
**Cultural and Health Management Practices of the
Garo Community of Bangladesh: A Case Study of
the Garos of Greater Mymensingh District**

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ABSTRACT

An extensive survey study was carried out on different aspects of health management practices of the Garo communities in Bangladesh to assess their actual present health status. The study was carried out on 1205 respondents out of 40,173 total Garo people of the study area of greater Mymensingh district. The study revealed that Garos enjoy a better health status than the common Bengali community. It was also observed that traditional cultural practices have great influence on the health management of the Garos. Many of the Garos think that diseases result from the dissatisfaction of the gods and goddesses or curses of the evil spirits. Thus they sacrifice animals to please the spirits to get relief of their diseases. Almost all the Garos use water from tube well (53.69%) or puller pump (44.81%) for drinking, bathing and cleaning purposes. Every family has a latrine. Almost everybody is concerned about regular dental care and half of the Garos are concerned about family planning. Garos eat a wider variety of foods including numerous natural plants as vegetables, some of which have medicinal values. Traditionally Garos are fond of drinking wine, prepared from boiled rice. The study also revealed that the Garos are generally less attacked by diseases than the common Bengali people. This may be attributed to their better living environment, food habits, cleanliness, hard work in the fields and sufficient rest after work and, after all, consciousness about health and diseases. But yet, diseases are quite common in this community; the most common one being Malaria. Most of the Garos take treatment from their traditional health practitioners although treatment of modern Allopathic system is available in the local Christian hospitals. About 55.68% of the Garos expressed their firm faith on their traditional treatment systems. In spite of some superstitions about diseases and health, the overall health status of the Garos is comparatively better than the majority of the mainland Bengali community.

Key Words: Garo community, Garo culture, Health management practices, Traditional healers

INTRODUCTION

Garos are a well-defined ethnic group of people having common culture and language of their own (Drong, 1994). In the year 2000, Caritas (an NGO working in Bangladesh) reported that the number of Garos in Bangladesh is about 1, 20,000 and they live in different areas of the country, mainly in greater Mymensingh, Tangail and Sylhet districts (Drong, 1999). Though Garo ethnic group lives in Bangladesh, socially and culturally they differ from the mainland people, the Bangalees, and hence they have some different health management systems and special traditional medical practices that are mostly based on their culture and traditional belief (Playfair and Kar, 1975). Garo traditional health practitioners offer medicaments and treatment procedures mostly to the patients of their own community. Thus, these practitioners have some definite and potential influence on the health management and treatment practices of the common Garos. But, we know little about their health management systems as no systematic research has so far been conducted on this ethnic group in respect of their health management practices. Hence, we had undertaken this survey work to know about their overall cultural and health management practices (e.g., hygienic conditions and treatment methods. Thus, this research was conducted:

- i) to evaluate the present health status and health management practices of the Garo community
- ii) to compare their health management system with that of the Bengali community
- iii) to investigate if there is any influence of their cultural practices on the health management systems

STUDY AREA

The study area of this research work was Garo inhabiting areas of greater Mymensingh district. Mymensingh district is surrounded by Meghalaya hills in the North, Gazipur district in the South, Netrokona and Kishoregonj districts in the East, and Jamalpur and Tangail districts in the West. The total area of Mymensingh district is 4363 sq. km. (Titon, 2000) with a total population of about 40, 96,486 (Bengal District Gazetteers). The majority of the Garos are concentrated in different areas of greater Mymensingh district (Mankin, 2000). According to the Caritas report, 2000, the number of Garos in this district is about 40,258 (35% of total Garos of Bangladesh). Garos mostly live in different villages of Haluaghat, Dhobaura, Fulpur, Muktagacha, Fulbaria and Valuka thanas of this district. The distribution pattern of Garos in Mymensingh district is as follows:

Haluaghat	14,572
Dhubaura	13,657
Fulpur	2,108
Muktagacha	5,802
Fulbaria	1,682
Valuka	2,437
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Total =	40,258 (Caritas report, 2000)

Garo ethnic people living in Mymensingh district are farmers, daily labourers, woodcutters, businessmen, service holders and traditional medicine practitioners (Nawaz, 1984). Therefore, the picture of present health management practices, traditional culture and its influence on the overall health management of the Garo people of the present study area will provide an overall picture of all the Garo communities in Bangladesh. That is why, Mymensingh area was selected to conduct this study on the health management practices of the Garos in Bangladesh.

