYPE OF HOUSE**

Sl No	Type of house	Total	Percentage
1	Mud house	40	50.00
2	Thatched	05	6.25
3	Tiled house	20	25
4	R.C.C/Stone	15	18.75
	Total	80	100.00

The above table 1.3 indicates the type of mud house. 40(50%) percentage of the respondents were the mud house. 05(6.25%) percentage of the respondents or leaving in thatched house 20(25%) percentage living in tiled house and 15(18.75%) percentage people living in R.C.C/Stone houses.

**Table 1.4**  
**BATHING FACILITY IN THE VILLAGE**

Sl. No	Particulars	Total respondents	Total
1	At the front door of the house	32	40.00
2	At the common bathroom in the house	32	40.00
3	At public hand pump	4	5.00
4	At outside the house	8	10.00
5	At the separate bath room in the house	4	5.00
	Total	80	100

The above table 1.4 indicates that bathing facilities of the respondents out of 80 respondents 32(40.00%) respondents have said that they take bath at the common bathroom in the house. Among 32(40%) percent respondents said that they take bath at the front door of the house. Further 4(5%) of the respondents said that they are taking bath nearer to the public hand pump 8(10.0%) of the respondents reveals that they are they are use to take bath outside the house rest of the 4(5%) of the respondent taking bath as separate bath room in the house

**Table 1.5**  
**Drainage System among the respondents**

Sl. No	Particulars	Total respondents	Total
1	To the Gutter front of the house	20	25.00
2	To the Gutter beside of the house	20	25.00
3	To the road	30	37.50
4	To the Gutter in front of the house	5	6.25
5	To the Gutter behind of the house	5	6.25
	Total	80	100

The above table 1.5 indicates that there is no drainage system in the Hiregunagar village of Koppal district only we can see that open Gutter (drain) system in the village out of 80 respondents 20(25%) water goes to the Gutter in front portion of the house. 20(25%) water goes to the Gutter in besides of the house. Further 5(6.25%) water goes through the Gutter in front of the house 5(6.25%) respondents reveals that water goes to the Gutter behind of the house.

It is observed that since they don't have drainage system people are facing lot of problems in the this are the drainage system and scavenging are the two important factors to keep the health environment surrounds the house but most of the rural area they do not have these facilities or these facilities are properly not provided by the panchayth. Lack of these facilities would create health problems by way of garbage. Generally communities lack of modern facilities through they are in greater need of these facilities due to its poor economic condition. In this case particularly the low and very low class household in the village would be the victims of the poor drainage system and scavenging. These civic amenities in this study include only these two facilities done by the village gram panchayat which is administration unit of the village community.

**Table 1.6**  
**Latrine Facility in the Village**

Sl. No	Particulars	Total respondents	Total
1	Latrine attached to the house	02	2.50
2	Open space at the road side	70	87.50
3	Community latrine provided by the gram panchayat	02	2.50
4	Field defection	06	7.50
	Total	80	100

The above table 1.6 indicates that out of 80 respondents 02(2.5%) of respondents has latrine facility in the house. The respondents who had latrine facility in the house said that, it was type of basin without flush. The latrine facility was not used by the all the members in the family out of the 80 respondents 70(87.50%) respondents said they are going for field defection and most of them go alone if they want to go for field defection during the night they take someone with them. If they are going in morning they are used to take beedi or cigarette and cup of tea. During the rainy season they use towel(cloth) plastic, umbrella etc., in order to cover their head 2(2.5%) respondents said they go to opens space at the road side. Rest of them 6(7.5%) respondents going field defection for their latrine

**Table 1.7**  
**CLEANLINESS OF MOUTH AND TEETH**

Sl. No	Particulars	Total respondents	Total
1	Plain Water	00	0.00
2	Dantoon	00	0.00
3	Branded tooth powder	04	5.00
4	Tooth paste with brush	40	50.00
5	Neem Sticks	25	31.25
6	Any other	11	13.75
	Total	80	100

**BATHING HABITS****Table 1.8**  
**BATHING HABITS**

Sl. No	Particulars	Total respondents	Total
1	Daily one time	42	52.5
2	Alternate day	33	41.25
3	Once in three days	05	6.25
	Total	80	100

The above Table No.1.8 indicates that out of 80 respondents 42 (52.5%) respondents take bath daily one time either in hot or cold water. 33 (41.25%) respondents take bath on alternative days. 05 (6.25%) respondents have said that they take bath once in three days.

