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Reproductive health behavior of the Nocte women in Arunachal Pradesh

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The paper attempts a qualitative appraisal of some relevant aspects of reproductive health behavior of Nocte women through a look at their social structure, culture, food habit, morbidity and traditional health-seeking behavior.

Introduction

There is a general agreement that the health status of the tribal population in India is very poor. Different studies (e.g., Basu, *et al.* 1987, 1989, 1990; Bardhan 1989, Roy Burman 1986, 1990; Swain *et al.* 1990, Mukherjee, B 1990, Mahapatra et al. 1990, Rizvi 1986, Mukherjee 1986; Huq 1990 and Choudhury 1986) have tried to establish this with the help of morbidity, mortality and health statistics.

Tribal populations have distinctive problems, not because they have special kind of health, but because of special placement in difficult areas and the circumstances in which they live.

Health needs of the women as well as the important role that women play in, promoting health and development have been the recent focus in the primary health care in India.

In the past, the major health problems of the community were addressed in terms of their effects on children. Shifting the focus to women's health problems with special reference to reproductive ones could inspire new and creative thinking about appropriate services at the community level and may perhaps, generate, new impetus for some appropriate types of interventions.

The intimate relationship between the physical and psychological well being of a mother and her child has always been obvious (Winikoff, 1988: 197-214). This link has been affirmed for generations by traditional norms prescribing dietary practices during pregnancy and lactation, specifying rituals and practices for child birth and the immediate post-partum period, and defining complex rituals and folk knowledge applied to early infant care and child rearing.

As a result of poor health and lack of appropriate medical services (including lack of access to safe means of fertility control), women bear an enormous risk

every time they become pregnant. In the developing countries, particularly in the tribal and rural areas, access to maternity care is very poor. This is more so in relation to trained supervision of delivery, when life threatening obstetric emergencies is most likely to occur. According to WHO report, maternal mortality is the first or second cause of death of women of 25 to 34 years of age in over half of the developing countries for which data were available (Royston, 1977).

Several studies (e.g., Basu, A 1990; Basu, S 1990; Kar 1986, 1990; Rizvi 1986 and Sahu 1986) also reveal that socio-economic factors, socio-cultural variants like nutritional practices (food habits) interrelated with socio-biological norms such as mating pattern, preferential marital alliances, age at marriage etc., have tremendous impact on the fertility, morbidity and mortality pattern

In India, lifestyles, dietary pattern, social behavior as well as health behavior are prescribed by the deep-rooted traditions. These are more pronounced in the tribal areas where outside influences, education and urbanization are minimal. The variety of sub-cultures, languages, religious and economic groups with consequent variation in dietary patterns preclude the application of findings in one group to another. In the tribal/rural areas the family is the most important social unit in which the woman participates throughout her life. By the time she reaches childbearing age, she is well acquainted with the traditional practices; folklore and beliefs handed down by the previous generation. The traditions are thus continued from generation to generation.

The continuation of ill health across generations results from a complex interplay of social, economic, cultural and biological factors. This cycle can be replenished at any point. Thus, e.g., protecting the health of pregnant women, in turn, protects the health of the children and thereby the next generation of adult women.

Keeping these facts and observations in view, an attempt has been made in the paper to understand some relevant aspects of reproductive behavior of the Nocte women through a look at their social structure, culture, food habits and traditional health-seeking behavior.

Data incorporated in the paper were collected from Deomali, Namsang and Soha areas in the Changland district in Arunachal Pradesh during 1991-92. While accumulating the data standard anthropological methods were used in the field. Qualitative aspects have been relatively more emphasized as compared to the quantitative ones.

The people

The Noctes are an important tribe of Arunachal Pradesh. According to 1991 census their total population is 22483 (Men-11177, Women11306).

Etymologically, the word 'Nocte' means village people (Noc-Village, Te-People). During the Ahom and the early British periods the people were referred to as various groups of people such as Borduariyas, Paniduariyas, Namsangias and Jaypurias etc.

The people are distributed over the Tirap river valley, which includes the Tirap and Changlang districts of the State. In Tirap they are concentrated, mainly in the central regions of the district. The specific areas of their concentration are Khonsa, Laju, Namsang, Kanubari, Niausa and Wakka.

The Noctes are considered as a branch of the Naga groups, and in racial features they belong to the mongoloid stock. Their original home was in Burma (Myanmar) wherefrom they migrated to the present habitat in the remote past.

