eISSN 2581-8996

[Date]

THE INTERNATIONAL JOURNAL OF ADVANCED RESEARCH IN MULTIDISCIPLINARY SCIENCES (IJARMS)

A BI-ANNUAL, OPEN ACCESS, PEER REVIEWED (REFEREED) JOURNAL

Vol. 3, Issue 02, July 2020

Health Consciousness and Reproductive Behavior among Tharu Tribe of Uttar Pradesh – A Geographical Analysis

1Dr. Arvind Kumar Shukla
2Dr. A.K. Pathak

[1] Department of Political Science, Government Girls P.G. College, Bindki, Fatehpur (U.P.) India

2Vice-Principal, KVS, Allahabad

Received: 01 June 2020, Accepted: 19 June 2020, Published on line: 30 Sep 2020

Abstract

Health is the first need of a person or society, so it is necessary to be conscious of health. Keeping in mind that health consciousness and reproductive behavior are the major demographic aspects, the present study seeks to focus on the situation of health consciousness, utilization of modern medical facilities, social welfare programs, and socio-economic development level of Tharu society. The study is based on primary data which is collected from four Tharu prone districts of Uttar Pradesh. The study concludes that health-seeking behavior is very poor in the Tharus of Terai. The families of remote Tharu villages and Danguria Tharus are less health-conscious in comparison to families of villages of growth centers and Rana Tharus. This is due to social and living condition, malnutrition, illiteracy, ignorance, superstition, improper and poor sanitation, lack of safe drinking water facilities, unawareness of health education, underutilization of health resources, cultural lags, poorly developed mass media, poor medical and health facilities, and infrastructure, etc. So we have to adopt strategies and methodologies which would integrate their traditional method with western medicine in the preventive and curative tribal health system. The Tharu peoples living in Tharuhat are suffering from nutritional anemia, malaria, and iodine deficiency. Due to socio-cultural and economic changes considerable nutritional and protein deficiency is marked in peoples. So we should try to break up the wine drinking tradition among Tharus and to uplift the socio-economic status, educational awareness, and health care facilities, with protecting the cultural qualities of the Tharus.

Key words - Health Consciousness, Reproductive Behavior, Tharu Tribe, Geographical Analysis etc.

INTRODUCTION

Health is the base of development, so it is necessary to be conscious of health. Health consciousness and reproductive behavior are one of the major demographic aspects which represent not only biological characteristics but also the socio-economic situation of society or region. The health status is considered as an adequate function of a unit or body with complete physical, mental, and social wellbeing, not merely the disease and infirmity. The status of the population tends to depends on the social and living conditions, awareness, availability, and utilization of health services. Health seeking behavior of a society reflects individual, social, and community wellbeing, and awareness towards modern medical facilities.

Fertility is an occurrence of live birth. Due to the complex nature of the distribution of births, the fertility investigation needs special directions. The fertility behavior and spacing successive birth are affected by the size of the family, women fertility, individual sentiments towards family and related matters, etc. The transformation in attitude and behavior regarding fertility, calls for highlighting the relevance of socio-economic, cultural, and demographic variables to involve the integrated plan for limiting fertility. There is a huge gap in socio-economic development status in underdeveloped areas of the Terai region of Uttar Pradesh. The unplanned and unconscious population is continuously widening the gap of positive inclination with ratio to socio-economic growth, and consequently creating various serious problems in society. The present study seeks to focus on the health consciousness level and reproductive behavior of the Tharu tribe of the Terai region of Uttar Pradesh, so that we will able to understand how the fertility level of society is changing and what is the situation of health consciousness, utilization of modern medical facilities, social welfare programs and socio-economic development level of society.

The Tharu is an agricultural tribe that inhabits intermittently the whole Terai forest tract of Shiwalik Himalaya, under the political jurisdiction of Uttrakhand, Uttar Pradesh, Bihar, and West Bengal and across the national boundary of Nepal. The Tharu is characterized by the presence of epicanthic folds in the eyes, a flat face, pale brown skin, and a stocky body built suggesting the Mongolian effect with opening Dravidian breeds. The whole Terai tract is a low land area with an abundance of rivers and rivulets causing floods and surfaces touching water level.

