

CHAPTER 3

SOCIAL ENVIRONMENT AND HEALTH BEHAVIOUR AMONG THE TRIBES

Insanitary condition, ignorance, inaccessibility to the modern health facilities and lack of health education are some of the important contributing factors of the tribal health behaviour in the modern world. The concept and belief regarding illness, housing, environmental sanitation, personal hygiene, nutritional status and intoxication form integral parts of health behaviour and cultural dimensions of the tribal community. It has a strong bearing on the general health of the community. These aspects of health culture shall be discussed in details from a comparative perspective. Such comparison will be made between the Santal and the Oraon and between the tribal people of target and non-target villages. The concept of health, disease, and treatment among literate and illiterate tribal people will also be documented to analyse the impact of education, being a very important social factor how far it influences the health care practices of the individual. A formal education proves to be helpful to any community and has a strong bearing on medical behaviour and health culture. The literacy rate among the tribals of the study area is very low. Most of the literate tribals of both the target and non-target villages are having primary education only.

TRIBAL HEALTH BEHAVIOUR

The tribals do not know much about modern health and hygiene. Most of the tribal communities are not exposed to modern medicine and they still believe in their traditional system of medicine. Traditional medicine and their belief in wrath of gods, evil spirits, and magic just fit in with their culture and way of thinking. If they believe in wrath of gods, evil spirits and magic, it must be remembered that it pervades their whole life and does not apply to their view of medicine only (Singh 1996,p.208). The social position of the tribals is low, though the tribals have absorbed some of the Hindu mode of life. The traditional village council is on the wane. Many of the traditional beliefs and customs of the tribals have been modified. The dress pattern of the tribals could not be regarded as a part of the *adibasi* culture. It is seen that the interpersonal relations are less intimate and

personal. The individual have a social and economic tie with one another mainly on common interest by contract and by more abstract symbols. Community support for economic activity is less. The family members are not strictly occupied with clear-cut roles to play.

Most of the tribals of the target villages are the members of the self-help group run by the Tagore Society for Rural Development. We find changes in the concept and treatment of disease of the tribals. The tribals have started adopting modern health care facilities recently. In the study area, the government health centres situated at Balapur and Tapan are highly under-utilised. These two Primary Health Centres are not easily accessible to the majority of the tribals. Quality of the services available in these health centres is also not satisfactory. These health centres are the focal points for delivery of health and medical care in the study area. The operational responsibilities of these health centres are to cover medical care, maternal and child health services, family planning, nutrition, health education, school health, control of communicable diseases, protected water supply, environmental sanitation, and collection of vital statistics. These health centres are not well equipped with the medical equipments. There is a lack of proper accommodation and other amenities in these health centres. Doctors and health staff of these health centres are found frequently absent from their duty. The commitment and dedication to the causes on their part are very much lacking. Most of the time they blame others, if they cannot provide medicine they complain about the supply. Most of the time they blame the ignorance of the tribal people, as they are not seeking modern medical help. They also have lack of patience to listen to others. Another very interesting finding is that doctors' often remain busy with their private practices at their residence. At a glance it is observed that the health workers are conducting only immunisation both for child and mothers twice in a month in addition to the clinical treatment in the primary health centres. As a result, quite a large number of quacks and *ojha* are rendering health care services in the study area. The tribal people mostly depend on their services. All these services involve low cost compared to the services of the modern doctors.

Five types of treatment are available in the study area. These are, (i) the allopathic or western mode of treatment available at the Primary Health Centres, (ii) the allopathic private practitioners, which include unqualified quacks also, (iii) homeopathic treatment available from the qualified and under qualified homeopathic practitioners, (iv) we have found some specialists in some of the tribal villages, who perform both duties of a priest and a medicine man. Sometimes priest and medicine man are different persons also, and (v) in addition to all these, it is also observed that family medicine and household remedies are practiced mostly by experienced old tribal people who practise it within the family and neighbourhood, whereas professional medicines are practiced by the specialists like herbalists, midwife, bone-setter, cupper etc. Services of these people are taken at the time of illness. The use of tribal medicine, particularly the herbs have also been found to be used in illness in the study area. The herbal practitioners have complained that due to the massive deforestation they are not getting most of the herbs commonly used for the treatment of diseases. The social and cultural dimensions of tribal health in the study area have undergone a series of change since last hundred years. Like other human beings, tribals also want relief from diseases and as other means of treatments except traditional practitioners are not available in their doorsteps, they oblige to depend first on traditional practices of health. A mixed behaviour of modern and traditional concept in regard to health and diseases is being observed in the study area.

The Tribal Concept and Belief of Health, Disease and Treatment

The World Health Organisation has defined the concept of health as, 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (Lewis, 1976, p.94). The basic concept of health and disease, in this sense, needs an empirical investigation in various societies for acquiring specific details. The tribals normally expect, healthy body and the strength to perform normal duties so that one does not become a mental and financial burden of the family. We have found mixed responses in the tribal mind

about the concept of health, disease, and treatment in the target villages under the Tagore Society for Rural Development and in the non-target villages. To the tribals irrespective of the Santals and Oraons of the study area, the meaning of the term health is similar. It is the right condition of the body and proper functioning of the body as well. Those who are regarded as healthy, can take heavy food, have a good muscular body and are able to do hard work.

