

CHAPTER V

ASPECTS OF HEALTH CULTURE

Socio-cultural factors affecting health can be classified into two categories. Those which directly affect health of an individual and community and those which indirectly work. Hasan (1967), classified customs, beliefs, values, religious taboos and practices as direct factors and problems of health care as indirect factors in health. Rizvi (1986 : pp. 226-227), in his study of the health practices among the Jaunsaris of Uttar Pradesh, categorized the factors affecting health into two. First, those factors responsible for fostering diseases in the people, such as, surrounding and state of cleanliness, hygiene of the people, dietary habits and nutritional status of the people and drinking habits of the people. Second, factors which affect health in an indirect way, such as, health concepts, illness and local medicine systems.

A community's concepts and practices in regard to cleanliness, hygiene and sanitation directly determines the health status of that community. Awareness as regards to hygiene and cleanliness has direct impact on health and diseases. Practices regarding bodily cleanliness are directly responsible for occurrences of certain diseases. Defecating habits, housing, food habits, drinking habits and smoking too directly affect health.

Each community has some traditional customs, beliefs and practices related to these factors or aspects of health culture. The practices of a community in relation to these aspects reflects its health status as also its health modernity.

Rizvi (1986 : pp. 227-235) has observed that lack of clean water supply, inefficient drainage system, absence of awareness as regards to animal borne diseases, unhygienic practices relating to bodily cleanliness, unhygienic housing, improper defecating habits, lack of nutrition, smoking and drinking habits are responsible for many diseases those occur among the Jaunsaris. Kocher and others (1976 : pp. 287-288) have pointed out that defecation habits have a direct relationship with hookworm infection. Choudhury and others (1986 : p. 129) have related malaria to unhygienic conditions of living and stagnant water bodies.

It is commonly believed that the level of hygiene and sanitation among the tribal and rural folk is very low. Dutta Choudhury and Ghosh (1984 : pp. 25-26) in their study of the Idu Mishmi of Arunachal Pradesh observed a very low level of sanitation and hygiene. Smilar observations have been made by Hasan (1979 : pp. 63-94), Rizvi (1986 : pp. 227-230) and Basu (1990 : pp. 22-23). But this belief does not seem to hold good when viewed against the observations made by N.K. Bagchi and

G.C. Ghosh (1987) and Anima Guha (1990 : p. 215). Guha (1990: p. 215) observed that both the populations — the Boro-Kacharis and the Koch-Rajbanshis — she studied lack theoretical knowledge of hygiene but are clean. They take bath once a day, wash hands before eating, wash clothes and use twig of medicinal plants to clean teeth. But their defecation habits and cattle rearing habits are not hygienic.

An important feature of many of the diseases which affect society is the extent to which they lie in personal behaviour. Food habits, occupation and indulgence in cigarette smoking drugs and alcohol intake have for long been known to influence health. Several important diseases may be more or less directly caused by such influences.

Food is the most important of man's needs. It is extremely vital that the food he takes is nutritious and wholesome as this food will deter his health and entire life. Dietary habits to a great extent determines the diseases one may be afflicted with. Eating of pork, for example, is a cause of intestinal worms. Quality of food determines the nutritional level and lack of nutrition exposes an individual to various diseases. Nutritional deficiency causes direct or indirect diseases. Some directly caused diseases are night blindness, angular stomatitis, tooth decay, rickets and anemia and indirectly caused diseases

are diarrhoea, desentery, bodyache and leprosy.

There are numerous beliefs and practices connected with food among the tribals. There are taboos which are negative in character and rites surrounding food production which are positive in character. The most commonest of food taboos are connected with totemism. There are food taboos connected with pregnancy, birth, marriage, death, sickness, hunting, mourning, etc.

Lack of nutrition, unhealthy practices of cooking and consumption of food are said to be common among the tribals. Again their dietary habits differ greatly from those of the non-tribals. These have great impact on health. Singh et al (1987 : p. 3) reported that even after four decades of independence the tribal community, they studied, presents a grim picture of health status. Less than 8 per cent of the children were immunised, two thirds of the children under five were malnourished, 44 per cent have severe malnutrition. A large number chewed tobacco with lime (Khaini). Most of them drank alcohol mainly haria (home brewed rice beer). Daily consumption of egg, meat, fish and milk was less than 1 per cent. Consumption of green vegetables was also less.