This provides a suitable condition of the marsh, dense floras, and fauna with big forests and a variety of harmful creators. The region has rich forest and agricultural wealth is now under the influence of rapid demographic, cultural, and educational change since the last four decades. The pattern of living in an area insistently rural and the maximum population is practicing agricultural activities. There is an absence of industries rather than sugar, pulse, rice, oil, and Flore mills. It shows the need for techno-economic development in the area.

Methodology-

The present study is based on primary data which has been collected by a household survey completed in Dec 2006 and revisited in 2017. The 150 families of 17 villages have been selected by the random sampling method.

The villages have been selected from different aspects as- remote villages, the village of growth centers, and village on the road. The data on various aspects of health consciousness and reproductive behavior has been analyzed by using the statistical method and computer tools.

Objective –

The tribal of Uttar Pradesh constitute the weakest section of society from a distinct ethnic group. They have preserved their own cultural identities in their original environments despite the ravages of time. The health problems of Tribal peoples are interlinked with economic development, educational progress, and environmental change.

So attention should be given to the possible genetic consequences in terms of health and diseases. The contemporary social and political trends, technological development including public health and medical action are altering mass relationship to him and to rapidly changing environment.

To improve and upgrade the quality of life of Tharus we have to extend Medicare health services, drinking water facilities, immunization, infant feeding mother, child care, nutrition, etc. but before formatting such schemes we should survey the status of people's malnutrition's fertility mortality and frequency of reproductive wastages. Meanwhile, we should also concentrate on a traditional medical system of tribal which can contribute to the health improvement of mankind, there are marked varieties

of plant and animals which may become useful to us. In this concern, the present study seeks to focus on the changing scenario of health consciousness and reproductive behavior of the Tharu tribe.

Explanation - Health is the estate of complete physical, mental, social, and community wellbeing not merely the absence of disease and infirmity but also awareness towards modern Medicare, so in this study, the physical, social and cultural situation, as well as their impact on health consciousness and reproductive behavior of Tharu tribe, is analyzed.

1. Socio-economic structure

1.1-**Population structure-** The following Table 1 shows that questionnaire of 150 households overall covers 1934 Tharu people, in which 980 were males and 944 were females. Out of the whole Tharu families, 40 families were of Rana Tharu having 530 persons with 270 males and 260 females, 20 families were of Katharia Tharus having 228 persons with 115 males and 113 females, 90 families were of Danguria Tharus having 1166 persons with 595 males and 571 females. The average siege of Tharu household is 12.8 persons in which 13.2were of Rana Tharu, 11.4 of Katharia Tharu and11.9 of Danguria Tharus. The large size of the family is due to their joint family system while the fluctuation in the size of households is mostly due to the breaking scenario of families and workforce migration from villages.

Table 1- Population structure of selected families

SN	Study group	Selected villages	Family	Population			Family size
				Male	Female	Total	
1	Remote Village	7	50	295	286	581	11.6
2	Village on road	5	50	346	342	688	13.8
3	Village on growth centers	5	50	339	316	655	13.1
	Total	**17**	**150**	**980**	**944**	**1924**	**12.8**
1	Rana Tharu	-	40	270	260	530	13.2
2	Katharia Tharu	-	20	115	113	228	11.4
3	Danguria Tharu	-	90	595	571	1166	12.9

	Total	**17**	**150**	**980**	**944**	**1924**	**12.8**

Source-Primary survey

1.2 Literacy level and sex ratio -

The average health situation of a society is related to their socio-economic situation. This term can also be observed in Table2, which shows that the average literacy of selected people is 50.83% of which the male literacy is 54.1% and female literacy is 47.5%. The average sex ratio is 963/1000 males. The literacy level is very low in remote villages than the village located in on growth centers i.e.32.7% and 64.1% respectively, and in Danguria Tharus than Rana Tharus i.e.42.0% and 68.7%. While the sex ratio is much lower in the village of growth centers and Danguria Tharus than other groups.

This shows that although the literacy level is increasing with the growth the sex ratio is decreasing due to son preference and the increasing trend of dowry.