Rivers (1924:5-8) has subscribed that the diseases in primitive society are caused by (a) the projection of morbid objects or substances, (b) abstraction of something from the body, and (c) the action of sorcerers on some parts of the body or some objects once connected with the body of a person. Most of the tribals in the study area have similar concept of disease in respect of first and third conditions of diseases as subscribed by Rivers. As thought by the tribal mind most of the diseases are thought to be caused by supernatural being; a deity or a god or a non-human being such as ghost, ancestor or evil spirits or diseases are caused exclusively by magical means by sorcerers and witches and the diseases caused by natural means. Belief in supernatural beings occupies an essential part of their society. They believe that some of the diseases like, *basali*, white discharge, miscarriage and heavy bleeding during menstruation are caused due to wrath of supernatural being, sorcery, spirit intrusion, evil eye and breach of norm or taboo. Some of the diseases are caused due to physical work, climate changes and intake of wrong or excessive food; these diseases may be classified as non-supernatural diseases. We classify the tribal beliefs regarding the causes of illness as, (i) due to ill health; some of the diseases may be caused due to hard physical work, climate changes and intake of wrong or excessive food etc, i.e., scientific causes of illness (ii) traditional belief; dissatisfaction of the supernatural being, wrath of supernatural being, sorcery, spirit intrusion, evil eye, breach of norm or taboo and magical means, (iii) mixed belief regarding illness; belief on both the traditional and scientific causes of illness.

Table 11 depicts the views of the respondents about illness and treatment of diseases during illness in the villages under the Tagore Society for Rural

Development. As a whole 30.84 per cent of the tribals of the target villages believe that illness or suffering of the family members is due to dissatisfaction of the supernatural being or ancestral spirit and 36.92 per cent believe that it is due to ill health. Whereas 31.31 per cent of the tribals have the mixed concept of belief regarding illness: it may be attributed to one cause on one occasion and to some other cause on other occasion. The comparative analysis of the respondents of literate and illiterate tribals of the target villages gives us very interesting results. Among literate tribals, 28.33 per cent believe that illness or sufferings of the family members is due to dissatisfaction of the supernatural being or ancestral spirit, while 38.33 percent believe that it is due to ill health and 33.33 per cent of the literate tribals have mixed concept regarding the causes of illness. However in case of illiterate tribals, 31.82 per cent till have traditional belief regarding illness, while 36.36 per cent believe on the scientific causes of disease, which is due to ill health, and 30.52 per cent among the illiterate respondents have mixed concept regarding illness.

The differential view of the respondents of the Santals and the Oraons of the villages under the Tagore Society for Rural Development shows interesting findings. It is reported that 37.50 per cent of the Santals and 36.17 per cent of the Oraons have changed their attitudes towards modern practices and believe in the scientific causes of disease. However, 28.33 per cent of the Santals and 34.04 per cent of the Oraons still believe in the traditional causes of illness. But 34.17 per cent of the respondents belong to the Santal community and 29.79 percent of the Oraon respondents possess a mixed concept of belief regarding illness. The scenario between literate and illiterate varies significantly. It is reported that 38.88 per cent of the literate Santals have changed their attitudes towards modern medicine and believe in the scientific causes of illness, however 27.77 per cent of them till have traditional belief regarding the causes of illness and 33.33 percent have a mixed concept of belief regarding illness. Likewise, we have found that 37.50 per cent of the literate Oraon respondents believe in the scientific causes of disease, while 29.17 per cent of them have traditional belief regarding illness and 33.33 per cent have mixed concept about the causes of

disease. In case of illiterate Santals, 36.90 per cent believe in the scientific causes of illness, while 28.57 per cent of them still believe in the traditional causes of illness and 34.52 percent have mixed concept regarding illness. However 35.71 per cent of the illiterate Oraons believe in the scientific causes of illness, same percentage of Oraons have belief in the traditional causes of illness and 28.50 per cent among them have mixed concept regarding the causes of disease (Table 11).

Table 11 also shows that only 8.88 per cent of the tribals of the villages under the Tagore Society for Rural Development prefer to consult modern doctor first for treatment, 3.74 per cent of them prefer to consult *ojha* first for their treatment, while 14.01 per cent of the respondents in general prefer to consult either quack or *ojha* first, however 12.62 per cent prefer to consult quack or modern doctor first for their treatment and 60.75 per cent of the respondents prefer anything among available facilities like *ojha*, quack, modern doctor etc first for consultation in case of illness. In regard to the literate tribals, we find slightly different results, 11.67 per cent of the literate respondents prefer to consult modern doctor first for the treatment of diseases and no one of them prefer to consult *ojha* first for treatment in case of illness. Whereas 10 per cent of them prefer to consult either *ojha* or unqualified quack first in case of illness and the preferences of 21.67 per cent is to consult either quack or modern doctor, whichever is available first for their treatment but 56.66 per cent prefer to consult first any means available in their locality. However only 7.79 per cent of the illiterate tribals prefer to consult first modern doctor for treatment, 5.19 per cent prefer to consult only *ojha* first for treatment, 15.58 per cent prefer to consult either quack or *ojha* first, while 9.09 per cent of the illiterate tribals prefer to consult either quack or modern doctor first and 62.34 per cent of them prefer to consult any available facilities in their locality first. In general the tribals try *ojha* first for their treatment, if *ojha* fails then they go to the quacks or any other medicine accessible to them. Sometimes, they try one or more alternatives at the same time of their treatment. If modern medicine fails or fails to gain confidence among the tribals during treatment, they finally return back to the *ojha*.

