

Middle Childhood Health with Special Reference to the Environment: A Study of Pasis – a Scheduled Caste

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Abstract:

Monitoring Health during middle childhood is important, as it is the age of critical development, falling between infancy and adolescence, when children undergo critical physical, cognitive, and social changes. Further, culturally based interventions are known to have better success rate in improving access to and utilization of health services. The present research has been conducted to explore the socio-cultural, physical, economic, institutional and environmental factors affecting health, growth and development during middle childhood among the Pasis, a scheduled caste population in an urban setting of Lucknow. In the course of this anthropological study, extensive field work has been done in the year 2011-2012. It includes both the primary as well as secondary sources of data. The sample of 300 Pasi children, which belong to age group of 6 to 11 years, has been selected through simple random sampling. All the respondents and their family members have been interviewed. Along with it, observation and case study method have also been used for data collection. The research has been done to assess the condition of health, related aspects and prevailing child health care schemes. It also proposes the interventions and policy changes based on empirical field research evaluated against the criteria of efficacy and effectiveness; deliverability, affordability, and sustainability; ethical methods; and predicted effect on equity in the population.

Key Words: *Middle Childhood, Health, Scheduled Caste, Pasi*

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Introduction

Health is the general condition of a person in all aspects. It is also a level of functional and/or metabolic efficiency of an organism. According to Clements (1932), 'Health is of universal interest and concern'. Overall health is achieved through a combination of physical, mental, and social well-being, which, together is commonly referred to as the 'Health Triangle'. Achieving and maintaining health is an ongoing process. Effective strategies for staying healthy and improving one's health include several elements. The health problems of any community are influenced by interplay of various factors including social, economic and political ones. The common beliefs, customs and practices related to health and disease influence the health seeking behaviour of the community.

The middle childhood, the years between infancy and adolescence, is a unique developmental time when children undergo critical physical, cognitive, and social changes. During this time, children enter school, and their social context broadens beyond their families. There is no exact consensus regarding an age range defining middle childhood. Middle childhood has also been differentiated from adolescence cross-culturally, largely by the onset of puberty (Collins, 1984). Middle childhood has been delimited differently by many scholars, as ages 6 to 10 (Eccles, 1999), and ages 6 to 12 (Collins, 1984).

The Pasi is a scheduled caste and distributed in the states of Bihar, Delhi, Haryana, Jharkhand, Madhya Pradesh, Maharashtra, Punjab, Uttarakhand, Uttar Pradesh and West Bengal. A small number of Pasi are also found in Terai region of Nepal. The Pasi, supposedly the earliest inhabitants of the Awadh region, are found throughout Uttar Pradesh, but are concentrated in Hardoi, Sitapur, Kheri, Shahjahanpur, Lucknow and Allahabad. Basically, the Pasi community practices agriculture, but many of them have started to migrate in cities and are now engaged in business, private services, government services and as industrial labour. The Pasi have a number of exogamous clans, the main ones being Amlak, Bhargav, Jamdagni, Parswa and Piplak. They have sub-groups viz. Bauriya, Bittiha, Ahirs, Gujjar, Khatik, Rajpasi. A small number of Pasi have converted to Islam and are known as Turuk Pasi

(Singh, 1971, Nag & Harit, 1972). The colonial anthropologist Ibbetson (1916) claims that the name Pasi is derived from the Hindi word *pasa* meaning 'noose', with the help of which they climb the tall toddy palm tree. During the British rule the Pasi were known as a criminal tribe who were thieves, looters and marauders. They were skilled in the use of bow & arrow and stick. In 1952, when the colonial Criminal Tribes Act, 1924 was repealed in the Parliament, the Pasi were declared a Scheduled Caste. This granted them the benefit of reserved quotas in government jobs, admissions to medical and engineering colleges and many other schemes. However, they still suffer the effects of caste system which has left them despised and rejected.

Methodology

The study is based on first hand information, which includes both primary as well as secondary sources of data. In the course of this study, extensive field work was undertaken between the years of 2011-2012. The sample for the present study is of 300 Pasi children, from 6 years to 11 years of age. Out of 110 wards of Lucknow city, the sample of 10 wards has been selected through random sampling to represent the entire city. Then according to sex and age-group, from each ward 30 children have been selected. The study began with an informal visit to the Pasi families to familiarize the researcher with the people. After a month they were interviewed with the use of an interview schedule. Along with it, observation and case study methods were used extensively for the study.

Result & Discussion

Health is 'a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity' (WHO, 1948). Thus, health status of different communities is influenced by their way of life including their social and economic conditions, nutrition and living conditions, dietary habits, housing, education, child rearing practices, socio-religious beliefs, taboos and superstitions etc.

Pasi Children: Socio-Economic Background

Here, the personal characteristics of the respondents include age, sex, educational level, occupation, family structure, number of siblings, parent's educational & occupational level, family income, pattern of residence and such other variables, which impact directly on their living conditions and overall health.

S.No.	Socio-demographic Aspects	Percentage
1	Age Groups (in Years)	
	6-7	20
	7-8	20
	8-9	20
	9-10	20
	10-11	20
2	Sex	
	Male	50
	Female	50
3	Educational Status	
	Going to School	58.67
	Not Going to School	41.33
4	Occupation	
	Doing Nothing	38.00
	Studying +	5.00
	Indulge in Economic Activities	6.67
	Indulge in Economic Activities Studying	53.67
5	Family Structure	
	Joint Family	25.33
	Nuclear Family	65.00
	Living with Relative	9.67
6	Siblings in the Family	4.67
	Only child	32.00
	2-4	51.00
	4-6	12.33
	6+	
7	Parents' Education	
	Paternal Educational Status	26.00
	Illiterate	13.00
	Primary	17.00

	Junior high	14.00
	School	12.67
	High	10.33
	School	4.33
		2.67
	Intermediate	
	Graduate	42.67
	Post	23.33
	Graduate	18.00
	Technically	4.33
	Qualified	2.00
	Maternal	6.00
	Educational Status	3.00
	Illiterate	0.67
8	Primary	
	Junior high	
	School	
	High	
	School	
	Intermediate	
	Graduate	
	Post	
	Graduate	
	Technically	
	Qualified	
	Parent's Occupation	
	Father	92.00
	Working	5.67
Not	2.33	
Working		
Not Alive	33.00	
Mother	64.00	
Working	3.00	
Not		
Working		
Not Alive		
9	Family Income (in Rs.)	27
	Upto 2,000/-	19
	2,000/- - 4,000/-	8
	4,000/- - 6,000/-	16
	6,000/- - 8,000/-	11
	8,000/- - 10,000/-	6
	10,000/- -	2
	12,000/-	4
	12,000/- -1	4
	4,000/-	1
	2	

	14,000/- - 16,000/- 16,000/- - 18,000/- 18,000/- - 20,000/- 20,000/- +	
10	Pattern of Residence Kaccha House Pucca House	32.33 67.67
	TOTAL	100% (300 Pasi Children)

from any health problems for 6-8 months (Figure no.-1). There is no remarkable difference visible between the assessment about the health of boys and girls.

