Chapter-V

GENERAL OBSERVATION

AND

CONCLUSION

All communities have their own concept of health, as a part of their culture. Health is the major pathway to human development, which is the cornerstone for a healthy, wealthy and prosperous life. Health is also a well reflected and self-evident in the proverbial saying "Health is Wealth". There is no magical mechanism, which can bring good health overnight. It is a gradual process, which takes time and hinges on many things. As a multifaceted aspects health has been defined by WHO 1948 as "a state of complete physical, mental and social well-being and is not merely the absence of disease or infirmity". The health of an individual or of a community is concerned not only with physical and mental status, but also with social and economic relationship. What is considering a being healthy in one society might not be considered healthy in another society. The common trust, customs and practices connected with health and disease have found to be intimately related with the treatment of disease. In order to bring holistic development of a society the cultural dimension of the health of a community should be given importance. The health problems of rural especially of the tribals need special attention because the tribal people have distinctive health problem, which are mainly governed by their traditional beliefs, practices and ecological conditions. Health, one of the most common themes is variables from culture to culture, one society to another.

It is also asserted that health may be seen as a state of dynamic equilibrium between an organism and its environment. Good health corresponds to dynamic stability, normal function and homeostatic control. Ill health corresponds to a state of instability, loss of function and failure of self-regulation. But the perception about health, disease and health seeking behaviour are not the same across culture. It varies from culture to culture as an integral part of human ecology and cultural ways.

Human cultures as a part of their cognitive development have complex ideas regarding causes of sickness and ways of cures. This is the base of empirical medical systems that provide means for prevention and cure. This knowledge of prevention and cure of sickness is passed on from generation to generation. Medicine is a part of culture and like any other aspect of culture; it has an element of unrecognized inner rationale, and is influenced by non-medical cultural phenomena in number of ways. There is considerable body of literature on health seeking behaviour among primitive societies and folk or peasant cultures. The study of regional variations in human health, the effect of environment on health and the holistic causes of disease goes by many names, medical geography, medical sociology, epidemiology and medical anthropology. Medical anthropology, on the other hand, is the study of ethnomedicine; explanation of illness and disease; from both an emic and etic point of view. Studies show that in most tribal communities, medical care, treatment and etiology of disease are defined within the social context. Thus, to understand the health seeking behaviour of tribal people it is important to identify the processes by which tribal recognizes sickness and the ways to counteract it. Illnesses are constructs of belief and knowledge, which vary with time and space. The study on medical system worldwide have revealed that they are based primarily on two principles: first, the belief about the nature of health, the cause of illness, and the remedies and the other curing techniques used by doctors, and the second, the ways employed by the society to deal with sickness and maintenance of health. As the medical systems of any society is cultural derivatives, the traditional health care system of tribal groups persist even long after western innovations in health care have been introduced.

India is the seventh largest country of the World. 70% of the Indians live in the villages. Inhabiting in the rural areas, the tribal folk constitute about 8.08% of the total population. In developing countries like India, the threats to health security are usually greater for the poorest people in the rural areas and particularly among the tribal. It is stated that present study is made to explain the concept of health, disease, medical system, medical belief, related religious practices and traditional, modern medical treatment among the Hill Kharia of Purulia and Bankura, West Bengal. These two districts were selected because Hill Kharia was the only residence of the villages of these two districts. with their own cultural identity this tribal population resides only in the particular villages secluded from the so- called main stream population. But the region was the caste (mahato) and tribal dominated areas. The villages were surrounded by the dense forest and these forests are the main source of medicinal plants. The present study deals with the health behaviour, disease pattern, treatment process i.e, health condition of the Hill Kharia. Data were collected on various types of ailments, healing, techniques of processing of indigenous medicine, preferred and usefulness of traditional medicine among the said tribe along with the magico-religious as well as ethno-medical healing practices. Role and activities of traditional healers were evaluated. The detail study was also carried out on individual level as well as community level health related cultural and religious practices was also evaluated.

The study has pointed out various factors affecting the health status of Hill Kharia of Purulia and Bankura districts. Major factors which induce the health trouble for said tribal communities are environmental effect, behavioural and cultural pattern, heredity and poor health related services. Their inability to avail the modern medical

treatment further increases the health trouble. The lack of safe drinking water is one the major factor which is affecting their health. The health situation worsens further with the problem of potable water when it combines with unhygienic surrounding. The research studies have pointed out that 'the existing habits and living habitation of Hill Kharia, defecation may be responsible for health. The medical doctors PHS of Bagda in Purulia mentioned that the germs of cholera typhoid and dysentery are adequately present in the stool of affected person. During rainy season these germs get mixed with pond water and this contaminated water which has been used by the Hill Kharia and thus they suffer from diseases like typhoid, dyscentrical problems etc. Sachchidananda (1994) states that concept of disease as well as treatment is very different among tribal. Instead of taking medicine they believe in prayer, worship etc. They also consider the reason of the disease as the effect of some spiritual and supernatural events. They usually do spells, prayers, and manual rights etc. which are the psycho-therapeutic qualities of tribal method of healing.