We have found that, 11.67 per cent of the Santals of the target villages prefer to consult modern doctor first, while 5 percent prefer to consult *ojha* first, though 15 per cent of them prefer to consult either quack or *ojha*, whichever is available first and same percentage of the respondents prefer to consult either quack or modern doctor first and 60.83 per cent of them prefer to consult any available facilities at their locality first, if needed for the treatment of diseases. The difference of opinions between literate and illiterate respondents is prominent. In case of literate Santal, 13.89 per cent of the respondents prefer to consult modern doctor first for the treatment of diseases. No one of them prefers to consult *ojha* first. However 8.33 per cent of the literate respondents prefer to consult either *ojha* or quack first, whichever is available, while 22.22 per cent among them prefer to consult either quack or modern doctor first and 55.56 per cent prefer to consult anything available for their treatment first. The preference for the consultation of modern doctor first for treatment among illiterate respondents is only 10.71 per cent. While 7.14 per cent of them prefer to consult *ojha* first for the treatment of diseases, 17.86 per cent prefer to consult either *ojha* or quack first, only 1.19 per cent of them prefer to consult either quack or modern doctor first but 63.10 per cent prefer to consult anything available for the treatment of diseases first (see Table-11).

In case of the Oraon respondents (Table-11), we have found that in general only 5.32 per cent prefer to consult modern doctors first for their treatment. Very few respondents (2.12 per cent) of them prefer to consult *ojha* first. However, 12.76 per cent of the respondents prefer to consult either quack or *ojha*, whichever is available first for their treatment in case of illness. It is reported that 19.15 per cent of them prefer either quack or modern doctor first, while 60.64 per cent of the respondents prefer to consult any available facilities for treatment first. Only 8.33 per cent of the literate Oraon respondents prefer to depend on modern doctors first. However no one among the literate Oraons prefer to depend on

ojha first for their treatment. Whereas 12.50 per cent of them prefer to consult either quack or *ojha* first for treatment, while 20.83 per cent of the literate Oraon respondents prefer to depend first either on quacks or on modern doctors and 58.33 per cent prefer to depend first on any available facilities for the treatment of illness. In case of the illiterate Oraon respondents, a very few respondents (only 4.29 per cent and 2.86 per cent respectively) prefer to consult modern doctor first and depend on *ojha* first. However, 12.86 per cent prefer to consult first either quack or *ojha*, while 18.57 per cent prefer to consult first either quack or modern doctor and 61.43 per cent prefer to consult first anything available for treatment.

The picture of non-target villages is not the same, as the picture has described the tribals of the target villages regarding concept and belief of health, disease, and treatment. If we analyse the Table 12, it depicts that only 14.81 per cent of the tribals of the non-target villages believe that illness or suffering of the family members is due to ill health, 67.78 per cent of the tribal respondents believe that the causes of illness is due to the dissatisfaction of the supernatural being, whereas only 17.41 per cent of them believe in both. The comparisons of literate and illiterate respondents gives that 35.53 per cent of the literate respondents believe in the scientific causes of illness, 38.16 per cent of them still have faith in the traditional causes of illness and 26.32 per cent believe that illness might be caused by natural and supernatural both. However, only 6.70 percent of the illiterate respondents believe in the scientific causes of illness, 79.38 per cent of them believe that the causes of illness is due to the dissatisfaction of the supernatural being, and 13.92 per cent believe in both.

However, 15 per cent of the Santal respondents of the non-target villages believe in the scientific causes of illness, whereas 67.27 per cent believe that diseases are attributed to the dissatisfaction of the supernatural being and 17.73 per cent of them believe in both. Whereas 35.48 per cent of the literate Santal respondents and only 6.96 per cent of the illiterate Santal respondents believe in the scientific causes of illness, but 37.10 per cent of the literate Santal respondents and as much as 79.11 per cent of the illiterate Santal respondents

believe that diseases are due to the dissatisfaction of the supernatural being, while 27.42 per cent of the literate Santal respondents and 13.92 per cent of the illiterate Santal respondents have mixed concept and belief regarding illness. In case of the Oraons, only 14 per cent respondents believe in the scientific causes of illness, 70 per cent of them are still reported to believe in the traditional causes of diseases and only 16 per cent regard that both the ill health and dissatisfaction of the supernatural being are the causes of diseases. However, 35.71 per cent of the literate respondents and only 5.56 per cent of the illiterate respondents are reported to believe in the scientific causes of illness, but 42.86 per cent of the literate respondents and 80.55 per cent of the illiterate respondents has a belief in the dissatisfaction of the supernatural being, magical means for illness. Whereas 21.43 percent of the literates and 13.88 per cent of the illiterates regard that both the ill health and dissatisfaction of the supernatural being are the causes of illness (see Table-12).

In regard to the consult for treatment of the non-target villages (Table-12), we have found interesting results. Only 6.30 percent of the tribals of the non-target villages prefer to depend first on the modern doctors for their treatment, but 11.85 percent of them prefer first on *ojha*, while 41.85 per cent of the tribal respondents prefer first either on quack or *ojha*, however, 7.78 per cent of the tribals have reported to prefer first either quack or modern doctor for the treatment of diseases and 32.22 per cent of the tribals prefer to consult quack, modern doctor and *ojha*, whichever is available first for their treatment. The pictures of literate tribals is slightly different than that of illiterate tribals, as 10.53 per cent of the literate tribals and only 4.64 per cent of the illiterate tribals prefer to depend first on modern doctors for their treatment. However, 16.49 per cent of the illiterate tribals consult first *ojha* for treatment and no one of literate tribals prefer first on *ojha*. Only 17.11 per cent of the literate and 51.55 per cent of the illiterate tribals are reported to prefer first either *ojha* or quack for treatment, while 21.05 per cent of the literate tribals and only 2.58 per cent of the illiterate tribals prefer to consult first either quack or modern doctor. However, 51.32 per cent of

the literate tribals and 24 per cent of the illiterate tribals prefer to consult first anything available for the treatment of diseases.