Aspects Related to Health

Various aspects of the life and culture related to the health and sickness have been studied here, which are as follows:

Dwelling Pattern

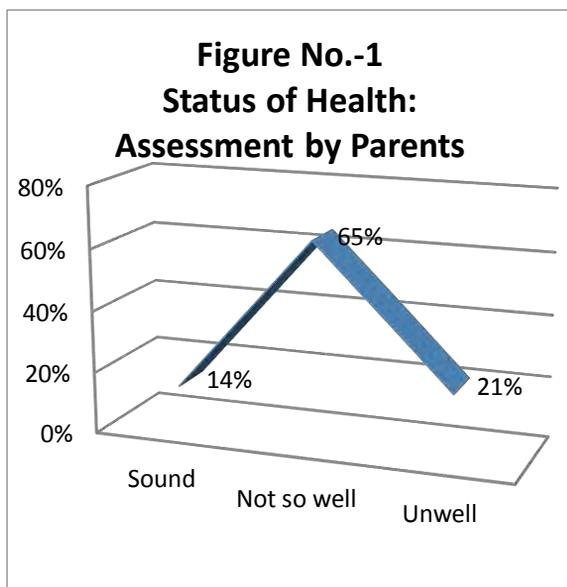
The form and structure of houses are directly related with sanitation and health. Good arrangement of housing symbolizes good health.

Concept of Health

Generally the Pasi feel that health cannot be achieved merely by taking a pill every day or by observing a few restrictions.

Assessment by the Parents

Figure no.-1 reveals the assessment of the Pasis about the health status of their children.



An overwhelming majority of the Pasi parents (65%) have reported 'not so well' health condition of their children, as their children more often suffered from minor ailments, like, cold & cough, fever and indigestion etc., followed by those, who have reported 'unwell' health condition (21%) because their children were suffering from some kind of diseases at the time of interview. While, 14% persons have stated that their children have 'sound' health and were not suffered

**Figure No. - 2
Type of Residence**

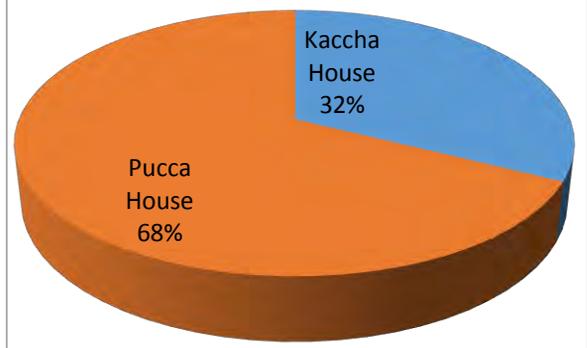


Figure no.-2 shows that majority of the Pasi families (67.67%) are living in *Pucca* houses. Of these, some houses are well furnished and well maintained, situated in various localities of the city. While, many of them are one or two room *Pucca* houses with tin shades or roof made up of *Patias*, in lower income group colonies, with less facilities. Some *Pucca* houses are in slums, in which the condition of ventilation and sanitation is very poor.

32.33% families are living in one room *Kaccha* houses or huts. Therefore, there is no separate kitchen, bathroom and toilet in their houses. There is no proper system of drainage and ventilation in their houses. The water supply through tap in their houses is not available. They use hand pumps in their locality. The toilet facility is not available, thus, mostly people use public toilets or go in open for defecation.

Hygiene

Most of the Pasi families are aware of their personal hygiene practices, only a few of them are not

conscious in this direction. Mostly they use toothpaste to clean their teeth from tooth brush. Sometimes they clean their teeth with finger. Most of the people take regular bath and they wash their clothes. But in some lower income group families, these people do not pay attention towards the hygiene of themselves and their kids. Their children are seen wearing dirty clothes and playing at unhygienic places.

In *Kaccha* houses, all the activities are restricted to one room and some open areas. As, there is no separate kitchen in their houses, therefore, they cook their food in open areas on *Kaccha chulha* (mud hearth). They wash their utensils with soaps or ash. The domestic hygienic conditions are not so good. Unawareness and unhealthy practices clubbed with the poor socio-economic conditions manifest in the form of unhygienic surroundings at community level. They throw their garbage on the empty lands or plots nearby. There is no proper drainage system. There is no community level effort made for improving the hygienic conditions of their habitat.

Figur No. - 3
Personal Hygiene Practices

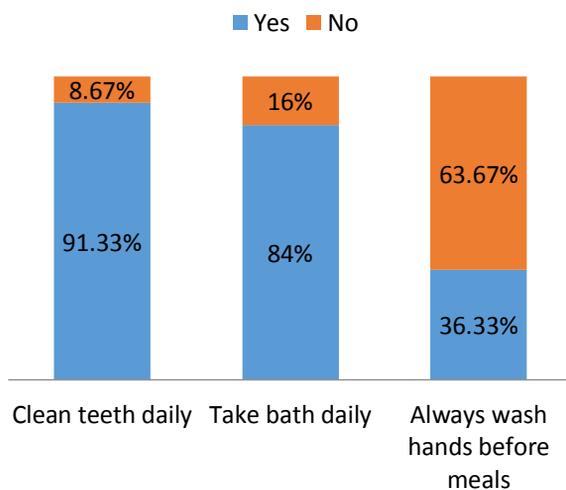


Figure no.-3 reveals the level of personal hygiene practices among the Pasi children. According to it, majority of the children clean their teeth daily (91.33%) take bath daily (84%) and only 36.33% always wash their hands before taking meals.

Birth and Child Care

Most of the Pasi families are well aware and utilizing maternity & child health services, provided by the government. For delivery, overwhelming majority of the women (in 72.67% families) go to the government

hospitals also avail ‘Janani Suraksha Yojana’. But there is a considerable number of families who are not the beneficiaries as they do not even know the facilities provided by the government.