Table 2- Literacy and sex ratio among selected families

SN	**Study group**	**Literacy**(In percent)			**Sex ratio**
		Male	**Female**	**Total**	
1	Remote Village	34.6	30.8	32.7	969
2	Village on road	58.1	48.8	53.4	988
3	Village on growth centers	67.6	61.1	64.1	932
	Total	**54.1**	**47.5**	**50.8**	**963**
1	Rana Tharu	72.6	64.6	68.7	963
2	Katharia Tharu	61.7	46.9	54.4	983
3	Danguria Tharu	44.2	39.7	42.0	960
	Total	**54.1**	**47.5**	**50.8**	**963**

Source-Primary survey

eISSN 2581-8996

[Date]

THE INTERNATIONAL JOURNAL OF ADVANCED RESEARCH IN MULTIDISCIPLINARY SCIENCES (IJARMS)

A BI-ANNUAL, OPEN ACCESS, PEER REVIEWED (REFEREED) JOURNAL

Vol. 3, Issue 02, July 2020

1.3 Physical and Mental status-

Physical and mental grounds reflect the health consciousness of a society. Table 3 shows that the Mean age of Tharu peoples is 19.61 which is higher in the villages of growth centers than villages of remote areas and Rana Tharu group that Katheria and Danguria Tharu group. It is noticeable that the mean age of females is higher than in males.

The average life expectancy of Tharus is 58.73 years and the age index is 9.69. Both indicators are higher in villages of growth centers and Rana Tharu groups.

This analysis shows that the health status is correlated with their socio-economic situation and it is improving. The health status of women is much better than a man because 1- Value of women in the family, 2- Female normally don't take liquor while Male take liquor (Jaad and Tharra) daily. 3- Female does, almost the work of the house.

Table 3- Physical and mental grounds of selected families

SN	Study group	Mean age			Life expectancy			Age index
		Male	Female	Total	Male	Female	Total	
1	Remote Village	18.5	17.9	18.2	56.1	54.0	55.1	8.9
2	Village on road	19.4	19.8	19.6	58.3	59.0	58.6	6.7
3	Village on growth centers	21.9	20.8	21.1	62.0	63.0	62.5	14.2
	Total	**19.7**	**19.6**	**19.6**	**58.8**	**58.7**	**58.7**	**9.7**
1	Rana Tharu	20.9	20.6	20.8	60.0	61.0	60.5	11.5
2	Katharia Tharu	20.2	20.5	20.4	59.0	60.0	59.5	8.9
3	Danguria Tharu	17.9	17.5	17.7	57.4	55.0	56.2	9.1
	Total	**19.9**	**19.6**	**19.6**	**58.8**	**58.7**	**58.7**	**9.7**

Source-Primary survey

1.4 Living situation

Health consciousness can also be analyzed by the living situation and housing facilities. Table 4 shows that in selected families 67.3% of houses are having sanitary facilities, 84.7% of houses are having freshwater facilities, 63.3% of houses have proper water discharge and 55.3% of houses are having proper light facilities, 32 % have entertainment facilities and12.7%houses have communication facilities.

The percentage of having these health-seeking facilities is much higher in the villages of growth centers and Rana Tharu than the villages of remote areas and Danguria Tharus, which is mainly affected by the level of education, employment, and economic status. And the need for technological development in the area is necessary.

Table 4- Housing facilities among selected families (In percent)

SN	Study group	Sanitary	Freshwater	Water discharge	Light	Entertainment	Communication
1	Remote Village	50.0	72	54	38.	10.0	2.0
2	Village on road	68.0	82	60	62.0	30.0	12.0
3	Village on growth centers	84.0	100	76	66.0	50.0	24.0
	Total	**67.3**	**84.7**	**63.3**	**55.3**	**32.0**	**12.7**
1	Rana Tharu	70.0	92.5	82.5	47.5	35.0	10.0
2	Katharia Tharu	85.0	90.0	70.0	70.0	50.0	45.0
3	Danguria Tharu	62.2	80.0	44.4	55.5	27.8	6.7
	Total	**67.3**	**84.7**	**63.3**	**55.3**	**32.0**	**12.7**

Source- Primary survey.