We have found that only 6.82 percent of the Santals of the non-target villages prefer to consult modern doctor first for their treatment, while 11.36 per cent of them prefer to consult first *ojha*, but 41.82 per cent prefer first either quack or *ojha* for their illness, 7.73 per cent prefer to believe in quack or *ojha* first and 32.27 of them prefer to depend first on anything available in their area for treatment during illness. Whereas, the percentage of literate Santals prefer to consult modern doctor first for treatment (11.29 per cent) is more than double than that of the illiterate Santals (5.06 Per cent). No one of the literate Santals prefer first to depend on *ojha* for treatment during illness, but 15.82 per cent of the illiterate Santals prefer to consult first *ojha* for treatment. However, 16.13 per cent of the literate Santals and 51.90 per cent of the illiterate Santals prefer to consult either *ojha* or quack, whichever is available both for treatment first. It is reported that 20.97 per cent of the literate Santals and only 2.53 per cent of the illiterate Santals prefer to consult first either quack or modern doctor during illness. Though 51.61 per cent of the literate Santals and 24.68 per cent of the illiterate Santal prefer to consult first anything available for the treatment of diseases (see Table-12).

In case of the Oraons (Table-12), we have found that only 4 percent of the respondents are reported to prefer modern doctors first, whereas 14 per cent of them prefer to consult first *ohja*, but 42 per cent prefer to consult first either quack or *ojha*, however, 8 per cent of them prefer first to depend either on quack or modern doctors and 32 per cent of the respondents prefer first to consult *ojha*, quack, and modern doctor anything available for the treatment of diseases. Whereas only 7.14 per cent of the literate respondents prefer to consult first modern doctors and no one from illiterate respondents show first preferences for modern doctors. Similarly, no one from literate respondents shows first preferences for *ojha*, though 19.44 per cent of the illiterate respondents prefer first to consult *ojha* for the treatment of diseases. However, 21.43 per cent of the

literate respondents and 50 per cent of the illiterate respondents prefer to consult first either *ojha* or quack and 21.43 per cent of the literate respondents and only 2.78 per cent of the illiterate respondents prefer to consult first either quack or modern doctor. About half of the literate respondents (50 per cent) and one-fourth of the illiterate respondents (25 per cent) prefer first to try *ojha*, quack and modern doctor for the treatment of diseases.

We have found the significant differences in the tribal concept and belief in health, disease, and treatment between the respondents of the target and non-target villages and also among the literate and illiterate tribals. The tribals of both the areas still believe in the traditional concept of health, disease, and treatment. The study reveals that in spite of faith of the tribals in traditional folk healing tribals are not apathetic to accept modern health care practices. Tribals' minds have already been shifted to some extent to the modern concept of health, disease, and treatment due to their exposure to modern medicine and education. It is also observed that though the tribals believe that dissatisfaction of the supernatural being is the cause of some diseases, they may consult modern doctor, if available for treatment. In most of the cases tribals first call the available facilities for their treatment of diseases, *ojha*, if they fail the local *ojha* may call another *ojha* from outside the villages. If all these fail, the patient may consult quack, the other easy available means for consultation, which offer allopathic and indigenous system of medicine. Lastly, if all these fail, they consult modern doctor of the local health centre. This is common with little variation among all the tribals of the study area. Tribals of the target villages are slightly advanced in regard to the modern health care practices. The educated tribals of the study areas are also slightly advanced regarding modern health care practices. The comparison between the Santals and Oraons of both the areas shows that the Santals are little advanced regarding modern health care practices. Here we also have observed that the literate Santals and Oraons are advanced regarding modern health care practices than their illiterate counterparts.

Table 11
Views of the respondents regarding illness and preferences for treatment of diseases in the target villages

Tribal groups	Beliefs regarding illness			First consultation for treatment					Total
	Due to ill health (%)	Illness caused by supernatural beings (%)	Both (%)	MBBS Doctor (%)	Traditional Medicine man (%)	Quack / Folk medicine (%)	Quack / MBBS Doctor (%)	MBBS doctor / Traditional Medicine man or Quack (%)	
Santal	45 (37.50)	34 (28.33)	41 (34.17)	14 (11.67)	06 (5.00)	18 (15.00)	09 (7.50)	73 (60.83)	120 (100)
Literate	14 (38.89)	10 (27.78)	12 (33.33)	05 (13.89)	0 (0)	03 (8.33)	08 (22.22)	20 (55.56)	36 (30.00)
Illiterate	31 (36.90)	24 (28.57)	29 (34.52)	09 (10.71)	06 (7.14)	15 (17.86)	01 (1.19)	53 (63.10)	84 (70.00)
Oraon	34 (36.17)	32 (34.04)	28 (29.79)	05 (5.32)	02 (2.13)	12 (12.77)	18 (19.15)	57 (60.64)	94 (100)
Literate	09 (37.50)	07 (29.17)	08 (33.33)	02 (8.33)	0 (0)	03 (12.50)	05 (20.83)	14 (58.33)	24 (25.53)
Illiterate	25 (35.71)	25 (35.71)	20 (28.58)	03 (4.29)	02 (2.86)	09 (12.86)	13 (18.57)	43 (61.43)	70 (70.47)
Total	79 (36.92)	66 (30.84)	67 (31.31)	19 (8.88)	08 (3.74)	30 (14.02)	27 (12.62)	130 (60.75)	214 (100)
Literate	23 (38.34)	17 (28.33)	20 (33.33)	07 (11.67)	0 (0)	06 (21.67)	13 (56.66)	34 (56.66)	60 (28.04)
Illiterate	56 (36.36)	49 (31.82)	47 (30.52)	12 (7.79)	08 (5.19)	24 (15.59)	14 (9.09)	96 (62.34)	154 (71.96)

Table 12
Views of the respondents regarding illness and preferences for treatment of diseases in the non-target villages

