



## HEALTH AND HYGIENE BEHAVIOUR OF THE DEORIS OF ASSAM

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**ABSTRACT** Health is a function not only of medical care, but also of the overall integrated development of society cultural. The health problems need special attention in tribal communities. The tribal population has distinctive health and hygiene problems which are mainly governed by their habitat, difficult terrains and ecologically variable niches. It is generally said that health and hygiene behaviour of tribal people are poor relative to the non-tribal people because of their different habitat, difficult terrain, isolation, primitive customs & tradition, illiteracy, superstition etc. The Deoris are one of the plain schedule tribes of Assam, who are likely to exhibit certain socio-cultural and demographic characteristics which are different from those of other tribes and non tribal population of Assam. Any study comprising all the tribes of a region is bound to conceal the peculiar characteristics of each tribe which may be influenced on its health status and hygiene behaviour. The present study is an attempt in this direction to study of a tribal group of Assam— The Deoris- at its micro level.

**KEYWORDS :** Health & hygiene, Awareness, Culture, Deoris, Behaviours.

**0.1 INTRODUCTION:**

The UNDP Human Development Index (HDI) comprises three components i.e. health, education and income generating capacity. Health is a function not only of medical care, but also of the overall integrated development of society cultural. The health status of a society is ultimately related to its value system, philosophical and cultural traditions. The health problems need special attention in tribal communities. Available research studies point out that the tribal population has distinctive health problems which are mainly governed by their habitat, difficult terrains and ecologically variable niches. The health, nutrition and medico- genetic problems of diverse tribal groups have been found to be unique.

The Deoris are one of the plains Schedule Tribes of Assam. Ethnically they are affiliated to the Indo- Mongoloid group. As per the 2011 census the total Deori population in Assam is 43,750. They are mainly concentrated in the districts of Lakhimpur, Dhemaji, Tinsukia, Dibrugarh, Sivsagar and Jorhat.

**0.2 Objectives:**

Health status of a population group depends to a great extent on the knowledge of health and hygiene of the people. In this paper an attempt is made to analysis the health and hygiene behaviour of Deoris of Assam by assessing their knowledge about health and hygiene, food habits, drinking, clothing, cleanliness, working hours, working conditions, rest etc.

**0.3 Methodology & Sample Design:**

Three districts of Assam having very high to moderate concentration of Deori population have been purposively selected as sample districts. These are Lakhimpur, Sunitpur and Tinsukia. From these three districts 21 Deori villages have been randomly selected as the sample villages. A village is said to be Deori village if the percentage of Deori households in the village is 50 or above. A total of 1077 households from the 21 sample Deori villages have been randomly selected for intensive study. Thus the study will be confined into 1077 sample (Deori) households. The study is primarily based on field-work data collected from sample households with the help of a series of questionnaires prepared for the purpose. Besides, several secondary sources are also used.

**2.1 Health and Hygiene Knowledge:**

Health means the state of complete physical, mental and social well being. Hygiene is another name of health education, which plays a vital role in the preservation and development of the physical and mental health of a person. By knowledge of health and hygiene we mean the awareness of the people regarding some behaviour which enable a person to be physically fit and lead a long and healthy life. To measure health and hygiene behaviour among the Deoris, some indicators such as daily bath, daily brush, food habit, drinking habit, washing hands before meals, cutting of nails and cleaning of mattress, rest time, sleep etc. have been included in the interview schedule.

It is found in door to door survey that out of total surveyed population,

59.9% takes bath regularly (daily), 64.6% population have brush teeth daily. It is worth to mention here that brush means cleaning teeth by any means. About 70.8% Deori people washes their hands before any meal, while remaining 29% takes food by dirty hands which are absolutely unhygienic. Nearly 32% surveyed people cut their nails weekly. Only 15% of the population washes their mattress and cloth regularly. Most of the families were little conscious of personal hygiene. Use of common towels, and drinking cups/glass, carelessness about handkerchief, imperfectly washed dishes etc. were prevalent practices among them. Diffusion of some infectious diseases could possibly be related to such unhygienic habits.

The table 1.1 shows the health and hygiene knowledge and the sources of such knowledge of the respondents.