Figur No. - 4
Child Birth: Access to Hospital

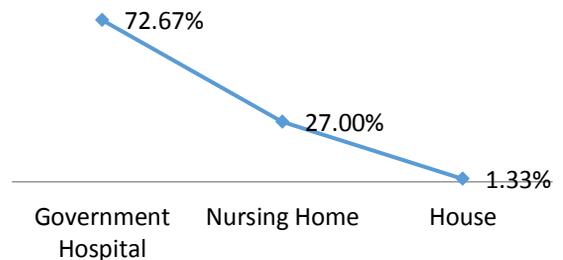
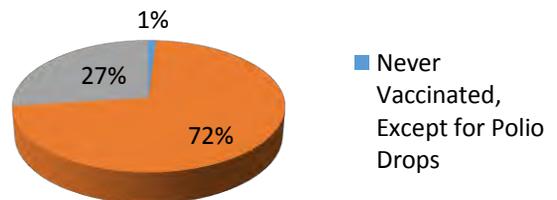


Figure no.-4 reveals that only 72.67% people go to the government hospitals for delivery and 27% opt the private nursing homes, while 1.33% deliveries take place at home. In most of the cases, the children are breast fed for more than three years. There is no fixed duration for sucking the baby.

Figure No. - 5
Status of Vaccination among Children



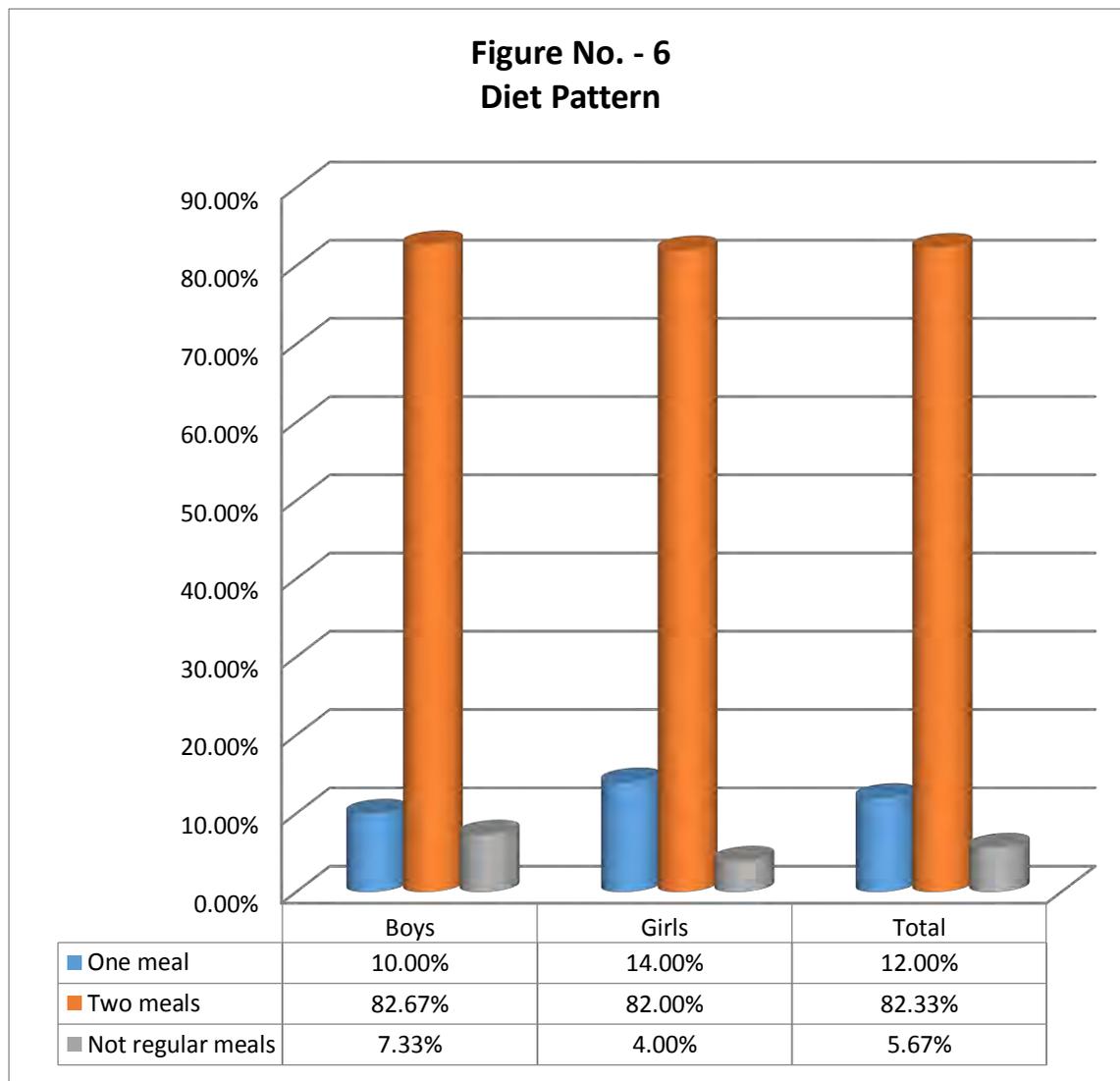
According to figure no.-5, 27% children are not only vaccinated after birth in hospital, but also taking booster doses. While, 72% children had vaccinated in infant stage, but due to unawareness and socio-economic problems of their parents, they could not completed follow up booster doses. As, the Polio drops are provided to each children at their own home by the government and NGOs, therefore there was no any child which had not taken polio drops. So, 1% children were, however, taken polio drops, but except for it they were never vaccinated for other diseases, as their mothers were delivered at home and had not taken any

medical guidance and suggestions for delivery and child care.

Food Habits and Nutrition

Mostly these people are vegetarian in their food habits. It was reported that, generally, in middle income group families, it is believed that three meals

(including breakfast) are the sufficient food for the whole day, while lower income group families believe that two meals are sufficient. Another criteria of sufficient food intake is related with ‘Satisfaction’, i.e., whether the person is satisfied or not. The number of meals in the regular diet of the Pasi children is shown in the Figure no.-6.