Tribal groups	Beliefs regarding illness			First consultation for treatment					Total
	Due to ill health (%)	Illness caused by supernatural beings (%)	Both (%)	MBBS Doctor (%)	Traditional Medicine man (%)	Quack / Folk medicine (%)	Quack / MBBS Doctor (%)	MBBS doctor / Traditional Medicine man or Quack (%)	
Santal	33 (15.00)	148 (67.27)	39 (17.73)	15 (6.82)	25 (11.36)	92 (41.82)	17 (7.73)	71 (32.27)	220 (100)
Literate	22 (35.48)	23 (37.10)	17 (27.42)	07 (11.29)	0 (0)	10 (16.13)	13 (20.97)	32 (51.62)	62 (28.18)
Illiterate	11 (6.96)	125 (79.11)	22 (13.92)	08 (5.06)	25 (15.82)	82 (51.90)	04 (2.53)	39 (24.68)	158 (71.82)
Oraon	07 (14.00)	35 (70.00)	08 (16.00)	02 (4.00)	07 (14.00)	21 (42.00)	04 (8.00)	16 (32.00)	50 (100)
Literate	05 (35.71)	06 (42.86)	03 (21.43)	01 (7.14)	0 (0)	03 (21.43)	03 (21.43)	07 (50.00)	14 (28.00)
Illiterate	02 (5.56)	29 (80.56)	05 (13.88)	01 (2.78)	07 (19.44)	18 (5.00)	01 (2.78)	09	36 (72.00)
Total	40 (14.81)	183 (67.78)	47 (17.41)	17 (6.30)	32 (11.85)	113 (41.85)	21 (7.78)	87 (32.22)	270 (100)
Literate	27 (35.53)	29 (38.16)	20 (26.32)	08 (10.53)	0 (0)	13 (17.11)	16 (21.05)	39 (51.32)	76 (28.15)
Illiterate	13 (6.70)	154 (79.38)	27 (13.92)	09 (4.64)	32 (16.49)	100 (51.55)	05 (2.58)	48 (24.74)	194 (71.85)

Primary Health Centre and the Tribal people

The health services available in the Primary Health Centre are free of cost. In spite of this, most of the people are not interested to avail the services of the Primary Health Centre due to various reasons. Sometimes, as there are no other alternatives, most of the poor tribals are bound to take the services of the Primary Health Centre. Those who are not interested to visit the hospital have stated the reasons also. Some of the reasons for not visiting hospitals are identified as; (i) belief in folk medicine, (ii) inadequate medical facilities of the hospital, (iii) overall services are not satisfactory, (iv) negligence of the health staff, (v) lack of communication and high cost. The money required to avail the services of the doctor of the Primary Health Centre varies from Rupees 10.00 to Rupees 35.00. Most of the time doctor is not available in the Outdoor Patient Department who remains busy doing private practices in the residence. Most of the medicines prescribed by the doctor are also not available in the Primary Health Centre. These are to be purchased from the open market. All these increase the cost of treatment of a patient. It is also observed that same respondents have reported number of causes for not visiting the Primary Health Centre. If we analyse the Table 13 and 14, its clearly shows the comparative perspective of awareness of the Santals and Oraons of the target and non-target villages, regarding free health services and reasons of non-acceptance of the free health services and the comparative aspect of impact of literacy regarding acceptance and rejection of free health services.

Analysis of the table 13 shows that in general, 75.70 per cent of the tribal respondents in the target villages are aware of the free health services. The literate tribals (83.33 per cent) are more aware of free health services than the illiterate tribals (72.73 per cent). If we compare between the Santals and Oraons of the target villages, it is seen that 79.17 per cent of the Santal respondents are aware of free health services compared to 71.28 per cent of the Oraon respondents. However, 83.33 per cent of the literate Santals and the same percentage of literate Oraon respondents are aware of the free health services. And 77.38 per cent of the illiterate Santal respondents and 67.14 per cent of the

illiterate Oraon respondents are aware of the free health services. It is reported that 56.07 per cent in the tribals of the target villages are visiting the government hospital, though 65 per cent of the literate tribals are visiting hospital and 52.60 per cent of the illiterate tribals visit hospital. However, 60 per cent of the Santal respondents and 51.06 per cent of the Oraon respondents usually visit hospital. It is also observed that 63.89 per cent of the literate Santals and 66.67 per cent of the literate Oraons visit hospital. Among the illiterates, 58.33 per cent of the Santals visit hospital and 45.71 per cent of the Oraons visit hospital.

It is reported that, 8.51 per cent of patients of the target villages are not interested in visiting the government hospitals, as they still believe in folk medicine (see Table-13). Though no one of the literate tribals has belief in folk medicine as a reason for not visiting the hospital, 10.96 per cent of the illiterate tribals are not interested in visiting hospital as they have strong belief in folk medicine. While among the Santals, in general, only 12.50 per cent are not interested in visiting hospital as they have strong belief in folk medicine. No one of the literate Santals has belief in folk medicine as a reason for not visiting the hospital. Though 17.14 per cent of the illiterate Santals have been reported to have strong belief in folk medicine as a result they are not interested in visiting the hospital. Whereas among the Oraons, only 4.35 per cent are reported to have strong belief in folk medicine as they are not interested in visiting the hospital, but no one of the literate Oraons have identified the belief in folk medicine as a cause for not visiting the hospital, however 5.26 per cent of the illiterate Oraons are identified having belief in folk medicine as one of the reasons for not visiting the hospital.