They usually believe in some reason behind the disease like malfunctioning or imbalance of the their faulty diet, lack of harmony with supernatural world activities of ghost and witches, displeasure of diets, imbalance of forces which control health and inappropriate behaviours in physical, social and economic matters etc. Government provide to tribal and backward peoples for all health services on account of their poverty and unhealthy situation. This health scenario is common in Purulia and Bankura villages. Most Hill Kharia peoples suffer from malnutrition; their immunity power to resist the disease is very low. So not only sufficient and necessary medicine are needed but also medical staff and doctors who provide the health service and the later should have knowledge about the social and cultural

pattern of tribal community. Most of the PHC and BPHC doctors and modern staffs like ANM, GNM and other health workers have no knowledge about Hill Kharia's perception of disease, culture and behaviour pattern. For this reason there is gap between modern health care provider and service user. The Hill Kharia population inhabits in Type-1 villages in Purulia and Bankura generally live in isolated remote areas where the modern medical facility can not be reached easily; naturally they require a special health treatment.

The perception about the medicinal plants has been derived by them through their observation of the other animals in nature. The said tribal communities lived in remote areas including forest and small hillocks. For this reason they are vulnerable in modern health care. The diseases which are prevailing among them are tuberculosis, skin disease, dysentery and other infected diseases.

These diseases could be prevented through proper knowledge about the precaution of health disease and health remedies. But knowledge of health care cannot be used properly without any interference of supernatural conception. On the other hand nutritional deficiency, hygienic issues are also affecting tribal health.

This study also made to understand the usefulness of modern medical institution in those areas and its implications on the medical life among the Hill Khraia. Study was also made to evaluate the infrastructure and facilities of modern medical institution availed by the tribe under the study. A detail account on ground level medical institution Sub-Center, Primary Health Center to Hospital at Purulia and Bankura Sadar has been evaluated. The role and responsibilities of modern medical practitioners were also evaluated. One of the objectives of the present study was to know the success of implementation occurs in different Government projects on

preventive and promotive health care services. Emphasis was also given to the health hygiene, child health condition of the population and attention was given to the safe drinking water, sanitation also. It has already been stated that five villages were selected in both of the districts where the studied population reside. Considering the scope and objective of the study all five villages were selected and all households were covered under the study. For pursuing the specific objectives the villages were categorised. The categorisation was made on the basis of certain criteria viz. distance from the urban centre or district head quarter, distance from the modern health care facilities, market place and more importantly communication system.

Type-I- The two villages (Rahidi and Ladda) were selected under this categorisation. These two villages were selected one from Purulia and other from Bankura district which are farthest from the urban center, from the local market and the health facilities, poor communication services. A limited health care facility was noticed in close proximity of villages. The absence of modern health care facilities was also additional parameter. **Rahidi**- No PHC in this village and within 10 Km. Nearer PHC is located at Hura. **Ladda**- No PHC centre located nearer to 20-25 km. Depends on Jhilimili PHC.

Type-II- The three villages were selected under this categorisation viz. Damodarpur, Borda sabra colony and Sarasdanga. These villages were nearest to the urban center and modern medical facilities and market place. The communication system was quite better than Type-I villages.Damodarpur- only PHC located near of the Hill Kharia habitation. PHC is equipped with weight machine, some tablets and vaccine and refrigerator. Borda Sabar Para- Nearer PHC located at Haludkanali and well

equipped with weight machine, some tablets and vaccine and refrigerator. 4 deliveries occurred in last 9 months and fully functional. Sarasdanga- Hill Kharia of this village got their modern treatment from sub-center and Jhilimili PHC which is located 10 km away from this village.In general it could be said that the studied population distributed in all five villages hold supernatural belief in almost all the sphere of their life cycles. It is also found that the belief is particularly prevalent in connection to health and disease related symptoms and misfortune. Differences in belief pattern and in understanding about the role of supernatural agencies behind the causation of misfortunes were also observed. Belief upon the supernatural agencies is very prominent among the Hill Kharia population of type-1 villagers, especially among the population of Rahidi village of Purulia. The belief is less prominent among the villagers of type-2 village regarding perception of treatment pattern, especially among the Borda Sabar colony in Bankura.Differences were noticed between the villagers of type-I and type-2 villagesectors regarding the level of participation in community level worship. In community level festivals like *Akhyan Jatra, Surhul Puja or Amnuakhia* participation of type-1 village sectors was much more prominent which intern indicated more dependence on the supernatural power among the people of type-1 village sector. It was also observed that the young generation of type-2 village sectors were less interested to participate in religious festivals of Hill Kharia. Their religious worship is mostly related with the health behaviour of the society.