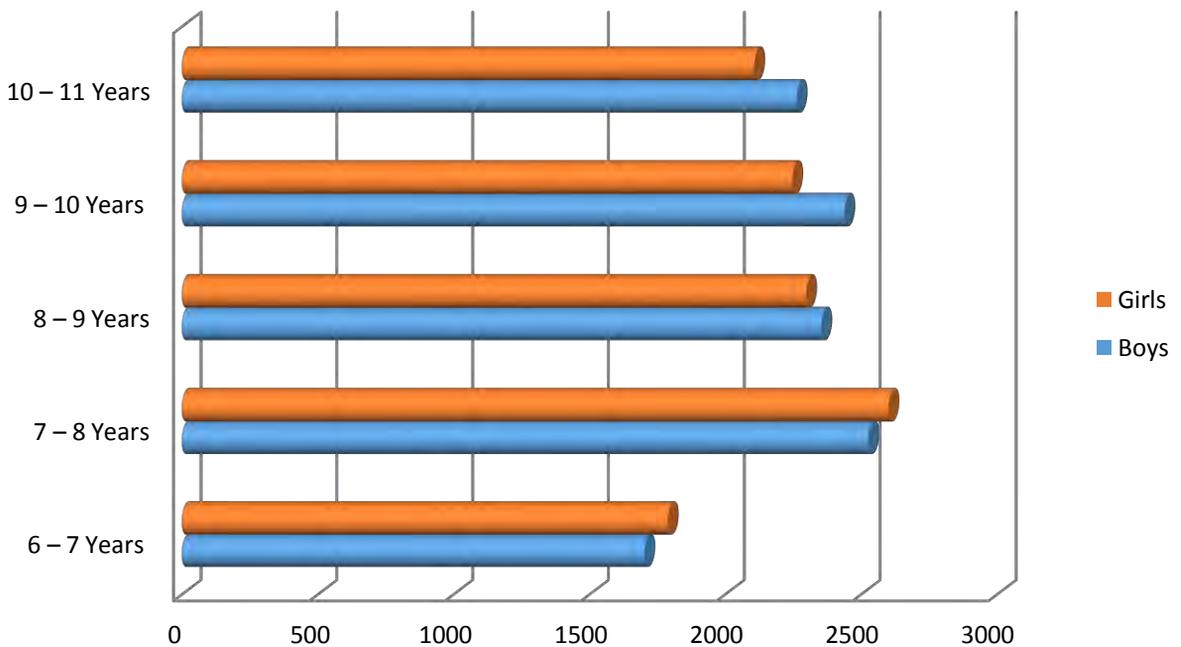
According to Figure no.-6, a majority of the children (82.33%) are taking two meals in a day, followed by those who are taking one meal in a day (12%). While, 5.67% children have reported that there is no restrict diet pattern, as the meals depend on the availability of the food and time.

However, 82.33% children are taking two meals in a day, but due to the unawareness and poverty, most of the children are not properly nourished (Table no.-1). Nourishment and balanced diet go hand to hand and a little knowledge about the balanced diet resulted in improper nourishment.

**Table No. – 1
Per Day Calorie Intake**

S. No.	Age Groups	Sex	Number of Individuals	Mean (Calorie)	Standard Deviation	Standard Error of Standard Deviation	Standard Error of Mean
1	6-7 Years	Boys	30	1703.02	316.80	129.33	182.90
		Girls	30	1789.01	201.91	82.43	116.57
2	7-8 Years	Boys	30	2527.26	239.26	97.68	138.13
		Girls	30	2601.23	273.73	111.75	158.04
3	8-9 Years	Boys	30	2354.16	213.81	87.29	123.44
		Girls	30	2298.15	227.16	92.74	131.15
4	9-10 Years	Boys	30	2439.07	346.80	141.58	200.22
		Girls	30	2247.20	349.29	142.60	201.66
5	10-11 Years	Boys	30	2263.26	224.91	91.82	129.85
		Girls	30	2107.18	369.48	150.84	213.32

Figure No. - 7
Per Day Calorie Intake



Per day calorie intake has been calculated through ‘Twenty-four Hour Recall Method’, shown in Table no.-1 & Figure no.-7, has also been compared with standard value (Swaminathan, M., 1982). Following conclusions are drawn:

1. **6-7 Years Age Group**
 - The boys take 1703.02 ± 316.80 calorie per day which is less than the standard value 1800.00 calorie.
 - The girls take 1789.01 ± 201.91 calorie per day which is less than the standard value 1800.00 calorie.
2. **7-8 Years Age Group**
 - The boys take 2527.26 ± 239.26 calorie per day which is more than the standard value 2400.00 calorie.

- The girls take 2601.23 ± 273.73 calorie per day which is more than the standard value 2400.00 calorie.

3. 8-9 Years Age Group

- The boys take 2354.16 ± 213.81 calorie per day which is less than the standard value 2400.00 calorie.

- The girls take 2298.15 ± 227.16 calorie per day which is less than the standard value 2400.00 calorie.

4. 9-10 Years Age Group

- The boys take 2439.07 ± 346.80 calorie per day which is more than the standard value 2400.00 calorie.

- The girls take 2247.20 ± 349.29 calorie per day which is less than the standard value 2400.00 calorie.

5. 10-11 Years Age Group

- The boys take 2263.26 ± 224.91 calorie per day which is less than the standard value 2400.00 calorie.

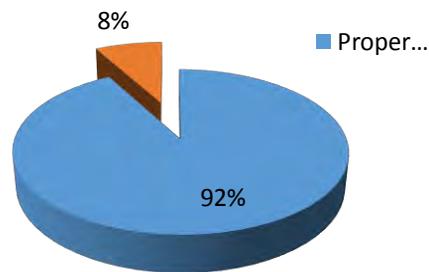
- The girls take 2107.18 ± 369.48 calorie per day which is less than the standard value 2400.00 calorie.

Thus, the children are not getting proper nutrition according to their age, which is affecting their growth and development. These undernourished children can fail to grow up to their full genetic potential.

The quantity and quality of food stuff in the daily diet of the children is varying. In some families, the parents are aware about the proper nutrition of their children. They try to provide them various nutrients in proper amount, as they are educated, aware and financially capable. While, in most of the families, due to socio-economic problems and unawareness of the parents, the children are not getting balanced diet according to their age.

Malnutrition was reported among most of the children. In most of the cases, it was in the form of under-nutrition and imbalanced diet, while in several cases the children were suffering from specific deficiency.