With these in mind this chapter is an appraisal of the behaviour of the tribal workers in relation to sanitation, personal hygiene, food habits, drinks and narcotics. Aspects like housing, drainage, sources of drinking water, disposal of

house refuse, defacing habits and domestication of animals have been considered under sanitation and bodily cleanliness, clothing and cleaning of utensils under personal hygiene. Food habits, drinks and narcotics have been dealt with separately. The implications of such aspects have also been dealt with.

Sanitation

Housing

It may be recalled that earlier, in the chapter on "Tea Plantations, Their Health Units and Population", we have made a brief mention of housing in the plantations. There, the types of houses, i.e., the materials by which they are constructed received attention. Here, aspects like ventilation, overcrowdedness of rooms, dampness and cleanliness along with their implications on health have been discussed.

In the tea plantations with better facilities of health the houses are mostly of pucca types with two rooms one of 14/10 ft and the other 10/6 ft, and a verandah. Ventilation in this type of houses is upto the mark with windows, one in each room and ventilators. The houses are mostly overcrowded as one room is used as kitchen leaving the other room for use as living room. The average size of a family is 4 members per family. In some cases workers have been found to construct a kachcha room within the compound to meet the inadequacy of rooms. This room is usually used as kitchen and mostly has no windows which leaves

the room full of smoke while cooking which, in turn, renders a person prone to respiratory ailments. But having an additional room does not put the families in a better position in terms of hygiene. They have been found to maintain a very low level of cleanliness of their houses. But for families who do not have an extra room and use one of the pucca rooms as kitchen proneness to respiratory problems are less but overcrowdedness of rooms and thus sleeping in close proximity increases the possibility of contagious diseases and problems of cleaning the house. The pucca houses are not damp during winter and summer but damp during rainy season which leads to cough and cold problems.

The Kachcha houses are mostly one roomed. An average worker who does not have a pucca house lives with his family in an one roomed kachcha house. The affluent of them have two or more kachcha rooms. But these rooms are ill-ventilated with a small window and door. Those living in a kachcha houses of one room cook as well as live in the same room, rendering the inmates prone to respiratory ailments. Moreover, inadequacy of space leads to family members hudding together and thus, increases chances of contagious diseases. For those who have more than one room, proness to contagious diseases are comparatively less but the problem of ventilation remains and thus remains the chances of being afflicted with respiratory ailments. Moreover, the kachcha houses due to their lack of proper windows are damp and dark and serves a good breeding ground for germs.

In the plantation with minimum facilities of health.

The Matigara plantation, three types of houses are found, pucca, kachcha and tina types. Kachcha houses are numerically dominant. The pucca houses have two rooms of 14/12 ft each, but have been allotted to two families occupying one room each. The rooms are ill-ventilated. The families usually cook and sleep in the same room leaving them prone to respiratory diseases. Some families have erected a kachcha room for use a kitchen which eases the problem of inadequacy of space and proneness to respiratory diseases to some extent. The families who live in one room are required to huddle together even if the family has only four members. Thus they face threat of contagious diseases. Unclean houses also result from overcrowding.

The Tina houses, as the name suggests are made only of tin on all sides. They are not houses in the true sense of the term. What actually exist is an elongated structure of tin divided into small compartments of 12/10 ft in size with one compartment each allotted to one family. The compartments are illventilated, devoid of windows. The families use the compartments both as kitchen and living room leaving them prone to respiratory ailments and contagious diseases. The compartments are damp and dark and serve as breeding place for germs.

The workers seem unaware of the fact that such conditions of living are hazardous to health. None of the workers have mentioned that they need more rooms to safeguard themselves from

diseases. Their need for additional rooms seem to be surrounded by space consideration rather than health consideration. Though most of the respondents agreed that dirt, smoke and filth cause diseases, they showed ignorance in their behaviour patterns related to warding off such hazards.

A factor, which should not be overlooked, is that there is an economic dimension of the thing. The lack of economic soundness among most of the workers forces them to be concerned with fulfilment of basic needs. Cleanliness, inadequacy of rooms, hygiene receives tertiary treatment.

Drainage

The drainage system in the residential areas of the workers in all the plantations is extremely poor. There is no cemented drains. What exist as drains is 1 foot deep open trenches encircling a cluster of houses. These are mostly choked with rubbish and weeds those grow in them. Water does not flow through these drains and gets stagnated which act as breeding place of mosquitoes and germs. Water from wells and houses flow to these drains. Clothes and utensils are washed near the wells as a result of which soap water and organic materials flow into the drains. Families are also found to wash clothes and utensils at a corner of the house compound. Where they have either a flat stone or a cemented slab. This water is led to the main drains by narrow and shallow drains dug by individual households who have the

the main drain nearby. For the households, who have the main drain far away, water from the house is led outside the house compound by a narrow and shallow drain and left to accumulate there. The accumulated water serve as breeding place for mosquitoes, flies and germs.