Most of the villagers have opined on belief upon ghost and soul in relation to attack of specific disease and disease related misfortunes. In majority of the cases, there was no specific demarcating character between ghost and soul. According to the

villages, character of soul or ghost is always malevolent in nature and always causes harm to the people. This concept was equally supported by both type-1 and type-2 village sectors. One point should be added here that villagers from type-2 village sectors reported that ghost couldbe seen in type-1 village sectors as forest was situated in close proximity. Surprisingly, that fact was supported by the villagers of type-1 village sectors.

So, the presence of the concept of ghost or soul was recorded, although it was less prominent in type-2 village sectors, particularly among the villagers of Sarasdanga village. The issue of village level participation was reported for observing taboos and worshipping deities in relation to health, disease, treatment and over all well-being at community level disease causation For example, community level participation was observed at the time of worship of supreme deity *Dharma devote or gram devta*although the extent of participation varies sector to sector as well as family to family.

Very crucial role and activities of traditional healers were noticed and reported in various circumstances. In case of type-1 village sectors (no modern health facility in close proximity), people were much dependent upon them as the healers were living in those village sectors. So, people could access them whenever they needed their assistance.Distance of primary Health Centre could be the probable cause of their reluctance towards modern medical assistance. People from type-2 village sectors were found comparatively less interested regarding choosing traditional treatment in comparison to the type-1 village sectors. For example, quantitative data have shown that patient suffering from jaundice always prefer traditional medicine, not the modern one. On the other hand, in case of malaria and high fever they prefer to

consult modern practitioners. This phenomenon was observed among all the studied villagers irrespective of sectors. Psychological assurance and faith are the prime cause of choosing traditional way of treatment.

It has been observed that reluctance towards health related magico-religious practices among the villagers particularly Damodarpur and Borda Sabar colony villages. As reported by the villagers, death of number of traditional medical practitioners could be the probable cause. The descendent of the traditional medicine men were not so much interested to acquire or to learn the process of traditional process. They did not have much faith on traditional healing process. It is also noticed that traditional healing practices has never been a primary occupation. All traditional healers took traditional healing practices as secondary occupation. As reported that long term treatment of traditional healer was no more accepted among the community level in all sorts of villages. Villagers of the Type-I, want to achieve quick recovery which could not be tackled by the traditional healers in different ailments. It is the one of the main reason of choosing modern medical treatment process in type-II villages. According to the all five villagers, if cause of disease is recognised supernatural, then they preferred to avail the traditional way of treatment considering the availability and efficiency of the healers. Variations in the educational attainment particularly among the present generation could be the responsible factor for changing conception among the studied population. Tendency of less dependence towards traditional treatment happens due to non-availability and less efficiency of the traditional healers. Commercial afforestation in the villages of Bankura and Purulia is another cause of constrains for the traditional medicine men in terms of persuasion of their age-old practices. Due to mono cultural forestry, deforestation and

commercial afforestation various medicinal plants are unavailable to the traditional healers which intern adversely affected the whole traditional treatment system of the Hill Kharia society. The belief in the interference of supernatural agency in the context of health is still found among the studied population. The idea that different deities and spirits are connected with various disease and disease related misfortunes was very much found among the elderly folk of the population.

In the context of PHC, the villagers from all the five studied villages were reported to avail it as per requirement, because that was the only modern medical institution in the village. Asstated that the communication between the Type-I village sector and PHC was not good enough and also difficult in rainy days. The villagers of Type-I had to travel 5 to 10 KM to reach PHC. This could be the probable cause that the women folk from the Type-I preferred to avail the traditional healing system in comparison to women folk of Type-II. But the PHC was situated in close vicinity of the type-II villages. Villagers availing the treatment of PHC were more or less satisfied by the treatment and the existing infrastructure. Doctor and other staffs tried to extend maximum service with their limited infrastructure. The critical patients have been referred to the nearest hospital in Khatra for Bankura and Puncha for Purulia region. But in rainy season it is very difficult to transfer or carry the patient from village. Ambulance facility was available in only for type-II village. Villagers of the Borda sabra colony and Sarasdanga avail Ranibadh BPHC in case of modern treatment process. According to the BMOH, villagers can get all the facilities during the treatment from there. It was noticed that the Hill Kharia of Sarasdanga and Borda Sabar colony have mainly visited Ranibadh BPHC for snake bite purpose if medicine is not available Jhilimili and Haludkanali PHC. A conspicuous psychological and

cultural differences has been noticed between the modern medical practitioners and studied tribe. The modern medical staffs who came to Rahidi and Damodarpur villages of Purulia belongs to different cultural background and hence in various cases they do not understand the perception of the studied tribal patient and always has tried to transfer from these areas. It was noticed from villages of Purulia that, the Hill Kharia patients were not properly guided by those modern practitioners regarding the causes, precautions of the diseases. The study shows that the concern tribe is also comfortable to visit the quack than a doctor. There was a quack in Damodarpur who helped both Type-I and II villages in Purulia. He belonged to the caste community (Mahato) but the Kharia people still keep faith on him regarding the traditional treatment. Being a residence of the same village he has developed well-versed idea about the perception of Hill Kharia people. There was another quack in Mukutmanipur who has covered the areas of Borda Sabar colony and Sarasdanga villages. It has been reported that villagers firstly relied on quack and consult with him then switched to Rural Hospital or BPHC.