They are patrilineal, patriarchal and patrilocal. They are divided into some classes. But, broadly, there are two classes; namely the Royal or Lowanq (Keipi) and the commoner's class (Tangmo). Each of the two classes is again divided into a number of clan or lineage groups, which are all exogamous. But, the tribe as a whole is endogamous.

The society is organized under Chiefs, each controlling a number of villages, and their major chief receives tributes from the subordinate villages. The Chief is called Lowang.

The main source of livelihood of the people is cultivation. They practice shifting as well as wet cultivation.

The Noctes came under the influence of Hinduism through Vaishnavite movement of Assam led by the great Assamese reformer Shri Shankardeva. They adopted Vaishnavism some 250 years ago and are now the devotees of the Barghariya Satra of Nazira in Sibsagar district of Assam. The Mahantas (representative priests of the Satra) visit their villages at regular intervals. During the visits the Mahantas conduct religious ceremonies and collect the money and some other offerings of the villagers in the name of the God (Ishwar).

Barring these occasional visits of the 'Vaishnavite priests, the people do not show any Vaishnavite element in their day-to-day activities as well as in beliefs. The people seem to adhere deeply to their animistic beliefs and practices. They

believe in a Supreme Being locally known as Juban or Tesang who is omnipotent having both good and evil aspects. He causes miseries and troubles as well as he brings happiness to the people. They also believe in a number of other deities who are both malevolent and benevolent. They are independently held responsible for different activities. The benevolent deities live in the houses and protect the people from different miseries and sorrows. They are propitiated regularly with the offerings of food, sacrifices and other things in order to get their regular protection and support against the malevolent deities.

As a matter of fact, their day-to-day life, philosophy and world- view are all dominated and dictated by the supernatural world and Vaishnavism manifests in a very rudimentary form.

Some socio-economic characteristics

Nocte villages are situated on the hilltops. Generally these are thickly populated with cluster of houses huddled together. They are skilled craftsmen as far as bamboo and cane work is concerned. Bamboo sticks decorated with goat hair, decorated headgear and various types of basket work reveal their fine and artistic workmanship.

Distribution of the population according to sex shows a more or less balanced picture, the females having an edge on the males (male-females ratio - 100:101). Literacy level of the people is around 30 per cent. Education seems to have been gaining momentum in the younger generation, apparently with an equal weightage to both the sexes.

The rules of tribal endogamy, and clan exogamy are followed by the Noctes with regard to marital, alliances (nam Kant). The boys and the girls are usually married between the age group of 20 to 25 years and 18 to 22 years respectively. The people have the system of cross-cousin marriage, levirate and sorrorate. Marriage with mother's brother's daughter is a preferred one. Polygyny is permitted but is very rarely practiced.

The people by and large live in nuclear families. The size of the family varies from 1 to sometimes around 15. The modal size ranges from 3 to 4 whereas the average size ranges from 5 to 6 members.

The position of the women in the society seems to be relatively low. They are subservient to the male members and hardly enjoy any individual liberty. They work very hard, not only within the household but also in the jhum field. They also collect and carry firewood from the forest in the neighborhood.

A Nocte women cannot inherit any property of her parents nor has she any right over the property of her parents nor has she any right to use, not to own.

Like most other groups of Arunachal Pradesh, the Noctes make their living by means of agriculture in the form of shifting axe cultivation (jhum). A minor section of the people, however, has recently (since last 15-20 years) been indulging in wet or permanent cultivation.

Food and Drink

Dietary habits in different regions of the world have been determined mainly by the local availability of foods. Satisfaction of hunger is usually the main criterion for a satisfactory food in-take, but the knowledge that we posses today does not conform to the general belief that satisfaction of hunger is a safe guide for the selection of proper foods. For sustaining healthy and vigorous life, diets should be planned with the full knowledge of scientific facts and observation concerning the science of nutrition.

Human beings require sufficient amount of proximate principles, vitamins and minerals to enable them to live and thrive. A well balanced diet should contain all these factors in correct proportions and in adequate amounts. In planning diet for communities, it is therefore, necessary to aim at an adequate well balanced diet. Such a diet should be of sufficient quantity to provide the needed energy and also ensure at least a minimum supply of the essential nutrients to maintain the life processes in proper working order.