Figure No. - 8
Nutritional Status

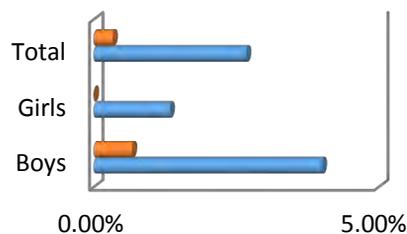


Nutritional status of the children shows that only 8% are taking proper diet, while overwhelming majority, i.e., 92% are malnourished and taking imbalanced diet (Figure no.-8).

Unhealthy Practices

Intake of liquor, *pan masala & gutka* and *bidi & cigarette* smoking are prevalent. Even the women, adolescents and children are also addicted of these unhealthy practices. All these things cause bad effects on the health of Pasi children, either directly or indirectly. Even in some lower income group families, they spend the major part of their income on these things.

Figure No. - 9
Unhealthy Practices: Addiction



	Boys	Girls	Total
■ Bidi & Cigarette	0.67%	0	0.33%
■ Pan masala & Gutka	4.00%	1.33%	2.67%

Figure no.-9 shows the percentage of unhealthy practices among the Pasi children, it reflects that a few boys (4%) and girls (0.67%) have the addiction of *pan masala* and *gutka*, while only one boy is addicted to

bidi and cigarette. These children belong to the age group of 8-11 years. All of them are from lower income group families and are also engaged in some type of economic activity.

Minor Ailments and Common Diseases

Disease is a pathological condition of a part, organ or system of an organism resulting from various causes, such as, infection, genetic defect or environmental stress, and characterized by an identifiable group of signs and symptoms. Children keep getting one ailment after the other, as after cough and cold, there might be boils on the skin or diarrhoea or an earache or something else. These are not serious problems and somebody can easily deal with them at home. Children

are more vulnerable to these ailments. They catch diseases easily and recover fast too.

In the present study, those minor ailments and common diseases are recorded, from which the children were suffered in the whole cycle of the last one year. The minor ailments reported among them are cold & cough, fever, pain in abdomen, eye infection, ear infection, skin infection, worm infection and dental carries (Figure no.-10). While, the common diseases found among them are diarrhoea, dysentery, pneumonia, malaria, chicken pox, measles, diphtheria, whooping cough, mumps, jaundice, tuberculosis and dengue (Figure no.-11).

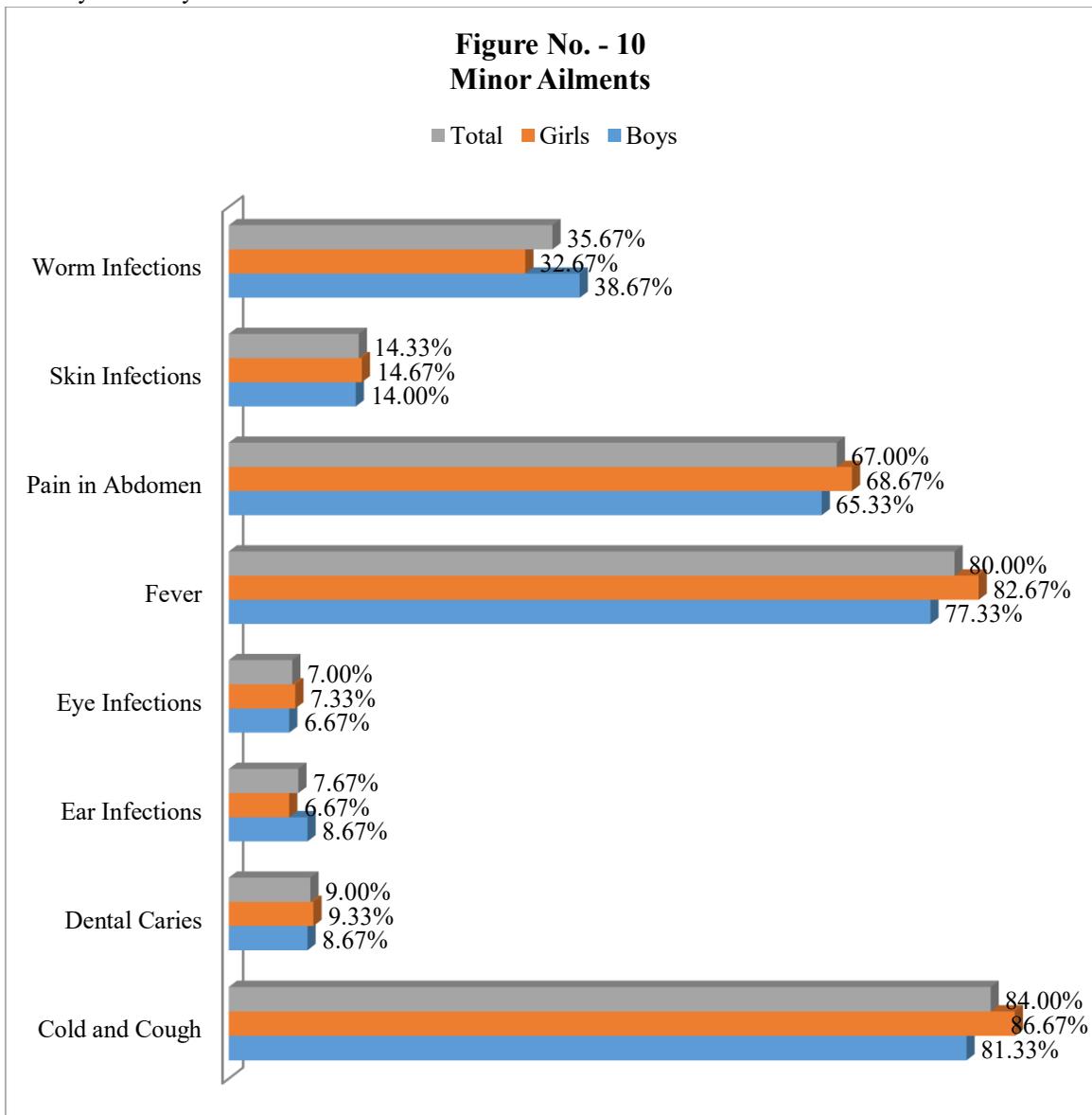
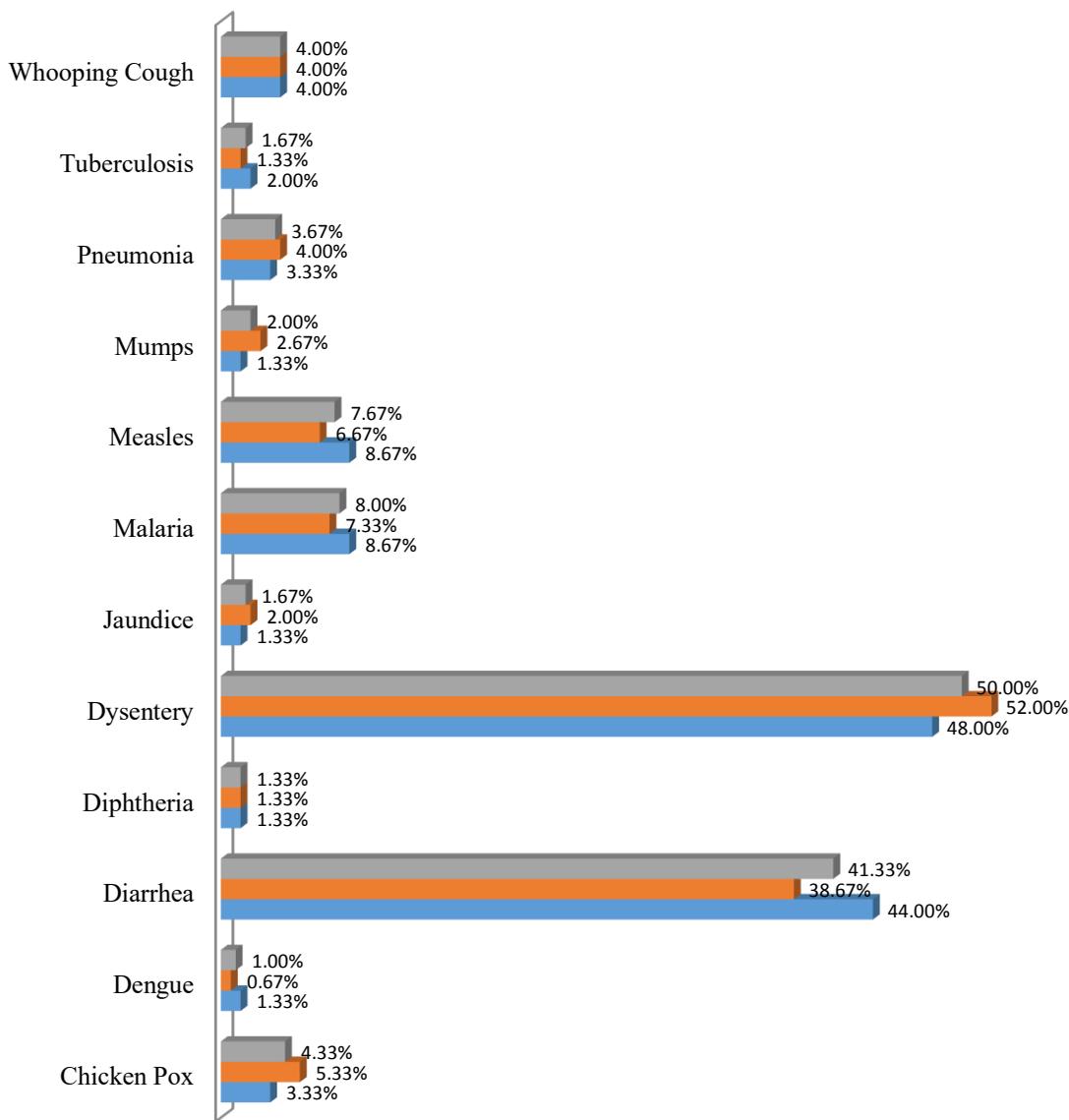