1.5 Income and expenditure- Health consciousness is also affected by the income and expenditure situation of society. While analyzing Table 5 of per capita monthly income among Tharus, it shows that

per capita monthly income among Tharus is proportionally lower than country and state, obviously due to extreme poverty in remote villages. Tharu Persons including children's and old age peoples have to work maybe with meager income to supplement their livelihood. The per capita income of Tharus is 450.1, which is in Katharia Tharus and Rana Tharus it is quite higher than Danguria Tharus i.e. 681.1, 537.8, 365.1. The percentage of expenditure on food items is higher in Remote villages and Danguria Tharus than in the village of growth centers and Katharia and Rana Tharus.

This shows that with the development their expenditure profile is also changing and their expenditure is moving towards good living profile. If the development plan will focus on technology and education, that will more fruitful for the development of Tharus.

Table 5- Income and expenditure profile of selected families

SN	**Study group**	**Income**	**Expenditure** (In percent)	
			Food items	**Non-food items**
1	Remote Village	362.1	62.5	37.4
2	Village on road	440.0	54.2	45.7
3	Village on growth centers	538.8	52.1	47.9
	Total	**450.1**	**56.3**	**43.7**
1	Rana Tharu	537.8	55.3	44.7
2	Katharia Tharu	681.1	56.3	43.7
3	Danguria Tharu	365.1	57.4	42.6
	Total	**450.1**	**56.3**	**43.7**

Source- Primary survey

2- Health conciseness

2.1- Health status- Observations regarding the health status (Table 6A) shows that the majority of sampled peoples has good sleep (85.9%), while 14.1% have disturbed sleep, 75.2% were in habit of excessive physical exertion while 24.8% have mild physical exertion, 60.8% has regular bowel habits 39.2% have irregular bowel habits. 52.7% have normal digestion 47.3% were indignation and 18.4%

were lost of appetite. Maximum people reported about addiction to liquor. 97.1% were emotionally stable and 2.9% were disturbed. The majority (75.2 %), reported no sign of illness while 24.8%, reported no sign of illness. The respondents of villages of growth centers and Rana Tharus have better health status than others. Education and modern facilities are need in the Tharu area.

Table 6A- The health status of family members of selected families (In percent)

SN	Study group	Sleep		Physical Exertion		Bowel habits		Digestion			Emotional Status		History of illness	
		Good	Disturb	Excessiv	moderate/mild	regular	irregula	normal	indigesti	loss of	stable	disturbe	present	absent
1	**Remote Village**	88.1	11.9	73.2	26.8	63.5	36.5	48.9	51.1	19.2	97.5	2.5	21.6	78.4
2	**Village on road**	85.3	14.7	75.4	24.6	60.4	39.6	52.6	47.4	18.5	98.5	1.5	23.8	76.2
3	**Village on growth centers**	84.3	15.7	76.9	23.1	58.4	41.6	56.7	43.3	17.6	95.4	4.6	28.9	71.1
	Total	**85.9**	**14.1**	**75.2**	**24.8**	**60.8**	**39.2**	**52.7**	**47.3**	**18.4**	**97.1**	**2.9**	**24.8**	**75.2**
1	Rana Tharu	87.2	12.8	77.3	22.7	59.2	40.8	54.2	45.8	17.7	96.3	3.7	26.3	73.7
2	Katharia Tharu	86.2	13.8	75.1	24.9	60.1	39.9	51.5	48.5	18.5	97	3	25.2	74.8
3	Danguria Tharu	84.3	15.7	73.1	26.9	63.2	36.8	52.4	47.6	19.1	98.1	1.9	22.8	77.2
	Total	**85.9**	**14.1**	**75.2**	**24.8**	**60.8**	**39.2**	**52.7**	**47.3**	**18.4**	**97.1**	**2.9**	**24.8**	**75.2**

Source- Primary survey

Table 6B shows that among the 1924 Tharu people, 84.56% are healthy while 6.29% are week, 8.52% are malnourished and 0.47% people are disabled. The percentage of Malnourished and week persons is higher in remote villages than the village of growth centers and DnguriaTharu than the RanaTharu group. The high percentage of weak and malnourished persons shows the poor health status of Tharus. Factors responsible for the poor health status environmental condition, lack of awareness, lack of iron and Iodine in food supplement, excess use of liquor so Malaria, Dengue, Meningitis, Encephalitis, Goiter, Anemia, etc. are the main problems to be checked.

