
**ADOLESCENT GIRLS AND THEIR PERCEPTIONS ON THE DISEASE CAUSATION: A STUDY AMONG
PARENGI PORJA ADOLESCENT GIRLS OF VANAGUMMA HAMLET, VISAKHAPATNAM DISTRICT,
ANDHRA PRADESH**

V. SRIVIDHYA SAMAKYA

(1st Author)

Ph.D., Scholar,

Department of Anthropology,

Pondicherry University,

R.V. Nagar,

Kalapet,

Puducherry - 605 014

Dr. T. Subramanyam Naidu

(2nd Author)

Professor in Anthropology and

Director of CSSE&IP,

Pondicherry University,

R.V. Nagar,

Kalapet,

Puducherry – 605 014

ABSTRACT

AIM: *The Parengi Porja (PTGs), an aboriginal population inhabiting in the Visakha agency area in Andhra Pradesh. This small vulnerable population is facing different health problems. In this article an attempt has been made to discuss the adolescent girls perceptions on the disease caused to them and remedial measures they have sought for the diseases. It was observed that the adolescent's girls who have formal education (the knowledge or training acquired only after going to schools or institutions) are aware of how to keep disease free than the adolescent girls who have no formal education. The article makes understanding of the how formal education is influencing the*

adolescent girls to be healthy and in maintaining personal hygiene. **METHODOLOGY:** The study is descriptive nature. Both the qualitative and quantitative were used to collect the empirical data. Conventional anthropological methods like observation (both participant and non-participant), schedule, interview and case study had employed to collect empirical data. Representative sampling procedure had followed in the selection of the respondents. **RESULT/FINDINGS:** Of 21 adolescent girls, 8 are not affected to any of the disease in the last 12 months, in these, 5 adolescent girls are literates. These 5 adolescent girls said that they followed the teachers advices like drinking boiled water, avoiding foods infested with houseflies, maintaining personal hygiene like brushing, taking bath with soap, washing hands and legs before taking food, cutting nails wearing slippers while walking and maintaining sanitary hygiene like proper usage and disposing of sanitary pads during the menstrual times. The attempt has been made to know the reason for drop-out for not going high school level of education. The article provides, socio-economic and demographic profile, types of diseases, treatment sought and reasons for their disease caused are mentioned.

Key words: adolescent girls, health, reasons for disease causation and treatments for disease.

1. Introduction

The concept of Anthropological studies is observing and documenting cultures. The culture is defined as “the complex whole which includes knowledge, beliefs, art, law, morals, custom and any other capabilities and habits acquired by man as a member of society, which means people’s learned and shared, values, behaviour patterns, beliefs, ways of expressing emotions, creativity and practices are observed or comprised in a culture (Schlegel and Hewlett, 2011). With this same, Anthropology continued and emerged in India as studying of tribes and have transformed into village studies, peasants, urban populations, hospitals, industries, environment, ecology, medical and health studies and these studies made evolution of different branches of Anthropology. By reviewing, it is found that there are studies on childhood under the socialization process and ended with puberty and very less literature found on adolescents. The literature that were found on adolescents are under the psychological anthropology and are from Mead’s (1928) coming of age in Samoa, Elwin’s (1947) study of adolescence in a tribal group of central India among Muria Gonds. Wilson (1951 and 1963) works on Nyakyusa adolescent boys and Youths of Tanzania. Schlegel’s (1973) study on Hopi Indian Adolescent girls. Herdt (1981) works on the Sambia of Papua New Guinea. Brown (1986) works on the Aguaruna of the Peru. Kirkpatrick (1987) on the Marquesans. Herdt and Leavitt (1998) published a collection of articles on adolescence in Pacific Island societies, Hewlett’s (2004) examined the grief and responses of the adolescents to the loss of important

people in the lives of them from the two kinds of settlements in the South Africa, those are Aka hunters and gathers and Ngandu subsistence farmers. From studies on behaviour of adolescents shifted to observation of adolescent education in the year 2008 from Mendoza-Denton's on the study of Latinas youth gangs of California. In the personal message from Mark Nichter (2010) documented by the Schlegel and Hewlett (2011) is as "an extensive area of work in cultural anthropology today is from medical anthropology, but it is not much focused on the adolescents. The adolescents in medical anthropology is observed under the concepts on tobacco use, teenage pregnancy from, sexuality, anorexia and body personality or image studies (Ravi Shankar and Ramachandran, 2009, Schlegel and Hewlett, 2011). But no literature is found on the knowledge of the tribal adolescent girls on their health and causes of diseases.

