CHAPTER – 1

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INTRODUCTION

Health care practices are integral part of any tribal social structure, religion and social organization. Practically all t4he tribal communities of the world have been practising their indigenous or traditional medical practices for centuries till today, with varying degrees depending upon the level of socio-economic development and influence of modern medicine. A large number of tribal communities still live in isolation from the mainstream of the country. Their isolated and secluded life prevents them from exploiting many of the advantages of modern civilization. They still depend on their own traditional medical practices, healing techniques and rituals when contacted by various ailments and disease. Methods of preparation and administration of folk or traditional method of treatment are still widely practised. Healing rituals and intervention of supernatural forces are integral component of the treatment procedure.

On the whole, traditional health care practices, traditional medicine, ritual and supernatural methods of treatment are integral part of tribal community. It is deep rooted in their religious belief system and cultural life, which is not completely and easily done away with, even with the impact of modern medicine. At the same time it must be kept in mind that tribals are not averse to accepting modern medicine. They are found to practise both traditional and modern medicines depending on the perception of the causes of diseases and ailments.

The objectives of this research is to investigate the health care practices among the Oraon community of Bamongola in the District of Malda in West Bengal to evaluate the continuity and changes occurring in the traditional medical system under the impact of modern medicine.

The Oraons are the second largest tribal community after the Santals in the state of West Bengal. The Oraons under study are one of the earliest inhabitants amongst the tribal groups. The Oraons under investigation are the migrant community in Malda District. The exact recorded information is not available, but the oral investigation reveals that they had arrived in the region from Chota Nagpur in Bihar (at present Jharkhand State) and adjoining districts of the states of Orissa and Madhya Pradesh in two phases. The first phase of migrant Oraons arrived in the region approximately, in the year 1860, which were brought by the British as agricultural labourers. The immigrants of the second phase were the refugees, who had migrated from Bangladesh in the year 1950-1951 and a few families in 1971. This group of Oraon refugees in course of time settled down in remote rural areas of Bamongola Block in Malda District of West Bengal.

Thus the research conducted on the traditional health practices among the early Oraon tribal inhabitants and the later arrival of the Oraons in Bamongola Block in Malda District of West Bengal. But the study on their traditional health care practices are investigated and analysed as a unit and not on a comparative basis between the two sets of immigrant communities. Hence the problem of the study is stated below.

STATEMENT OF PROBLEM

The problem proposed to be investigated in the present study is the traditional health care practices among the Oraons of Bamongola Block in Malda district and to analyse its continuity and change. It aims to study their traditional health care practices and the extent to which this system and health behaviours are influenced by various factors of change, mainly under the impact of modern medicine, e.g. Rural Hospital, Primary Health Centres (PHC) and PHC-Sub-Centres.

It will be of great significance to analyse and record the traditional health care practices of the Oraons from the point of view of modern perspective as to what extent and why they cling on to their traditional health care practices and to what extent they are utilizing the modern institutional health services and treatment available to them in Rural Hospital/ Primary Health Centers.

While studying the health problems of tribal communities, scholars often take a comparative perspective between Christian and non-Christians in their study. But the present study comprises of non- Christian Oraon population except a single Christian household.

At present the Oraons have adopted some Hindu culture, beliefs, festivals and other practices, yet they consider themselves as a separate ethnic group. Therefore, it is assumed that their culture may also have undergone changes to some extent. They also inhabit in a new ecological condition and social milieu different from that of Chota Nagpur. In the process of their migration to a distant alien land and culture and due to a long dissociation from their own larger culture and community, some of their cultural beliefs and practices may have undergone changes.

RELEVANCE OF STUDY

Tribal medicine, their health practices, namely, their traditional or indigenous health care practices and the changes taking place in it is the interest among sociologists and anthropologists. The study of health practices of tribal communities and their health problems is very relevant in modern times in view of acquiring knowledge of health care practices.The health behaviour and practices of the tribals are part of their social organization. The tribals more or less lead an isolated life from the mainstream of the population of the country. This isolation of their life and society prevents them from exploiting the advantages of modern health services and facilities. Many a times they are found to be rejecting the modern health services. On the other hand, they still depend upon their own traditional /indigenous health care practices during illness and disease. The traditional health practices of the Oraons, include-socio-magical aspects of diagnosis and healing practices, together with use of medicinal roots, barks, leaves, fruits etc. that are locally available.

This research is of great importance to analyse the causes and perception of diseases, to investigate the prevalence of traditional health care practices and to the extent it has changed under the impact of modern health services and facilities

provided by the Bamongola Rural Hospital / Primary Health Centres / Sub-centres, which are the primary institutional health care service providers.

The Oraons are the animistic tribe. But the Oraons under investigation have adopted some Hindu beliefs and practices. With regard to their health problems, they still depend very much on their traditional health care practices. Traditional practitioners or the village medicine men e.g. quacks, *ojhas, kabiraj* etc. play an important role in making diagnosis and providing treatment through both healing practices and herbal ingredients. But it is not free from the impact of modern medicine. Therefore, it is assumed that the Oraons living in proximity to Rural Hospital are utilizing modern health services more than those who comparatively, inhabit in villages far away from the Rural Hospital.

Therefore, the objectives of this research is to analyse and compare the existing indigenous health practices and changes taking place there upon among two sets of Oraon village –one located in the vicinity of rural hospital and the other group of villages situated comparatively far away from rural hospital. With this perspective relevant literatures have been reviewed in general tribal health and particularly, the Oraon tribal community.

