FOOD, ACTIVITIES, DISEASES AND TREATMENT SOURCES: A STUDY AMONG PARENGI PORJA CHILDREN BELOW 5 YEARS OF AGE, MUNCHINGIPUTTU, ANDHRA PRADESH, INDIA

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ABSTRACT

The Parengi Porja is one of the particularly vulnerable tribal groups of India (PVTGs), who predominantly found in the hill slopes of Munchingiputtu Mandal, Andhra Pradesh, India. This tribe consider their children as their economic assets and give due care to children all the time. In this article, an attempt has been made to discuss the food, activities, diseases and treatment sought among the 105 Parengi Porja children below 5 years of age living in five study villages namely, Vanagumma, Talabirada, Pathaliputtu, Labbur and Jappar. The children were purposively selected and their mothers were interviewed to know the living conditions of the children. ***Methodology****: The study is descriptive in nature. Both the qualitative and quantitative methodology were used to collect empirical data. Conventional anthropological methods like both participant and non-participant observations, interview schedule, and case studies had employed to collected empirical data.* ***Findings:*** *Of the 105 children, 85 per cent above are exposed to diseases/illnesses and the rest of children are in suckling age i.e., below 6 months old children. From this, it can be inferred that children below 6 months of age are not exposed to infections. Whereas, the main reasons for diseases/illnesses occurrence are due to playing in sun, mosquito bites, drenching in rains, and non-drinking of boiled water. Overall it shows that a majority of children are exposed to cough & cold and malaria. The article also provides information on the help seeking and decision making process in treating children ailments.*

Key Words: Activities, Diseases, Foods, Treatments.

1. Introduction

The children are commonly viewed as vulnerable groups and at risk due to poor environments surrounding them (Mishra, 2011). Child health is foundational to adult health and well-being. If the children's health is nurtured and supported in absence of physical and mental abuse, or other intentional childhood trauma and there exist opportunities to gain habits that support good health during childhood. Then this stage is set for a healthy adulthood less likely exposure of child to chronic health problems such as child based fears, overweight/obesity, poor oral health, diabetes and other chronic physical and mental health problems (Health work group, 2007). Healthy children live in families, environments, and communities that provide them with an opportunity to reach their fullest development. Children cannot achieve optimal health alone, so adults in the family and community have to provide them with an environment in which they can learn and grow successfully. National Research Council and Institute of Medicine of the National Academies (2004) define children's health as "the extent to which individual children or groups of children are able or enabled to develop and realize their potential, satisfy their needs and develop the capacities that allow them to interact successfully with their biological, physical and social environments. First things First (FTF, a health work group, 2007) a broad policy initiative reflects child health as a broad societal goals of health that is found more or less relevant to World Health Organization (WHO) health definition. FTF's child health definition is "a state of complete physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity."

2. People

The Parengi Porjas are one of the Particularly Vulnerable Tribal Groups (PVTG), classified by the Government of India, based on their pre-agricultural level of economy (hunting and gathering, shifting cultivators), low literacy rate and stagnant in population growth. The Parengi Porja is one of the sections of the Porja, who eats buffalo meat and speaks Gadaba dialect. They predominantly live in the hill slopes of Munchingiputtu Mandal, Visakhapatnam district, Andhra Pradesh, India. The study villages namely Vanagumma, Talabirada, Pathaliputtu, Labbur and Jappar, are located in border region of Andhra Pradesh and Odisha states. The meaning of the Porja is sons of the kings, derived from *po* means 'son' and *raja* means 'king,' (Subramanyam, 2008). According to the Parengi Porja, 'Parengi' is derived from the tree name *parengi kocchu* i.e., Boswellia serrata (Indian olinanum/sambrani/wild turmeric), as their ancestors were living under these trees. The tribal group is identified with the clan names namely *vanthal* (snake), *kilo* (tiger), *kimudu* (bear), *koda* (sun), *korra* (millet), *sunkri* (cow) and *pangi* (eagle) in this mandal. According to 2011 census, the total population of Parengi Porja is 36,502, in these, 18,761 are females outnumber the 17,741 males with the sex ratio of 1057 females per 1000 males (Statistical Profile of Schedule Tribes in India, 2013). The total population of Parengi Porja in study villages is 898 individuals, in these, 476 (53.01) are females and 422 (46.99) are males, therefore the sex ratio is 1127 females per 1000 males. Among these 105 (11.69) children are below 5 years of age.