Figure No. - 11
Common Diseases

■ Total ■ Girls ■ Boys



It is a significant fact that not a single case of Polio was recorded among them, which is the successful result of polio eradication programme run Government of India, along with the co-operation of the NGOs.

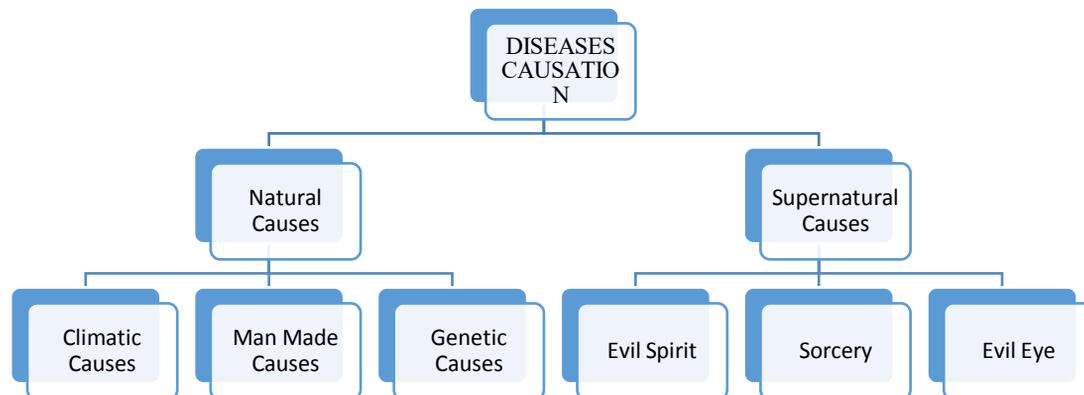
As it is firsthand information, no any physical examination and clinical tests were conducted,

therefore, it cannot be concluded that the Pasi children are not suffering from other severe diseases.

Diseases Causation

The several factors, which are affecting the health condition of these children (Figure no.-12) can be broadly divided into two categories: natural causes and supernatural causes.

Figure No. – 12
Diseases Causation



1. Natural Causes

In this category, those causes of diseases and health destruction are included which can be explained logically and have scientific base. These are of two types:

a. Climatic Causes: Seasonal changes cause health problems, especially in children. Lucknow has tropical climate with three seasons - winter, summer and rainy season. These seasonal changes are severe for the health of those people, who have not proper shelter for the protection from climatic fluctuations. Winters are too cold and summer is too hot. Rainy season plays a positive role to spread the contagious diseases.

b. Man Made Causes: Those causes are included in this category, which originate mainly due to unawareness and carelessness of people. The main man made causes of diseases among the Pasi children are:

- i. Inadequate, imbalanced and low nutritional diet.
- ii. Non-availability of essential nutrients due to socio-economic problems.
- iii. The nature and the conditions in which they work, because hard work combined with poor nutrition leads to the state of general disability which is called deficiency illness.
- iv. Various stress and strain due to socio-economic problems.
- v. Environmental conditions, such as, poor sanitation, lack of basic amenities, for e.g., unclean water and improper drainage system tend to make the environment itself a health hazard.

vi. Alcoholism, tobacco smoking and intake of *pan masalas* and *gutkas* among the people, which affects the health of the children directly or indirectly.

vii. Increasing pollution due to rapid development in the changing times and life style create environmental hazard which affects the health adversely.

viii. Neglect and non-adoption of preventive measures, due to lower level of education or lack of awareness or socio-economic problems made them more prone to illness.

ix. Unavailability or poor quality of health services.

c. Genetic Causes: Some genetically transmitted health problems.