REVIEW OF LITERATURE

In recent times, a good number of studies have come up on sociology of health, yet studies on medical beliefs and practices of tribal communities are few in India. Most of the studies in this field have been done during last two decades in India. Scholars of sociology of health have focused their researches on ethno-medicine, indigenous medical system, family planning, socio-cultural dimension and interaction between traditional and modern medical practices.

The studies associated with the field of indigenous medicine, ethno-medicine or traditional medical practices serve as an important theoretical background and broader conceptualization of this phenomenon.

The two established discipline - medical sociology and medical anthropology have made a very significant contribution in understanding the concept of health, illness, disease causation and their treatment. All these areas of studies are interlinked, yet for the purpose of convenience the various studies on health practices may be categorized into three groups; namely, ethno-medicine, interactional aspect between traditional and modern medical practices and the cultural aspect of medicine. The following reviews of literatures reflect the trend in research in ethno-medicine.

Subhabrata (2001) has analysed the health and economic status of the Santals in rural areas of Birbhum, Bankura, Burdwan, Midnapur and Purulia District in West Bengal. He pointed out that majority of the Santals under investigation were illiterate and living below poverty line and suffering from various diseases like tuberculosis, malaria, leprosy etc. Health services in the areas were poor. Whatever health facilities available were underutilized due to illiteracy and ignorance and a section of the sample household mainly dependent on local *kabiraj (*village quack doctor) for treatment. Again Troisi, (1978) also observes that the Santal religion consists of wide range of religious beliefs and practices, beliefs in supernatural powers, deities, spirits etc. The Santals also strongly believe in magic and witchcraft and supernatural powers which they believe as causing various sickness and illness. Hence appropriate sacrifices are made and propitiated to appease the spirits for treatment of illness and diseases.

Troisi (1998) has given a detailed presentation on tribal religion, religious beliefs and practices among the Santals. He describes various kinds of supernatural spirits and powers, some of which are considered benevolent while others malevolent. These spirits are believed to have a strong influence on the health of the tribals. The author illustrates, Hunter's classification of religious system as one of the terrors and depreciation and represents Santals as worshipers of malevolent spirits, whose sole aim is to cause drought, disease and death.

The Santals believe in a number of spirits and deities, each of which is believed to perform specific function. The Santals also believe strongly on magic and

witchcraft, which are associated with various sickness and diseases. Various supernatural spirits and powers are believed to be responsible for various diseases and illness and proper sacrifices are made or propitiated to appease the deities or spirits for treatment of illness and diseases.

Singh (1994) has summed up the report of the keynote address by Dr.Roy Burman of a seminar and emphasized that tribal health should be viewed holistically and in all perspective. Modern formal health system is inadequate to deal with tribal health because it touches only physiological aspects. On the other hand, tribal health system is a combination of herbal treatment acting physiologically, psychosomatics acting on the psyche and socio-psychology creating confidence in the individual and among the community, which may be described as health culture of tribes. The seminar also emphasized that tribal health system and the problem of health should be considered comprehensively and physical, psychological, socio-cultural, economic environment and concerned aspects should be taken into account. The author further says that system of health traditionally prevalent among tribal communities must be recognized and proper documentation of medicinal plants, herbs, roots, seeds etc. are to be made.

Srivastava and Saksena (1991) have examined the socio-cultural contours of the health and disease that existed in the primitive era and even continue to exist in 19th century. In primitive era treatment was not based on rationality but depended entirely on magic, spells, prayers, manual rites and dance. A religious preacher or a magician administered medicine. The religious beliefs and practices governed the diagnosis and cure of ailments. According to him the notion of disease depends rather on decision of the society than objective facts. In India disease has been attributed to extra-biological reasons such as disobedience to natural and religious laws, wrath of gods, sins and crimes committed by a person in present and as well as in previous life. The author stresses the point that diseases cannot be isolated from socio-cultural milieu. Diseases are not purely biophysical phenomena. Thus socio-cultural definition of disease is a dominant aspect of health and disease. So in modern era

preventive and social medicines are becoming integral part of every day medical practice.

Sujatha (2003) conducted fieldwork among a group of villagers in Persimmon Thevar in Thirumangan District of Tamil Nadu. In this field study, the author has tried to explore and unfurl the village folk medical knowledge, folk medical conception and health practices among the villagers. The author observed that though the villagers primarily attributed the causes of diseases to 'body constitution', quality of food, body system and diet, yet they also have a strong belief in supernatural causes of diseases and hence treatment of illness are given by folk practitioners, who administer medicine prepared from herbs, roots, leaves etc.

Basu (1994) has carried out a comprehensive health related studies among different tribal groups, namely, Muria, Maria, Bhattra, Halka, of Bastar District in Madhya Pradesh, Juansaris of Juansar of Bewar in Dehradun District of Uttar Pradesh, Kutia Khonds of Phulbani, Santal of Mayurbhunjh, Dudh Kharia of Sundergarh in Orissa. He used some parameters like female literacy, age of marriage, marriage practices, fertility, mortality, nutritional status of mothers, forest ecology, child bearing etc. His data analysis shows that mother-child malnutrition was a big problem of mother –child health resulting in high mortality.

Thakar (1997) has discussed about ethno medicine and tribal health – concept and cure of diseases, which are almost same among all tribes. They have a strong belief in supernatural causes of diseases e.g. spirits, anger of deities, magic, witchcraft and breach of taboo. The diagnosis of diseases is simple, done by shamans or ojhas or with the help of magicians.