It has been observed that, in general, as many as 79.79 per cent of the respondents of the target villages, are not interested in visiting the hospital due to inadequate medical facilities. As many as 80.95 per cent of the literate tribal respondents and 79.45 per cent of the illiterate tribal respondents have reported that they are not interested to visit the government hospital due to inadequate medical facilities. In case of the Santals, it is observed that as many as 83.33 per cent of the respondents are not interested to visit the government hospital, while

76.92 per cent of the literate and 85.71 percent of the illiterate respondents are not interested in visiting the hospital. In case of the Oraons, we have found that as many as 76.09 per cent of the Oraons in general are not interested to visit the hospital due to this reason. Where 87.50 per cent of their literate respondents and 73.68 per cent of the illiterate respondents are not interested to visit the hospital due to inadequate medical facilities (Table-13).

In general, it is reported that 65.95 per cent of the tribals in the target villages are not interested to visit the hospital, as overall services of the hospital are not satisfactory (Table-13). However, 66.67 per cent of the literate tribals and 65.75 per cent of the illiterate tribals are not interested to visit the hospital due to the same reason. In case of the Santals, in general 62.50 per cent of them are not interested to visit the hospital due to unsatisfactory overall services, of which, 61.54 per cent of their literate and 62.86 per cent of their illiterate are not interested to visit the hospital. Among the Oraons, 69.57 per cent are not interested to visit the hospital due to unsatisfactory service condition of the hospital. Among them, 75 per cent of the literate and 68.42 per cent of the illiterate do not visit the hospital due to the same reason.

In general, 59.57 per cent of the tribals in the target villages have identified negligence of the health staff as one of the reasons for not visiting the hospital, of whom, 57.14 per cent literate tribals have reported to identify the same reasons for not visiting the hospital, but as many as 60.27 per cent illiterate tribals are not interested in visiting the hospital due to the negligence of the health staff (Table-13). In case of the Santals, in general, 60.42 per cent of the respondents have reported that due to the negligence of the health staff, they are not interested to visit the hospital, among them, 53.85 per cent literate Santals and 62.86 per cent illiterate Santals have reported the same reasons. Among the Oraons, in general, 58.70 per cent of the respondents have reported that they are not interested to visit the hospital due to the same reason, of which, 62.50 per cent and 57.89 per cent are literate and illiterate (see Table-13).

The Primary Health Centres are situated in Balapur and Tapan. Inaccessibility is another reason and the tribals have been identified for not visiting the hospital for this reason. In general, 55.31 per cent of the respondents in the target villages are not visiting the hospital due to the lack of communication, of whom, 42.86 per cent are literate, and 58.9 per cent are illiterate. It is reported that among the Santals, in general, 45.83 per cent are not visiting the hospital due to poor communication. Among them, 53.85 per cent of the literate and 42.86 per cent of the illiterate Santals do not take services of the hospital for poor communication. Among the Oraons, it is observed that 65.22 per cent do not go to the hospital due to this reason. A larger section of the population of the Oraons, i.e, 62.50 per cent and 65.79 per cent of the literate and illiterate respondents respectively do not visit the hospital due to the same reason. It is reported that 65.95 per cent of the tribals in the target villages are not visiting the hospital due to the hidden cost of the services of the hospital of whom, 61.90 per cent and 67.12 per cent are literate and illiterate respectively. About, 66.67 per cent of the Santals are not interested to visit the hospital as the services seems to be costly for them, of those, 53.85 per cent and 71.43 per cent are literate and illiterate respectively. Among the Oraons, 65.22 per cent are not interested to visit the hospital due to high cost, of which, 75 per cent and 63.16 percent are literate and illiterate respectively (see Table-13).

Tribals of the non-target villages are lagging behind than their counterpart of the target villages in adopting modern medicine. Analysis of the Table 14 shows that in general, 57.41 per cent of the tribals in the non-target villages are reported to be aware of free health services of the government hospital. As many as 72.37 per cent literate respondents and 64.94 per cent illiterate respondents have reported that they are aware of this fact. Among the Santals, it is observed that 57.27 per cent respondents are aware this fact, of whom, 72.58 per cent and 51.27 per cent literate and illiterate respondents respectively are aware of free government health services. It is reported that among the Oraons, 58 percent are aware of free government health services and 71.43 percent literate Oraons and 52.78 per cent illiterate Oraons are aware of free government health services.

Table 13
Awareness in free health services and reasons for Non-acceptance of the target villages

Tribal groups	Awareness in free health services				Reasons for not visiting the hospital						Total (%)
	Aware (%)	Not Aware (%)	Visit Hospital (%)	Not Visiting Hospital (%)	<u>Belief in folk medicine</u> (%)	<u>Inadequate medical facilities</u> (%)	<u>Service not satisfactory</u> (%)	<u>Negligence of the health staff</u> (%)	<u>Lack of communication</u> (%)	Costly (%)	
Santal	95 (79.17)	25 (20.83)	72 (60)	48 (40)	06 (12.5)	40 (83.33)	30 (62.5)	29 (60.42)	32 (66.67)	32 (66.67)	120 (100)
Literate	30 (83.33)	06 (16.67)	23 (63.89)	13 (36.11)	0 (0)	10 (76.92)	08 (61.54)	07 (53.85)	07 (53.85)	07 (53.85)	36 (30.00)
Illiterate	66 (77.38)	19 (22.62)	49 (58.33)	36 (41.67)	06 (17.14)	30 (85.71)	22 (62.86)	22 (62.86)	15 (42.86)	25 (71.43)	84 (70.00)
Oraon	67 (71.28)	27 (28.72)	48 (51.06)	46 (48.94)	02 (4.35)	35 (76.09)	32 (69.57)	27 (58.70)	30 (65.22)	30 (65.22)	94 (100)
Literate	20 (83.33)	04 (16.67)	16 (66.67)	08 (33.33)	0 (0)	07 (87.50)	06 (75.00)	05 (62.50)	05 (62.50)	06 (75.00)	24 (25.53)
Illiterate	47 (67.14)	23 (32.86)	32 (45.71)	38 (54.29)	02 (5.26)	28 (73.68)	26 (68.42)	22 (57.89)	25 (65.79)	24 (63.16)	70 (74.47)
Total	162 (75.70)	52 (24.30)	120 (56.07)	94 (43.93)	08 (8.51)	75 (79.79)	62 (65.96)	56 (59.57)	52 (55.32)	62 (65.96)	214 (100)
Literate	50 (83.33)	10 (16.67)	39 (65.00)	21 (35.00)	0 (0)	17 (80.95)	14 (66.67)	12 (57.14)	09 (42.86)	13 (61.90)	60 (28.04)
Illiterate	112 (72.73)	42 (27.27)	81 (52.60)	73 (47.40)	08 (10.96)	58 (79.45)	48 (65.75)	44 (60.27)	43 (58.9)	49 (67.12)	154 (71.96)