There is no effort on the part of the workers to maintain a proper drainage system. This suggest a lack of understanding on the part of the workers and the relation of unhygienic practices and disease causation. These conditions are regarded to be in the nature of the things.

Disposal of House Refuse

House refuse is collected in the corner of the house compound to be thrown away later. The refuse is thrown usually into the main drains which results in chocking of the drains. Refuse is also thrown by the residents just outside the house compound. The inhabitants do not take the trouble to throw house refuse outside the residential areas. In some houses there are pits in the corner of the courtyard for house refuse. The families have this for two purposes, to dump household refuse and also to obtain manure from rotting of the refuse. Such pits are usually uncovered. They serve as fertile ground for breeding of mosquitoes, germs and flies and also emmit smell. The fact that such pits and inconsiderate throwing of house refuse

are hazardous to health does not seem to affect them. It does not strike them. When questioned on the issue the answers reflected their indifference. The absence of dumping pits also is a reason for such behaviour.

Domestication of Animals

Each family on the plantations has domesticated animals, either cows, oxen, buffaloes, pigs, goats and fowls or two or more types of species. These animals have some utilitarian aspect or the other. Oxen are used for ploughing. Cows and buffaloes for milk and cow dung, pig for sale and consumption domesticated by the Mundas only, goats for sale, for meat and milk and fowl for egg and meat.

During the day time most of the cattles are out in the field except the fowls who move in and around the house compound. In the evenings all the cattles are brought back to the house. Small animals like fowls and goats are kept on the verandah of the house by most of the families. Cows, buffaloes and oxen are kept under a small shed constructed adjacent to the living rooms for fear of cattle lifting. Pigs are kept loose and allowed to roam about in the courtyard. Some families however, do not have a separate shed for cows and buffaloes. The cows are tied to a pole near the verandah so that during winter and rains the cow can use the verandah as a shed.

The people do not seem to be aware that domestication of animals has a role to play in environmental sanitation and is an important and influential factor affecting health and even if they are aware they do not seem to take the matter seriously.

The presence of animals in close proximity definitely increases chances of infection. Rabies, plague, tetanus, tapeworms and other intestinal parasites are transferred to man from animals.

Habits of Defecation

According to the Plantation Labour Act, 1951, Clause 9(1), there shall be provided separately for males and females in every plantation a sufficient number of latrines and urinals of prescribed types so situated as to be convenient and accessible to the workers in every plantation (Kar, 1990 : p. 34). But unfortunately none of the plantations except Taipoo have such provisions. However, whether the existence of latrines and urinals would have served any purpose is doubtful as workers when asked if they need latrines and urinals answered in the negative. Moreover, the latrines in Taipoo are not used. The reasons cited are feeling of discomfort and problems of maintenance. The workers defecate in fields, bushes and near the rivulets. Those who go to the bushes and fields carry with them a can of water for ablution and those who defecate by the rivulets wash the parts with river water. The pattern of defecating

behaviour is the same in all the plantations.

Defecating in open places renders the workers prone to helminthic infections and diseases, conveyed from diseased persons.

The workers seem not aware of such dangers and even if they are, they are ignorant.

Water

Adequate supply of pure drinking water is essential for the prevention of certain diseases.

In all the plantations except one, the Hansqua plantation, sources of drinking water are pucca wells with parapet, constructed by the plantation managements. In the Hansqua plantation one residential line has water supply through common taps. Wells are existent but are used for drawing water for washing utensils and clothes and bathing. Bathing and washing of clothes are also undertaken near the taps by the families staying in proximity of the taps. Drinking water is drawn exclusively from the taps. This reflects the awareness of the workers as to pure water for drinking. The wells in none of the plantations are covered as a result of which leaves and other materials fall into them contaminating water. Washing of clothes, utensils and bathing near

pucca wells is not hazardous as they have parapets. Cleaning of the wells are undertaken after long intervals whimsically by the workers themselves. The only help, the management provides is in the form of supply of materials. The initiative of the workers come only when the water has become visibly unclean.

Those who draw water from wells do not purify the water before drinking. It is not so that they are unaware of the concept. The fact is that they view it as troublesome. They also do not feel it necessary, though many are aware that impure water causes diseases, as they take it to be natural. However, they are prepared to drink water if supplied pure.

Personal Hygiene

It may be recalled that in the beginning of this chapter it has been mentioned that the level of personal hygiene among the tribal and rural folk is very low. Also have been mentioned that there are reports and studies of hygienic behaviour among such communities.