Guha (1986) made a study on the folk medicine among the Boro-Kachris, a plain tribe of Assam. He states that folk medicine is a common practice among all communities and relates further that causation and cure of diseases are associated with religion and morality. On the other hand good health is a result of an honest and pious life while diseases and sufferings are the result of dishonesty, immorality and incest.

So the treatment of diseases is associated with religious rites. Boro-Kacharis have a strong faith in supernatural causes of diseases. Diagnosis of diseases follows divination and interrogation and treatment is sought accordingly, like prayers, propitiation, and sacrifices of animals to appease gods and to ward off evil spirits.

Bang (1973) has presented some current concept regarding small pox, *Sitala* in West Bengal. People believe that goddess *Sitala* is inside the patient when disease sets in and hence every wish of the patient must be fulfilled to keep the goddess appeased. The introduction of vaccination was considered violation of indigenous treatment and it was opposed for the fear that the wrath of goddess may be stronger and disease may be further aggravated. Therefore, herbal treatment and worshiping was favoured for treatment of small pox.

Srivastava (1974) in his study on folk medicine in some villages of Rajasthan an Uttar Pradesh has shown that the villagers generally use traditional knowledge and practices, habits, custom, magico-religious treatment as folk medicine in treatment of disease and illness.

Gupta (1986) has analyzed the tribal concept of health, disease and their treatment and pointed out that these concepts vary from one culture to another. Tribal community follows its traditional customs with regard to health, disease and treatment. He found that supernatural causes of diseases and supernatural means of cure was a common practice

Bhowmick (1980) highlights the concept of disease among primitive man and states that gods and goddesses are associated with various diseases. So the treatment of diseases follows certain sets of religious rituals, prayers and procedures.

Patnaik (1990) studied sociology of health, with a focus on the general sanitary conditions of Barpali village, which was found to be very low and poor.

Kar (1990) in his article, "Health and Sanitation Vs Culture" observes that social and cultural traditions significantly influence health of any community.

Kar and Gogoi (1993) studied health culture of the Noctes, major tribes of Arunachal Pradesh in the North East India. He pointed out that living condition of the people was responsible for most diseases. They also believe in supernatural causes of disease and treatment.

Joshi (1988) studied the traditional medical system among 'Khos', the Central Himalayan community. The 'Khos' usually do not differentiate between individual illness and other form of suffering. However, they relate illness and sufferings to natural and supernatural forces. They manifest the supernatural world in '*dos*' and the natural in '*bimari*'. The '*dos*'embraces all kinds of sufferings and misfortunes indicating illness of individuals and calamities of a larger group while '*bimari*'is indicative of bodily disturbances only. The author classified the healers into several categories as per this specialization such as i. *baman,* ii. mali-diviner, iii. *variyara,* iv. female specialist and v. doctor (non-traditional healer).

Behura (1991) made a study on the Koyas of Orissa. The author emphasizes that health and disease related to biological and cultural resources that of a community in a specific environment. In traditional societies these phenomena are rooted in social and cultural factors. They believe village medicine men and shamans posses a comprehensive knowledge about medicinal plants, herbs, wild fruits leaves etc. So they depend on a large extent on the indigenous medicine. Bagchi (1990) studied the health culture of the Munda tribe of Narayangarh, Midnapur District where he has highlighted the cultural factors influencing health status.

Sridevi (1989) discussed about the "Modern Women, Tribal Medicine and Social Change" among a nomadic tribe called Mundalavallu of Andhra Pradesh. Among this tribe both men and women healers play an important role in the society. A medicine man is conceived as specialist in preparing medicine and invoking the spirits, giving treatment to diseases caused by witchcraft or other evil spirits.

Gorer (1987) highlighted the role of Lama's faith in supernatural causes of illness and supernatural method of treatment. Lamas act as priests as well as diviners. To the Lepchas, the Lama is more a doctor than a priest.

Bhasin (1989) in his study presents that the Lepchas of Dzongu (Sikkim) had to trek a very long distance to avail hospital facilities upto Mangan. They also travel long distances to avail traditional treatment from a village medicine man. The Lepchas of Dzongu have indigenous system of medicine, based on herbs, other natural substance as well as supernatural forms of treatment. A local quack called 'Bongthing' or 'Jhankri' is widely employed in giving treatment of disease and illness.

Khare (1963) made a detail analysis of the concept of Jamoga (tetanus), which clearly reveals that the people of higher castes perceive the disease with the idea embodied in great traditions where as the people of lower castes seek explanations in supernatural forces.

Hasan (1965) brought out an important observation and stated that cultural factors affect the health of a community – like certain custom, practices, believes, values, religious taboos etc. may affect the health of community.

Kakar (1977) gave a picture of primitive folk and modern medicine. The history of the growth of Indian medicine to a great extent was mixed with theology and magico-religious conceptions. The origin of diseases was attributed to gods and goddesses and also believed to be caused by ghosts and evil deeds. Therefore, diseases were identified and the common notion held was that treatment or cure was possible both by herbs, charms, worships wearing of amulets etc. He was of the view that supernatural causes had a great influence on the health behaviour of people.

Foning (1987) in his book describes the Lepcha tribe, their culture, faith and belief in various malevolent as well as benevolent spirits. He discusses the institution of 'Mun' and 'Bonthings' which are ordained and have power to intercede and

appease different 'mungs' or 'bongthings' ward off unwanted malignant spirits by different religious rites, rituals and ceremonies. The author describes innumerable spirits that are responsible for various illness and disease.