The World health organization defines "adolescent as any person between ages 10 to 19 and it is a transitional phase of growth and development between childhood and adulthood". The adolescent girls under the study are selected on the WHO defined age group.

The present article provides information on the tribal adolescent girl's perceptions on the how the disease caused to them and treatments they sought for the diseases. It also provides socio-economic and demographic profile of the Parengi Porja tribal adolescent girls.

1.2 Area of the study

The tribal population under the study is Parengi Porja, one of the vulnerable tribal group (primitive tribe) in Andhra Pradesh, India, residing in the Vanagumma hamlet, Munchingiputtu Mandal, Visakhapatnam district in the Andhra Pradesh state. The Parengi Porjas are found in the Eastern ghats especially in the agency area of Visakhapatnam district and they spread over the adjoining Odisha state. According to the 2001 census the Porja population is 24,154, Parengi Porja is a sub-group of Porja having their own tradition and customs.

1.3 Sampling

The Parengi Porja adolescent girls were interviewed. The study was conducted in the year 2013 from the mid April to mid July. The girls were asked about their age at menarche, education level, participation in work force, no. of adolescent girls in a household, annual income of the adolescent girl households and marital status. The perception on the disease that are caused in the last 12 months and treatment sought were clearly noted.

The present study is conducted among adolescent girls of Vanagumma hamlet, it is populated with 240 Parengi Porja individuals in 62 households. 21 adolescent girls were found in 20 households and they were interviewed on the diseases caused to them and their perceptions on how diseases caused to them.

2. Cultural aspects of Parengi Porja tribe:

The Parengi Porjas subsistence of economy is *podu* (shifting) cultivators on the hill slopes and they have strong mythical beliefs tied to their hill slopes can be clearly seen among these group. This tribe is sub- group of Porja tribe, in these "*po*" means son and *raja* means "king", which is sons of king and seven endogamous groups of Porja tribe is classified based on the dialect speaking, eating and non-eating of buffalo's meat. Among these, Parengi Porja is one of the sections who eat buffalo meat and speaks Gadaba dialect. It is also recorded that Gadaba's are superior to Parengi Porja (Subramanyam 2008). The other tribal groups call Porja's as "*roith log*" which means farmers. They got this name due to their ability to take up growing both dry (*garu*) and wet (*bedda*) land crops. This tribal group is identified with their clan names as *vanthal* (snake), *kilo* (tiger), *kimmudu* (bear), *koda* (Sun), *korra* (millet), *sunkri* (cow), *pangi* (eagle) are found in this hamlet.

In marriages, village exogamy, cross-cousin marriage especially father's sister's daughter/son is accepted whereas mother's brother's son/daughter is considered as brother, so these marriages are prohibited. Polygyny, junior levirate and sororate are practiced. Widow, widower and divorcee marriages are very common. No child marriages are found at present days and elopement, capture and negotiation forms of marriage are found. They follow patrilineal descent and patrilocal residence, property is male equigeniture. A majority of the nuclear families with dependants are found and single household member and extended family is also exists among them.

The staple food is *pase* (ragi gruel) and rice. They consume pulses, cereals, seasonal vegetables and fruits, meat foods, traditionally distilled liquors. They do not consume milk, milk products and snakes. Snakes are consumed by only Jhodia Porja's. So in this aspect Parengi Porjas are get segregated from other Porjas.

They celebrate festivals based on the flowering, budding, rising of plant saplings and harvesting of crops and these would be sacrificed to *pidhor devatha* (a sacred groove formed out of three stones) who is said to be ancestor and be worshiped him for every occasion. The animals and human form of gods such as Lord Shiva and Goddesses Durga *thalli* (*thakarani devatha*). Their economy is subsistence economy and few of them are employed as teachers in school and *balabadi*