MATERIALS AND METHODS

The present study was based on the observation, survey and critical study of the Garo traditional cultures and health management practices. The study was conducted from June 1999 to February 2001. The Garo ethnic people, traditional healers, Garo field guides Survey Questionnaires and Medicinal plants and other medicinal agents used by the Garo traditional health practitioners, different aspects of health management were the main materials of this study. The study was carried out by taking interview and required fieldwork to observe the actual situation of social culture, treatment procedures and health management systems practiced by the Garo communities of the study area. The survey also included examinations of the methods used during the treatment of patients and the materials used for the preparation of medicaments. Those works allowed effective data collection, presentation and interpretation of results.

To conduct the present study, the people of the whole community were categorized as: (i) Traditional medical practitioners (numbering about 85) and (ii) General ethnic people/patients (numbering about 40,173). The survey study was conducted on 51 out of 85 traditional health practitioners (60%) and on 1205 out of 40,173 (3%) of common Garo people. As no scientific information was published and no systematic research was done previously on the health management practices of the Garos the present study had to be carried out based on the information obtained from micro-level field survey, i.e., from the primary sources due to lack of adequate secondary information and data. So, maximum data of this work have been generated mainly through questionnaire-based survey supplemented by direct practical observations. Besides the field survey, the researcher had to collect data from secondary sources about ethno-traditional social culture of the Garos from different sources, such as, Birishiri Tribal Cultural Academy at Netrokona district, Nokmandi at Dhaka, Caritas Bangladesh, Care Bangladesh, Tribal Welfare Association, National Adivasi Coordination Committee of Bangladesh, Census Reports, National and International Journals, Newspapers, etc.

Survey Questionnaires, which included questions on different aspects of health management, and on personal, social, cultural and environmental aspects, were used for this purpose. The researcher personally visited houses in the study area to take interview and to observe their family life, environmental situation, actual hygienic condition and social and cultural practices in order to

observe the actual health management situation. Local Garo guides were used to help conduct this survey in a meaningful way. Two samples of the Questionnaires used are shown below.

RESULTS AND DISCUSSION

Since overall health status of the people of a community depends not only on the treatment of their diseases or medicines made available to them, but also on their cultural habits and maintenance of environmental and personal hygiene, this research also included a survey on the cultural habits and environmental and personal hygiene of the Garo community living in the study area. The observations and findings are reported and discussed below.

Management of Environmental and Personal Hygiene

Hygiene is one of the most important conditions for good health (Paul, 1977). Components of environmental and personal hygiene that directly or indirectly influence their normal health management practices include household environment, personal, family and environmental cleanliness, family size, educational qualification, occupation, monthly income, sources of bathing, drinking and cleaning water, sanitation systems, post toilet hand-washing habit, smoking habit, family planning and vaccination, care of pregnant mothers and babies, dental care, etc. (Helman, 1990). Influences of these factors on the health management practices of the Garos were studied and analysed in this survey work. The findings are discussed below.

Household environment

Housing is one of the most complex elements of environmental health and is intimately linked with economical, physical and social conditions, customs and tradition (Phillips, 1990). House number and structure, density of population in a house, hygienic conditions, etc. of any separate entity directly or indirectly control its health management efforts and exert definite effects on the health status of the household people (Helman, 1990). From the study, it was observed that the number of brick built, mud built, tin built and only fenced houses of the Garos in the study area were 9.96%, 84.97%, 2.57% and 1.99% respectively. The number of rooms available for families of 42.66%, 38.75% and 18.59% of the respondents were 2, 1 and 3 respectively. The number of houses is inadequate with respect to their family sizes. The survey revealed that 42.48% respondents have family members of 5-8, 41.32% have 9-12 members, 5.97% have 1-4, 7.8% have 13-16 and 2.32% have 17-20 family members. This is not a satisfactory situation for maintaining healthy environment and personal health. However, the Garos always keep their houses clean, arrange their household materials neatly, and dispatch their dirty things in a specific area/dustbin. The Garo villages and houses in the study area were found to be clean. Many families were found to have vegetable and flower gardens or a lot of green natural plants in front of their houses. They were neat and clean in cooking their foods also. These indicated that the Garos are very fond of cleanliness than the mainland Bangalees. Thus their overall household environment is congenial for maintaining good health.