Singh (1994) in his study reveals that indigenous medical system of the "great tradition and little tradition," predominantly prevails among rural and tribal population. Indigenous medical system has become part of their culture and life and continues to be an important source of medical relief to them. The tribes of Chota Nagpur e.g. the Hos, Mundas, Oraons, Kherias, Birhors etc. live in the "land of forest" (Jharkhand) and practise indigenous medical system completely. But it is in peril due to large-scale deforestation, devastating mining and massive industrialization in the heart of tribal land.

Gelner (1994) observes that shaman is known as a 'Jhankri' in Nepali Language. A shaman is usually a male who gives treatment to the patient and also performs priestly functions. Gelner (1994) in one of his studies observes that a large number of cases of diagnosis in one Kirtipur healers practice, a healer or a medium identifies 'spoiling action' as an action of a witch. The author points out that witchcraft and sorcery is widely prevalent in the Nepalese Society.

Levine (1987) made a study on the complex oracular possession and its importance in Hamla, a North Western District in Nepal. This study attempts to examine ethnic politics and ethnic interaction and tries to understand social inequalities in the region. His observation brings to light that the spirit possession finds the strongest support among the poor and the oppressed in every ethnic group. So the author emphasizes that the poor and the powerless have embraced the tradition mainly for the purpose to encounter exploitation from socially and economically superiors

Hitchcock and Johns (1976) have discussed elaborately about the spirit possession and shamanism among the Nepalese community of Nepal. The Nepalese believe in a number of supernatural beings. The authors have given four fold classification of spirit possession in the Nepal Himalayas –i.) Peripheral possession,

ii) Re-incarnate possession, iii.)Tutelary possession and iv) Oracular possession. The authors also discussed the concept of shamanism. A shaman is considered to be a specialist in healing, divination and allied social functions, allegedly by techniques of spirit possession and spirit control. A shaman is also a religious practitioner but primarily he is believed to be a curer or healer of illness and disease.

Rizvi (1991) made a study on the medical belief and practices of Juansaris. He has attempted to categorize the illness and disease believed to be caused by the intervention of supernatural beings (e.g. gods or deity,) or a non-human being (e.g.. ghosts, or evil spirit) and human being with a kind of supernatural power (witch or sorcerer|. These broad categories are further divided into sub-categories according to causative agent recognized by Juansaris: -

i. Divine wrath e.g. wrath gods and goddesses for sins and crimes and disobedience to religion.

ii. Wrath of non-divine sources: e.g. evil spirits and

iii. Ghosts.

Kannuri (2009) made a study on the Koya tribe of Andhra Pradesh, where the author has examined the koya's perception of health, illness and cure, illness behaviour and their health seeking behaviour. The author's finding was that Koya's concept of health was defined on functional perspective and be able to perform roles ascribed to individuals in their regular activities. The author has classified disease causing illness by natural or physical reasons which includes illness caused by humoral imbalance, injuries and animal bites. Sorcery was also attributed to be the major factor of disease and illness besides commission and omission of some certain activities that could cause illness to persons or entire village.

Kapoor and Kshatriya (2009) have studied the health cure practices of Dhodias of Valsad District of Gujrat in relation to demographic structure. The authors have observed that the Dhodias have their own traditional concept e.g. super natural, ancestor spirit etc. traditional way of treatment e.g. charm, animal sacrifice propitiation, worship and their preferences remain with traditional healing practices.

Of all other system of medicine Dhodias had preferred allopathic medicine. They consult private or Government Doctor at Primary health centres. The major problem of institutional health service providers was the lack of infrastructure availability of some basic facilities, other wise Dhodia community was well aware of modern system of medicine.

Karuna and Babu (2007) highlight issues of tribal health, Nagla (2007) also brings out the relation between culture and health care where as Seth and Dubey (2007) have used secondary sources to examine the health situation of tribal community and they have pointed out that poverty, malnutrition, intensified inequality, remote and secluded settlement, neglect of Government etc. responsible for poor health status of tribals in India.

Another area of studies gaining importance is the interactional aspect between traditional and modern system of medical practices. Some of the studies show the trend in this area.

Bhadra (1997) has made a study on social dimension of health of tea plantation workers in some tea estates of Terai region of North Bengal, (West Bengal). These tea estates primarily consisted of several tribal communities such as Oraon, Munda, Baraik, Gond, Mahali, Kheria, Santal, Sonwar, Nagesia, Nagbansi, Malpaharia, Kisan, Bhumihar Rabidas, Kharwar etc., besides some other caste like Nepalese and Biharis who are Hindus. The author has analysed the health culture of some major tribes e.g. Munda, Oraon, Baraik, Kheria, Ghasi, Mahali, Bhakata and Gond. He has taken a comparative perspective of health culture of tribal workers in tea estates—one having relatively good modern medical facilities and the other poor facilities.

His observation is that still tribal workers believe in supernatural causes of illness and disease but it is losing ground today. Generally, the study shows that with proper, adequate and easily available modern medical facilities the tribal workers accept modern medicine. And in tea plantations where medical facilities are better, acceptance of modern medicine is higher than the one with poorer facilities. Most

tribal workers are inclined to adopt and accept modern medical practices if easily available and accessible to them.