aaya's (kindergarden schools) and source of livelihood is through agriculture, collection of non-timber material from forest, fishing and hunting. They observe rites de passage in the birth, puberty, marriage and death. The traditional political system is exists and disputes are solved under the village headman (*naidu*) and in case people are not satisfied with his advice, they go to police station in very rare cases. It is observed that older parents discouraging the children to send schools saying taking up of agricultural chores gives food, but now situation changed, due to the provision of primary level of education facilities and employment of educated persons as teachers in the different hamlets. This opportunity of employment among educated persons brought the change among the mind set of parents and they started sending children to the school. Using of mobiles had seen among the males who are educated and also among educated girls who are studying intermediate, MLT (medical lab technician) and degree courses in the places far away from the home. There is a scheme for girls who attained menarche, the name of the scheme is "*Kisora Ballika padhakam*" (Adolescent scheme). The aim of the scheme is to improve the health and nutritional status of girl child of 11-18 years of age, to promote of health hygiene, child care, taking the marriage step after attaining 18 years of age. The two of the girls also with the children (2.5 to 5 years of age) in the anganwadi centre, along with anganwadi worker. The scheme is functioning through anganwadi centres under ICDS (Integrated child development scheme) project, and it provides supplementary nutrition to the girls. The supplementary nutrition is giving to each adolescent girl include 3 kgs of rice, 16 eggs, milk, 500 gms of oil and 1 kg of *Cajanus cajan* (*kandi pappu*) and 2 metres of sanitary cloth are provided to each and every adolescent girl after attaining menarche.

3. Socio-economic and Demographic profile of Parengi Porja adolescent girls

Table: 1 shows the socio-economic and demographic profile, in these, Out of 240 total population of Parengi Porja tribal population from the Vanagumma hamlet, 8.75 per cent (21 girls) of them are found as adolescent girls (10-19). In the age at menarche, a majority of the girls i.e., 47.62 per cent (10 girls) have attained menarche in the age of 13 years followed by 33.33 per cent (7 girls) attained in the age of 14 years, 4.76 per cent (1 girl) had reported attaining puberty in the age of 12 years and 14.29 per cent (3 girls) have not attained menarche till and they are aged 10- 13 years of age.

23.81 per cent (5 girls) of them are found as illiterates. A majority of the girls i.e., 52.38 per cent (11 girls) have had the high level of education followed by 9.52 per cent (2 girls) are reported intermediate (10+2) under the level of education, each 4.76 per cent (1 girl) adolescent girls are reported education of primary school, degree (10+2+3), MLT (Medical lab technician).

In the participation of the work force, 52.38 per cent (11 girls) are involved in work force as cultivators and rest of them i.e., 47.62 per cent (10 girls) are as students at present.

Table: 1 showing the Socio-economic and Demographic profiles

Sl.No	Socio-economic and demographic profile	Vanagumma	Percentage
a)	Total population of the village	240	(100.00)
b)	Number of Adolescent girls (10-19)	21	(8.75)
c)	Education level	Vanagumma (N=21)	Percentage
	Illiterates	5	(23.81)
	Elementary school	1	(4.76)
	High school	6	(28.57)
	Intermediate (10+2)	2	(9.52)
	Degree	1	(4.76)
	MLT	1	(4.76)
d)	Age at menarche	N=21	Percentage
	12	1	(4.76)
	13	10	(47.62)
	14	7	(33.33)
	Not yet attained menarche	3	(14.29)
e)	Participation in the work force	N=21	Percentage
	Cultivator	11	(52.38)
	Student	10	(47.62)
f)	No.of adolescents in a household	N=20	Percentage
	1	19	(95.00)
	2	1	(5.00)

	Annual income	N=20	Percentage
g)	less than 10,000	10	(50.00)
	20,001-30,000	8	(40.00)
	30,001 and above	0	-
	Marital status	N=21	Percentage
h)	Married	2	(9.52)
	Unmarried	19	(90.48)
	Diseased and not diseased	N=21	Percentage
i)	No. of girls diseased	13	(61.90)
	No. of adolescent girls not affected to any disease	8	(38.10)

**Number in the parenthesis denoted the percentage*

The number of adolescents in a household also enumerated, in these, it is found that 19 households have a single adolescent girl and it is recorded as 95.00 per cent and 1 household have 2 adolescents showing 5.00 per cent.

A majority of adolescent girls i.e., 50.00 per cent (10 households) reported that their household income is less than Rs.10,000 followed by 40.00 per cent (8 households) reported as their income between Rs.20,001-30,000.

It is noticed that 9.52 per cent (2 girls) of the adolescent girls were got married and rest of them i.e., 90.48 per cent (19 girls) have not got married

Over all 21 are identified as adolescent girls, in these, 61.90 per cent (13 girls) are diseases in the last 12 months and 38.10 (8 girls) were not affected to any of the disease and they said that the reasons for that is they have taken boiled water and avoided taking of water from hill streams and food selling outside of the school.