**Table: 1.1 Health & hygiene knowledge and the sources of such knowledge**

Particulars	Number of respondents	Percentage to the total respondents
<b>Health &amp; hygiene knowledge</b>		
Have knowledge	690	64.07
Do not have Knowledge	387	35.93
Total	1077	100
<b>Sources of knowledge</b>		
Formal education	598	86.67
Educated children	76	11.01
Awareness programmes	16	2.32
Total	690	100

Source: Fieldwork data

It is observed from the table: 1.1 that 86.67 percent have received knowledge from their formal education while 11.01 percent got their knowledge from their educated children. However, only 2.32 percent of the respondents have acquired the knowledge from awareness programmes organized by the Govt. or non gov. organizations in their area.

**2.2 AIDS Awareness:**

AIDS (Acquired Immune Deficiency Syndrome) is a serious illness that slowly attacks and destroys the body's immune system. Though worldwide research efforts cure for AIDS have stood as a challenge. Prevention, through safe sex practices by the use of condoms, appears to be the only solution to this problem. For HIV infected persons, Anti-Retro Therapy (ART) provides some hope which reduces the load of the virus in blood.

The HIV is transmitted from a infected person to others only through the following three ways-

- The HIV can be transmitted through sexual intercourse, heterosexual or homosexual, either vaginal sex, oral sex or anal sex.
- HIV can be transmitted through infected blood and blood products

through the transfusion of infected blood and sharing of contaminated syringes & needles.

- A mother who is HIV infected passes on the virus to her baby before or at birth or through breast feeding.

Considering the importance of HIV/ AIDS, an attempt has been made in the study to examine the level of AIDS awareness and knowledge of transmitting factors and precautions for avoidance of the disease among the Deoris of Assam. The table: 1.2 reveals the picture of AIDS / HIV awareness among the respondents.

**Table: 1.2 Awareness of HIV/AIDS**

Particulars	Number of respondents	Percentage to the total
<b>Heard of AIDS</b>	974	90.45
	103	9.55
Total	<b>1077</b>	<b>100</b>
<b>Knowledge of AIDS transmission</b>	341	31.66
	736	68.34
Total	<b>1077</b>	<b>100</b>
<b>Knowledge of AIDS avoidance</b>	211	19.59
	866	80.41
Total	<b>1077</b>	<b>100</b>

Source: Fieldwork data

It is observed from the table 6.2 that though most of the respondents have heard about AIDS, only 19.59% of them have knowledge of transmitting factors and precautions for avoidance of the disease. The survey also found that formal education, advertisement in the various media such as Radio, Television etc, Accredited Social Health Activists and the awareness campaign programmes are the main sources of information in this regard.

**2.3 Food Intake pattern:**

Eating pattern is the symbol of identity of a community culture. The Deoris exhibit certain peculiar socio-cultural characteristics which definitely influence their food habits. The staple cereal food of the Deori people is rice. Along with rich they take boiled green vegetables seasoned with Chillies and Salt. There is a bewildering variety food intake patterns among the Deoris. They make use of varieties of traditional spices in preparing both vegetarian & non vegetarian dishes.

Food intake pattern of the sample villages is more or less similar. Generally Deori people take their food two/ three times in a gastronomic day. Out of the total 1077 households, 16.48% households had their food twice and 83.52% took thrice in a gastronomic day. Most of them are non vegetarian i.e. 98.89%. Other important food items found in the survey are- green leafy vegetables, fish, meat, egg, milk, fruits, suzee (rice bear) etc.

The survey found that 60.07% households regularly eat green leafy vegetables and 12.35% intake for 5-6 days in a week. Non Vegetarian seems to be the specialty of Deoris' Cuisine. Fish dishes form the major part of non vegetarian food

It is observed in the survey that 7.06% households eat fish daily while the percentage of taking meat daily is found as 5.38%. The survey reveals that milk is also not much popular among the Deoris as only 16.34% of the respondents take milk daily, 34.91% takes 3-4 days in a week, 11.51% reported to take milk weekly.

The survey found that 18.38% respondents take suzee (rice bear) daily, 25.44% takes 5-6 days in a week and 24.51% takes it 3-4 day in a week. Most of the surveyed respondents have the habit of taking extra salt and chilly with food. 76.23% respondents reported to take extra salt while 83.43% take extra chilly with food.