Basu and Mitra (2001) have made a general study on the health problems of the tribal communities in India in their article "Health Development Tribal Communities in India: Need for Action Research." They observe that the health culture of tribal community is closely linked with their health problems. They pointed out that the tribals have distinctive health problems, which are mainly governed by their habitat, difficult terrain and varying ecology. They say that among the primitive tribal community, insanitary condition, lack of personal hygiene, lack of health education and ignorance are the main factors responsible for ill health. Therefore, it is necessary for health functionaries to have proper knowledge about health culture of the tribes. They also pointed out that inadequate nature of health facilities, lack of respect of indigenous culture are mainly responsible for non-acceptance and distrust of the tribal people towards modern medicine. The poor health scenario is the result of widespread poverty, illiteracy, malnutrition, absence of safe drinking water, poor sanitary condition, poor maternal and child health and nutritional services.

Pokarana (1991) has carried out an empirical study in Jaipur District in Rajasthan in seventeen Panchayat Samitis area to examine the socio-cultural dimension of health and disease. The observations of his study were that most of the villagers believed sickness or disease to be the result of sin and fault in previous or present life. And so the villagers mostly consulted indigenous practitioners or traditional faith healers such as *ojhas*, priests and *bhopas* for diagnosis of various diseases. The personal hygiene and sanitary conditions of the villagers were found to be very low. The author puts forward his observation that the villagers rarely utilized the modern health services and facilities provided by the Government PHCs. But the villagers were not avers to visit private doctors and ayurvedic dispensary.

Thyagi (1997) has presented a descriptive account of his study on tribal health in anthropological perspective and puts forward hid view that the health of tribals depends on many interacting factors—such as poverty, malnutrition, poor sanitation, environmental factors and culture including life style, tradition, custom and culture

associated with health. The author observes that culture influences the health behaviour of a community and the methods of treatment. In case tribal community the treatment sought most was indigenous methods of treatment by village traditional medicine men rather than modern doctor/medicine.

Mahanta (2003) deals with folk treatment system of the tribal society in Eastern India. He observes that in the district of Orissa, West Bengal, Assam, Bihar, Madhya Pradesh and Jharkhand tribal groups still lack education and communication facilities and modern allopathic system of medicine and so the tribal people still have strong faith in folk medicine available in the areas. The author has pointed out three methods of treatment given by '*ojhas*'—medicinal method, sound method and divine method of treatment. Some tribals of these areas still prefer to use folk medicine prepared from herbs, plants, roots etc. by the '*ojha*' and he is considered as a rural doctor.

Carstairs (1977) made a study on the existing faith with regard to illness and disease and their remedies in two villages of Rajasthan and pointed out that the villagers had a strong faith in herbal and magical treatment and cure. The reasons for such type of attitude are that the traditional herbalist or magical curers gave assurances of cure to the patients while modern doctor did not. However it was pointed out that they were not totally averse to accept modern medicine. His important observation was that the people should be first made to accept the new and system and not introduce in a straightaway.

Carstairs (1983) in another study on the concept of illness and levels of prevailing hygiene, made a significant contribution by pointing out the reasons why modern (western) medicine has failed to improve upon the health of rural folk. His important observation was that the villagers attributed the causes of disease to supernatural forces or being, such as witches or sorcerer. The villagers had shown a strong faith on their traditional healers. He pointed out that modern medicine was accepted as an alternative method and used when traditional methods failed.

Sahu (1997) studied the health culture of the Oraons who live in different ecological, social and occupational background. He has made a comparative study of

the health behaviour of the Oraons-firstly those who live around Rourkela steel plant having access to rather sophisticated health facilities or Government health institution and some villages like Karbega and Hatibari having Government health facilities only. Some of the important observations of this study were –1.)Social, economic, religious and political factors do determine the access of the tribals to health institutions. 2.) Non-availability and non-accessibility to modern health facilities lead to relying on traditional method. 3.) Having opportunity of availability and accessibility the Oraons do accept modern medical practices and there are no strict traditional and cultural barriers to accept modern medicine.

Mital (1979) has analysed the interaction between modern and primitive medicine among the Santals. It was generally observed that the Santals do not avail modern medical health practices. On the other hand, they are heavily inclined towards primitive medicine. The traditional medicine man is known as '*ojha*' who also acts as a spiritual leader. They also have strong faith in witches. Modern health practice was not common among them.

Kumar (2008) carried out and intensive field work among the Kolam tribe in a village, named Junnapani under Jainath Mondal in Adilabad District of Andhra Pradesh. He followed traditional anthropological ethnographic approach both participant and non-participant observation for collecting primary data. The Kolam tribe attribute causes of illness to be both natural and super natural forces, active human agency like sorcery and non-human agencies like spirit (Daiyyam). So, ethno medicine and indigenous healers play an important role in the health care system with in the socio-cultural realm of kolam community. The author's observation was that the Kolam tribe still prefer ethno medical practice due to cultural acceptability and accessibility, cost effectiveness, and more efficacy. So, the Kolam have defferent categories of indigenous healers who provide medicines as well as mediated people and the spiritual world.

Maiti (2009) his study on ethonomedicine among the Bhotias, traditionally, a trading tribe of Chamoli District in the state of Uttarranchal found that they still have popular healing practices for curing of various ailments. The author stated that the

majority of Bhotias still prefer herbal to allopathic medicine. But the author's observation was that the health seeking behaviour of younger generation was shifting to modern allopathic medicine. Regarding concept of disease, he found that the Bhotias did not have clear concept related to disease or illness but all major ailments were attributed to supernatural forces.