2. Supernatural Causes

Among most of the lower income group Pasi families, many diseases are believed to be caused by supernatural agencies. If somebody fall sick seriously and suddenly or when disease take a sudden bad shape or when it is derangement of the mental faculties, these people assign it to a supernatural cause. Even, in several middle income group families also, people believe in these super natural causes of diseases. These supernatural causes are evil spirit, sorcery and evil eye.

a. Evil Spirit: There is a belief among them that the souls of the person, who have committed suicide or met with an accident, interfere with the living persons and harm them. They bring sickness and misfortunes of all kinds.

b. Sorcery: These people fear the magic of the enemy as much as they fear the evil spirits. An enemy, be a neighbour or a relative, through magic of his own or

with the help of sorcerer, can bring disease and destruction upon another. If the condition remains undiagnosed and untreated, it can lead to death.

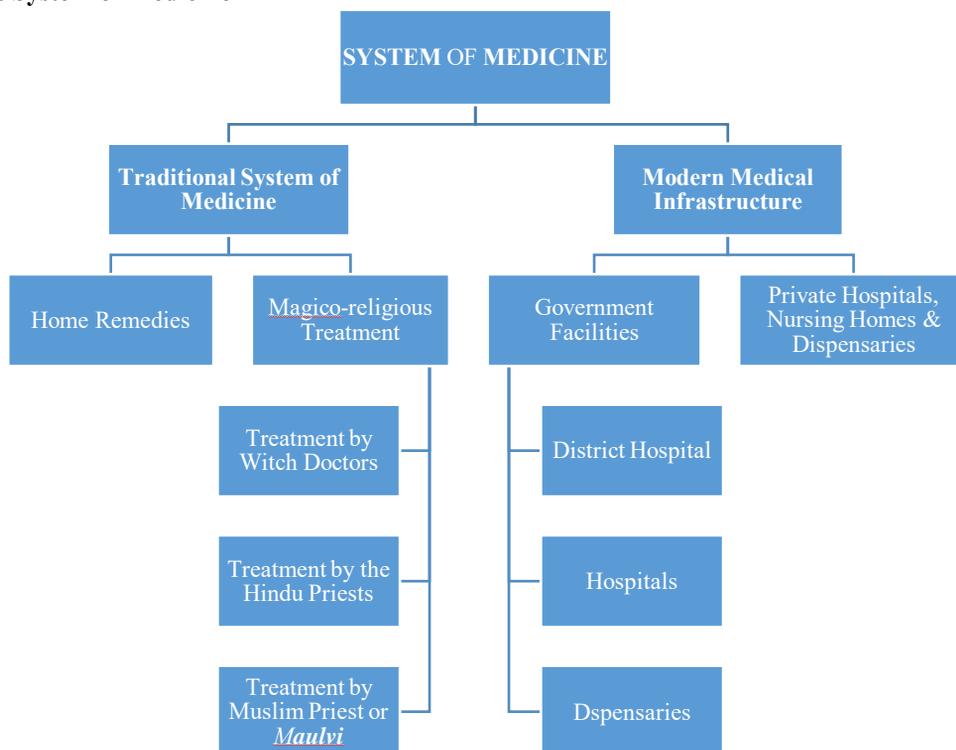
c. Evil Eye: It is believed among these people that some individuals have the faculty to cast a spell on others by just looking at them. Some do it involuntarily at whosoever comes in their path; others do it voluntarily because they are jealous of others and desire to possess what others have. The thing may perish, the person may get ill or more often have an accident. Children are believed to be particularly susceptible to the effect of the evil eye.

Treatment

Traditional system and modern system, both type of medicinal system are practiced (Figure no.-13). Home remedies and magico-religious treatment are included in their traditional system of medicine. They take firstly self-treatment for general ailments. For magico-religious treatment they go to witch doctors, Hindu priests and Maulvis. Modern medicine is available in the form of allopathic, homeopathic ayurvedic and all other types of the treatment.

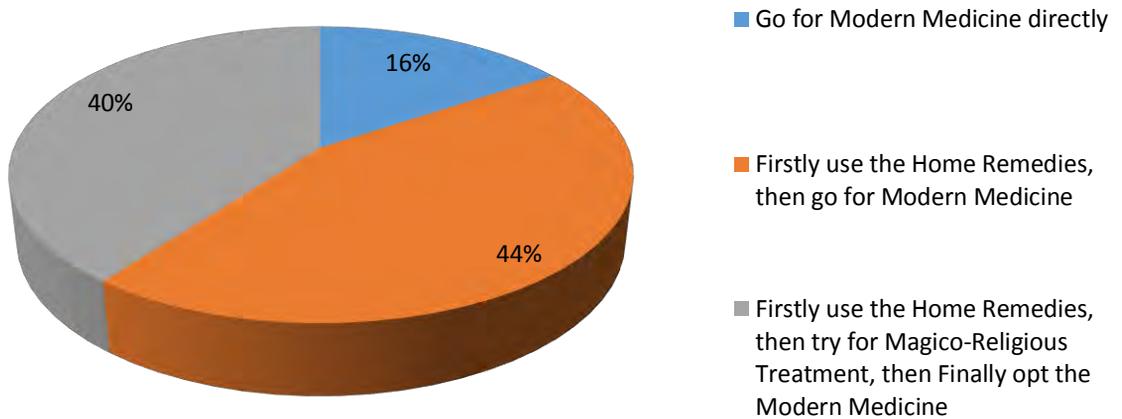
The health services provided by the government yet available but not fully utilized. Generally, Pasis from the lower income group families do not prefer to go to government hospitals or health care services. For minor ailments, they try for home remedies or buy medicines from local medical stores.