**2.4 Drinking Habit:**

Drinking habit of the people of an area plays an important role in their health and hygiene behaviour. Regarding source of drinking water, it is noticed in the survey that only 9.1% households use separate water tape, 71.8% use separate Tube well while 12.7% common Tube well

and 6.4% use common Well for their drinking water. The scientific method of purification of drinking water is rarely seen.

Tea taking habit is also prevalence among the Deoris. It is observed in the survey that 82.08% respondents have the habit of taking tea. But the frequency of taking tea is limited, generally, takes one or two times daily. Majority of them (i.e. 61.47%) takes red tea with sugar, where 6.87% have the habit of taking tea with salt and 23.95% take tea with milk and sugar.

The following table: 1.3 shows the pattern of drinking habits (water & tea) among the respondents.

**Table no-1.3 Distribution of respondents by pattern of drinking water and Tea**

Particulars	Types	Number of respondents	Percentage to the total
Source of Drinking Water	Separate Water Tape	98	9.1%
	Separate Tube well	773	71.8%
	Common Tube well	137	12.7%
	Common Wall	69	6.4%
	<b>Total</b>	<b>1077</b>	<b>100%</b>
Mode of purifying of drinking water	Filtering	241	22.38
	Boiling	109	10.12
	Direct	727	67.50
	<b>Total</b>	<b>1077</b>	<b>100</b>
Habit of taking tea	Taking tea	884	82.08
	Not taking tea	193	17.92
	<b>Total</b>	<b>1077</b>	<b>100</b>
Forms of tea taken	Red tea without sugar	83	7.71
	Red tea with sugar	662	61.47
	Red tea with salt	74	6.87
	Tea with milk & sugar	258	23.95
	<b>Total</b>	<b>1077</b>	<b>100</b>

Source: Fieldwork data.

Deoris have a strong preference for liquor, especially for their traditionally prepared beverage- Suzee (rice bear). Suze is prepared in every household and it is the most favourite drink among them It is considered to be the most valuable and respectable item with which guests are entertained. The table 1.3 reveals the pattern of wine taking among the respondents.

**Table: 1.4 Distribution of respondents by pattern of wine taking**

Particulars	Types	Number of respondents	Percentage to the total
Habit of taking wine	Take wine	922	85.60
	Do not take wine	155	14.40
	<b>Total</b>	<b>1077</b>	<b>100</b>
Age at which started to take wine (Total wine takers: 922)	Before 10	121	13.12
	10-15	445	48.27
	15-20	252	27.33
	After 20	104	11.28
	<b>Total</b>	<b>922</b>	<b>100</b>
Types of wine taken (Total wine takers: 922)	Rice bear ( Suzee)	735	79.72
	Branded wine	97	10.52
	Local Fitika	90	9.76
	<b>Total</b>	<b>922</b>	<b>100</b>

Source: Field work, 2010.

It is observed from the table 1.4 that 85.60% respondents have the habit of taking wine out of which 79.72% take Suzee only. However, 10.52% of the wine taker respondents use branded wine while 9.76% is found to be used local made fotika. Regarding the age at which respondents started to take wine ( in any form), it is found that 13.12% respondents started before 10 years of age, 48.27% started at an age between 10-15, 27.33% started it at an age between 15-20 and 11.28% started after 20 years of their age.

**2.5 Habit of taking Tobacco:**

Habit of taking tobacco is injurious to health as the tobacco contains some serious health suspects like, nicotine, carbon monoxide, ammonia etc. Tobacco taking is responsible for some of health hazards like- pulmonary tuberculosis, lung cancer, bronchitis and other

respiratory diseases. It is found that 11.51% respondents have the habit of taking tobacco of which 45.16% take tobacco only in the form of smokeless, 34.68% in the form of smoking and 20.16% in the forms of both smokeless and smoking. It is also observed that 14.52% of the respondents started taking tobacco at an age between 10-15 years, 30.65% started it at an age between 15-20 years while 54.83% started taking tobacco after 20 years of their age. The following table: 1.5 shows the tobacco taking pattern among the respondents.