Duarah and Pathak (1997) have discussed health practices among the Nishis, one of the major tribes of Arunachal Pradesh. Nishis practice animistic religion. The general health culture was reported to be poor. They attach least importance to health and hygiene during normal life. The Nishis have a wide range of indigenous method of treatment against various ailments. A strong faith in supernatural causes of illness and diseases are set to prevail among them. They also use local herbal medicine to a great extent. But it was observed that Nishis are becoming more conscious for better health under the impact of urban and semi urban areas.

The third aspect of studies emphasized is the studies on medical behaviour of people on general. Recently, several studies have been done in this area.

Xaxa (2008) has in his study, on the culture and ecology stated that knowledge of the treatment of diseases was very closely related to the Oraon community and its environment. The Oraons extensively used knowledge of herbal medicines found in the region for treatment of diseases, like headache, tooth ach, stomach pain, ear pain, fever wound dysentery diarrhoea etc.

Columbia and Wenzel (2000) give insight into the issue of health and culture. They stated that indigenous people all over the world – Scandinavian to Amazonian tribe, South Africa to American Nations, Australian aborigines etc., face problems due to traditional lands and life- ways being altered in the name of economic development. For indigenous people "health is linked to the health of the land, health of the culture and spiritual health. They stated that the World Health Organisation which defines concept of health as being physical, mental, social and spiritual wellbeing"(WHO 1946), does not cover the specific health habits and traditions of any culture, so it is difficult and more complicated to have general agreement on the cultural and social meaning on health practices.

The concept of health differs from tribe to tribe and nation to nation which is different for non-tribals. For indigenous people, knowledge of the land depends on contracts with other spirit world, which plays crucial part in ensuring health, reproduction of society, culture and the environment. For indigenous peoples, good health includes practising cultural ceremonies, speaking the language, applying the wisdom of the elders, beliefs, healing practices and values handed down in the community from generation to generation. So while diagnosing indigenous health, one must reflect the oral and behavioural traditions of the indigenous people who look at health wellbeing from a comprehensive perspective. Key player in indigenous culture are the elders, who play a crucial role in maintaining health of the community. So they reflect cultural context and values, which are not taken into account in health development. For indigenous people knowledge, beliefs, and cultural practices exists at many levels. But indigenous peoples all over the world including American Indians are faced with number of health related problems – old way of diagnosing and healing illness have not survived due to migration, changing ways of life. Skills have been lost. Modern health facilities are not always available for indigenous people.

Kar and Baruah (1997) have made their study on morbidity and health behaviour among the tea labourers, particularly the Munda tribe living in Chalkola and Athabari Division of Bokel tea estate in Dibrugarh District of Upper Assam. They have attempted to compare two divisions of tea garden—one Chalkola having better transport and communication facilities and the other Athabari having only rickshaws as means of transport from the National Highway. It was pointed out that health culture was very low and hence tea labourers suffered from several common diseases. There were three sources of health facilities available to them, namely plantation source, Government source and indigenous source. Despite of having modern health facilities, the Munda tribe had expressed strong faith in indigenous or traditional method of treatment. They were found to practise their own pre-existing health cultures.

Graham (1985) analysed sociological aspect of health and illness. He stated that an intimate relationship existed between biological and sociological responses during normal process of life cycles. He also envisions the possibility that social

behaviour may be related to status of health such as occupational behaviour, recreational pattern, dietary habits, and religious prescriptions. He discussed various sociological factors related to diseases.

Lieben (1973) discussed the field of medical anthropology. He stated that health and disease are measures of effectiveness with which human groups combine biological and cultural responses to their environment. He further pointed out that health and diseases are very closely related to cultural and biological factors. Anthropologists have made and interesting observation those health problems was related to cultural resources and social behaviour of the people.

The author said that indigenous medical system tends to be limited with cultural boundary and some variations are also found with regard to diseases and their treatment, preventive as well as therapeutical measures. Thus there is different ethno-medical therapist such as herbalist, diviners, shamans, midwife etc. So the author establishes a close relationship between medicine and culture of the people.

Hughes (1968) made a study on ethno-medicine. The term ethno-medicine is used to refer to those beliefs and practices related to diseases, which are the products of indigenous cultural development. He outlines five basic situations, which in folk etiology are believed to be responsible for various illness-i.) sorcery, ii) breach of taboo, iii) intrusion of disease objects, iv) intrusion of disease causing spirits and v) loss of soul.

He focuses more on the study of indigenous medical system. Therapeutical practices in ethno-medicine relate to both supernatural and empirical theories of disease causation. Many of the folk medicine, specially, preventive medicine is related to cultural practices, which have an important functional implications for health. He stated that folk medicine does not change easily under the impact of even sustained contact with the industrialized world or even as a result of deliberate attempt to introduce new concept of disease and hygiene.

Srinivasan (1987) has discussed the reasons for the failures and underutilization of Primary Health services by rural folk. His observation was that

factors for underutilization were inaccessibility, cultural beliefs, practices and prejudices.

Singh (2008) made a sample survey of two stage of North-East Region, namely Karbi and Rabha Tribes in Assam and Khasi and Jaintiya tribal community in Meghalaya and analysed socio-economic and cultural factors that influence health cure system. His finding was that distance factor had hindered utilizing public health facilities. The visit of Government run health centres, specially for vaccination, immunization and child delivery. Despite this they have a very strong faith in magic, deities, spirits etc. So they follow both magico-religious as well as allopathic system of medicine. His observation was that wide spread poverty, illiteracy, malnutrition, absence of safe drinking water, insanitary living condition, poor maternal and child cure services, ineffective health and nutritional services were the major factors for poor health status among the tribals.

