

## Health care system among tribal peoples in urban settings: An ethnographic study in North 24 Parganas, West Bengal

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### Abstract

Medical anthropology is a field that includes both biomedical and socio-cultural concerns to anthropologists. Its growing field considers the socio-cultural context and implications of diseases and illness in a cross-cultural dimension. In the present study, different ethnic group and cultures recognize different illness, symptoms and have developed different health care systems and treatment strategies. The health care system of tribal communities itself in general an individual is closely link to the way he/she perceives various health problems, its meaning, and treatment with relevant institutions. The holistic concept as well as approach, as the present researchers attempted provides a valuable framework for analyzing the overall health care system under the purview of tradition and modernity.

**Keywords:** Medical Anthropology, Health Care System, Tribal Community, Tradition, Modernity, Change

### 1. Introduction

#### 1.1 Preamble

Medical anthropology has academic/theoretical and applied/practical dimensions (Kottak, 2004) [6]. It is a field that includes both biomedical and socio-cultural concern to anthropologists. They basically examine such questions as: which disease affect different population? How illnesses social culturally constricted? How does one treat illness in effective and culturally appropriate ways?

The growing field considers the socio cultural context and implication of disease and illness. A cross-cultural research shows that perception of good and bad health along with health treats and problems i.e. health care system of a community is culturally conducted. Different ethics groups and cultures recognize different illness symptoms, and have developed different health care system and treatment strategies. Discusses also varies among cultures (Ember, 2008; Kottak, 2004; Havilland, 2008; Miller, 2011) [1, 4]. The kind and incidence of disease vary among societies and cultures interpret treat illness differently. Perception and standards for sick and healthy bodies are cultural constructions that also vary in time and space (Miller, 2011).

In recent years, anthropologists have increasingly pointed out the overlapping nature of anthropological and epidemiological interests and have sung the practice of collaborative research, especially that focusing on the health sequences of human behavior under profile of health care system of two tribal lockets in the urban settings of the district of North 24 Parganas, and comparative account of disease and frequent of the two tribal communities under study.

All societies have health care system beliefs, customs, and specialists concerned with ensuring health and preventing and caring illness (Kottak, 1991). The health care system of tribal communities determines the health seeking behavior of the community itself in general and individual vs. closely linked

to the way she/he perceives various health problems; what they actually mean to him/her. On the one hand, and on the other he/she access in various relevant institutions. The holistic concept and approach as well as the relevance of the present study the present researchers possessed provide and a valuable framework for analyzing the work as the students of anthropology in health fields. The relevance of the present study goes to health problems as need special attention in the context of the tribal communities specially those who live urban habitant and at the transitional contexts of occurrence, i.e. tradition and modernity rather than their original ecological niches in their age-old homelands.

The tribal populations of India are indigenous groups. They form about 8.08% of the total population. About 67.5 million persons have enumerated in their country as being numbers of scheduled Tribes (STs).they differ considerably from one another in race, language, culture and beliefs, in their myths customs and their health care system, too. It has been observed from numerous studies that there is a great difficulty that there is a great difficulty in persuading the tribal people to avail modern medical treatment as prevailed in the mainstream society, because they have rigid and well developed system of primitive medicine. Hence forth the magico-religious practices play major role in their ethno medical milieu.

It is also mentionable fact the general health status of the tribal is poor as compared to modern-industrialized societies. They may suffer from some distinct health problems, not because they have specific type of health, but because of specific perceptions and placement in different areas and circumstances, in their context of occurrence. So the concept of health, disease, treatment, life and death among the tribes is as varied as their culture. The tribal society is often guided by the traditionally laid down customs, to which every members of the society is expected to confirm. As per their beliefs, of the fate of the individual and community depends on their

relationship with urban unseen inexperienced forces, with intervene in their health care affairs.

## 2. Objectives

The present study is mainly concentrated on the following objectives-

- To study native concepts of health care system as observed among the communities under study.
- To make an ethnographic account of the traditional and modern health care system as prevailed among the communities under study.
- To make comparative account as aimed of the disease and treatment obtained traditional mad modern perspective.
- To analyze the changing factor and issues in the health care system of the communities due to the development of communication, urbanization and modernization.
- Finally, to give a preliminary suggestive measures to sustain the traditional system of the health care within the inseparable relevance of modern health care system of the urban main stream society under study.