The basic diet of the Noctes consists of cereals, millets, vegetables, meat and fish. Rice is the staple food. A large variety of wild leafy vegetables, roots, tubers and fruits as well as pumpkin, brinjal, ginger, onion, mustard leaves, chilies, the flower of plaintain and bamboo shoots are also included in the diet. The people collect wild roots and other vegetables from forests when they find that the vegetable yields from the jhum field are insufficient. The people are fond of fish and meat. They very often go to the neighboring forests for hunting wild animals and birds to supplement their food items. Meat of domestic birds is also taken occasionally. Fish is also caught in the natural fish beds like river, ditch etc., for their own consumption. Dried fish and meat constitute very relishing items in the menu. Meat and fish are often dried up and preserved for future consumption. They do not take beef and mutton.

During the lean periods of the year potato and arum are used as important alternative food items.

Locally brewed liquor (Kham) from rice, tapioca and millet forms a very popular and important drink for the people. Some of the people have been found to be in the regular habit of taking opium. Milk is not popular among them. Now days, some people take tea as a beverage.

Except the quantity and meal timings no observable differences could be found in the food habits of a Nocte man and a woman, except, however, during pre, neo and post-natal periods.

With regard to the nutrient contents of the food, no effort could be applied to have a quantitative assessment because of some obvious constraints. Nevertheless, an over-all qualitative idea may be obtained about the distribution of protein, fat and carbohydrates ("proximate principles"), Vitamins and mineral salts etc., in their food items.

Carbohydrate is provided by rice, millet, arum, potato and edible roots of various types. Protein is derived mainly from fish and meat which, however are occasional delicacies of the people. Their great delicacies are fowl and pork. Egg, mustard oil and spices are not very popular among the people. As a result, whatever fat they get is also derived mostly from fish and meat. Vitamins and other nutrients are obtained from leafy vegetables and locally available fruits. Their favorite drink kham also contains vitamins of high nutritive value. Roy (1975), in this regard observed, "Undistilled rice or millet beer usually has a high nutritive value, and half a litre of millet or rice beer supplies 5 to 1 0 percent of daily requirement of calories, protein, iron, calcium and vitamin B2".

Guha (1954) while reporting on the rice beer (Nogin apong) taken by the Mishings of Assam recorded, "we have analysed many samples of their fermented drink, and found that its alcoholic content does not exceed 4 percent, but its nutritive value mostly in vitamins is of highest importance. It supplies 10 percent of calories, 11 percent phosphorous, 20 percent of iron and 8 percent of niacin" (The Assam Tribune 15.8.1954)

Morbidity

'Health' and 'disease' seem to be considered as Polar words by the People. Disease refers to "a departure from the state of health" and health is the 'absence' of disease.

Besides having the ability to work in the house as well as in the Jhum field, a woman, to be considered as healthy should have the potentiality to give birth to 4 to 5 children.

Apparently a Nocte woman seems to possess good health. Barring the nursing mothers, and, the very old ones, most of them engage themselves from dawn to dusk in domestic chores, jhum field or in collection of firewood etc.

Malaria has been an endemic disease among the, people since remote past. Malaria was once a very wide spread and common disease, not only among the Noctes but also practically in the whole of NorthEast. It has since long been instrumental in increasing the mortality rate of the people. With the inroad of modern medical facilities in many of the interior areas, the frequency of death because of Malaria has been reduced to a great extent. Nevertheless, the incidence of the disease is quite rampant even to day.

It may not be out of place here to note that total Nocte population in 1971 was 23,165 and in 1991 it in 22,483. It is thus conspicuous that during last 20 years there has been a numerical decline of the group. It needs further studies to identify the factors responsible for this unusual trend.

With regard to the frequent incidence of malaria, the National Malaria Eradication Program is in operation in the entire State with utmost sincerity. Table 1 provides an idea of the activities of the program in terms of identifying Malarial positive individuals in the, Nocte dominated areas.