Sachidananda (1986) has also highlighted social and cultural factors related to health of tribals which acted as impediments. The health of tribals to a great extent was dependent on their social organization, culture and religion.

Similar studies on tribal health care practices and tribal beliefs have been study by Medhi (2004) Jain & Agarwal (2005), Kumar (2003) and Joshi (2006)

Kujur (1989) has dealt about the health and hygiene among the Oraons of Chota Nagpur. She observes that health and hygiene condition are important cultural indices of the Oraons. These indices are influenced by not only geographical milieu but in fact by the entire set of socio-cultural fabric of the region. The attitude to and awareness of the people, of conditions of cleanliness, health and hygiene are shaped through a long span of time, depending upon the nature of interaction between natural and human constraints. The author remarks that the hygiene condition in an Oraon village is not conducive to a healthy environment. The general sanitation condition is low in Oraon villages. Cow dung pits are close to houses and there is practically no drainage system as a result the manure pits become breeding ground for mosquitoes and flies. The near by ponds or ditches are used for rearing ducks, washing domestic animals as well as cleaning household utensils, clothes and bathing lead to highly

polluted water and become cause for various skin diseases. The Oraons also still have the traditional practice of keeping the domestic animals inside one corner of the dwelling houses. As a community, Oraons have very low personal hygiene practices. They take bath only once a week. As a result they suffer from several common diseases like itches, scabies, typhoid, cholera, dysentery etc.

The Oraons also relate diseases with a number of causes such as religion; wrath of gods, spirits, physical, and natural causes e.g. wounds, accidental fall, sprains, and aches of various kinds. But at the same time these suspicious sicknesses or illness are believed to be the actions of some occult powers. Thus Oraons relate every sickness or illness to some spirit or wrath of gods. Therefore, the village doctor, locally known 'baid' is called upon for diagnosis and treatment of diseases. The 'baid' is believed to posses extensive knowledge of healing, herbs, roots and other ingredients needed for treatment. ..

In spite of faith in traditional healing or treatment, the author observes that the Oraons have more faith in hospitals and health centres run by Christian Missionaries than the Government hospitals. The reason pointed out is that doctors and nurses are more friendly, caring and dedicated in Christian Missionary run hospitals. Thus the Oraons are not averse to modern medicine in hospital.

OBJECTIVES

The objective of this research is to examine the traditional medical practices and various ritual healing practices existing among the Oraon tribal community and also to evaluate the changes occurring in their traditional health care practices due to the impact of modern medical services provided in rural areas through rural hospital.

This investigation aims to compare the traditional and modern health practices of two groups of Oraon villages from the perspective of proximity to and distance from rural hospital and the extent of impact it has on the two sets of Oraon villages.

The assumption put forward is the Oraons inhabiting in villages relatively closer to rural hospitals, utilize modern health services more than their counterparts who live in far away or in isolated villages from rural hospitals. Most of the Oraons

inhabiting in remote areas have very poor or no communication facilities as a result they face great difficulties during serious illness. Even during ordinary illness distance factor does affect them from utilizing the modern health services available in rural hospital. But it is not the only factor for underutilization of modern health services in rural hospital. There are multiple and complex factors attached with it, such as distance factor, easy availability, accessibility, affordability, doctor-patient interaction, and above all socio-cultural, magico-religious factors etc. have a great influence on their health care practices.

The Oraons still depend upon their traditional health practices during illness and disease. They follow certain age-old techniques and methods of preparing medicine from herbs, plants, etc. locally available. The village medicine man locally called as *ojha, baid, gunin and 'kabiraj.* A *kabiraj* is medicine man, who primarily herbal medicine but before preparation and administration of herbal drugs, observes some ritual observances. The laymen do not prepare any herbal medicine because they do not know all the ingredients of it. It is also because it involves intervention of some supernatural power, which only the village medicine men are believed to posses.

Together with herbal medicine, the village medicine man or a *kabiraj* employs healing rituals, by invoking the intervention of supernatural forces. On the whole the Oraons believe profoundly that traditional method of diagnosis, healing, and treatment. But many a times the Oraons follow both traditional and modern methods of health care practices.

Therefore, this study attempts to analyse socio-cultural phenomena of disease, culture and disease causation, concept and treatment and also investigate and present the recent changes taking place as well as its continuities with regard to traditional health care practices of the Oraons.

Hence the broad aims and objectives of this research are the following: -

1. To study the traditional health practices prevailing among the Oraons. It is assumed that the Oraons still widely practise traditional method of treatment of various diseases.

2. To investigate specific causes and concepts of etiology of disease or illness and to focus how far and to what extent aetiology are related to their culture, religion, faith etc.

3. To examine the value perception of traditional health practices. It is presumed that the Oraons still attach a great importance and value to their indigenous medical method of treatment. Therefore, it is important to record such values attached to it.

4. To asses the present health problems and record the common health problems faced by the Oraons.

5. To assess the extent to which traditional medical practices have come under the impact of modern medicine, e.g. impact of Rural Hospital, and Primary Health Centres.

6. To record the extent to which socio-cultural factors act as an impediments towards acceptance and utilization of modern health services and practices.

7. To find out the impact of economic and social factors with regard to practice and an adoption of modern medical services and facilities.

8. To assess the mother-child health care and to record their awareness about health care among the Oraons e.g. taking care expectant mothers, pre and postnatal care, immunization of children nutritional consciousness and habit.