Table 6B- The health status of family members of selected families (In percent)

SN	Study group	healthy	Weak	malnourished	Disabled
1	Remote Village	77.62	8.78	13.08	0.52
2	Village on road	85.90	6.25	7.27	0.58
3	Village on growth centers	89.77	4.12	5.80	0.31
	Total	**84.72**	**6.29**	**8.52**	**0.47**
1	Rana Tharu	86.98	5.28	7.17	0.57
2	Katharia Tharu	95.61	1.75	2.63	0.00
3	Danguria Tharu	81.56	7.63	10.29	0.51
	Total	**84.72**	**6.29**	**8.52**	**0.47**

Source-Primary survey

2.2- Health consciousness

Health is a part of social thinking which reflects the treatment facility and utilization of medical facilities in the area. In tribal cases, it is important to improve the modern medical facilities. Table 7 shows that 52% of families are normally using the traditional method of treatment, while 22 % take the services of the local doctor and 26% of hospitals. The percentage of taking services of local doctors and hospital is higher in the village of growth centers and RanaTharus than in remote villages and DanguriaTharus. In pregnancy cases 78 % of families are using traditional methods, 14% take the help of midwives and 8% take the help of hospitals. The study shows that percentage of services taking families by midwife

and hospital is much higher in the villages of growth centers than remote areas. In the family planning case, 55.03% of married people are using family planning facilities, which is much lower in remote villages (28.6%) than villages of growth centers (75.2%). It is seen that maximum Tharu people are not interested in family planning due to their poverty, illiteracy, and traditional behavior but in the case of utilizing the medical facilities the situation is changing and Tharu family are becoming familiar with health facilities very fast.

Table 7- Health conciseness among selected families (In percent)

SN	Study group	First aid			Pregnancy / delivery			Family planning	
		Traditional	Local doctor	Hospital	Traditional	Local doctor	Hospital	Yes	No
1	Remote Village	72.0	16.0	12.0	86.0	10.0	4.0	28.6	71.4
2	Village on road	44.0	20.0	36.0	78.0	16.0	6.0	61.3	38.7
3	Village on growth centers	40.0	30.0	30.0	70.0	16.0	14.0	75.2	24.8
	Total	**52.0**	**22.0**	**26.0**	**78.0**	**14.0**	**8.0**	**55.0**	45.0
1	Rana Tharu	47.5	22.5	30.0	77.5	15.0	7.5	73.1	26.9
2	Katharia Tharu	35.0	30.0	35.0	75.0	15.0	10.0	53.4	46.6
3	Danguria Tharu	58.0	20.0	22.2	78.9	13.3	7.5	38.6	61.4
	Total	**52.0**	**22.0**	**26.0**	**78.0**	**14.0**	**8.0**	**55.0**	45.0

Source-Primary survey

3- Reproductive behavior

3.1 Marriage age and the average child

Reproductive behavior is affected by health facilities and marriage age. Marriage is the basis of social relations. It reflects the social, traditional, cultural development and scenario of population growth in the society. Table 8 shows that the average married percentage of selected families is 47.2 %, in which

46.2 % of males and 48.2 % of females in Tharu families. The percentage of married persons is higher in Danguria Tharus than in Rana and Katharia Tharus and villages of growth centers than other villages. The percentage of married females is higher than males in both groups, which reflects that marriage in lower age of girls is higher than boys.

The second part of the table shows the age group wise marriage percent and the number of children per woman in selected families. The percentage of women married below 14 years is 14.3 in Tharus While in above 18 years it is 29.9 in Tharus. The percentage of women's married billow 18years age is too higher in Danguria Tharus than Rana and Katharia Tharus and in Remote villages than the village of growth centers. The Table explains that women's married billow 14 years of age have a much high number of children than women's married after 18years. This explains that to control the population growth and to improve the health and socio-economic status of women's it is necessary to increase the marriage age. Education can play important role in this case. From tradition, the dowry is not practiced among Tharus but now

Table 8- Marriage age and average child among selected families (In percent)