3. Methodology

For this purpose, the Parengi Porja children below 5 years of age were purposively selected for study. The mothers of these children were interviewed to know the disease and illness of the children, treatment seeking behaviour and their perception on disease causation. The semi-structured interview schedule, case studies and focus discussion groups were employed in the study. The study is descriptive nature and is of primary data source, i.e., the fieldwork based study is conducted in three intervals from April 2013- September 2014. Both the qualitative and quantitative methodology were used to collect empirical data. A schedule of children's diseases/illness was prepared and used to know the symptoms and remedial measures sought to relieve the children from disease/illnesses.

4. Results and Discussions

4.1 Food and Activities of the Parengi Porja Children

The child is breast fed for more than ten times a day, until the weaning period starts upon them. A majority of mothers found breastfeeding their child, whenever the child cries and supplementary foods are introduced into the diet of children, only when the child starts crawling. Usually, a Parengi Porja child crawls when (s)he reaches 8- 10 months of age and the walking of the child can be seen in between of 12 to 16 months of age. One's the baby started crawling, the mother will relieve from food taboos as they believe that the child will digest foods (crawling is considered as physical activity of child) and cannot be affected with him/her diarrhoea or stomach ache. The supplementary foods are introduced to child diet includes softly mashed rice, *rasam* (a tamarind and garlic based soup), green leafy vegetables, finger millet gruel, pulses and meats introduced into the diet only after crawling and eruption of teeth (not completely).

A child is always gets care from father, elder siblings, and grandparents. When mother involves in household chores like cleaning and washing, and agricultural chores (planting paddy saplings, weeding, thrashing and reaping), the child will be left with father, in absence of him elder siblings and grandparents will look over the child. The father or elder siblings is always carry child to paddy fields with mother, when she is attending agricultural chores. The child will be remained kept in the home, when started walking and will be fed with rice (Oryiza sativa) or ragi gruel (finger millet-Eleusine coracana). The child will be along with elder siblings and play with them. Among Parengi

Porja, it is commonly found that the cattle are gifted to children to months old child, when (s)he crying out of no reason (reasons are unknown to them). The gifts are of a cow or an ox or a goat, which will be asked by mother or father or grandparents to crying child (crying uncontrollably) to find and name his/her pet, which signifies a method of consoling their children. When child started walking, (s)he becomes attached to his/her pet and keeps on guard other animal too. This will continue until 10-12 years of age by play and driving animals to the hills and only elders put the fodder to the animals.

From the age of 3 years, the Anganwadi worker will take them to Anganwadi school in the respective villages. It was also observed that a majority of Parengi Porja children attend the anganwadi schools as they like playing with toys and indoor play equipments (puzzles, matching board) and also learn Telugu & English alphabets, numbers and rhymes that are rhythmically taught by anganwadi teacher. Following this, the children will be provided with the breakfast, lunch and snacks. The children are found keep singing of rhymes and alphabets for one self even in the home or anywhere else in the village and even in the absence of Anganwadi teacher in the school. The children after completing 5 years of age are going to government high schools in their respectively village.

The daily activities of children are as follows; they will get up by 5.30 am or 6.00 am and goes for defecation in the backyard of the house near the cow dung's heap or else on hill tops. Only some of the children will interestingly brush teeth, if they have tooth brushes. The children are served first and family sits together to eat. The children are also provided with black tea (decoction in water) with biscuits. The bathing would be given to the child by either mother or father. The family sits together to eat, in which morning food will be consumed by 8.00 am or 9.00 am; lunch will be fed first to child by 11.00 am to 12.00 am and again a whole family sits together to dinner by 6.30 pm -8.00 pm. The diet is common among elders and children, which usually consists of rice, *pase* (ragi gruel), curries made out of green leafy vegetables and meats. (Peacock, rabbits and regular eating/feeding of pork and beef are not feed to girl child as they believe it causes sterility). In evening time between 4.00 pm- 5.00 pm, they consume *pase* (ragi gruel) or rice and found driving back cattle to home with their elder siblings. Mostly, the diet in the nights includes eggs or dry fishes or fresh fishes or fowl meats or dry meats (sun dried meats stored in home). Soon after the dinner, the children go bed earlier than other members in the home. It was also found that the children consume food for 4-6 times (along with food provided by anganwadi centres) a day whenever they feel to eat food (irrespective of hungry). The mothers never restrict their children in having food as they cook out expected amount of food eating by their children.