Table 1: An Idea of National Malaria Eradication Program Activities in Nocte Dominated Areas (1987-88)

SI	**Name of the Unit**	**No.of Villages Covered**	**Blood Slides Examined**	**Blood Slides for Malarial Positive**	**P.C.**
1	2	3	4	5	6
1	Deornali P.H.C.	17	9,467	1,083	11,44
2	Khonsa P.H.C.	56	9,188	691	7.52
3	Changlang P.H.C.	32	7,409	1,071	14.46
	Total	**105**	**26,064**	**2,845**	**10.95**

Source: Hand book of Block Level statistics of Tirap District 1987-88

It will be seen from Table 1 that during 1987-88 around 11 percent of the people were found to be Malarial positive. The table further reveals that the incidence of Malaria among the people is not uniform in all the areas. Khonsa is the district headquarters of Tirap, modern medical facilities as well as other development

programs are accepted relatively more by the people. Out of the three areas Changlang appears to be the least developed area and the incidence of Malarial positive is the highest there.

In the incidence of Malaria there does not seem to be any difference with regard to sex and age.

Besides, the people, irrespective of age and sex -seem to suffer from a number of ailments (Table 2).

Table 2: A list of frequently Incident disease among the Noctes

SI. No.	English Name	Local Name
1	Pox	Chec-lok
2	Cough	Chok-Chok
3	Stomach ache	Wak-chat
4	Dysentery	Ha choam
5	Scabies	Pum
6	Bodyache	Saksa chatat
7	Vomiting	Faiphe
8	Worm	Putin
9	Indigestion	Wokphim
10	Headache	Khochat
11	Tooth Ache	Pachat
12	Waist Pain	Ramchet
13	Leg Fracture	Da Lok
14	Pain in hand	Dak Chat
15	Leg Pain	Da chat
16	Fever	Chokwe
17	Tonsilities	Rotchat
18	Eye Disease	Mit Chat
19	Aesthama	Rakmma Khouchat
20	Anaemia	He chok Khouchat
21	Jaundice	Mitnian Khouchat
22	Gastritis	Wokphin Khouchat

For most of the diseases, the people generally avail of the traditional medicare system. Majority of the sickness and ailments are considered to be caused by the influences of evil spirits. It is also believed that almost all sorts of sickness can be averted and all diseases can be cured by appeasing the relevant spirits

responsible for causing them. For most of the ailments recovery depends upon finding out the cause of illness which generally is done by divination by the priest/medicine man. If it is not caused by supernatural forces, herbal, animal or mineral, medicines are given.

With regard to their awareness and receiving modern medical facilities, it has been found that the elderly people by and large are averse to modern medical treatment. This is however, a ground reality that in certain areas, the facilities for modem medical treatment are not available in the neighborhood of 15 to 20 km. But, even in the areas where these are available, it has been found that only the educated youths, particularly the girls take relatively more initiative to take the patients to the centers of treatment.

Further, it has been observed and also corroborated by the medical practitioners in the area that the living conditions of the people are responsible for the majority of the diseases. Thus, for example, gross lack of personal cleanliness, sanitation, potable water, provision of minimum light and ventilation in the house are responsible for the occurrence of a number of diseases. Thus, for example, there seem to be positive correlation's between respiratory problems and conjunctivitis and lack of light and ventilation in the houses; diarrhea and impurity of water and lack of cleanliness; skin disease and lack of personal cleanliness; and insanitary habits and occurrence of worms. Similarly, correlations may be drawn between excessive intake of liquor and gastritis, and repeated pregnancy and anemia in women.

It may be noted here that the tradition and superstition are so deeply rooted among the people that quite a good number of educated men and women have expressed their inability to take a rational stand on many occasions against the will and sentiment of the elderly members.

Reproductive health

A Nocte woman is believed to be healthy (sukasasen*)* if she has the ability of bearing a healthy and normal child. A woman is considered to be a healthy one when she can give birth to five to six children. In addition, she must be able to work hard in the field as well as in the house. The culture, norms and values do not permit the Nocte womenfolk to sit idle even if they are indisposed. Until and unless the illness takes a very serious turn the female members continue to do their usual chores.

A child is considered by the people to be the gift of God (Jauban*)*. They believe that a woman conceives only by the blessings of God. But, a male child is preferred to a girl as it increases the manpower.

During the period of pregnancy, an expectant mother observes certain taboos relating to food and movements.

Food habits and beliefs are ingrained in the culture pattern of a community. It is well known that dietary modifications during pregnancy have a profound effect on the closely related nutrition of mother and foetus. While some cultural practices forbid the intake of some foods, other practices advise increasing the consumption of certain food items. Information on food habits and beliefs during the reproductive period help in assessing the causes and magnitude of malnutrition and in planning nutrition programs. Although a great deal of research has been done on the physiological and biochemical aspects, the importance of cultural, and social anthropological aspects of nutrition during gestation is receiving late recognition (Rao, 1985 : 93-103).