## 3. A Brief Ethno Profile of the Tribal people under Study

- **The Oraons:** The Oraon also call themselves '*Kurukh*'. According to S.C. Roy (1915), they probably owe their name Kurukh to the hero-king Karakh Oraons are supposed to have lived originally in the land called Karusha, south west of the Ganga. They have a vague knowledge regarding their migration to Chotonagpur in Bihar state from *Rhotasgarh*. Now they are concentrated in Chotonagpur in Bihar and adjoining area of Madhya Pradesh and Orissa, they are also distributed in the state of West Bengal, Tripura, Maharashtra and Assam. According to 1981 census, their Population in Bihar is 1,048,066. Though they are primarily rural, more or less 11.86% of their population is related from urban areas.
- In West Bengal the Oraons are distributed in the district of Jalpaiguri, Midnapur, and 24 Parganas. They have migrated here from the state of Orissa and Bihar. Their population, according to census is 437,574. They speak Bengali for inter-group communication use the Bengali script. Their primary occupation is agriculture, but some of them work as wage laborers and collect forest produce.
- The present study has been undertaken one of the Oraon pockets, in the sub-divisional urbal spot Barasat in the district of North 24 Parganas, West Bengal who have been migrated from the Ranchi District of Jharkhand.
- **The Santals:** The third largest tribal community of India with a population of 4,260,842, they are distributed in the state of Bihar, West Bengal, Orissa, and Tripura. The Santal call them '*Hor*' which means man. According to the known history, their traditional homeland the Chotonagpur plateau and the surrounding plains south of the rive Damodar. The Santal migration started after the famine of AD 1770 into Birbhum and Santal Pargana, Their present homeland. Their highest concentration is in the *Rajmahal Hills* of Bihar and neighboring areas.

- According to 1981 census, their population in West Bengal is 1,166,610, of them 53,860 persons (3.23%) are returned from urban areas. The traditional occupation was hunting and gathering. Now their primary occupations are settled cultivation and wage labor. Many of them are engaged in government jobs. Education, health and family welfare programmes and opportunities for self-employment have to some extent been beneficial for the *Santal*, especially in *Santal* dominated belts.
- The present study has been undertaken one of the Santan concentrated pockets, living at the Khalishakota Palli Hamlet in the North Dum-Dum Municipality (Urban) area.

## 4. Introducing the Present Research

The theme of the present research has been chosen to cover both the socio-cultural and aspects of clinical issues in examining the health care issues and finally to propose a suggestive measure for them under the purview of the ethno-medical milieu of medical anthropology. The clinical issue as observed in tribal health care concern itself with an observation of disease domain, issues of prevalence of disease, nutritional deficiencies and associated environmental and cultural correlates. The picture the emerged through the detailed ethnography of the same from the etic perspective and necessary biomedical enquiry tells about the gapes that exists in the health care coverage helping thereby in formulating appropriate programmes for future inventions. In the other being emic perspectives in approach, the disease is seen as illness in the framework of social and cultural experiences of tribal peoples under study who suffer and seek health by the present researchers. This domain of enquiry concerns itself with traditional as well as indigenous system of medicines, tribal healers, rites and rituals, ethno-medical applications, cultural-specific patterns of health seeking and reactions to public health care programmes along with the urban based health care system of the main stream societies. Both perspective complement each other and help us in understanding better the real issue that behind the failures in covering the tribal communities which have been lagging behind. Besides there, two prime as well as dominant paradigm, it has also been considered appropriate to examine special issue that that have become very pertinent in the issues of tribal health care system and the policy perspective of the same.

The present study also highlights the relevance of the future effort each has to be multidisciplinary and multidimensional. The study may be more fruitful as well as application oriented if the study conducted by trained health and social workers, educated patents, and families, communicator, community and opinion leaders, psychologists, expert from the field of food and nutrition, along with anthropologists.