4.2 Parengi Porja Children

Table-1 Village-wise Distribution of the Parengi Porja Children below 5 years of Age

Sl. No.	Name of the Study Villages	Village-wise Distribution of Children	No. of Children affected with Diseases/Illnesses (N=105)	Not affected with Diseases/Illnesses (N=105)
1	Vanagumma	23 (21.90)	19 (18.10)	4 (3.81)
2	Talabirada	27 (25.71)	24 (22.86)	3 (2.86)
3	Pathaliputtu	5 (4.76)	5 (5.56)	-
4	Labbur	29 (27.62)	25 (23.51)	4 (3.81)
5	Jappar	21 (20.00)	17 (16.19)	4 (3.81)
Total		**105 (100.0)**	**85 (86.51)**	**15 (14.29)**

Note: The figure in the parentheses signifies the percentages to the total. The data is of primary source.

The table 1 shows the village-wise distribution of Parengi Porja children below 5 years of age in the study villages. A majority of 27.62 per cent (29) children are in Labbur village followed by 25.71 per cent (27), 21.90 per cent (23), 20.00 per cent (21) and 4.76 per cent (5) in Talabirada, Vanagumma, Jappar and Pathaliputtu villages respectively With respect to children affected with diseases/illnesses, a majority of 23.81 per cent (25) Labbur children, followed by 22.86 children (24) Talabirada children and a lowest of 5.56 per cent (17) are Pathaliputtu children are encountered with the diseases. On the other side, out of 15 children, 3.81 per cent (4) each of Vanagumma, Labbur and Jappar villages are there and 2.86 per cent (3) Talabirada children were not affected with any diseases in the last 12 months in the study villages. The children were exposed to infections due to playing sun, and water, drenching in rain, and non-drinking of boiled water. The reasons for above 14 per cent children not exposed to diseases/illnesses are suckling children i.e., below 6 months of age, who are given with due care from all family members.

4.3 Categorisation of Children's Diseases/Illnesses

The Parengi Porja mothers have categorized their children diseases/illnesses into two types viz., mild and severe types. As per them, 17 diseases/illnesses are prevalent in the last 12 months and categorised them into 2 types i.e., mild and severe maladies. The maladies are summarised as diseases and illnesses in the following notes. According to them, the children's mild diseases/illnesses are cough (*konkol*), fever (*jara*), body pains (*gagod dhuka*), eye pain (*anki dhuka*), headache (*munde dhuka*) and dental carries (*daanth dhuka*), which do not make child fragile, do not cause death and also children become normal in 1 or 2 days by taking medicines or tonics or eye drops or home remedies and when the children become intolerant towards maladies or if it is lasting for longer days then they seek care from *disari.* The severe maladies are scabies (*kosukosu*), diarrhoea (*bondhad*), dysentery (*rakoth bondhad*), fits (*murcha or kal purus*), stomach ache (*pet dhuka*), Jaundice (*paccha kamerulu or tikkon)*, mouth/throat infection (*thonde gav*), malaria, cholera, typhoid and chicken pox (*oodi aacha*), which would make child fragile, weak and lead to death, if are not immediately given treatments. During these illness episodes, the children will be given immediate treatments with home remedies and providing treatment from healthcare providers/institutions and treatment is must from *disari* in the form of warding off evil eye and herbal medicines, due to the reason, it leads to death of the child.

The children were affected with multiple diseases/illnesses. The table 2 demonstrate the mild and severe diseases/illnesses experienced by Parengi Porja children in the last 12 months in the study villages. Of the 105 children below 5 years of age, a majority of 85.71 per cent (95) are exposed to multiple diseases/illnesses, and 14.29 per cent (15) of children are not affected with any of the maladies. In mild maladies, a majority of 48.57 per cent (51) are affected with cough & cold followed by 42.86 per cent (45), 3.81 per cent (4), 2.86 per cent (3) and a lowest of 1.90 per cent (2) each of them are affected with fever, headache, eye pain and body pains and dental carries respectively. In case of severe diseases, a majority of 24.76 per cent (26) children were affected with diarrhoea followed by 20.00 per cent (21) affected with malaria, 14.29 per cent (15) each has affected with scabies and chicken pox, 7.62 per cent (8) children were affected with stomach ache, 4.76 per cent (5) affected with fits, 2.86 per cent (3) each has affected with dysentery and cholera and 0.95 per cent (1) each has affected with Mouth/throat infection, Jaundice and Typhoid.