SN	**Study group**	**Married**		**Women marriage age and number of child**					
				Billow14 years		**Between14-18 years**		**After 18 years**	
		Male	Female	Percentage	No. of Child	Percentage	No. of Child	Percentage	No. of Child
1	Remote Village	42.4	44.4	20.5	7.5	64.6	5.5	14.9	3.6
2	Village on road	43.9	45.3	14.8	6.5	57.4	5.1	27.8	3.4
3	Village on growth centers	51.9	54.8	9.3	6.2	48.0	5.1	42.7	2.7
	Total	**46.2**	**48.2**	**14.3**	**6.7**	**55.8**	**5.2**	**29.9**	**3.2**
1	Rana Tharu	43.3	45.4	13.6	6.1	50.0	4.8	36.4	2.5

2	Katharia Tharu	41.7	45.4	8.2	6.5	34.7	5.1	57.2	2.6
3	Danguria Tharu	48.4	50.1	15.6	7.1	61.8	5.7	22.6	4.4
	Total	**46.2**	**48.2**	**14.3**	**6.7**	**55.8**	**5.2**	**29.9**	**3.2**

Source-Primary survey

3.2-Fertility and Mortality situation

The fertility and mortality situation of the selected Tharu family are checked by different indicators which are shown in table 9. This shows that the crude birth rate among selected family is 34.3, the Crude death rate is 13.0, the Growth rate is 21.3, the General fertility rate is 127.2, the Child women ratio 458.6, and the Child Death rate is 151.5 (all are/000 population). Every indicator is higher in DanguriaTharus than Rana and Katharia Tharus and Remote villages than the village of growth centers. The table explains that the health status and health consciousness of Tharu families is very poor and needs the health facilities and health awareness among them. It shows that the fertility and mortality indicators are much higher than the national level means a focus on health facilities is necessary. It is necessary to control not only mortality but also fertility rate among Tharus.

Table 9-Demographic behavior of selected families

SN	**Study group**	**CBR**	**CDR**	**GR**	**GFR**	**CWR**	**CDR**
1	Remote Village	41.3	17.2	24.1	177.8	711.1	208.3
2	Village on road	32.0	11.6	20.4	139.2	506.3	136.4
3	Village on growth centers	30.5	10.7	19.6	111.1	344.4	100.0
	Total	**34.3**	**13.0**	**21.3**	**127.2**	**458.6**	**151.5**
1	Rana Tharu	30.2	11.3	18.9	94.9	372.3	153.9
2	Katharia Tharu	35.1	13.2	21.9	118.6	423.7	142.9
3	Danguria Tharu	36.0	13.7	22.3	174.6	532.9	194.4
	Total	**34.3**	**13.0**	**21.3**	**127.2**	**458.6**	**151.5**

Source-Primary survey

eISSN 2581-8996

[Date]

THE INTERNATIONAL JOURNAL OF ADVANCED RESEARCH IN MULTIDISCIPLINARY SCIENCES (IJARMS)

A BI-ANNUAL, OPEN ACCESS, PEER REVIEWED (REFEREED) JOURNAL

Vol. 3, Issue 02, July 2020

3.3-Family planning

Reproductive behavior is checked by the level of use of Family planning instruments among selected families. It reflects the social, traditional, cultural development and scenario of population growth in the society. Table 10 shows that the average percentage of selected families knowing family planning instruments is 62.7%; among them, 53.3 % have used these substances. The percentage of families having the knowledge of family planning instruments and their use is higher in Rana and Katharia Tharus and villages of growth centers than in Danguria Tharus and other villages. Table10 shows that percentage of families using family planning instruments is much lower than other forward groups. Tharu prefers the permanent band and traditional forest medicines rather than temporary substances this reflects their shy nature. This explains to improve the level of family planning consciousness and socio-economic status of Tharu people.