## 5. Research Design Followed

The present researchers essentially followed the following strategy of shaping the whole research systematically:

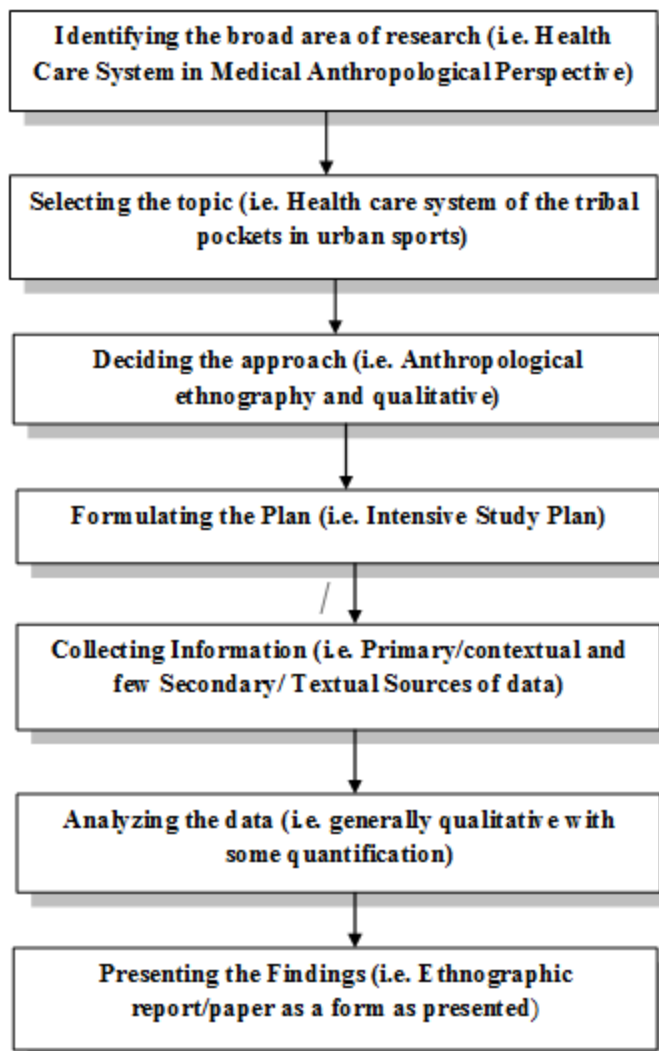


Fig 1

### 5.1 The Venue of Observation & Methodology Used

The tribal peoples of *Adibasipara* and *Santalpatti* as a whole constitute the venues as well as universe of the present study. The hamlet *Adibasipara* (the Hamlet of the tribals), regarding its administrative setting, it is the Barasat Block-I, P.S-Barasat, Barasat Sub-Division, in the district of North 24 Parganas, West Bengal. After the tribals of their hamlet have been migrated from the Ranchi district of Bihar and settled down just behind the Barasat Municipality.

On the other hand the *Santalpatti* (the hamlet of the Santal tribe) is located at the *Khalishakota*, No.4 in the Birati under the North Dum-Dum Municipality in the district of North 24 Parganas, West Bengal. Both these Hamlets are well communicated with the surrounding urban areas as well as Kolkata City.

During investigation it has been observed that the principal economy of the people of *Adibasipara* depends mainly on the jobs in the Barasat Municipality along with shop kipping, Police service, railway labor etc. The Santals of the *Santalpatti* depends mainly on day labor, van/ rickshaw pulling, security services, Fish Selling, factory workers, etc. the relevant part of the ethno profile of the two populations under study are given in the tabular chart.

The tribal populations of these two these hamlets is spread over the same. The area or venue of the present study has been

selected purposely as; it is nearer to the researches' house and also due to the lack of time as consumed for the study through fieldwork. Since there two areas of observation as well as the universe of the present study is comparatively smaller in size having representative concentration of all occupational categories of the population of the *Adibasipara*, and *Santalpatti* have also been purposely sampled for the present study was conducted in the household study have been purposefully sampled for the intensive study in the present study and through Participant Observation, supplemented by the case studies and intensive interview, genealogies and photography. In fact the people of these hamlets are distinctively homogeneous group and proper for the scientific selection of the most representative samples.

It is also worth motioning here that the books, journals, newspapers, bulletins, and web internet sources have also been utilized as secondary data for the present study.

### 6. Observations, Discussions, and Interpretations

During investigation it has been observed that health is considered to being well physically and mentally among both the Santals and the Oraons of the studied areas. The present researchers have taken an intensive observation on their health, hygienic system, treatment patterns, disease etc. under the purview of their health care system both an emic and etic point of views.