An expectant Nocte mother is not given any special food. It is the same as the other members of the family. But, she is generally given whatever she wants to eat. However, she has to observe certain taboos relating to food. She should not take the meat of eel (gnapo), tortoise (Khokhap), and crab (chan) etc. They believe that if a pregnant mother eats these items, she may suffer from severe pain during the time of delivery. She is also not allowed to take kham (home brewed liquor) because it may cause miscarriage. They further believe that if expectant mother takes egg, the baby shows a delayed lisping. Meat of the sacrificed animals is taboo. Meat of a deer carrying a baby is also not taken. Though the people could not report anything explicit as to the logic of cultural prohibition and prescription of food during pregnancy, it seems, the food that are believed to be hot are avoided. Intake of these items is supposed to affect both the mother and the foetus in different ways and degrees.

In the past, it has been reported by the elderly people, the expectant mother was not allowed to see monkey and elephant. It was believed that the sight of a monkey might cause the birth of a child with the appearance of a monkey. The sight of an elephant was believed to lead to the birth of a child as fat as an elephant creating problem of the womb as well as in the process delivery. Even to day, this taboo is observed by many. Besides, a pregnant woman is not allowed to kill any creature. She should not visit the house in which some one has died.

The husband is also subjected to some restrictions and reservations. He is also prohibited to kill any animal, chicken and snake etc. If a snake is killed by the husband then it is believed that the tongue of the baby will became long like a snake, the husband is not allowed to plant any tree during the period of

pregnancy, till the baby starts walking. They believe that the baby will not be able to walk if the father plants any tree during the period.

The husband may however, go to the house where some one has died or to the burial ground, but he must not touch the dead body or carry the dead body. There is no food taboo for the husband. All these do's and don'ts are believed to be directed towards an overall welfare of the mother and the baby.

A pregnant women carried on their day-to-day work in the house as well as in the jhum field. They usually carry huge amount of collected firewood on their back. As their paddy fields are on the outskirts of the villages, they have to walk a lot in the undulated terrain. They continue to work till the last moment of delivery and again resume just after about a week of delivery. There were a number of cases in which spontaneous abortion or miscarriage took place. This indirectly enhances the health hazards of the female. The Nocte male members lead a relatively comfortable and leisurely life and maintain a minimum health and illness care, which the females can hardly afford to.

From conception to delivery the people by and large do not have any idea of medical check-up. They do not seem to be very much concerned about the necessity of some special care of the mother's health. Pregnancy is considered as a natural phenomenon. The government sponsored Integrated Child Development Project (ICDP) has the provisions of distributing necessary vitamins and iron tonics etc., to the expectant mothers free of cost. But, it seems the people have not yet been properly motivated to accept these medicines during pregnancy. Only a few educated and well to do families go for regular medical check-up to the nearest Primary Health Center (PHC).

It may not be out of place here to have a brief discussion on the structure and function of the ICDP in the area under discussion. The program is intended for rendering services for the general welfare (mainly health and nutrition) of the expectant and nursing mothers, and children. The people receiving the services are called beneficiaries who are conveniently divided into a number of categories. These are as follows:

I. **Pregnant mother (SNP i.e., Supplementary Nutrition Program):** The period ranges from conception to childbirth. During this period the expectant mothers are to be provided with supplementary nutrition items like iron tablets, vitamins, gram and kichchri hotchpotch etc. This is done with a view to keep the mother as well as the foetus in good health. The mothers are also supposed to be advised by the gram sevikas to take tetanus injection and attend the hospital at regular intervals for check-up.

II. **Nursing mothers:** The period ranges from childbirth to six months. During this period also the S.N.P. is directed mainly towards the mothers. But, the mothers are to be advised to get their children to hospital for administering polio and triple antigen vaccines. S.N.P. items are by and large identical with those of the first phase, but iron tablets are given in a lesser dose.

III. **Six months to three years children:** Though the phase is in the name of the children, the S.N.P. is mainly directed towards the mothers. They are to be provided with hotchpotch, gram and soybean biscuits etc., to maintain proper health as well as to have better breast milk. In fact, in the second phase also this aspect remains very much in consideration.

