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Editorial

On the occasion of celebration of Guru Kunami i.e. Birth anniversary of Pandit Raghunath Murmu on 9th May 2009, a very pertinent and important question comes to mind about the relevance of Gurus in Santal community. The legend says that Santal community was having different Gurus in different fields covering all aspects of life covering spiritual, technical, medical etc. The names of Kamru Guru, Ganda Guru, Buang Guru are very common and well known. This belief and trend continues till to day as people identify personalities and recognize their relevance in pursuit of individual as well as collective life. The trend of worship of mythical Gurus in Santal community is in vogue and people draw confidence and seek blessings from them in their time of hardships or during festive occasions.

The tradition of identifying and following Gurus can be experienced in the recent times. The status of Guru has been conferred on some people. Some personalities earned a niche among people on the basis of close interaction with people and they were/are revered as Gurus may be locally or at macro level. The personalities as Guru commanded great respect and they saw/discovered some positive energy in the society in doing something good for the society. During their period, many positive developments in the society were pursued and there were change in general thought process and a tendency to bring about some changes in the society in the form of reforms and reorganization. This positive development has brought about some positive change in the society and gave an impetus to some change in the thought process. The initiative was not mooted in isolation but the idea was to align the policy of social regeneration with the local or regional perspectives. This new initiative was instrumental in introducing this community with the neighbourhood society with some respect and

understanding. The initiative was taken in the form of abolition of liquor consumption, leading healthy way of life, adopting good health practices, eradicating illiteracy, blind faith and so on. The isolation with which the community was hitherto continuing slowly saw a ray of hope for desired integration. Along the lines, it was also envisaged to bring this society at par with other neighbourhood society with dignity with the preservation of own culture and propagation and continuation of mother tongue. This aspect could have found a mention in the modern history but historians and administrators are yet to appreciate this fact to be worthwhile to find a place in any curriculum.

The initiative though was not integrated or not pan-Santal in nature, it appeared and spread from various locations. If seen in totality, when people come to know each other they started sharing and appreciating each others opinion and through good messages a common understanding emerged to follow a path of regeneration and consolidation for a better tomorrow. The name of Pandit Raghunath Murmu is well known who had a vision to integrate the Adivasis in general but due to some reservation it was restricted to only Santals. He invented a common thread in the form of a script which is being used as a tool of integration, identity and interpersonal communication. Apart from Guru Gomke many contributed towards bringing about a change in the society in different ways. Some are prominently known whereas others remained as local heroes. Locally, these personalities are remembered with great admiration and respect. Few names come to mind like Sadhu Ramchand Murmu, Saonta Guru Shyam Sundar Hembram, Koyel Panchnan Tudu, Ramdas Tudu Raska, Sunaram Soren, Sibiu Soren etc. These people had strength and genius to bring about a change in the

society. They had ability to create a niche among people through their sheer work and close interaction. Their activities are indelible foot prints in the society which are relevant and cherished to be followed.

The relevance and importance of Gurus can be assessed from the experience of other communities. All other major communities Hindus, Sikhs, Muslims, Christians, Jains, Buddhists are guided by the eternal words of their Gurus. They have the privilege of getting the guidance and direction from a quarter which is independent in structure and characteristics. The people following various faiths have in common which is following the pristine and pious sermons of their Gurus. There are many

modern Gurus who are having distinct followers and dedicated disciples. These modern Gurus are continuing to contribute for the spread of local, regional, national and global peace and harmony.

When all the communities are guided by their respective Gurus in realizing their community life, the Adivasis are deprived of the guidance of Guru in managing their community life and pursuing for better life. It is high time they should identify and follow their Gurus as guidance and direction of a Guru is considered precious from time immemorial.

PRAYER

The Members of All India ASECA joins the family of Mr. Salkhu Majhi, Mumbai in mourning the sad demise of his father Shri Lembha Majhi who left for his heavenly abode on 26th April 2008 at village Rutughutu, post: Bhitaramda in Mayurbhanj District, Orissa.

We remember him as a simple and lovable person. He was a great admirer of our culture and had collected ritual songs which are fast diminishing. He had also a flair for playing our traditional instruments and himself was a very good singer. We would definitely be deprived of the opportunity to listen Salkhu da and his father singing together in various occasions.

We pray God to bless the bereaved family with required strength to bear the irreparable loss and also to bless the departed soul with eternal peace.

Letter to the Editor...

Johar Purnada,

This mail is regarding 'Santari akhara'. You may be aware of it. 'Santari akhara' is a Santali tv programme, which is broadcast on every Saturday from 1705 hrs to 1730 hrs in DD Bangla channel of Kolkata Doordarshan. This is a qualitative Santali tv programme with Santali music, dance, culture & talk shows. If our people are aware of this programme, I believe everybody may be willing to watch this programme with much eagerness. Some may also try to participate in these events. Some may also give innovative ideas to further enhance the quality of these programmes. Though this half an hour programme per week is small, comparing around almost two crore Santali population worldwide; still this programme beholds our Santali pride by its originality and airing our Santali identity to the worldwide audience marking another Santali achievement in a totally new dimension of tv broadcasting. I don't know if other similar Santali programmes are in the air. Earlier we were happy through our radio programmes only. It feels nice with a sense of satisfaction that slowly we are coming out of our cocoon and embracing new dimensions of human challenges and activities. We are catching up with the technologies, we are catching up with the time. Let us be known worldwide.

Regards, Sanatan Hansda, Mumbai

Scheduled Communities: A social Development profile of SC/STs (Bihar, Jharkhand & W.B)

(Source: Planning Commission)

{Continued from April 2009 issue}

It is not possible to go into a detailed analytical depth study of health, which would require a separate study of its own. However, we have collected some descriptive data on (a) morbidity, (b) post-natal child care immunization, and (c) pre/post natal mother care.