Education

The total literacy rate (from class-1 to higher) of the study area is 81.75% (Mankin, 2000). This is a better situation than that of the mainland population. This has a good impact on their life style and health.

Occupation and Monthly income

The survey revealed that 51.95% of the respondents are farmers, 39.08% service holders, 5.39% are businessmen and a small fraction (1.99%) earn its living as daily labourers. Most of service holders work in different NGOs and schools conducted by the Christians (Jengchum, 1994). Monthly income of 51.03% of the Garos in the study area is Tk. 2000-3000, which is not sufficient for well maintenance of a family and this has a negative impact on their living standard and maintenance of health.

Food habit

The food habit of the Garos differs from other communities due to their own traditional customs. The Garos eat foods collected from natural sources free from any kind of adulteration. They cook foods in an easy and simple way. They never boil too much nor use excess spices while cooking

curries. They do not use excessive fatty oils, rather often cook foods without oil and spices. Thus nutrients or food values of their food are not destroyed in their cooking process.

Garos eat a wider variety of foods than many of their closest neighbours. Their staple cereal food is rice. They also eat fish, meat, millet, maize and various vegetables including bamboo shoots, mushrooms, Basak and Neem leaves. They rear goats, pigs, fowls and cows and relish their meat greatly (Nawaz, 1984). Generally, they eat meats of various animals and birds, but the meat of ducks, cocks (fowl), hare and swine are very favourite to them. Everybody relishes turtles, frogs, snails, eels and tiny fresh water shrimp shell and many others that are available (Burling, 1968). Nokham (dry fish) is the favorite article of the Garos. They use a kind of potash in curries, which they obtain by burning dry pieces of plantain stems or young bamboos and variously treating their ashes to get a product they call 'kharichi'. No oil, garlic, ginger, onion or any other spices are needed when kharichi is included in the curry. The Garos believe that kharichi is helpful for normal circulation of blood and it protects them from different gastro-intestinal troubles, gastric ulcers, blood pressure, heart diseases and diabetes (Sangma, 1994).

It was observed that home-made (prepared by fermenting boiled rice) wine drinking is a common phenomenon in the Garo community and many of them are habituated to drinking excessive quantity of this drink. This is not a good feature in respect to health management practices as excessive alcohol is harmful for liver. In fact, some Garos suffer from various types of liver disease. But the incidence of liver diseases among them is not that alarming. This may be due to their better food habits.

Sources of drinking, bathing and cleaning water

Garos were generally found to be careful about drinking water. Most of them in the study area were found to use tube-well or puller-pump water for drinking, washing and bathing purposes. 53.69% of the respondents use water from tube-well and 44.81% from puller-pump for drinking purpose. Garos are not used to drinking water from ponds, river, etc. or from any other open sources. 97.92% of the Garos of the study area were habituated to regular bath. 45.97% respondents appeared to be very clean in their body and dress and 52.94% appeared quite clean people. Only 1.07% Garos found to be less clean but not a single one of them was totally unclean in the study area. 71.95% of the respondents were found to be regular in washing their cloths. Of them, about 16.72% male and 15.52% female use soap and the rest of them wash cloths by using water only. 28.05% of the respondents were irregular in washing cloths. However, although almost all the Garos are keen about cleanliness, many of them cannot afford to use soap regularly due to their poor economic condition. This is really a good habit in respect of health management practices.