Bodily Cleanliness

While discussing defecating habits it has been mentioned that people wash the parts of the body with water of rivulets or they carry water in tin cans for the purpose. People also at times, wash their face and mouth with water from rivulets

which leave them prone to water borne diseases. The tin in which water is carried for post-defecation ablution practices is also used to pour water for washing face and mouth which renders them prone to transmitted diseases. Moreover, soap like substance is not used for washing hands after post-defecation ablution. Either mud or nothing is used. The use of soap is usually absent even for washing hands before meals. People use simple water.

For cleaning of teeth, the most popular thing used is Sal twig, twig of Varanda tree and Neem tree. The use of charcoal is also there. In some families, however, use^{of} tooth-paste, tooth-powder and tooth-brush has been found.

Daily taking of bath is not the usual practice among the people specially during winter. However, washing of foot and hands are done daily. Not taking bath daily is justified by the people on the grounds that ~~they~~ do not get time to bathe daily. Bath usually is taken once a week, i.e., on the day of weekly holiday. The use of soap during bath is not a usual practice. Soap is used occasionally or after two or three baths. The people are unaware of the fact that the use of soap is necessary to keep the skin clean to facilitate perspiration.

Shaving and cutting of nails and cleaning them involve no regular intervals. Such acts involve an element of whim. Shaving is usually not done by the people themselves. They take the help

a barber and therefore economic factor creeps in which acts as hindrance in regular shaving. Those who grow beard do not take the trouble to keep it clean. Cutting and cleaning of nails are undertaken only after the nails have grown too big and also when it arises in the whims of the people.

Clothes are not changed frequently nor are ~~they~~ washed at regular intervals. It is only when the clothes become intolerably unclean that they are changed and washed. On an average people have been found to change clothes after six to seven days. Washing of clothes coincides with changing of clothes. The changing and washing of clothes coincide usually with the weekly holiday. The use of washing powder or soap is prevalent. The infrequent changing and washing of clothes has been attributed by the people to inadequacy of number of clothes and lack of time.

Wearing of shoes is not prevalent. Most of the workers stay bare footed. This increases their chances of hookworm infection and diseases of the feet. Shoes are worn occasionally. The necessity of wearing shoes for protection against infections are not known to most of the people.

Food, Intoxication and Narcotics

Food habits, occupation, indulgence in such pleasures as cigarette smoking, drugs or alcohol intake, have for long been known to affect health.

The tribes studied have been found to lack nutrition, specially the children. Nutritional deficiency diseases such as tooth decay, rickets, anemia, diarrhoea, dysentery are rampant. Their lack of nutrition is due to their poor economic conditions, lack of proper idea about nutrition and cleanliness. A factor which is of considerable importance in the low nutrition and consequent low health status of the people is the growing destruction of fauna and flora.

The low level of awareness as regards to cleanliness is reflected in cooking and consumption practices. The items are not properly cleaned, nor are the utensils washed in the desired manner. Moreover, food is consumed even with animals moving around. Utensils are left unguarded which are often licked by dogs, pigs and cats.

The traditional food items of the tribes differ very much from that of ours. The traditional food habits of the Oraons, Mundas, Gonds, Malpaharias, are more or less the same. The Oraons consume flesh very frequently. Small games are considered delicacies. Flesh of bullocks, goats, buffaloes, sheep, tigers, bears, jackals, foxes, snakes, lizards and most birds are consumed. But pork is the most preferred one. The staple food is rice and pulses called Urid and Kalai. The staple food of the Mundas is boiled rice. For side dishes pulses and green vegetables are taken. Fowls and goats are eaten. Beef and pork are not relished though not disfavoured. The staple food of the Malpaharias is boiled rice.

Fish and meat are rare items. Gonds alike their other counterparts have rice and millet as their staple food. Pulses and spices are taken with rice. Vegetables and fruits such as pumpkin, cucumber, leaves of gram, yams, mangoes, tamarind and others are consumed. They take meat of any animal but prefer pig, fowl, deer, crocodile, cat, red ants, rabbits, pigeon, quail and dove. Some scholars believe that the Gonds take beef in secrecy.

Milk is not a taboo for any of the tribes except the Oraons who now a days, it has been reported drink milk.

The rate of intoxication among the tribes is traditionally very high. Home brewed rice beer is very popular. Besides this country liquor, toddy and liquor of Mahua flower is also popular.