In general, 41.86 per cent tribals in the non-target villages are interested to visit the government hospital, of which, 59.21 per cent are literate and 36.60 per cent are illiterate. In case of the Santals, it is reported that 43.18 per cent are interested to visit the hospital. Comparison between literate and illiterate Santals shows that, 59.68 per cent and 36.71 percent of the literate and illiterate respondents respectively are interested to visit the hospital. Among the Oraons, 42 per cent are interested to visit the hospital, of whom, 57.14 per cent are literate, and 36.11 per cent are illiterate. The analysis of the reasons for not visiting hospitals by the respondents of the non-target villages gives us interesting results. In general, 20.78 per cent of the tribals are not visiting the hospital due to their belief in folk medicine. However, 12.90 per cent literate tribals and 22.76 per cent illiterate tribals are not interested to visit the hospital due to their belief in folk medicine. Among the Santals, 20 per cent are not interested to visit the hospital due to their strong belief in folk medicine, of which, 12 per cent are literate, and 22 per cent are illiterate Santals. Among the Oraons, 24.14 per cent are not interested to visit the hospital due to their faith in folk medicine; of whom, 16.67 percent and 26.09 per cent are literate, and illiterate Oraons (Table 14).

It is observed that as many as 69.48 per cent respondents of the non-target villages who are not visiting the hospital have reported that inadequate medical facilities in the hospital are one of the reasons for not visiting the hospital (Table-14). About 74.19 per cent of the literate respondents and 68.29 per cent of the illiterate respondents respectively are not interested in visiting the hospital due to inadequate medical facilities. Among the Santals, as many as 68.8 per cent are not visiting the hospital due to inadequate medical facilities of which, 76 per cent of the literate Santals and 67 per cent of the illiterate Santals are not interested in visiting the hospital for the same reasons. In case of the Oraons, 72.41 per cent are not visiting the hospital for the same reasons. However, more illiterate respondents (73.91 per cent) than literate respondents (66.67 per cent) are not interested in visiting the hospital for the inadequate medical facilities. However, 61.04 per cent of the tribals in the non-target villages have reported that services of the hospital are not satisfactory. More literate tribals (64.52 per cent) than their

illiterate counterparts (60.16 per cent) are not satisfied with the overall services of the hospital. It is reported that more Oraon respondents (62.07 per cent) than their Santal counterparts (60.80 per cent) have the opinion that they are not interested in visiting the hospital as the services of the hospital are not satisfactory. More literate respondents (64 per cent of the Santals and 66.67 per cent of the Oraons) than their illiterate counterparts (60 per cent of the Santals and 60.87 per cent of the Oraons) are not interested in visiting the hospital, as overall services are not satisfactory (see Table 14).

However, 85.71 per cent of the tribals of the non-target villages have reported that they are not interested in visiting the hospital for the negligence of the health staff (see Table -14), of whom, 70.97 per cent are literate and 89.43 per cent are illiterate. Slightly more Oraons (86.21 per cent) than the Santals (85.60 per cent) have reported that for the negligence of the health staff they are not interested in visiting the hospital. Likewise, more literate Oraons (83.33 per cent) than their Santal counterparts (68 per cent) are not interested in visiting the hospital for the same reason. In case of illiterate respondents, 90 per cent of the Santals compared to the 86.96 per cent of the Oraons have identified the same reason for not visiting the hospital. Communication is not a barrier to the tribals of the non-target villages. Most of them are staying close to the Primary Health Centres. However, 26.62 per cent are not visiting the hospital, have reported lack of communication as one of the reasons. About 29.03 per cent and 26.02 per cent of the literate and illiterate respondents are not visiting the hospital for communication problem. Among the Santals, 25.60 per cent are not visiting the hospital due to the lack of communication; of whom, 32 per cent of the literate respondents, and 24 per cent of the illiterate respondents do not visit the hospital for this reason. In case of the Oraons, 31.03 per cent do not visit the hospital due to the lack of communication. Among them, 16.67 per cent and 34.78 per cent are literate and illiterate respectively who do not visit the hospital for the same reason. It is also reported that 61.69 per cent of the tribals are not visiting the hospital for the high cost, while almost same percentage of literate and illiterate respondents, i.e, 61.29 per cent literate and 61.79 per cent illiterate respondents have identified the high cost as one of the reasons for not visiting the hospital

(Table-14). In case of the Santals, 61.60 per cent of the respondents are not interested in visiting the hospital as it is expensive, of them, 60 per cent are literate respondents, and 62 per cent are illiterate respondents. In case of the Oraons, 62.07 per cent are not interested in visiting the hospital due to this reason. However, 66.67 per cent and 60.87 per cent of the literate and illiterate Oraons have reported expensive treatment in the health centre.