(a) Morbidity Pattern

It is necessary to mention that the base period for which data have been obtained is one year. Secondly, the illness/diseases reported are as per the perception of the interviewee. Thirdly, the data presented is only about what kind of illness/disease was experienced in the household. It does not relate to how many persons suffered how many times during this period. What we are sharing is at best a crude disease profile, not in terms of their incidence, but their prevalence.

The data from Bihar is too sketchy to warrant any observation.* In Jharkhand among the Scheduled Castes, which are mostly located in Ranchi, gastro-enteritis figures as the major concern. However, among the urban-based Scheduled Tribes (Oraon, Munda, Lohara), we find in addition, prevalence of respiratory problems, tuberculosis, cardiac troubles and chicken pox. Amongst the Santhal, Ho, and Mahali who are rural-based, respiratory and gastro-enteritic problems seem to be more prominent, whilst tuberculosis and infectious diseases like chicken-pox also figure.

In West Bengal, amongst both Scheduled Castes and Tribes, respiratory and gastro-enteritic problems seem to be the major afflictions, whilst tuberculosis and cardiac conditions also trouble the population.

* Although the survey data on morbidity and immunisation in Bihar is unsatisfactory, our own rapid appraisal field study revealed a few things. In group interviews of Scheduled Caste members in the north Bihar district of Saran, we were told that ANMs attend to immunisation of the children (post natal). Most deliveries take place in homes. We were also

apprised by the Government Block Level doctor that gastro-enteritic cases abounded and there were also cases of tuberculosis. For serious conditions, the people went to the Sadar Hospital in Chapra. The people also visit private doctors who are R.M.Ps. (registered medical practitioners), in cases of acute dehydration requiring saline drops. In the south of Bihar district of Patna, ANMs were reported to be attending to pregnant mothers providing iron supplements and tetanus inoculations. They were also providing immunisation to post-natal children. However, how much of these services were reaching the Scheduled Caste households is something on which we unable to comment.

While at the level of individual castes and tribes, it is difficult to make any firm pronouncements, but there is some suggestion that tuberculosis is associated more with the Santhal.

(b) Post-natal Child Care and Immunisation

Scheduled Castes

Jharkhand

There are 29 Scheduled Caste children (male 9; female 20) below the age of six among the Scheduled Castes of Jharkhand. Of these, 19 (65.5%) were immunised (male 7; female 12). Amongst those immunised, 15 children (male 9; female 8) received primary inoculations for Polio, BCG and DPT, whilst the remaining 4 received only Polio drops.

Table 5.11 : Immunisation among the Scheduled Caste children in Jharkhand (Not reproduced)

Of the 8 Chamar children, 7 were immunised for primary inoculation of BCG, Polio and DPT. 5 of them were inoculated at the District Hospital and 2 by Multi-Purpose Health Workers.

- Among the Dom 6 out of 9 children were immunised for BCG, Polio and DPT.

4 of them were inoculated at the District Hospital and 2 by Multi-Purpose Health Workers (MPHW).

- The role of the District Hospital and the MPHW in the town of Ranchi seem to be effective.
- The gender disparity in the immunisation of children is not clearly visible in a small sample.

West Bengal

In West Bengal, among the Scheduled Castes, with 98 children (37.3 per cent) out of 263 children immunised, the situation is not too satisfactory. The percentage of male children immunised is 42.6 percent as against 31.5 percent female. Overall, there is a small gender disparity that is visible. While 31.6 percent children received primary dose of Polio, BCG and DPT, 5.7 percent received only polio.

Table 5.12 : Immunization among the Scheduled Castes in West Bengal (Not reproduced)

- The percentage of children immunised among the Mal is 67.5 percent, Chamar 46.9 percent, Konai 42.9 percent, Bauri 40.0, percent Dom and Sarki 33.3 percent each, Bagdi 32.1 percent, Kami 23.1 percent. Among the Dhobi, Bhuiyan and Patni it is less than 20 percent.
- Surprisingly, it is so low among the Dhobi.
- The majority of children were immunised by Auxiliary Nurse Midwife (ANM) at the subcentres. Others closer to urban centres were immunized at PHC or Govt. Hospital.

Scheduled Tribes

Jharkhand

Among the ST children in Jharkhand, 125 children (48.8 percent), out of 256 children were immunised. This too cannot be considered satisfactory. The percentage of male children immunised is 48.4

percent while that of female is 49.7. There is no gender disparity in as much as both are treated equally even when not immunised. In another respect the programme of immunisation is limited. As many as 32.4 percent received only polio, and only 16.4 percent received primary doses of polio, BCG, and DPT.

In the urban area of Ranchi, the facilities of government (including Multi-Purpose Health Worker) non-government and private clinics are availed for immunisation. In the rural areas, it is the Auxiliary Nurse and Midwife whose assistance is sought.

Table 5.13 : Immunization among the Scheduled Tribes in Jharkhand (Not reproduced)

- With respect to individual tribes, 77.8 percent children among the Lohara, 64.3 percent among the Munda, 56.5 percent among the Ho, 45.2 percent among the Santhal, 45.0 percent among the Oraon and only 7.4 percent among the Mahali were immunised.
- For post-natal childcare among the children of Lohara, Munda and Oraon, they benefited from the facilities available through Government/ non-Government health organisations in Ranchi town. They have easy access to the District Hospital and to private clinics.
- Among the Munda, out of 9 children immunized, 5 got immunized by private doctor in private clinic and four got immunized at the District Hospital.
- Among the Oraon, out of 9 children 8 were immunised at the Government Hospital, one got immunised by Multi-Purpose Health Workers (MPHW).

(To be continued...)

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