Figure No. - 13
Prevalent System of Medicine



However, there is a well developed health infrastructure to provide free medical facilities and health coverage to the people of Lucknow in the form of government health institutions, but due to unawareness and lack of education most of the Pasi people (40%) opt the modern medicine as their last choice in the health problems of their children. They utilize it only when they feel that the self treatment and magico-religious treatment are getting fail in improving their health condition. There are only 16% people go for modern medicine directly and 44% go for it after using home remedies (Figure no.-14).

Figure No. - 14
Choice of Treatment



Thus, the belief in supernatural agency is predominant in the context of health, disease and treatment.

Awareness about Schemes and Programmes

Healthcare in India features a universal health care system run by the constituent states and territories of India. The Constitution charges every state with ‘raising of the level of nutrition and the standard of

living of its people and the improvement of public health as among its primary duties’. The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002.

In constitutional provisions and several schemes and programmes, running for the welfare of the children, there are special provisions have been made for scheduled castes also.

Figure No. - 15
Awareness about Schemes and Programmes among Parents

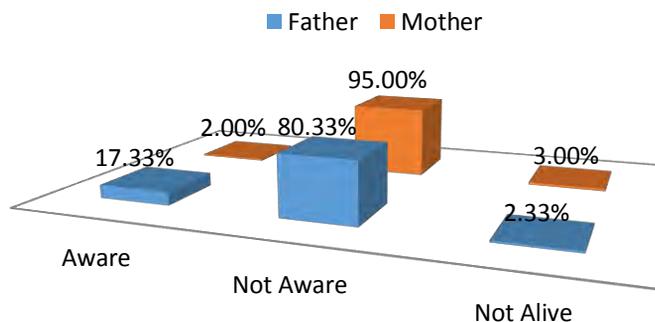


Figure no.-15 reveals that, majority of the parents (80.33% fathers, and 95% mothers) are not aware about the maximum schemes and programmes running for the welfare of their children. Thus, however, government is doing a lot of efforts for the welfare of

the children, with special privilege to schedule caste for their upliftment in the society, but due to unawareness of the parents, these children are not completely benefitted. Therefore, there is some lack in

the proper implementation of these schemes and programmes.

Conclusion & Suggestions

It is high time for the Government to ameliorate the health care programmes according to the need of the urban people belonging to scheduled castes. To cope up with both the old and the new challenges the need is to get a sound infrastructure and making sure that it has been implemented to perfection. There is a huge need gap in terms of availability of number of hospitals, medical and para-medical staff in the localities where these Pasi people live. Better policy regulations and the establishment of public-private partnerships (PPP) are possible solutions to the problem of manpower shortage. The affluent persons should be involved in health care programmes, improvised by the Government. The NGOs should also come forward to provide services in implementing these programmes and making these people aware about existing facilities and their rights.

Health services have three facets: curative, which refers to alleviation and treatment of diseases; preventive, that prevents infectious and parasitic diseases; and promotive, which includes the ways of improvement and promotion in the health care. Any local level programme of health services should encompass all the three facets.

The Government and Voluntary organizations have to play a very significant role particularly in effective implementation of a strategy which places a great premium on the care of the scheduled caste children through family, community, institutional and non-institutional services. This role should encompass advocacy, promotion, development and cater to different types of needs of the children. It requires concerted and co-ordinated efforts of the government, NGOs, learned bodies and society.

Child health care needs should be on high priority, with a goal of good affordable health services, heavily subsidized for the poor & weaker section. Provision for regular health checkups of the children and required treatment on priority basis should be made through involvement of the local NGOs.

The best remedy can be provided by free treatment and follow up services for the children. For the promotion of healthy childhood, the information should be provided to the children and their family members about the nutritional need in middle childhood, early

detection of diseases and prevention from secondary complications through health education programmes.

Along with it, the information about the effects of life-styles on health status in childhood should be also highlighted. Family should be provided counseling and information for the care and treatment of children through Nukkad Natak and Puppet shows etc. The health education programmes should be strengthened by using mass media and folk media.

There is a need to educate the community about the importance of hygiene, safe drinking water and basic sanitation facilities, and local NGOs can be involved in this process of awareness generation to make it a mass campaign.

The Insurance Regulatory and Development Authority (IRDA) is the governing body responsible for promoting insurance business and introducing insurance regulations in India. Only 10% of the Indian population today has health insurance coverage. Thus it is the need of the time to provide health insurance, as it will be a powerful way of increasing accessibility to quality healthcare delivery. Public sector health insurance schemes for the poor children should be on no-profit, no-loss basis. Private sector health insurance schemes for the children belonging to lower income groups must be subsidized.

National Health Policy, which was announced in the year 1983 and updated in 2002; and National Policy for children, which was announced in 1974, should be implemented properly in each and every nook and corner of the society.

Lack of awareness and poverty is major factor responsible for poor child health care among scheduled caste people. The condition can be improved through inculcating in them individualistic and moralistic values of self-denial, temperance, forethought, thrift, sobriety and self-reliance. These values will help them in proper utilization of the various development schemes, which in turn lead to the stability/improvement in their lives.

A scientific and reliable database should be established for which focused research activities are required, as adequate data and information are essential to formulate policies and evaluate progress.

A comprehensive simple health services could be developed in which the community identifies its own health needs and develops primary needs. It cannot be

possible without the help of local elected leaders, i.e., 'Sabhasads' of the district wards.

The health of children is not necessary for them alone but for the whole society. The children are 'Tomorrow'

of the Nation and the Creation but they have their own 'Today'. Therefore, it is our duty to protect the 'Today' of these tangible assets.

References:

Clements, F.E. (1932). Primitive Concept of Disease. *California University of Publications in American Archaeology and Ethnology*, 32 (2), 185-252.

Collins, W.A. (Ed.). (1984). *Development during Middle Childhood: The Years from Six to Twelve*. Washington, D.C: National Academy Press.

Eccles, J.S. (1999). The Development of Children Ages 6 to 14. *The Future of Children*, 9 (2), 30-44.

Ibbetson D. (1916). *The Races, Castes and Tribes of the People in the Report on the Census of the Panjab*. Superintendent, Government Printing, Punjab.

Nag, N.G. and Harit, H.L. (1974). *The Pasi of Uttar Pradesh*. Census of India, 1971, Series I, India, Part V, Monograph Series, Ethnographic Study No. 1 (No. 17 of 1961 Series). Controller of Publications: New Delhi.

Singh, H.N. (1971). *Pasi: A Scheduled Caste in Uttar Pradesh*. Census of India 1971, Monograph Series.

Swaminathan. M, (1982). *Handbook of Food and Nutrition*, Bappco Publishers, Bangalore.