3. Disease caused to adolescents in the last 12 months

Table: 2 showing details of diseases caused to the adolescent girls in the past 12 months

Sl.No		Diseases*	Number =21	Percentage
1	Mild diseases	Cough	2	(9.52)
2		Fever	3	(14.29)
3		body pains	4	(19.05)
4		head ache	1	(4.76)
5		skin diseases	1	(4.76)
6	Serious diseases	Diarrhoea	1	(4.76)
7		stomach ache	1	(4.76)
8		Malaria	7	(33.33)
9		Cholera	2	(9.52)
10		Mental	1	(4.76)
11	Not affected to adolescent girls		8	(38.10)

*Multiple responses were given for diseases

*Number in the parentheses denotes the percentage

According to the adolescent girls health (*jibole*) is defined as “a state of which no disturbance to physical activity work and taking up of works by oneself. Here they linked health to physical activity of the body and the energy (*sagoth*) to do all chores. At the same time the diseases (*jobbu*) is defined as “lack of *sagoth* (energy), it causes when a person do not take food properly, bathing, going alone to get firewood from the hills, drinking of stream water at hill tops are said to be turned off to serious diseases. In this, it shows that adolescents are having awareness on personal hygiene. It is observed that diseases are categorized into two types. Those are mild diseases and serious diseases. They say that former one can be controlled, if medicines are taken by the diseased girls and the latter one requires medications from *disari* (local medicine men) and medicines and also said that due to serious diseases, a person becomes so weak and one cannot take up work until regaining health that they were as before. So keeping this view, the diseases that are displacing them from normal work pattern is said to be serious diseases and the diseases that are controlled by taking medicines to drinking hot water or bath is said to be mild diseases.

Table:2 shows the diseases caused to the adolescent girls, the diseases like cough (*kakod*), fever (*jara*), body pains (*gagod dhuka*), head ache (*munda dhuka*) and skin diseases (*kossu kossu*) are mild diseases. 8 (38.10 per cent) out of the 21 adolescent girls have not affected to any disease in

the past 12 months. Rest of the 13 adolescent girls have given multiple responses on disease caused to them. The meaning of multiple responses is 13 diseased adolescent girls have reported more than 1 disease as caused to them. Among these mild diseases, 19.05 per cent (4 adolescent girls) are reported as they are suffered from body pains (*gagod dukha*), followed by 14.29 per cent (3 adolescent girls) of them are affected to fever (*jara*), 9.52 per cent (2 adolescent girls) of them are affected to cough (*kakod*), 4.76 per cent (1 adolescent girl) each affected to head ache (*munde dhuka*) and skin diseases (*kossu kossu*).

In the severe diseases, the diarrhoea (*bondhad*), stomach ache (*paet dhuka*), malaria (*soni jara*), cholera (*visha jara*) and mental (*bhaya*) are considered, in these, 33.33 per cent (7 adolescent girls) of them are affected to malaria (*soni jara*) followed by 9.52 per cent (2 adolescent girls) of them are affected to cholera, each 4.76 per cent (1 adolescent girl) of them affected to diarrhoea (*bondhad*), stomach ache (*pet dhuka*) and mental (*bhaya*). The girl, who is affected to mental, had reported she was caught by devil, and after consulting *disari* and sought treatment from the Asa kiran hospital (a private hospital in Lamphaputtu), she said after taking medicines, she is able to remember.

4. Treatment seeking behaviour among the adolescent girls

Table: 3 showing details on the treatment sought by the diseased adolescent girls in the past 12 months

Sl.No	Treatment sought from	Diseased adolescent girls who have affected to both mild and severe diseases (N=13)	
		Mild diseases	Severe* diseases
1	Indigenous medicine	2 15.38	--
2	CHW	3 23.08	1 (7.69)
3	ANM	3 23.08	3 (23.08)
4	Government hospital/PHC	1 7.69	3 (23.08)
5	Private hospital/clinics	2 15.38	5 (38.46)

*For warding off evil eye is observed by the girls who were suffered of serious diseases

*Number in the parentheses denotes the percentage

Table: 3 shows the treatment sought by the adolescent girls. Diseased adolescent girls sought treatment from 5 different sources. They are ANM, CHW, indigenous medicine, government hospital/PHC and private hospital/clinics. It is observed among the diseased adolescent girls that if once they affected to disease they do not go for hospitals at very fast. Firstly, they take indigenous medicine, if disease is persisted they go for CHW, who is settled in same village. In case of no improvement they go to government hospital and later on to private hospital/clinics. They prefer private hospitals only in the case of intolerance to disease and believed that spending of Rs.60 to Rs.150 for one visit would surely make them to get relief from the diseases that are arrested them from the work.