The tribals in general, can hardly makes a distinction in the magnitude of the fevers they usually suffer from in their day to day life. However, within the limits of their own respective world views, most of the *Oraons* and *Santals* under study have definite means of identifying and classifying various kinds of ailments and diseases. It may be worthwhile to state that at least one component of health is universally seen among both the tribal groups and that is committing or omitting certain acts. In other words, a bias of trust is thought to bring upon some kind of affiliation the individual or a family as whole. Measles, tuberculosis, diarrhea, cholera are some such disease in independent of the sanitary condition of the community depends on the relationship with under forces, which intervene in tribal sociocultural affairs. They apparently conceive that if any of them offend sickness, death and other calamities. They also believe in presence of benevolent and malevolent spirits, the former play a protective role and honoured, while the latter are considered being responsible for causing diseases and epidemics.

During investigation it is also common observation across the hamlets that ancestral spirit has play an important role in the prosperity and protection of the family and they have to be properly honoured for, otherwise they will be wrath on the family members. These spirits are believed to bring a state of physical, mental, and social being to the members of the family. According to the key informants they are many spirits who are feared because of their power to afflict people by bringing a number of diseases. The role of the spirits, ghosts and deities in their in the causation and treatment of disease is so important that the local people have to seek the help of transitional healers divine, medicine men, sorcerers (*Gunia or Gunia, Ojha, Pujari*, etc.) for appeasing, controlling, or driving away the disease causing agent as conceived. It is also a mentionable observation that the frequency of worshipping or getting in touch with malevolent spirits is more common because of their immediate effect in day-to-day life.

Therefore, the concepts of health among the Oraon and Santals in Adibasipara and Santalpatti respectively are more or less similar from one individual to other. But culturally explainable phenomena on their health altered to some extent both in affirmative and negative dimension on the impact of urbanization and globalization as it has already been introduced the new trait in the spheres of pharmaceutical milieu in the neighboring mainstream societies of these two tribal; groups.

Like other people, the tribal people also had a concept of good and bad health. In their point of view of being well and healthy, every people have to care full about their daily food, hygienic system, and precaution and treatment pattern of disease. Their main focus regarding this has been on the progress of health to become well in day to day life. It has been informed that children and pregnant women have to get some special care and treatment as per their economic sufficiency of the families they belong to and they also try to do so.

**Table 1:** Common Disease/ Illness among the Tribes

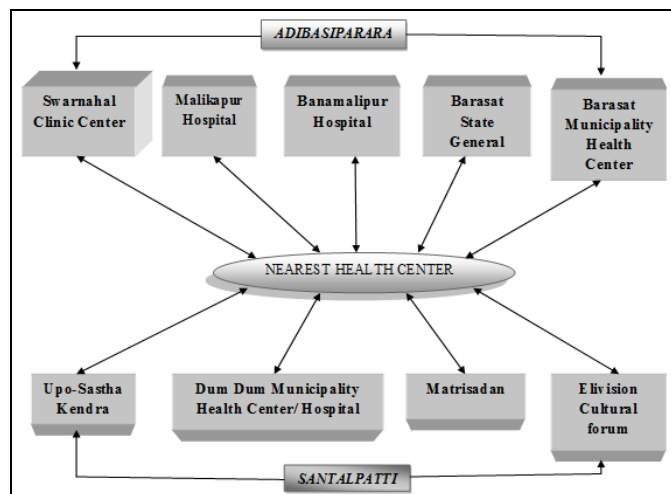
Tribe	In Summer	In Rain Season	In Winter
Santals	Malaria, Mouth-ulcer summer, Loo	Diarrhea, Malaria, Loose motion, Dysentery.	Gissi, Cough & cold, Malaria, Respiratory Infection.
Oraons	Malaria, skin irritation, Loo, Mouth-ulcer.	Diarrhea, Malaria, Loose motion, Puni Dysentery.	Cough & cold, Malaria, Pneumonia, Sarfatna

Therefore, they have their own believes and practices concerning illness. The concepts of health, illness, disease and medicines as well as treatment are in fact manifestations of social cultural response to the dimension of material and non-material existence. The most common disease and illness among them are parasitic infections diarrhea dysentery skin disease respiratory infections, whooping cough and malaras. The disease likes, tuberculosis, leprosy, and malaria are also common in the study areas. Health facilities in proper form are still beyond their reach because the norms prescribed by the state government for establishing primary health Center and sub-centers. There are inappropriate for a dispersed population in small settlement in inaccessible areas like Adibasipara and Santalpatti. According to the informants if health facilities in the proper form of proper treatment are to be available, most of the people can neither pay to doctors nor pay for the remedial measures.