Table 10- Use of Family Planning instruments among selected families (In percent)

SN	**Study group**	**Knowledge of family planning**			**Use of Family planning**		**Instruments**			
		yes	**No**	**No answer**	**yes**	**no**	**Local medicine**	**Condom**	**Pills**	**Other**
1	Remote Village	38.0	42.0	20.0	26	74	7.7	23.1	7.7	61.5
2	Village on road	70.0	16.0	14.0	58	42	0.0	27.6	13.8	58.6
3	Village on growth centers	80.0	10.0	10.0	76	24	0.0	26.3	15.8	57.9
	Total	**62.7**	**22.7**	**14.7**	**53.3**	**46.7**	**1.3**	**26.3**	**13.7**	**58.8**
1	Rana Tharu	75.0	12.5	12.5	47.5	27.5	0.0	63.2	26.3	63.2
2	Katharia Tharu	60.0	15.0	25.0	70	30.0	0.0	21.4	21.4	57.2
3	Danguria Tharu	57.8	28.9	13.3	41.1	58.9	2.7	162	8.1	72.9
	Total	**62.7**	**22.7**	**14.7**	**46.7**	**46.7**	**1.3**	**26.3**	**13.7**	**58.8**

Source-Primary survey

Conclusion and suggestion Viewed in the perspective of Geographic, the socio-economic and demographic setting of Tharus, the trends of age pattern, the behavior of reproduction, and health consciousness are understood as per result discussed here. Surprisingly, Remote Tharu village and Danguria Tharu families are less health-conscious in compression to families of villages of growth centers and Rana Tharus.

The poor health-seeking behavior among the Tharus of Terai is the result of social and living condition, malnutrition, illiteracy, ignorance, superstition, improper and poor sanitation, lack of safe drinking water facilities, unawareness of health education, underutilization of health resources, cultural lags, poorly developed mass media, poor medical and health opportunities, and infrastructure, etc. So we have to adopt strategies and methodologies which would integrate their traditional method with western medicine in the preventive and curative tribal health system. The numbers of Tharu peoples are attached to migration and population control but the Tharu peoples living in Tharuhat are suffering from nutritional anemia, malaria, and iodine deficiency. Due to socio-cultural and economic changes, considerable nutritional and protein deficiency is marked in peoples. On one side the health care facilities are calm's up that goiter affected tribal have dwindled considerably. Even though a freshwater facility is provided but the mortality ratio, mental weakness and abortion situation represent the reality of changes. It is necessary to provide nutritional and iodized food. We should educate the Tharus, provide employment, health-seeking behavior, and facilities to the peoples living in a poor situation.

The realistic development plans should be based on the needs of specific tribal groups that are formulated by them. The education efforts should be concentrated on sanitation, personal hygiene, safe drinking water, miss beliefs of taboos, magical religious practices, awareness of health education programs, development of tie-on wine authorities and functionaries, development of tribal health centers as wells identification of high-risk families, etc. We should try to break up the wine drinking tradition among Tharus and also for socio-economic development, educational awareness, and the health care facilities, with protecting the cultural qualities of the Tharus.

References-

1. Atkinson: **The Himalayan Gazetteer**, Cosmos publications, New Delhi.1930

2. Singh RL, **India: A Regional Geography,** NGSSI, Varanasi, 1971

3. Sharma. B.D, **Planning for Tribal development**, Prachi publication, New Delhi, 1984.

4. Bhaduri J.S. - **Present dimensions of tribal societies in India**, The Eastern Anthropologist vol. 31(3), 1971.

3. Hansa Jain, **Scheduled tribes: Changes in socio-economic cond**ition, Classic Publication Company, New Delhi, 2004.

4. Pathak. A.K; **Tharu Janjati ki Samajik Arthik Pariwartanshilta Avom Samvikas –Uttar Pradesh ke Terrai Kshetra ka ek Pratik Adhhayan,** Unpublished Thesis Lucknow University Lucknow, 2006.

5. Jafri S.S.A. **Socio-cultural profile of AO tribal village of Nagaland: A case study Hangatia village,** Geographical review of India, Vol56 no4 Kolkatta, 1994.

8. Vishwakarma.D- **Spatial impact of development in tribal blocks –A study of chhindwara M.P**, Geographical review of India 69(3) September-2007

9- Padhi, K- **Tribal development in India –A case study in Human Development**, Orrisa Review 2005

10-Salil Basu, **Dimensions of Tribal health in India**, Health and population perspective and issues Vol.23no2pp61-70, 2006.

11- T.C.Anand Kumar, **Health Status of Primitive Tribe of Orrisa**, ICMR Bulletin Vol.33No.10, 2003.