Sanitation

Observations revealed that almost all the Garo families of the study area have at least one toilet of their own. The percentages of Sanitary, Semi-sanitary and Mud-built/Slab toilet users were 20.99%, 33.36% and 45.39% respectively. There were no toilets with flushing and water sealed systems in the study area. However, the sanitation system in the Garo area is better than that in the mainland, because 36.90% of the mainland population have no toilet facilities. They excrete their feces in the open fields or under bushes. Thus, indiscriminate scattering of human fecal and garbage pollute the nearby water sources, which results in infectious diseases like diarrhoea, dysentery, typhoid, fever, hepatitis, worm infection and gastroenteritis so common with the mainland people. Garos are comparatively in a better position in respect of these diseases.

Post-toilet hand washing

Most of the respondents (65.14%) were in the habit of using soap for post-toilet hand washing, of which 67.03% were male and 63.05% female. In an average, 20.99% of the Garos were habituated to using ashes for this purpose (16.87% male and 25.57% female). Generally, males prefer to use soap as washing agent while the females mostly use ashes for the purpose. Only a small fraction of the Garos was found to use mud (11.95%) and a negligible number (1.90%) used simply water for post-toilet hand washing.

Better sanitation system and post-toilet hand washing practices of the Garos have positive impacts on their overall healthy environment and better health status.

Smoking habit

Most of the Garos (57.92%) are habituated to smoking tobacco (of them 62.50% are male and 53.14% female). This indicates that the number of male smokers is higher than the females. Smoking is more common among the older males, but this was found to be less among the literate and young Garos.

Dental care

Garos were generally found to be careful about dental health. It was found that, for dental cleaning, 39.17% of the Garos use toothpaste and toothbrush, 34.94% use tooth powder, 10.29% Neem-sticks, 8.96% bush-sticks and 6.64% black ashes. Most of them clean teeth in the morning only, not at the bed time. Only the literate Garos (40%) were habituated to brushing teeth at night.

Family planning

49.21% of the respondents answered positively with regard to family planning. The survey revealed that for birth control 55.65% of the respondents used birth control injections, 25.63% used birth control pills, 10.28% used condoms and 8.43% adopted ligation. It was observed that most of the respondents prefer Injection as a means of birth control. This was because of the fact that injections are easily available free of cost in the local Christian hospitals. But many of the Garos are yet to take the family planning program seriously.

Care of Pregnant mothers and Children

Most Garos (about 73%) are concerned about taking special care of pregnant mothers and children. About 50% pregnant mothers go to the nearby Christian Missionary Hospitals for regular check up and 23% of them take the help of Garo Traditional healers. Some of them go to the Religious healers to take jhar-fuk and amulet in order to save them from the curse of evil spirits. The rest of the respondents treat pregnant women as any other member of their family and do not take any special care for them.

95% of the respondents call the birth attendants in their houses for the delivery of babies. When complicacy arises they take the pregnant mothers to the nearest Christian Missionary Hospitals for delivery and to keep them under the care of doctors and nurses there. 5% of the Garos take the pregnant mother directly to the hospital for delivery.

This survey revealed that 65% of the respondents take good care of their infants and children. They vaccinate them regularly with DPT, BCG and Polio vaccines supplied from the Christian Missionary Hospitals and other healthcare organizations. The other respondents just have an idea about vaccines and they vaccinate their children only occasionally and do not think vaccines are absolutely necessary for them.

67% mothers reported that they usually feed the new-born babies their initial milk. Others (ca. 32%) do not do that as they think this milk is an impure substance. Thus, they bring out the initial milk before feeding the new-born baby. Almost every mother feeds her child breast milk from its birth up to 2-3 years of age or up to the time when the child on its own gives up the habit of sucking mother's milk. This is a good practice as far as the child's health is concerned.

Incidence and Management of Diseases

Incidences of different diseases among the Garos and the methods used for their treatment and management are summarized in the table-1.

As apparent from the above table 1, most of the Garos suffer from malaria. This is because of the fact that they are very much exposed to mosquito bites as their residential areas are very close to or in the hilly and forest areas where mosquitoes breed freely. The interesting finding was that none of the respondents ever suffered from small pox.