The village-wise study reveals that in Vanagumma village, out of 23 children, 19 children are exposed to multiple diseases/illnesses, in these, in mild diseases/illnesses, a majority of 56.52 per cent (13) children were affected with fever followed by 30.43 per cent (7) children were affected with cough & cold, and a lowest of 4.35 per cent (1) each has affected with headache and dental carries. In severe maladies, a majority of 21.74 per cent (5) children were affected with chicken pox followed by 17.39 per cent (4) children were affected with scabies, 13.04 per cent (3) children

were affected with stomach ache and a lowest of 4.35 per cent (1) each has affected with dysentery and malaria.

In Talabirada village, out of 27 children, 24 children are exposed to multiple maladies, in these, in mild diseases/illnesses, a majority of 40.74 per cent (11) children were affected with cough & cold followed by 37.04 per cent (10) children were affected with fever and a lowest of 3.70 per cent (1) each has affected with eye pain, headache and dental carries. In severe diseases/illnesses, a majority of 33.33 per cent (9) children were affected with diarrhoea followed by 29.63 per cent (8) children were affected with malaria and a lowest of 3.70 per cent (1) each has affected with fits and cholera.

Table No.2 Mild and Severe Diseases and Illnesses Experienced by the Parengi Porja Children in the last 12 months in the Study Villages

Sl. No.	Maladies	Name of the villages					
		Vanagumma (N=23)	Talabirada (N=27)	Pathaliputtu (N=5)	Labbur (N=29)	Jappar (N=21)	Total
Mild Diseases/Illnesses							
1	Cough & Cold	7 (30.43)	11 (40.74)	4 (80.00)	17 (58.62)	12 (57.14)	51 (48.57)
2	Fever	13 (56.52)	10 (37.04)	4 (80.00)	12 (41.38)	6 (28.57)	45 (42.86)
3	Body pains	2 (8.70)	-	-	-	-	2 (1.90)
4	Eye pain	-	1 (3.70)	-	1 (3.45)	1 (4.76)	3 (2.86)
5	Head ache	1 (4.35)	1 (3.70)	-	1 (3.45)	1 (4.76)	4 (3.81)
6	Dental Carries	1 (4.35)	1 (3.70)	-	-	-	2 (1.90)
Severe Diseases/ Illnesses							
7	Scabies	4 (17.39)	4 (14.81)	2 (40.00)	3 (10.34)	2 (9.52)	15 (14.29)
8	Diarrhoea	2 (8.70)	9 (33.33)	1 (20.00)	7 (24.14)	7 (33.33)	26 (24.76)
9	Dysentery	1 (4.35)	-	1 (20.00)	1 (3.45)	-	3 (2.86)
10	Fits	2 (8.70)	1 (3.70)	-	2 (6.90)	-	5 (4.76)
11	Stomach ache	3 (13.04)	4 (14.81)	-	1 (3.45)	-	8 (7.62)
12	Jaundice	-	-	-	1 (3.45)	-	1 (0.95)
13	Mouth/throat infection	-	-	-	1 (3.45)	-	1 (0.95)
14	Malaria	1 (4.35)	8 (29.63)	2 (40.00)	5 (17.24)	5 (23.81)	21 (20.00)
15	Cholera	-	1 (3.70)	-	2 (6.90)	-	3 (2.86)

16	**Typhoid**	-	-			1 (4.76)	1 (0.95)
17	**Chicken pox**	5 (21.74)	4 (14.81)	-	4 (13.79)	2 (9.52)	15 (14.29)
18	**Not affected to any disease**	4 (17.39)	3 (11.11)	-	4 (13.79)	4 (19.05)	15 (14.29)

Note: The figure in the Parentheses notifies percentages to the total. The data is of primary source

In Pathaliputtu village, all of the seven children below 5 years of age, in these, in mild diseases, a majority of 80.00 per cent (4) each has affected with cough & cold and fever followed by 40.00 per cent (2) each has affected with scabies and malaria and a lowest of 20.00 per cent (1) each has affected with diarrhoea and dysentery.

