

CHAPTER-IX

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Illness is culturally defined and has been unique to the communities. The way the Agarias, tribal Oraons and Gonds treat illness has got lot of dissimilarities with the general caste people treat. The concept of health and hygiene among the communities of Sundargarh district differ therefore the community specific health intervention would be appropriate for effective development.

Locally available seasonal fruits and vegetables be encouraged for consumption and Sufficient amount of locally available green vegetable be encouraged for consumption of the adult women particularly for adolescent girls, the expectants mother s and lactating mothers. The milk, at least a cup needs to be taken by all, before bed. People have a concept that milk is costlier and therefore avoided. However if it is compared with other consumable items and the required nutrients in them the milk leads over others. Therefore awareness camps in favor of women be organized. The small fish and other edible animal / insect products available in village *nalas* and streams be consumed so that the possible deficiency of iron and calcium can be avoided. This keeps the bone healthy.

Trained government agencies, NGO personnel , health workers and home science extension experts need to move to village areas to peruse and motivate the village women to go for avoiding faulty means of cooking and preserving food items since over cooking and undercooking loses the required nutrients in the food materials The importance be given to personal hygiene and hygienic cooking in order to maintain and manage the effective improvement in health . The water is one of the big careers of vectors causing diseases hence potable water is to be encouraged.

The defecation outside has been identified as one of the major causes of epidemics. Hence, the culture of use of latrine be motivated at the village level using the local media such as gossip group, street drama, folk literature and folk dance etc. The positive contribution of colostrums to the newly born baby be made aware among the mothers and other elderly decision making members in the family since this protects the baby from number of ailments and raise lot of immunity since it carries immune-globins-A.

The literacy rate among the women has to be increased aggressively through government and NGO interventions else the development inputs will have least contribution in the improvement towards health management and health status. Like SSGs some skills and techniques are imparted to the women such that they will have some sort of economic and cultural independence. Since the psychological and cultural well-being go hand in hand with the biological well being they need to be empowered through education and employment. This will raise the purchasing capacity of the family and improve the personal hygiene.

Economic reforms have created conducive environmental conditions for the traders and industries at the cost of the local poor. The loss of environment is a big loss for the native since in the process of involuntary displacement and rehabilitation made by economically powerful agencies alienate the locals from their major livelihood resources. The persuasion of village republics in Gandhian style in context of market expansion and competitions means no scope of improvement for the marginalized. Active grassroots movements all over the country for the protection of the environment, of women's rights and of the traditional livelihood of the indigenous people in such circumstances, development of market network seem to be synonymous with dispossession of the little people and with the despoliation of the environment. A new pro-people approach that suits to natives at the grassroots be organized to empower women.

Since in Sundargarh district due to industrialization and mining activities many of the displaced are SC and ST and have the history of being marginalized, the displacement of people should be avoided any more as far as possible. The displaced families resettled in have never been settled in the spirit of 'community transplanted' hence due to loss of traditional livelihood resources such families feel alienated from their cultural ecology. Therefore they need to be motivated for skill development through vocational training being organized by the industries and the government. The PESA Act be made functional with spirit and words in the district and non-coercive open discussion / public hearing be encouraged and in it the emergent consensus be put to action.

The families displaced by industries and mining organizations are entitled to avail the health infrastructure benefits extended by these organization to their own employees and the organization argue that they do this in favor of the people. But on observation it was realized that there is a leap service extended to the people

in the name of corporate social responsibility. The people are accused by the corporate doctors for the role of traditional healers who are integral to the social structure and culture of the communities. The health services be extended to the fullest extent by the corporate bodies and the Govt. must evaluate the efficacies of these periodically. If it is a referred case the expenditure for the health of the people displaced by the corporate bodies is borne by the organizations. The Ojha and such other traditional healers be give importance so that the ailed after getting cured can have a easy reintegration to the society. The reproductive health services of the corporate bodies should be extended to the people at the grass root in the district. The government doctors and corporate health personnel be given training on the language and culture of the people so that the doctor patient interaction will be productive.

Compulsory Social Impact Assessment with respect to health should be undertaken. Gender participation should be integrated fully in all the processes, consultation, design, and implementation in achieving consensus. All the relocation should be in similar geographical terrain, without or with least the loss of cultural and communitarian identity. While constructing small houses like *indira ubas* the size of the family, the needs of the family and future expansion of the family should be taken into account. All the houses should be designed in consultation with the affected communities to help people not to get cultural devalued. All houses should be accompanied by homestead land. Ownership right of the house including homestead should be in the names of the husband and wife and solely in the name of women in the case of female headed house. Compensation should include all economic, health and social aspects, including monetary, land, live stocks, CPRs- both priced and unpriced, equipment, wells, trees, houses etc. The facilities in terms of micro finance, SHGs, extension services, with subsidies should be provided to the affected and village health workers must be equally represented by women.

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