The awareness of free health services and the percentage of visit of the government hospital by the literate tribals are more than their illiterate counterparts of both the target and non-target villages. The Santals are more aware than the Oraons of both the target and non-target villages. Those who have availed the services of the government health centres are not at all satisfied with the quality of the services; most of the medicines are not available in the health centre, after treatment in most of the cases patients are not cured. Irrational behaviour of the health staff, non-availability of the medical officers, as well as medicines are some of the complaints of the tribals who visit the hospital. They prefer to refer most of the cases to the Balurghat District Hospital as in most of the cases pharmacist or other staff of the hospital treats the patients in the absence of medical officer at the Primary Health Centre. The tribals believe that modern medicine is good to cure diseases but it's not meant for the poor. If some one would like to treat a patient with modern doctor, the cost involved is beyond the limit of most of the tribals. However, quack treats patients more rationally as per the opinion of most of the tribals. They charge less than the modern doctors and the cost of medicines is also less in comparison to the cost of the medicines prescribed by a modern doctor. Further more the payment of fees to a quack may be kept due, which can be paid after harvesting or when the money is available.

Table 14
Awareness in free health services and reasons for Non-acceptance of the non-target villages

Tribal groups	Awareness in free health services				Reasons for not visiting the hospital						Total (%)
	Aware (%)	Not Aware (%)	Visit Hospital (%)	Not Visiting Hospital (%)	<u>Belief in folk medicine</u> (%)	<u>Inadequate medical facilities</u> (%)	<u>Service not satisfactory</u> (%)	<u>Negligence of the health staff</u> (%)	<u>Lack of communication</u> (%)	Costly (%)	
Santal	126 (57.27)	94 (42.73)	95 (43.18)	125 (56.82)	25 (20.00)	86 (68.80)	76 (60.80)	107 (85.60)	32 (25.60)	71 (61.60)	220 (100)
Literate	45 (72.58)	17 (27.42)	37 (59.68)	25 (40.32)	03 (12.00)	19 (76.00)	16 (64.00)	17 (68.00)	08 (32.00)	15 (60.00)	62 (28.18)
Illiterate	81 (51.27)	77 (48.73)	58 (36.71)	100 (63.29)	22 (22.00)	67 (67.00)	60 (60.00)	90 (90.00)	24 (24.00)	62 (62.00)	158 (71.82)
Oraon	29 (58.00)	21 (42.00)	21 (42.00)	29 (58.00)	07 (24.14)	21 (72.41)	18 (62.07)	25 (86.21)	09 (31.03)	18 (62.07)	50 (100)
Literate	10 (71.43)	04 (28.57)	08 (57.14)	06 (42.86)	01 (16.67)	04 (66.67)	04 (66.67)	05 (83.33)	01 (16.67)	04 (66.67)	14 (28.00)
Illiterate	19 (52.78)	17 (47.22)	13 (36.11)	23 (63.89)	06 (26.09)	17 (73.91)	14 (60.87)	20 (86.96)	08 (34.78)	14 (60.87)	36 (72.00)
Total	155 (57.41)	115 (42.59)	116 (41.86)	154 (57.04)	32 (20.78)	107 (69.48)	94 (61.04)	132 (85.71)	41 (26.62)	95 (61.69)	270 (100)
Literate	55 (72.37)	21 (27.63)	45 (59.21)	31 (40.79)	04 (12.90)	23 (74.19)	20 (64.52)	22 (70.97)	09 (29.03)	19 (61.29)	76 (28.15)
Illiterate	100 (51.55)	94 (48.45)	71 (36.60)	123 (63.40)	28 (22.76)	84 (68.29)	74 (60.16)	110 (89.43)	32 (26.02)	76 (61.79)	194 (71.85)

***Ojha*, Quacks, and the Treatment of Diseases; Few Case Studies**

We may cite here a few case studies of the treatment of diseases, to have a better understanding of the situation. Most of the tribals who prefer modern medicines would like to get treatment from the quack first. One such popular quack of the locality is Najrul, based at Balapur. Najrul has learned treatment from a qualified doctor of the Malancha Primary Health Centre. He has opened a medical shop at Balapur and is now doing good business. It is observed that the patient flow in his chamber is very good. He is also available on call. His fees depend on the ability to pay or economic standard of the patients.

Bharat Oraon of Dakshin Kesrail village is an *ojha*. He treats patient in a number of ways. He has learned this profession from his father. He treats the patient with the magical means, prayers, miracle drugs etc. He also uses herbs if required. His treatment may be summarised as follows. He mostly diagnoses diseases with three type of methods; (i) a cock is sacrificed and ritual ceremony is performed after which he mediates to find out the disease, (ii) reading of pulse and observation and (iii) intuition. The treatment being followed is also of three types: (i) magical treatment, (ii) supernatural worship, and (iii) herbal treatment. In magical treatment *mantras* play a significant role for the cure of diseases. This method of cure is usually taken up when spirit intrusion is suspected. There are different *mantras* for different spirits. When *mantras* are uttered, sometimes lots of actions are involved. In supernatural worship, the supernatural power believed to be responsible for the disease is worshipped with offerings made. This is done with a view to appeasing the deity and consequent withdrawal of the diseases. In herbal treatments, after the diagnosis of the disease herbs are being prescribed which are taken either orally or applied externally. He has reported that he is an expert bone setting with natural herbs.

There are some other tribal *pandit* who either does treatment with the help of the medical herbs or magical means and prayers. It is interesting to come across with an *ojha* in the study area who use all sorts of technique to treat the patient. He treats the patient with modern medicine along with *mantras* and worships. He