In Labbur village, out of 29 children, 25 children are exposed to multiple maladies, in these, in mild diseases/illnesses, a majority of 58.62 per cent (17) children were affected with cough & cold followed by 41.38 per cent (12) children were affected with fever and a lowest of 3.45 per cent (1) each has affected with eye pain and headache. In severe maladies, a majority of 24.14 per cent (7) children were affected with diarrhoea followed by 17.24 per cent (5) children were affected with malaria, 13.79 per cent (4) children were affected with chicken pox and a lowest of 3.45 per cent (1) each has affected with dysentery, stomach ache, jaundice and mouth/throat infection.

In Jappar village, out of 21 children, 17 children are exposed to multiple maladies, in these, in mild diseases/illnesses, a majority of 57.14 per cent (12) children were affected with cough & cold followed by 28.57 per cent (6) children were affected with fever and a lowest of 4.76 per cent (1) children were affected with body pains and dental carries. In severe maladies, a majority of 33.33 per cent (7) children were affected with diarrhoea followed by 23.81 per cent (5) children with malaria and a lowest of 9.52 per cent (2) with the chicken pox.

Overall, it shows that among the five study villages, in maladies, children in three of the villages i.e., Talabirada, Labbur and Jappar villages, children were affected with cough & cold, an equal number of children in Pathaliputtu village affected with cough& cold and fever and in Vanagumma village, a majority of children were affected with fever. In severe maladies, in three of the study villages i.e., Talabirada, Labbur and Jappar villages, a majority of children were affected with diarrhoea, in Pathaliputtu village children were affected with scabies and a majority of Vanagumma children were affected with chicken pox.

4.4 Treatment seeking behaviour

The treatments for maladies are probed in the study villages. Kshatriya (2004) says treatment varies from culture to culture as man is trying to learn how to treat diseases and it has gained a vast complex of knowledge, beliefs, techniques, roles, norms, values, ideologies, attitudes, customs, rituals and symbols that interlock to form a mutually reinforcing and supporting system. Landy (1977) elucidates the source of providing treatments depends upon the types of diseases and its symptoms. The present study had probed the medical treatments/systems of the Parengi Porja people practising on the children to relieve from the maladies and it includes different treatment sources. They exhibit pluralistic kind of health care system which include five different sources i.e., home remedies (medicines are prepared in home with the plants, kitchen items, insects and animal products); *disari* (local medicine man), ANM/CHW/AWW (Auxilliary Nurse Mother/Community Health Worker/Anganwadi Worker), Government Hospital (including primary health care and sub-health care centres) and private hospital (including clinics/medical shops). The severity of diseases and illnesses force them to change from one source of treatment to other. The children mild maladies are treated

firstly with home remedies and then with medicines from healthcare providers or medical shops, whereas severe maladies are treated with home remedies, *disari's* medications (warding off evil eye and herbal medicines) then following day they seek care from healthcare providers (ANM/CHW/AWW) or healthcare institutions.

Table No. 3 Treatments Sought for the Mild and Severe Diseases and Illnesses for the Children below 5 years of age in the last 12 months in the Study Villages

Sl. No.	Maladies	Treatment Sources					
		Home remedies	*Disari* (local medicine man)	ANM/ CHW/ ANM	Govt. Hospital	Private based treatments	Total
Mild Diseases/Illnesses							
1	**Cough & Cold**	4 (7.84)	-	18 (35.29)	24 (47.06)	5 (9.80)	51 (100.00)
2	**Fever**	1 (2.22)	2 (4.44)	17 (37.78)	18 (40.00)	7 (15.56)	45 (100.00)
3	**Body pains**	1 (50.00)	-	1 (50.00)	-	-	2 (100.00)
4	**Eye pain**	-	-	-	1 (33.33)	2 (66.67)	3 (100.00)
5	**Head ache**	-	-	1 (25.00)	2 (50.00)	1 (25.00)	4 (100.00)
6	**Dental carries**	1 (50.00)	-	1 (50.00)	-	-	2 (100.00)
Severe Diseases/Illnesses							
7	**Scabies**	1 (6.67)	-	4 (26.67)	3 (20.00)	7 (46.67)	15 (100.00)
8	**Diarrhoea**	-	1 (3.85)	8 (30.77)	10 (38.46)	7 (26.92)	26 (100.00)
9	**Dysentery**	-	-	-	1 (33.33)	2 (66.67)	3 (100.00)
10	**Fits**	-	2 (40.00)	-	2 (40.00)	1 (20.00)	5 (100.00)
12	**Stomach ache**	2 (25.00)	-	1 (12.50)	2 (25.00)	3 (37.50)	8 (100.00)
13	**Jaundice**	-	-	-	1 (100.00)	-	1 (100.00)
14	**Mouth/ Throat infection**	-	-	-	1 (100.00)	-	1 (100.00)
15	**Malaria**	-	-	9 (42.86)	7 (33.33)	5 (23.81)	21 (100.00)
16	**Cholera**	-	-	-	1 (33.33)	2 (66.67)	3 (100.00)
17	**Typhoid**	-	-	-	1 (100.00)	-	1 (100.00)
18	**Chicken pox**	5 (33.33)	3 (20.00)	2 (13.33)	1 (6.67)	4 (26.67)	15 (100.00)