IV. **Three years to six years children:** This is the stage where the children are the direct beneficiaries. At this stage the mothers are left to themselves and the children are rendered S.N.P. as well as pre-school education which includes sports, games and also introduction to alphabets.

In order to have an idea about the ground realities with regard to the functioning and acceptability of the various SNPS, a few Gram Sevikas were interviewed. It was apparent that the programs could not be properly implemented in a number of areas for a number of constraints that need to be taken care of by the appropriate authorities/ bodies. Some relevant excerpts of the interviews are reproduced below. It contents will speak for itself.

"During last one month of my coming over here I had been to my area of work only for two days. My experience of this single visit is discouraging with regard to the expected co-operation of the beneficiaries as well as others…."

"I have been here for last one year or so. I am in-charge of fourteen centers. Normally a village with a total of fifty (or below) households has one Anganwadi center. Villages having households above fifty in number have two centers. Out of the fourteen centers, which are looked after by one of my colleagues and myself, for eleven there is no road link. We are to walk through the forest, and in rainy season these areas become inaccessible because of rampant growth of deep forest bushes. Besides, the question of personal security is also involved. Ours is an organization where all the personnel from C.D.P.O. (Child Development Project Officer) to Helpers are women. As women we have a number of limitations with regard to our mobility in those remote inaccessible regions. Besides, our organization does not have any infra-structural facilities for transportation of the S.N.P. materials to the centers. We are to arrange it on our own. This creates a lot of problems to carry the heavy items like ingredients of hotchpotch etc., from the headquarters to the centers. In a situation where free

hand mobility is handicapped for obvious reasons of constraints in transport and communication facilities, we cannot think of carrying the heavy items to the centers. At best we can carry a few tablets in our vanity bags. Besides, we do not have any quarters or secured shelters to live in and around our centers. Besides, with regard to the expected cooperation of the villagers, very often our experiences are discouraging, particularly in the villages with proximity to urban centers.

While dwelling on the acceptability of modern medicare system, it may be noted that a delivery generally does not take place in a hospital or under the supervision of trained personnel. By and large a child is born in the house and is attended by women only. No male members including the husband are allowed to enter the delivery room. For delivery, the inner room or back verandah (Haso) is selected. The expectant mother is helped by the old, and untrained but experienced women of the village, usually a relative or mother-in-law etc. During childbirth the mother sleeps on the floor on cloth or gunny bag.

In the event of any complication during the time of delivery, the people generally go for the traditional medicine man, who prescribes some oral herbal medicine for normal delivery. If the child or the mother or both die in the process people accept it as Gods wish.

Twins or deformed babies are killed after birth. These are considered to be bad omens and are believed to herald some calamities and misfortunes to the entire community, if allowed to live.

Solid foods are considered to be indigestible immediately after delivery. Oil and spices are also avoided for the same reason. The mother a newborn baby is given over-boiled rice. It can be easily digested and is also believed to increase the production of breast milk. Dried arum leaf and dried bamboo shoots etc., boiled in water, are also the prescribed items for consumption. This diet is continued for a few days. Kham is allowed in small quantities for relief of pain. After three or four days the mother starts doing her usual household work such washing clothes etc.

Breast feeding of the babies continues for six to seven months. Weaning foods are introduced after six months. These include soft cooked rice, boiled arum and tapioga. But my most of the children have the habit of suckling up to the age of two or three years. If another child is born within a gap of one year or two, then for weaning, an interesting method is applied. The juice of titaphul (kallong, a kind of flower with bitter taste) and bitter gourd (karela) is applied on the nipple so that the child refuses to suckle after having the taste of bitterness.

With regard to an ideal family size, it may be noted here that the idea of deliberate planning of a family goes against the traditional beliefs and values. They believe that the children are the gift of God. Nevertheless, now a days, most of the people realize that a small family with two or three children is better than a bigger one, so that they can bring them up in a better way. In practice however, only a very few people have been found to take contraceptive measures in the form of oral pills, tubectomy and vasectomy. The contraceptive provisions are available free of cost at P.H.C. at Khonsa, Changlang, Deomali and Soha.

In this context a sample of one hundred Nocte married women were interviewed with regard to age at marriage, level of education and number of live-births.