**CLEANLINESS OF HEAD, FACE (SHAVING), FINGER NAILS AND WASHING HANDS BEFORE MEALS**

The researcher observed that the respondents in the village may take their bath before meal, but fail to wash their hands before a meal with a soap. Out of 80 only 40 (50%) respondents use soap for their hand wash before meals. Whereas 20 (25%) of the respondents wash their hands before meal with water only. Whereas 20 (25%) of respondents do not wash their hands before meals. 10 (12.5%) of the male respondents shave frequently. other 15 (18.75%) of the male respondents shave bi-weekly and fortnightly. Most of the adults, male respondents get themselves shaved attribute to its various reasons that the village barber did not know that after shaving the instruments needed to be sterilized, during the shaving process he cut his fact at several places and bleeding occurs, due to the absence of knowledge about germs, he used no antiseptic and left the blood to coagulate naturally. Above all, the respondents are aware about deadfall diseases like AIDS which can spread from saloon shaving. However, it is noted that few respondents in the village who get shaved on alternate days used safety razor as well as shaving cream, or dettol after shaving.

Out of 80 respondents 50 (62.5%) respondents cut their nails fortnightly. Other 30 (37.5%) respondents cut their nails weekly. The investigator observed that few women folk in the village allow growing their nail and never want to cut for a long time. However, men are more cautious about their nails. Regarding the cleaning of the head concerned among the women folk, in case if the lice are found in the head a majority of the women respondents belonging to low and very low classes use, branded medicine to get rid of them. It is observed that most of the respondents not applying coconut hair oil to comb the hair daily.

The cleaning of hands with mud is culturally determined. It is the faith in the Hindus and until we clean hands with mud they are not clean. Since pale soil is considered to be "pure" so it is most commonly used for cleaning hands in the rural community. But soil may not be free from contamination. The habit of washing hands with soil is associated with gastric disorders and worm infestation and skin diseases.

**HABITS OF SMOKING**

**Table 1.9  
HABITS OF SMOKING**

Sl. No	Particulars	Total respondents	Total
1	Bidi	21	26.25
2	Cigarette	07	8.75
3	Bidi+ Cigarette	14	17.5
4	Ganja	02	2.5
3	Do not smoke	36	45.00
	Total	80	100

The above table 1.9 explains that among 80 respondents 21 (26.25%) use to smoke Bidi. 07 (8.75%) respondents use to smoke Cigarette. 14 (17.5%) respondents use to smoke both bidi and cigarette. 02 (2.5%) of respondents use Ganja to smoke. However 36 (45%) of respondents told that they do not smoke. It is observed that smoking is socially acquired behaviour in the majority of low and very low caste or class households of the community under study. It is proved that the children learns the first lesson of the smoking from his family and friends. The guest is first served with a bidi or cigarette as it is considered a symbol of honours. Worth mentioning with regard to smoking is cultivating the smoking habit by young boy of the village at the age of ten or fifteen and sometimes even earlier. Some of them may smoke in the absence of their parents. Others start smoking in the company of their friends and later on do so even in the presence of their elders.

**ALCOHOL CONSUMPTION**

Alcoholism is a condition in which the individual has lost control over his alcohol intake in that he is constantly unable to refrain from drinking once he begins (Johnson, 1973: 519). According to Keller and Efron (1955:619-644), alcoholism is characterized by the repeated drinking of alcoholic beverages to an extent that exceeds customary use or compliance with the social customs of the community and that interferes with the drinkers health or his social or economic functioning. An alcoholic is different from an "occasional drinker". Any person who takes alcohol is 'drinker', while a 'compulsive drinker' who cannot live with taking alcohol is called an alcoholic. According to clinebell (1956:17) has defined an alcoholic as one whose drinking interferes frequently or continuously with any of his important life adjustment and interpersonal relationships.

Broadly speaking, alcoholism has been characterised by four factors : 1) excessive intake of alcohol beverages, 2) individuals increasing worry over his drinking, 3) loss of the drinkers control over his own drinking and 4) the disturbances in his functioning in his social world.

**TABLE 1.10  
HABITUAL DRINKERS AMONG THE RESPONDENTS**

Sl. No	Particulars	Total respondents	Total
1	Yes	41	51.25
2	No	39	48.75
	Total	80	100

The above table 1.10 indicates that out of 80 respondents 41(51.25%) per cent have the habit of drinking, 39(48.75%) per cent Respondents do not have the habit of drinking. Therefore chronic and heavy drinking habit of alcohol is offence response for liver damages neuritis, and other similar complaints. It is important to note that all the respondents habitual drinkers are men women rarely they drink.