As evident from the table 2, Garos prefer traditional treatment for the management of most of their diseases. They believe that Traditional healers/Mandi Kabirajes are more efficient and expert than any other healers particularly for the treatment of diseases like Paralysis, Pneumonia, Jaundice, Asthma, Arsho & Piles, Bone Fracture and Sexual Diseases.

Table 1: Incidence of diseases among the Garos

<i>Type of diseases</i>	<i>No. of Respondents</i>	<i>Percentage (%)</i>
Malaria	649	53.86
Headache	60	4.98
Cough (Kashi)	53	4.40
Dizziness	110	9.12
Dysentery/Diarrhea/Cholera	63	5.23
Stomachic (Stomach pain)	65	5.39
Gastric/Ulcers	32	2.65
Tonsillitis	14	1.16
Sexual diseases	102	8.46
Diarrhoea	35	2.90
Jaundice	13	1.07
Burning on the body	9	0.75
Small pox	0	0.0
Total respondents	1205	100.00

For the treatment of Paralysis, 95.60% (1152 out of 1205) respondents go to the traditional healers, whereas, 1.90% (23 out of 1205) and 2.32% (28 out of 1205) respondents take the treatment of Allopathic doctors and religious healers respectively. Some of the Allopathic doctors in the local Christian hospitals also admitted that Garo traditional healers are capable of treating paralyzed patients more effectively. For the treatment of sexual diseases, like Meho, Promeho, Gonorrhoea, Impotency, Sexual weakness, etc. most of the Garos prefer to take treatment from the traditional healers. Similarly, most of the Garos prefer the treatment of traditional systems to modern treatment systems for the management of Asthma, Pneumonia, Jaundice, Arsho, Piles, Madness, Heart weakness, Ghost/Jin attacks, etc.

In an average, it was found that the majority (55.68%) of the respondents (many of whom are illiterate) have greater faith on the treatment of Garo traditional healers, 34.64% (most of whom are literate) have more faith in the treatment system of modern medicine. But they also like the treatment of traditional healers. 6.30% of the respondents expressed their firm belief in the religious system of treatment which uses religious verses, amulets, consultation with spirits and involves sacrificing animals in the names of the gods and goddesses and evil spirits to please them. The practitioners of this system and the patients they treat believe that most of the diseases are caused due to displeasure of these supernatural creatures.

However, for the treatment of gastric and other GIT problems, 50.79% of the respondents go to the doctors of modern Allopathic system, 41.66% go to the Garo healers and 4.65% adopt self-medication

Garos Practitioners and their Methods of treatment

Most of the Garo traditional practitioners are literate (Primary to Higher Secondary level), but none of them was found to have higher education. However, only the aged (not below the age of 40 years, 45.10% healers were between 71-80 years) and professionally experienced Garos practice their traditional system of treatment. In the process of treatment, the Garo traditional healers collect medicinal plants and other ingredients from the jungle and process them in their own way to use as cure for the ills of the afflicted people (Chisim, 1997). As an integral part of the treatment many of them combine dispensation of jungle medicines with rituals and sacrifices to get relief from the curse of evil spirits.

Table 2: Types of treatment taken by the Garos for management of various diseases.

Advice taken from →	<i>Allopathic doctors</i>		<i>Mandi kabiraj/TMP</i>		<i>Religious healers</i>		<i>Self-medication</i>		<i>No advice taken</i>	
Name of diseases ↓	No. of Responc	% of Respond	No. of Respond.	% of Respod	No. of Respod	% of Respd.	No. of Respd.	% of Respd.	No.of Respd.	% of Respd.
Fever/Cold/Cough/ Headache/Vomiting	532	44.15	515	42.74	52	4.31	58	4.81	48	3.98
GIT problems	612	50.79	502	41.66	6	0.49	56	4.65	29	2.40
Diarrhoea	244	20.24	358	29.71	52	4.31	506	41.99	45	3.73
Paralysis	23	1.90	1152	95.60	28	2.32	2	0.166	00	0.00
Asthma (Hapani)	363	30.12	784	65.06	12	0.99	30	2.49	16	1.32
Pneumonia	387	32.11	711	59.00	44	3.65	45	3.73	18	1.49
Jaundice	270	22.40	843	69.96	45	3.73	35	2.90	12	0.99
Sexual diseases	55	4.56	1024	84.98	95	7.88	14	1.16	17	1.41
Female diseases	177	14.69	891	73.94	13	1.07	95	7.88	29	2.40
Arsho and Piles	316	26.22	807	66.97	43	3.57	24	1.99	15	1.24
Malaria	506	41.99	566	46.97	120	9.96	13	1.07	00	0.00
Typhoid	746	61.90	421	34.94	6	0.49	27	2.27	5	0.41
Spiritual diseases	8	0.66	605	50.20	592	49.12	00	0.00	00	0.00