For the mild disease, 23.08 per cent (3 adolescent girls) each sought treatment from the ANM and CHW. 15.38 per cent (2 adolescent girls) each had sought treatment from the private hospital/clinic and indigenous medicine. 7.69 per cent (1 adolescent girl) of them had sought treatment from the government hospital/PHC.

In the treating of severe diseases, a majority of them i.e., 38.46 per cent (5 adolescent girls) of them had sought treatment from the private hospital/clinics followed by 23.08 per cent (3 adolescent girls) each had sought treatment from the ANM and government hospital/PHC. And 7.69 per cent (1 adolescent girl) of them had sought treatment from the CHW to relieve from the severe diseases. The persons who are affected to serious diseases are also taking warding off evil eye as a remedy. It is believed to be warding off evil eye would sweep away the diseases. The materials that are required for the warding off the evil eye is a plate (the half portion of the plate should fill with water), turmeric (powder is put in the water), lime stone (have to mix in the water), Jack leaves or mango leaves (these will submerge in the water), red chillies (meant to be evil get scared out of it), one's respective hair and camphor (they will lit up). First they take a plate and put turmeric, lime stone, hair and water is added in the plate. The leaves are submerged in this mixture of water and on the top of this camphor are put to lite up. Then it is taken around the diseased adolescent girls for three times and will be poured in the junction of the road. In this way, they ward off the disease that is on the diseased persons.

Two of the girls had taken indigenous medicine for two mild diseases. Those two mild diseases are cough and scabies. For the cough she had eaten of Piper longum (*pippalu*) powder and ginger is pounded and half tea spoon of ginger paste had swallowed. For the scabies, Curcuma longa (turmeric) is rubbed all over the body. CHW is called as community health worker and she must be a lady with qualification of 8th passed. ANM (Auxiliary nurse mother/mid-wife) is appointed to the

village and her visit will be in the last Wednesday of every month. They go Government hospitals/PHC located in the Manchikand region and PHC in the head quarters of Munchingiputtu Mandal and PHC sub-centre in the Labbur hamlet. From Vanagumma hamlet to Labbur hamlet, the transportation is through bus/jeep and Rs.14 in the bus and Rs. 20 is charged in the jeep, whereas for the PHC in the headquarters of Munchingiputtu Mandal the charge is Rs.19. the girls had gone private hospital located in the Lamphaputtu region and the name of hospital is Asha Kiran, and consultation fees Rs.150 and the charge on the medicine is separate from the consultation fees. In case of private clinics the consultation fee is Rs.60 to Rs.80 and they also charge separately for the medicines, the name of the clinics is Biswas hospital and Goduva hospital. They prefer private clinics in the absence of doctors in the PHC's.

The two kinds of warding off evil eye is by *disari* (local medicine man) is comprised of a coconut, two bananas, two incense sticks and a coin of Rs.1 to Rs.5 and sick patient is made to sit and he chants mantras on her and blows out the turmeric powder on ears and head. The person who is affording of fowl, will take a warding off evil eye out of that and the fowl is cut left to the predators. The *disari* (local medicine man) is remunerated with one glass full of rice, Rs.20 and 1 bottle of *modh* (traditional distilled liquor).

5. Reasons for disease caused

Table: 4 showing details on the reasons for disease caused

Sl.No	causes of illness		
	Reasons for diseases caused	Vanagumma	
		Mild	Serious
1	Due to some food/water	2 (18.18)	5 (41.67)
2	Due to environment/sun	1 (9.09)	1 (8.33)
3	Due to heavy work/ hill walk	3 (27.27)	2 (16.67)
4	Due to study	2 (18.18)	--
5	Witch craft	--	1 (8.33)
6	Due to mosquito	--	2 (16.67)
7	Due to eating food sold outside of the school	--	1 (8.33)

8	Do not know	3 (27.27)	--
Total of the adolescent girls exposed to mild and severe diseases		11 (100.00)	12 (100.00)

**Number in the parentheses denotes the percentage*

Table: 4 shows the reasons for disease caused. The adolescent girls reported 8 reasons for the disease caused to them. Those are due to some food/water, due to environment/sun, due to heavy work/hill walk, due to study, due to devil, due to mosquito, due to eating food that were sold outside of the school and few of them do not know reason for disease caused to them. The adolescent girls reported due to 5 reasons, mild diseases were caused. In the mild diseases, a majority of them reported i.e., 27.27 per cent (3 adolescent girls) of them said diseases are caused due to taking up of heavy work in a day and need of going to hills 2 or 3 times in a day for collection of firewood and vegetables (including green leafy vegetables) and at the same time the same percentage of them said that they do not know the reason why they are diseased. 18.18 per cent (2 adolescent girls) of them are appeared in two reasons, those are due to food/water and due to study. 9.09 per cent (1 girl) of adolescent girls reported that they are diseases due to walking in heavy sun.