**TABLE 1.11  
HABITS OF SPITTING AND CHEWING**

Sl. No	Particulars	Total respondents	Total
1	Betel nut	11	13.75
2	Betel nut+Betel Tobacco	15	18.75
3	Sweet pan	6	7.5
4	Pan masala	6	7.5
5	Gutkha	29	36.25
6	Tobacco Lime	2	2.5
7	Do not chew	11	13.75
	Total	80	100

From an ecological point of view, disease is defined as maladjustment of the human organism to the environment.

From the Sociological point view disease is considered as social phenomena it occurs among all the societies members. Researcher observed many type of Health problems and diseases among the respondents those are as follows shown in the table.

**TABLE 1.12  
COMMON HEALTH PROBLEMS AND DISEASES OF THE RESPONDENTS**

Sl. No	Particulars	Total respondents	Total
1	Headache	8	10.00
2	Back pain	21	26.25
3	Body pain	8	10.00
4	Chest pain	10	12.5
5	Cough and cold	12	15.00
6	Stomach ache	21	26.25
7	Tooth ache	0	0
8	Dysentery	0	0
	Total	80	100

**TABLE 1.13  
DISEASES AND HEALTH PROBLEMS THAT ARE FOUND AMONG THE RESPONDENTS**

Sl. No	Particulars	Total respondents	Total
1	Body pain, Back pain, joint pain	40	50.00
2	Fever, Stomach ache, T.B	30	37.5
3	Scabies, Typhoid	5	6.25
4	Asthma, Fluorosis	5	6.25
	Total	80	100

**OCCUPATION:**

Occupation determines social status. The nature and type of occupation predominantly determine the style of a particular group or individual. Mumtaz Ali Khan(1989:74) emphasized that "one of the most important factors which determine the social strata of any individuals or group of individuals relates to the economic conditions. Depressed economic conditions lead to illiteracy and loss of personal freedom eventually affecting the development of the human personally. This is particularly so in the case of the backward and weaker sections".

Regarding the factors which lead to the occupational change among the tribals Kabra viewed(1981:19) that, the process of deforestation is a major one." This has also created difficult conditions for the tribals. The original inhabitants of the area were forced to migrate to other areas for employment. The tribal

workers can easily take up hard manual work that does not require formal training in a skill. So they find jobs in good number of those operations where unskilled workers are required.

Today Bedas are in the lower stratum of caste hierarchy and usually engaged in lower occupations, which do not give sufficient income for their livelihood. They most of the time support the profitable occupations of higher caste. Today we notice that due to modernisation and emergence of caste-free occupation, industrialisation, legislation and protective discrimination the Bedas/nayaks change their traditional occupation like hunting, agriculture etc. But researcher observed that for their livelihood. Today they are hunting animals and birds.

**TABLE 1.14**  
**RESPONDENTS OCCASIONALLY HUNTING ANIMALS AND BIRDS**

Sl. No	Particulars	Total respondents	Total
1	Occasional	45	50.00
2	Regular	3	37.5
3	Major source of livelihood	15	18.75
4	Traditional occupation	17	21.25
	Total	80	100

Today due to the lack of water facility and monsoon effect or drought majorities of the Bedas migrating to Mangalore Bangalore Rathnagiri (Maharashtra) Goa for their livelihood but this is only seasonal at the time rainy season respondents coming back and attending their agriculture work.

#### CONCLUSION AND FINDINGS :

The main objective of the study of Bedas is to find out the several health problems and their Socio economical status and occupational mobility in Hiregonagara village of Koppal Districts.

1. The data shows that Bedas earlier depending on stone cutting was one of the major occupation but today they are migrating to irrigated area for their livelihood.
2. The data 83.7 per cent clearly indicates that lower level education is the another reason to neglect their health, cleanliness, among them.
3. The Respondents 50 percent are living in a Kachha house due to the poor economic condition.
4. It is observed that poor food habit contribute the malnutrition especially among the children and pregnant women.
5. It is observed that Bedas are left the joint family system and living in nuclear family. The 80 percent respondents Bathing facility front door of the house and common bathrooms in the house; this leads many diseases among them
6. The data revealed that 50 per cent wastage water flows through the open gutter (drain) front and backside the house.
7. The 31.25 per cent respondents make use neem sticks for their brushing the teeth
8. The latrine facilities is worst 87.50 per cent respondent going field defecation
9. The respondent around 26.5 per cent and 7.5 per cent smoking daily Bidi and cigarette this is another direct affect for their health.
10. The data reveals that hunting is a occasional but majority of them migrating for their livelihood to the other districts and states.
11. Through influence of the modernisation urbanisation globalisation Bedas have an contact with town people and today they shown more awareness about their health and different type of occupation.

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