As regards narcotics, traditionally the tribes except the Gonds indulge in no narcotics except chewing raw tobacco with lime commonly known as Khaini and smoke tobacco. The Gonds are reported to take hemp drugs, betel leaves and areca nuts.

In light of the above let us now see the change from the traditional patterns in respect to food habits, intoxication and drugs. There is every possibility that due to long time migration and depending on the availability of items there may be a change in the habits.

The respondents have been found to take food thrice a day, morning, noon and evening. The morning meal which is the breakfast, is taken early morning around 6 A.M. consisting of roti (hand made bread) prepared the previous night or boiled rice preserved in water, and tea. The noon meal usually consists of rice and dal (pulses) and occasionally sabji (vegetables) The noon meal is taken between 12.30 P.M. and 1 P.M. The meal in the evening usually consists of rice or roti, dal (pulses), vegetables and occasionally meat or fish. It should be mentioned that meat or fish are at the most taken once a week on the pay day when some people set up make shift shops with vegetables, fish, meat and groceries in the plantation premises. The workers also visit the weekly markets of Bagdogra and Matigara¹. The weekly holiday coincides with the weekly markets for the facility of the workers.

Pork and chicken seem to be the most popular form of meat taken. Mutton is not popular due to its cost. Besides pork and chicken, kachchim (tortoise) is also found to be taken by the people. Beef is not so popular but is not disfavoured. Pegions and dove has also been found to be consumed, but they are not bought from market. The people specially children hunt them.

1. The people of Hansqua and Taipoo visit the weekly market of Bagdogra on Sunday.

The people of Matigara visit the weekly market of Matigara on Tuesday.

Fish of every available kind is consumed. But those which are less expensive is favoured.

All available vegetables are found to be consumed. Some vegetables like sag (leafy vegetables) are grown by the people in their kitchen garden.

The amount of fish, meat and vegetables consumed is not adequate to meet the nutritional need due to economic constraint. Moreover, the people lack concept of nutritive values of food items and balanced diet. Respondants said that they cannot buy good foods in adequate amount due to economic constraint. Buy good food they mean fish and meat.

Milk is not consumed by any of the members of the tribes as a separate item. Whatever amount of milk consumed is consumed mixed with tea. People cannot buy milk due to economic constraint. Those who have cows prefer to sell the milk leaving some amount for tea.

Intoxication is rampant among the people. All the respondents have been found to consume haria (home brewed rice beer). Even children are found to consume it not to speak of the adults of both sexes. Consumption of country liquor is not rampant but not disfavoured. There are some who are regular consumers and

some who consume if they get a chance. Toddy has been found to be consumed by all occasionally. An adult person has been found to consume on an average a litre of haria a day if brewed at his own home and a maximum of half a litre if required to buy. Women who do not work on the gardens prepare haria for sale at the rate of 75 paise per glass. The consumption of haria is more during summer as the people believe it keeps the body cool. Respondants have been found to believe that haria is not harmful. Respondants when asked whether they would give up haria said they will not as, it is harmless and also because it is their traditional drink. As regards the bad effects of alcoholic drinks, people are aware that they cause harm but they are not aware of the form.

Indulgence in narcotics is not alarming among the population. Consumption of hemp drugs is practically absent. The only forms of narcotic prevalent are tobacco and betel-nut. Tobacco is taken in the form of Khaini or in the form of biri smoking. But the most prevalent form is Khaini. Cigarette is smoked by some. Bidi is preferred to cigarette. The preference of Khaini may be due to tradition and also due to economic reasons. Betel-nut is taken by almost all.

It may be thus concluded that beliefs, customs and practices related to sanitation, personal hygiene, food, intoxication and narcotic intake are inextricably linked with health and diseases. They determine to a great extent the health status of a community and thus, they form the bases of health culture.

The level of sanitation and personal hygiene among the workers is very low. But this is not attributable to their lack of awareness and ignorance. There are other factors too. Karve (Report, 1957) observed that when people cannot afford to spend adequately even on food and clothing they do not just bother about environmental sanitation. The author also observed that sanitation is inextricably woven with the economic and social life of the people. In many cases it has been found that the people have the concept of good sanitation but ignore the aspect. This may be due to existence of problems like food, shelter and clothing which are more important. Existence of economic constraints forces people to divert money to fulfilment of basic needs.

The low level of sanitation and hygiene has led to prevalence of diseases like dysentery, diarrhoea, skin diseases and helminthic infection.

The intake of food among the workers has been found to be low in terms of nutritive value, thus causing anemia, weakness, etc.

The high rate of harira intake and intake of Khaini has led to tuberculosis and gastritis.