The adolescent girls reported that 6 reasons for the serious diseases, those are due to some food/water, due to environment/sun, due to hill walk/heavy work, due to devil, mosquito, due to eating food that were selling outside the school. A majority of the adolescent girls i.e., 41.67 per cent (5 girls) of them reported that they are diseases due to taking water after eating jack fruits and mangoes, and drinking other stream water are the reasons followed by each 16.67 per cent (2 adolescent girls) of them were reported in the reasons of due to heavy work/hill walk and due to mosquito, in these 2 adolescent girls rightly reported that malaria caused to them is due to the mosquito followed by each 8.33 per cent (1 adolescent girl) of them reported that they diseases due to environment/sun and due to devil and the girl who has suffered from mental reported that it is caused due to devil, identified by *disari* (local medicine) and also sought the treatment from private hospital for quick relief.

6. Awareness among the adolescent girls on maintaining personal hygiene and also sanitary hygiene during menstrual times

The 5 adolescent girls who were not exposed to any of the disease followed the teachers advices on maintaining personal hygiene and sanitary hygiene. The reasons are take bathing with soap twice

times a day, brushing and grooming hair, cutting nails, wearing slippers wherever they go, avoiding foods that are kept open (without lids), washing hands, face and legs before and after the food and wearing washed uniform for the school are known to this adolescent girls. the school going adolescent girls who attained menarche will be given with sanitary pads for every month and are advised by the female teachers as they should dispose it or burn it and should not be placed in the hostel bathrooms, changing three sanitary pads in a day and further consequences also taught by the teachers to the girls. The adolescent girls said that those consequences are allergy in the private parts will lead to causing fever and disturb their studies and inability to produce child are the reasons told by the adolescent girls. the adolescent girls who are not going school are provided with the 2 metres sanitary cloth by the anganwadi worker through ICDS. These girls said that anganwadi worker advised them to change sanitary pads three times a day and should be cleaned and dried in the sun after washing with hot water. In case they failed doing so, they are said to be caught up by the body allergies which would displace them from daily work. so keeping this view the adolescent girls who are in the home apply turmeric powder to whole body during the menstrual timed. From above all, it is known that the tribal girls are aware of personal and sanitary hygiene by their school teachers and anganwadi workers. The adolescent girls who had followed these advices are not exposing to any of the diseases.

Conclusion:

From the above it is understood that Parengi Porja adolescents are aware of how the disease caused to them and are taking treatments accordingly, which are transformed from their parents. Over all, nearly 75 per cent of the adolescent girls are educated, 47.62 per cent of them attained menarche in the age of 13, 90.48 per cent are unmarried and 38.10 per cent are not affected to any of the disease. Few of the girls not affected to diseases said that drinking of boiled water, taking bath daily with soap, washing hands, face and legs before and after food, wearing slippers and avoiding the foods with flies helped them to have disease-free and it were heard and taught from the school teachers. The maintenance of personal hygiene and sanitary hygiene were taught by the female teachers from the school and anganwadi worker. Through this it shows the education makes the agency area to be disease free zones, so that no deterioration of tribal number is expected. They have faith in both traditional and modern medicine. Nearly 70 per cent of adolescent girls are literates and due to inaccessibility and less income they are not able to take higher education. They are saying that due to lack of accommodation in junior colleges (10+2) and degree colleges (10+2+3), they are not continuing the education.

Hence there is a need to develop this people by providing the educational institutions and also proper means of transportation to access the hospital or educational institutions. The education is identified as a weapon to kill poverty. Since it said that adolescence is transition phase between childhood to adulthood, educating on the health and well-being, can improve the adolescents to have happy adulthood that would again mark the increasing the number of this small vulnerable tribal population.

Abbreviations: ANM- Auxiliary nurse mid/wife

CHW- Community health worker

MLT- Medical lab technician

ICDS- Integrated child development scheme

PTG- Primitive vulnerable tribal group

PHC- Primary health centre

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