They follow allopathic as well as homeopathic treatment during disease and illness. It is worth mentioning that regarding serious situation like, enlargement and pain of appendix, gall-bladder, heart disease, while surgery may be needed, they used to follow the modern treatment inhabitable to the hospital and large health centers. On the other hand while suffering from the day to day disease and illness, they prefer to their indigenous or traditional as well as ethno-medical treatment.

The most commonly used medical plants by both the communities are given below in a table chart:

**6.1 Nearest Health Center of the Studied Areas**



**6.2 The Patterns of Treatment**

Generally two type of treatment pattern are observed during investigation. Both the Oraons of Adibasipara and the Santals of Santalpatti prefer traditional treatment along with the modern medicines. For modern treatment, they generally go to hospital or health center as given in the above flow chart.

**Table 2:** The Medical Plant Used by Santals and Oraons under Study

The Santals
Power of bark of Shimul tree ( <i>Bombax ceiba</i> ) in case of face blow and breathing problems.
Eating Alovera paste ( <i>Aloe vera</i> ) in case of stomach pain.
Use of latter in case of dog bites.
Use of the sap of basil leaf ( <i>Ocimum basilicum</i> ) in abscess.
The sap of Doije-Khoije paste (leaf) [unidentified] incase if headache.
Use of paste of Basak Pata (leaf) [ <i>Dichroa febrifuga</i> ] with Madhu (honey) in cough and cold.
Use of the mixture of cow milk, sugarcane, coconut milk, and the root of <i>Bhuikumro</i> ( <i>Ipomoea sp.</i> ) in case of while discharge of the female folk.
Use of paste of <i>Achra-Pachra</i> leaf (unidentified) in case of <i>Angul-hara</i> [the pain in the top of finger]
Use of stem sap of <i>kochu</i> ( <i>Arum sp.</i> ) in case of finger pain.
The Oraons
Eating of arune seed mixed with water in case of <i>nautea</i> or vomiting.
Use of use of boiled water with margosa leaf and <i>nishanda</i> ( <i>Vitex negundu</i> ) leaf.
Use of the sun plant in arthritis
Use of paste of the leaf of <i>telakochu</i> ( <i>Coccinia cordifolia</i> ) in headache.
Eating of wet flattened rice with lemon juice in case of diarrhea
Use of <i>German lata</i> (unidentified) with marigold leaf on the wound
Use basil leaf liquid in cough.
Use of leaf of <i>sefali</i> flower ( <i>Nyctanthes arbortristis</i> ) in cold and fever also.

**Table 3:** Traditional Treatment pattern among the *Santals* and *Oraons* under Study

S. no	Fever/Illness	Local Name	Symptoms	Traditional Medicine
1	Fever	Bukhar/ Jawr	Increasing of body temperature, pain in whole body and unwillingness to eating.	Khoruch root is used.
2	Cough & Cold	<i>Sardi-Kashi</i>	Problem to breathe normally and getting cold.	Sap of <i>basak</i> leaf is used
3	Headache	<i>Matha Dhora</i>	Headache.	In-healing boiled water with salt.
4	Loose Motion	<i>Pet Dasto/Khorap</i>	Increased lavatory and weakness.	<i>Bel</i> leaves are used.
5	Stomach Pain	<i>Pet Bayatha</i>	Pain in Stomach, or upper abdomen. Patents could not anything.	Alovera gel is used.
6	Chicken Pox	<i>Basanta</i>	Small black headed pimples or vessels in whole body and patents getting suffered from high fever.	Crued by an <i>ojha</i> (medical man) by using neem leves. <i>Atap chal</i> , turmeric dust and <i>tulsi</i> leaves.
7	Nautia/ Vomiting	<i>Bomi Bhab</i>	Excessive outcome of food.	<i>Thane</i> leaves are used.
8	Skin Disease	<i>Charmo-Rog</i>	Itching, scratching or rashes in the skin.	<i>Chitricar</i> seeds are used in skin disease.
9	Piles	<i>Ashwa</i>	Marching & itching during lavatory in the rectum.	Alovers & <i>katabon</i> pulp are need.
10	Snake Bite	<i>Saper Kamor</i>	Harmful bite of snake.	Bhui neem and sarpegaudha plants used. Beside stem of banana is crashed & juice squeezed.
11	White Discharge	<i>Sada Srab</i>	Secreting while liquids from female genital organ of femalefolk.	The mixture of cow milk, sugarcane, coconut milk, & the root of <i>Bhukumra</i> plant.