Regarding the child birth the villagers mostly depend on *dai* or midwives and there is no such better alternatives in this circumstances. Studied population were very accustomed with homebirth rather than institutional delivery. This situation was common in both Type-I and II villages. Ill communication and distances from PHC are the main barriers for institutional delivery in both type of the villagers. The traditional faith in *dai* was another main factor to practice home birth among population under the study. Government has taken initiatives by their *Asha Karmee* to initiate the institutional delivery practices among the concern tribe. *Janani Suraksha Yojona Scheme* has been found to be another important initiative to attract

poor population for choosing intuitional delivery. But till now they are less aware about the institutional delivery.

In both type of villages, all the birth occurred at home by *dai*and they are satisfied by this traditional method. Continuous campaigning of the health workers insists the Kharias to have pulse polio for their kids. But for the awareness of overall immunization programme a large scale campaign has been needed in this areas regarding vaccination of children. Interaction with outside communities has played a crucial role in the context of type-II villages mainly Borda Sabar colony in Bankura where famous tourist spot is located. Large numbers of Hill Kharia people interact with the tourist. As a result cultural exchange has been occurred and it effects in immunization process among the children of the Borda Sabar colony. It was also stated that the peoples of the Type-I villages have faced problems regarding the pulse polio and other immunization distributing centre. There was no nearby distributing centre located in radius of 10-15 Kms.

One of the major problems has been facing by the studied population which is safe drinking water. Scarcity of safe drinking water was one of the acute problems in all categories of villages. The areas are less rain fall areas. The peoples of all the studied villages have facing very bad situation during summer period. It is also stated that the Hill Kharia peoples of type-I have consumed pond water during summer. As a result they have been facing various health hazards. Here is the possible proposal for betterment livelihood of the studied tribal community-

The under study tribal population Hill Kharia has an enormous knowledge of traditional medicine (both plant and animal originated). This traditional medical knowledge of the community should be protected as well as should be cultivated.

- The traditional knowledge of Hill Kharia society is very rich regarding health, disease and treatment. This traditional perception should be encouraged to continue.
- Most of the traditional medicine men in Hill Kharia society as well as neighbouring caste community (mahato) are in very poor economic condition. In this circumstance, Government should promote their medical practices with proper infrastructure and exposition and it may be available to other community.
- Government should make a policy to protect the forest in which this Hill Kharia community is totally dependent regarding collection and practicing of traditional medical system.
- PHC's were not well equipped in type-1 villages but it should be improved to meet the basic health need.
- Another very vital issue should be given is extensive awareness campaign from the NGO and Government regarding delivery system, immunization, sanitation and safe drinking water. But now *Mission Nirmal Bangla* programme has been started to implement in this rural areas regarding ODF (open defection free) by the Government and it is successfully running.
- Government should make initiatives to establish nearer Anganwadi centre from type-I villages like Rahidi (Purulia) and Ladda (Bankura) where the Anganwadi centre was located from far away from village. Moreover the Anganwadi workers should participate as active role in health education among the Hill Kharia. Government should very careful to implement any health scheme, keeping in mind degree of education, traditional wisdom, faith on traditional culture and lastly poor economic background.

Photographs during my Reasearch work

Pic-1- Hill Kharia settlements in village Rahidi (Purulia) Type-I

Pic-2- House pattern of Hill Kharia in Damodarpur village(Purulia)

Pic-3- Females engaged in making Bamboo handicraft in Damodarpur (Purulia)

Pic-4 Making Bamboo handicraft in Lada(Bankura)

Pic-5- Hill Kharia Child taking meal

Pic-6- Old women taking lunch at Sarasdanga (Bankura)

Pic-7- Hill Kharia women has making *Mahua* liquor

Pic-8- Cooking time at Sarasdanga (Bankura)

Pic-9- Washing mouth at morning in Sarasdanga (Bankura Type-II

Pic-10- Conducting interview

Pic-11- Collection of different medicinal plants used by Hill Kharias

Pic-12- Traditional medicine man at Damodarpur (Purulia)

Pic-13- A child just has finished his meal at Ladda (Bankura)

Pic-14- Religious place at house, *Tulsi Pinha*