**Table: 1.5 Tobacco taking pattern of the respondents**

Particulars	Types	Number of respondents	Percentage to the total
Habit of taking tobacco	Taking tobacco	124	11.51
	Not taking tobacco	953	88.49
	<b>Total</b>	<b>1077</b>	<b>100</b>
Age at which started to take tobacco (Total tobacco takers: 124)	Before 10	Nil	-
	10-15	18	14.52
	15-20	38	30.65
	After 20	68	54.83
	<b>Total</b>	<b>124</b>	<b>100</b>
Types of wine taken (Total tobacco takers: 124)	Khaini	56	45.16
	Smoking	43	34.68
	Both	25	20.16
	<b>Total</b>	<b>124</b>	<b>100</b>

Source: Fieldwork data

## 2.6 Leisure and Recreation:

Health is in a large measure the result of many good habits and practices which are now included in the term life style. It can be hard to maintain a healthy lifestyle in the hustle and bustle world that we live in now. Exercising, relaxing and getting enough rest will help one do better and enjoy life more.

### 2.6.1 Rest:

Rest is essential for healthy living. Continuous and restless work not only being monotony but also reduces the work efficiency and make the body less resistant to diseases. Most of the Deoris people agriculturists and hard workers. They generally go to their paddy field at morning and return back home after hours of toil under the sun. By afternoon the work again continues. Womenfolk of the Deoris are also very hard workers. Besides cooking and rearing up of their children, they also work in agriculture field, weaving, preparation of rice beer and day to days regular household activities. It is found in the survey that the Deori people, especially the agriculturists are generally reluctant on their rest which may be one of the main causes of their frequent diseases. 30.82 percentage respondents found to work 9 or more hours daily

### 2.6.2 Sleep:

Sleeping is the best form of rest. Sleep helps to restore body's energy, repair muscle tissue and triggers the release of hormones. The accurate duration of sleep required for a person depends mainly on age. The National Heart, Lung and Blood Institute recommends at least 11-12 hours for pre-school-aged children, 10 hours for school-aged children, 9-10 hours for teens and 7-8 hours for adults. Quality of sleep matters too. Quality of sleep refers to how much time you spend in REM (Rapid Eye Movement) sleep. The following table: 1.6 shows the distribution of the respondents by habits of work and rest

**Table: 1.6 Distribution of the respondents by habits of work and rest**

Particulars	Time / Behaviours	Number of Respondents	Percentage to the total
Daily Work ( in hours)	Up to 4 hours	178	16.53
	5-8	567	52.65
	9 and more	332	30.82
<b>Total</b>		<b>1077</b>	<b>100</b>
Duration of Sleeping (in hour/ per night)	Up to 4 hours	98	9.10
	5-6	234	21.73
	7-8	632	58.68
	9 and more	113	10.49
<b>Total</b>		<b>1077</b>	<b>100</b>
Use of mosquito net	Yes	1021	94.80
	No	56	5.20
<b>Total</b>		<b>1077</b>	<b>100</b>

Source: Fieldwork data

In the table: 4.28 reveals that 58.68% respondents use to sleep on an average 7-8 hours daily which can be regarded as good for health. The survey also reveals that the use of mosquito net common among the Deoris of Assam as 94.80% respondents use mosquito net at night.

### 2.6.3 Recreations:

The word recreation means relaxation and amusing oneself. It relieves mental tension and fatigue and also contributes to a feeling of well-being. Passive forms of recreation include listening to a Radio, watching television, going for a picnic, playing cards, reading etc. At present, recreation centers are being provided in many cities for public use, so that people may use their leisure time for improvement of their physical and mental health. The survey found that listening to music, watching television, playing cards and chatting with each other after coming back from work are common among the Deoris for recreation.

## 2.7 CONCLUSION:

It is revealed from the study that though some traditional beliefs and practices are associated with the health and hygiene behaviors, the attitude of the Deoris tends to be favorable towards modern healthcare facilities. Hence health awareness camps should be organised from time to time to create greater awareness among the people about health and hygiene. Every effort should be made to create consciousness among the people towards the environment and personal hygienic behaviour. Besides government agencies, NGOs and the educated members of the community should play active role in this respect.

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