CONCLUSIONS

Generally, Garos are healthy people, their overall health management practices are comparatively better and their average lifetime is longer than the common Bengali people of Bangladesh. They are less frequently attacked by diseases or illness than the mainland people of the Bengali community. Garos' good food habit (they eat a lot of green vegetables and fruits from natural sources, which are free from chemical fertilizers and pesticides), habit of doing enough physical labour, maintenance of personal and environmental hygiene and their clean living environment rich in unpolluted pure and fresh air and, above all, their consciousness about management of health against diseases and their firm faith in natural way of healing using natural substances help them keep healthy and happy.

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Attachment: Survey Questionnaire

Survey Questionnaire for traditional healers

1. Your Name:
2. Father's name:
3. Address:
4. Age:
5. Sex:
6. Religion:
7. Marital Status:
8. Monthly Income:
9. Educational Qualification:
10. How long are you living here? Where did your previous generation lived?
11. What type of patients mostly come to you?
12. Do you use single natural plant or combination of plants for the preparation of medicines?
13. How do you prepare medicaments?
14. What are the medicinal plants/medicaments you use for the treatment of -----diseases?
15. What do you do or use in case of surgery?
16. Do you use anesthetic agent for surgery? If yes, how do you do it?
17. Is your treatment short-term or long-term basis?
18. What is your treatment for psychiatric and mad patients?
19. What is your treatment option/system/ medicaments for treating accidental burning or poisoning?
20. What are the elements of your medicaments?
21. Do you use Allopathic medicines for the treatment of any special type of patients?
22. What kinds of patients usually take the treatment from you? Poor/middle income people/rich people?

Survey Questionnaire for common peoples

1. Your Name:
2. Father's/Husbands/Wife's name:
3. Address:
4. Age:
5. Sex:
6. Religion:
7. Marital Status:
8. Profession:
9. Educational Qualification:
10. Monthly Income:
11. How long are you living here? Where did your previous generation lived?
12. What do you do for treatment when you get sick? Go to Traditional healers/Allopathic doctors/ Religious healers/Self medicate
13. For what kinds of diseases you prefer to take treatment from the Traditional healers?
14. What types of treatment do you prefer? Allopathic treatment/Traditional treatment/Self medication?
15. Do you know about DPT vaccines?
16. For what diseases you give vaccines/injections to your children?
17. Do you use birth-control measures? Yes/No
18. Which method do you and your family prefer to use?
19. How many children do you expect in your family?
20. If two children are male or two are female, will you like to take more children?
21. Where do you go for the treatment of sexual diseases? Allopathic doctor/Traditional healers
22. What kind of latrines do you have for your family?
23. Do you use soap or ash for post toilet hand washing?
24. How many times a day you brush your teeth?
25. What materials do you generally use for cleaning your teeth?
26. What do you do in case of snake bite?
27. Are you habituated to smoking? If yes, what do you smoke? Pot/Cigarette/Bidi
28. At what age did you get married or expect to get married?
29. What kinds of diseases you suffered in your life?
30. What is your main food? Do you eat any special food other than those of the Bangalee people?
31. What is the source of your drinking water? Tube-well/pond/river/tap water?
32. What is the size of your family? How many children do you have?
33. Do you feed the initial breast milk to the infant? Up to what age do you feed breast milk to your babies?
34. What do you do in case of Diarrhoea?
35. What is the death rate of children in your society/family?