**Table 4:** The Sacred Plants as Medicine and Their Uses

S. no	Local name	Parts Use	Medical Use
1	Dhuta( <i>Datura stramonium</i> )	Flowers	Paste used on wounds
2	Tulsi ( <i>Ocimum tenuiflorum</i> )	Leaves	Leaf sap used in cold &cough and leaf paste with honey
3	Bel ( <i>Aegle marmelos</i> )	Fruit	Fruit juice used for good health and also in stomach ailment
4	Akanda ( <i>Calotropis Gegantea</i> )	Leaf	Leaf oil used in arthritis
5	Sefali ( <i>Nyctanthes arbortristis</i> )	Flower and Leaf	Flower juice used in cold & cough and leaves used in fever and

During investigation, host of the informants said that the proper use of the medicinal plant is found in their homeland where from they have been migrated here being with the urban mainstream dwellers, they have already started to the use of modern medicine along with the ethno medicine as available now-a-days in the context of occurrence.

**6.3 Traditional and Modern Treatments: Few Cases**

**Case-I**

**Budhua Oraon, Female, 24 years**

My child is suffering from a disease after her birth. She become very thin and used to cry a lot. Once we found that her legs were crossed and tied with each other, we could not understand. I did not go to the doctor; they would not have any medicine to core this disease. So, I meat to the local *Vidya* (medicine man) with a bowl of *ghee* (clarified butter) which has been mixed with some local *jodi-booti* (herbs) and advised me to apply the salutation on her legs and give some massage by using the herbal medicine, gradually my child was cured, with the result shown within three days after application. Then we had a full faith on the *vaidya* and his friendly behavior. He has given the minimum cost of Rs.20/- for this task. I think going to doctors means lot of money and they do not always have medicines for all treatment. I earn money by farming, so we always have to face financial constraints.

**Case-II**

**Suman Oraon, Male, 22 years**

Five years back, I got married, after three years of marriage, I became father, but my child died after six month after birth, the child suffering from fever and his eyes were getting prominent. I felt that my child getting seriously ill nad too him

to the *Ojha*. He said your child will be fine and cure if you give me a pair of pigeon and a pair of hens. I was agree with this condition and give him all there as he wanted, just to make sure that my child will be cured surely. The *Ojha* gave me a medicine made of *Jodi-booti* (herbs) to be had for two days, but the situation as well as condition retained the same, so I took my child to the doctor. The doctor pushed on injection and some tablets were prescribed for the same. But there was no change to recovery and in most of the time the child was unconscious. I went back to the traditional healer and continued his treatment on the fifth day. But alas my child became more critical in condition at night and could not take him to the doctor immediately. I took him in the next morning. The doctor looked at him and declared him as died. I am not at all satisfied with the treatment of the doctor as my child could not be survived.

**Case-III**

**Jyoti Oraon, Male, 28 years**

My mother in law was addicted to take ‘*Cholai*’ (Country Liquor). She has taken this liquor daily. After drinking this for a lot of time she was getting ill. It was necessary for it was necessary for her although she could not arrange her food she must arrange *cholai* and it was too effective to her as she used to drink this in empty stomach. She did not listen to anyone of her family members and ignore all the percussion she has to be taken for and used to drink the same twice in a day. After getting ill, she even did not go to the doctor for treatment fairing of leaving this addiction, though her son took her to doctor for better treatment. She used to drink *cholai* from an illegal seller of the locality and also used to sleep in sun ray. One day she died by massive heart attack.