9. To find out and record personal hygiene and general sanitation.

10. To record what extent indigenous health care practices have changed under the impact of modern medicine and facilities provided by the rural hospital and also to know the causes for underutilization of rural health services available through hospital sources.

11. It attempts to study and analyse traditional and modern health care practices of the Oraons in the present time. In particular, it tries to examine the health behaviour of the Oraons inhabiting in two sets of villages. Firstly, those who

live close to rural hospital and secondly, those who reside in remote villages away from the rural hospital.

METHODOLOGY

The study is based on the intensive fieldwork among the Oraons of Bamongola Block, District of Malda in West Bengal. Bearing a few isolated Oraon families inhabiting in remote areas, all the small and big Oraon villages have been selected for collection of data. Bamongola Block occupies a third place in terms numerical strength of Oraon population of Malda District after Gajol and Kharba Block. But the difference of Oraon population is not very big between these blocks. Information regarding socio-economic status collected through various secondary sources reveals homogeneous character of the population of the entire district. Hence the entire Oraon population inhabiting in several villages has been selected for this research.

All the seventeen Oraon villages / hamlets have been selected for the fieldwork. These villages have been divided into two groups / categories, taking into consideration of proximity and distance or isolation in terms of location from the Rural Hospital, situated at Modipukur village in Bamongola Block, about 50 KMs from the District Headquarter, Malda. The rural hospital plays an important role in influencing the health practices of rural population living close to it where as villages located at far away places in remote areas have less impact on rural population in general and particularly on the Oraon tribal population. Thus the villages under study located within the area of approximately 3 KMs from the rural hospital are treated as villages close to rural hospital, which comprises of villages, namely, Sindurmuchi, Durgapur, Mohunpur, Bintara, Gopalpur, Patul, Chandpur, and Belhharia. On the other hand, villages located at a distance of more than 3 KMs away are treated as villages far away from the rural hospital, which comprises of Kathuadanga Dhekurkuri, Titpur, Buridanga, Hanspukur Jogdala, Mirjapur, Anaharpara and Chotopathari.

There are a total of 494 Oraon households inhabiting in seventeen villages, out of which 266 households inhabit in villages far away from the rural hospital (RH)

where as 228 families reside in villages located close to rural hospital. Though some of the villages located just more that 3 KMs away from rural hospital might seem close to it, but due to isolation of villages in terms of lack of transport and communication, they are quite far away from rural hospital and serious patients have to be literally carried to hospital or taken by rickshaw van. Thus the Oraons inhabiting in remote villages face a lot of serious problems during sickness or ailments.

In the process of identification of Oraon villages the investigator had to face some difficulties because they were a little known tribe in this block. The people could hardly make difference between the major Santal tribes and the Oraons. Therefore, the field investigator had to visit all the Gram Panchayat Offices and collect necessary information regarding Oraon villages. The Gram Panchayat officials were very co-operative in providing necessary information. After identification of a few villages, the process of identification become easier, because they knew where about all the Oraon villages.. Some very remote villages posed some difficulties in approaching due to lack of proper road. In some villages there were no roads at all, so the researcher had to tread down to villages. In the initial stage the villagers were reluctant and unwilling to provide information thinking that it was useless to do so to Government officials. But once the investigator convinced them by explaining to them the purpose of his study and introduced himself as one being from his own community, a good rapport was easily established which helped to gather necessary information. Knowing of tribal language (Kuruk/Oraon) proved to be an additional advantage, to fill up the communication gap and clarify some questions to which they could not reply in Bengali language. At the same time they felt at ease to reply in their own mother tongue

The data for this study were collected mainly through primary sources but other relevant information on the subject was also collected through secondary sources. Other demographic information have been collected through published materials and census reports. The present study is outcome of intensive fieldwork carried out for a period of one and half years spreading over September 2001 to April 2003.

For the collection of data four conventional anthropological methods have been used – i) census method, ii.) Interview method, iii) observation method and IV) case study method.

After identification of Oraon villages, the information was collected through household census among all 494 families inhabiting in seventeen villages. The quantitative data collected through household census included – number of family members, age, sex, place of birth, year of migration, literacy, educational standards, agricultural land holdings, sex wise occupations, religion, mother tongue, languages spoken, marital status, agricultural implements, live stocks etc.

Census method was followed by interview method. It was an intensive study. Therefore, there was no sampling done. The head of the family or an adult member, either male or female of each family was interviewed with the help of prepared interview schedule, containing structured questions relating to interaction between traditional and modern medicine, housing, sources of drinking water, personal hygiene, food, mother-child health care, intoxication etc. Besides, interview schedule some key informants e.g. village medicine men were also interviewed in detail about their diagnosis and methods of treatment. Apart from this some doctors and health workers were also interviewed to collect data on health problems of the tribals and about utilization of modern medicine and facilities available in rural hospital and primary health centers.

Besides, interview method bulk of qualitative data for this research were collected through direct observation as well as case studies by interviewing selected informants with open ended questions relevant to this study. Information regarding causes, perceptions of diseases, and methods of diagnosis and treatment of some disease people had suffered or had been suffering from it were gathered through case studies. Such studies were very useful to understand wider notion of causes of diseases believed by Oraon community as a whole.

The data collected through various methods or tools of data collection have been analysed through qualitative and quantitative means. The qualitative data are mostly analysed on the basis of systematic and analytical descriptions of data

gathered, where as quantitative facts are analysed through tabulation and application of basic statistical method.