**Note: The figure in the parentheses notifies the percentages to the total. The data is of primary sources*

The table 3 illustrates the treatment sought for the mild and severe maladies for the children in the last 12 months in the study villages. In the mild diseases/illnesses, a majority of 47.06 per cent (24) cough & cold and 40.00 per cent (18) fever were treated with medicines from government hospitals and a lowest of 7.84 per cent (4) cough & cold and 3.33 per cent (1) fevers were treated with home remedies. The 50.00 per cent (1) each of body pains and dental carries were treated with home remedies and other 50.00 per cent (1) each of body pains and dental carries with medicines from ANM/CHW/AWW. The highest of 66.67 per cent (2) and a lowest of 33.33 per cent (1) eye pains were treated at private based hospital and government based hospitals respectively. The highest 50.00 per cent (1) and a lowest of 25.00 per cent (1) each affected with headaches were treated at government hospital, private based hospital and from ANM/CHW/AWW.

In the severe maladies, the highest of 100 per cent (1) each of jaundice, Mouth/Throat infection, typhoid followed by 38.46 per cent (10) of diarrhoea were treated at government hospitals and a lowest of 3.85 per cent (1) diarrhoea with *disari's* medication. The 40.00 per cent (2) each of fits were treated at government hospital and *disari's* medication and a lowest of 20.00 per cent (1) fits were treated at private based hospitals. The highest of 66.67 per cent (2) each of dysentery, cholera and a lowest of 33.33 per cent (1) each of dysenteries, cholera were treated at private based hospitals and government based hospitals respectively. The highest of 46.67 per cent (7) and a lowest of 6.67 per cent (1) scabies were treated at private based hospital and home remedies respectively. The highest of 37.50 per cent (3) and a lowest of 12.50 per cent (1) stomach aches were treated at private based hospital and ANM/CHW/AWW. The highest of 42.86 per cent (9) and a lowest of 23.81 (5) of malaria were treated by ANM/CHW/AWW and private based hospitals. The highest of 33.33 per cent (5) and a lowest of 6.67 per cent (1) of chicken pox were treated with home remedies and government based hospitals.

Mostly mothers' will take their children for treatments at *disari* and ANM/CHW/AWW. Whereas for treatments at the government hospital and private based hospitals, both mother and father will take child. The reason is that, fathers' accompanies with child along with the mother to speak with doctors as mothers' cannot speak or understand Telugu, which is speaking by doctors. But the fathers'/men can understand and speak Telugu language.

4.5 Help-Seeking and Decision Making Process for Treatments on Children Diseases/Illnesses

The help seeking behaviour during children illnesses include father and mother accompany child to hospital, and affinal kins provide money, if the care is required from government or private based hospitals. In case, the child is ill during crop seasons then mother leave child in presence of her husband's kins to take care of child.

The decision is taking by mothers themselves, when treatments needs from *disari* (local medicine man). Whereas, in severity of disease/illness, the father will make decisions on treatments, in absence of him, child's grandparents will advice mothers on seeking treatments. Even they follow decision from ANM/AWW/CHW to go PHC or private hospitals.

5. Conclusion

The study reveals that a majority of children are affected with cough & cold and malaria, due to the reason is damp cool. So, the children should be given care to avoid to away from this infections. The highest of illness episodes were treated with medicines form government hospitals, as the severity of illnesses were increased. The young mothers should be given awareness on hygienic conditions to employ on the children for not to expose with diseases. And also remedial measures need to be sought at primest, instead of linking illness episodes to evil effects that leads mortality of child.

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