#### 6.4 Changing aspects

Among the Santals and Oraons some change have been found in the life of and culture including health care system too. After migration from their homelands, they got involved in various urban based jobs. A common feature as shared by the tribal peoples of the studied areas is their remoteness and marginal quality of territorial resources. They informed that in the past, exploitation of such poor hamlets was found both and uneconomic. But the recent technological development, the advancement of communication and modernization and a rivalled economic and political strength and capitalism in the neighboring urban mainstreams for the evasaion and extraction of natural resources. They are getting modernized and sanskritized (Srinivas, 1952) day by day, by living in the urban spots, i.e. Barasat, Birati as well as North Dum Dum, they are trying to develop themselves with other neighboring group or urban dwellers., especially in their health care systems. Along with the traditional system, they become involved in using the modern popular treatment patterns.

With the help service providers like ICDS and by the administrative help the people become so much conscious about their health care systems. They started to send their children in schools. They engage in different categories jobs and try to use different type of electronic machine or instruments like mobile phones, televisions, and internet also. Changes are also found in their food habits and dresses.

In spite of all these, there is a continuation of traditional norms as like *Handia* (country liquor) among the Oraons of Adibasipara. Both males and few females are used to take this even knowing the bad effects of *Handia*.

#### 6.5 Role of Administration: A Brief Overview

According to the officer in charge, health chief of the Barat Municipality, the tribal people of the *Adibasopara* have to follow the rules and regulations regarding health and hygiene of the locality like the study peoples. But, if any one disobey the same, has to face with district magistrate (DM) with a fine of Rs. 10/-. For disinfection of water, the peoples are given calcium hydroxide from the Municipality. The community bathroom of the Hamlet is cleaned regularly with bleaching powder. The mosquito clean spray is also given from the Municipality regularly two days after. The aged menfolk who serve for the municipality get medical facilities arranged through ICDS unit of the same. The pregnant women are given food up to 9th months of pregnancy, if any one of them possesses a card in the municipality hospital. The ICDS members advise the women not to lift heavy objects during this period. Sufficient arrangement of temporary ligation is also done in municipality hospital. The pregnant women are given two tetanus injection must from the hospital along with vitamin, iron, calcium, tablets, with of cost. All the pregnant women are instructed to go for a month wise check up from the municipality hospital.

On the other hand during investigation, no specific pattern of treatment and facility from the part of the local administration was found in *Santalpatti*. But it has been informed that the councilors or the local ward of the Dum Dum Municipality. Generally play a role for the same the nearly health center namely, Elevation Cultural Forum has play a positive role in arrange in the health awareness programme twice in a week. The people of the *Santalpatti* are also getting some facilities regarding treatment with free of cost. The knowledge and

awareness about immunization are found along them. As the people are living along with the urban dwellers of Dum Dum Municipality they are more aware of their health and treatment. There was a Sub-Health Center ("*upo-Sastha Kendra*") in *Santalpatti*. They get necessary information and facilities and hygiene measures to maintain their area clean from this center. The couples are found to be aware of modern contraceptives. The pregnant women get *dal* (peas) and oil and also get injection with medicines from the center.

#### 7. Concluding Remarks

The study has shown that the concept of health and health care is intertwined with several factors among both the tribals. Beside physical constrains the tribal people face their day to day life, it is traditional ideologies that many time act as determining factors in health and health seeking behavior of the people prevalence of malnutrition and consequent of health hazarded among tribal children has been socially accepted by now. But till recently malnutrition and related disease were viewed separately ignoring the unavoidable cause effect relationship among them. It is also worth mentioning that welts are measures in the form of grants in each and kinds are powering in, in the affected families. Financial assistance has been offered to the affected families as well as the entire localities.

The categorical changes in their socioeconomic front have made them vulnerable to different kinds of carch situation. A breakdown of traditional life in the urban spots has exposed them to an alien situation. They are found to cope in the nontraditional domain with a traditional weapon (life way, which very often failed miserably amounting the health hazarded and socio-economic disorganization in the tribal society).

After migration in urban spots from their homeland, the percentage of literacy is found to be little increased among them perhaps due to the effects of the urbanization as well as due to the completion with the neighboring urban people to service. Participating in educational institution increase where before migration most of their ancestors were illiterate, but each family has an aim to make their children highly educated. But due to the lack of low income jobs in most cases the people could affect the Oraons of *Adibasipara* and the Santals of *Santalpatti* are conscious about their health and health care system but they could not maintain it properly due to their economic insufficiency. Last of all it has to be remarked that the concept of health is needed to spread among the tribals under study properly so that they can set to much health conscious and can get relief from different fatal diseases ailments along with the proper treatment to.

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