Table 3 shows the distribution of the respondents according to age at marriage and absolute and average number of live births in different age groups. It will be seen from Table 3 that the age of marriage for the girls ranges from fourteen to twenty six years. It will also be seen from the Table that majority (49 percent) of the respondents were married between 18 to 21 years of age. Thirty three percent of the respondents were married between 14 to 17 years, and only 8 percent got married at the age of 24 or more. From the Table it will also be seen that the modal marriageable age for a Nocte girl lies between 20 to 21 years, the modal frequency being 29.

Table 3: Distribution of Nocte women (respondents) according to age at marriage and number of live-births.

SI. No.	Age at Marriage	Frequency (P.C.)	Absolute No. of live births	Average No, of Live births	Average no. of for the group
1	14-15	14	48	3.43	3.86
2	16-17	19	81	4.26	
3	18-19	20	85	4.25	
4	20-21	29	112	3.86	
5	22-23	10	32	3.20	
6	24-25	7	24	3.43	
7	26-27	1	4	4.00	
	Total	**100**	**386**		

The average number of live births for the study group is 3.86 whereas it is 4.04 for the women married before 20 years of age and 3.66 for those married after 20 years.

Table 4 depicts the distribution of the respondents according to the level of education and number of live births. A cursory glance of the Table makes it apparent that 65 percent of the respondents were illiterate and 35 percent literate.

Out of the literate ones the majority (16 percent) were with Lower Primary background. There were only 2 respondents with Post Higher Secondary background. The Table further makes it clear that there is an observable difference in the number of average live births of the literate and illiterate mothers. It is 4.15 for the illiterate and 3.23 for the literate mothers. It will also be seen from the Table that barring the two graduates where average number of live births is 1.00, there is no observable difference in this regard among the mothers with L.P., M.E. and High School background.

Table 4: Distribution of the Nocte women (respondents) according to education and number of live births.

SI.	Level of Education	Frequency (P.C.)	Absolute No. of Live Births	Average No	Average for the group
1	Illiterate	65	270	4.15	
2	L.P.	16	53	3.31	
3	M.E.	7	20	2.86	
4	High School	10	38	3.80	
5	College	2	2	1.00	
	Total	**100**	**386**		

On the whole, it seems the members of the younger generation and the educated ones, now a days are realizing the necessity of taking care of the reproductive health of the womenfolk. This awareness is reflected in their effort to plan the family size, reasonable interspacing of childbirth and arranging regular medical check-up and providing nutritious diet during pregnancy. The study further reveals that there has been a positive impact of the various mass media Programs in this regard, on the educated elite's.

Concluding remarks

Reproductive health behavior of the Nocte women is intimately related to their value system and cultural tradition. Cultural values and practices have a deep influence on health behavior in general and reproductive health in particular. Thus, it does not seem to be possible to raise the health status and quality of life of the people unless such efforts are integrated with the wider effort to bring about an overall transformation of the society as a whole.

It is also apparent that the health development programs need to be integrated conveniently with the larger program of overall development in such a way that the two become mutually self-supporting. This would be Possible only, when a number of supportive services such as development of transport and

communication, nutrition and education etc, are contemplated simultaneously. On the whole good health and good society go together.

The following strategies may be actively followed for the health development of the Noctes in particular and the respondent population in general:

(1) Health services in the form of health education be given more emphasis by developing effective communication strategies on health education and health care.

(2) Infrastructural facilities of transport and communication be improved for proper implementation of the existing health service facilities. As an interim arrangement, for the inaccessible areas mobile health teams may be formed to provide professional services to the people as well as to collect health information as feed back.

(3) Efforts be made for proper sanitation, personal hygiene, safe drinking water, and dispelling the misbeliefs, taboos and magico-religious practices etc.

(4) The people should be made aware of the hazards of early and consanguineous marriages.

(5) Studies at micro level need be conducted to evaluate the nutritional status and health.

(6) Arrangements be made for hundred percent immunization of mothers and children.

(7) Tribal girls should be trained as nurses and midwives.

(8) Efforts be made to delineate the factors responsible for a declining population trend among the Noctes and some other tribal groups.

(9) Indigenous herbs used for medicinal purpose be identified, and arrangements be made for their preservation and documentation. And

(10) Any attempt to introduce modern medical system in the area should take into consideration the fact that the people have their traditional concept of ailment and health seeking news. Efforts be made to have a negotiable synthesis between the two systems in order to avoid confrontation and enhance acceptability of the modern medicare system.

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