Preface

The Rabhas are the Indo-Mongoloid group of people having cultural similarities and ethnic affinity with a number of ethnic groups. These similarities have been marked by different persons during different period of time.

There is no mention of the name of Rabha in ancient literatures or documents. The name 'Rabha' can be located for the first time in the book of Mirja Nathan Alauddin. He mentioned this word in his Farsi book *Baharistane Ghayebee*, which was written between the years 1608 A.D. to 1624 A.D.

A number of authors have stated that the Rabhas were first started to migrate from the Tundra region of south Siberia before 2000 B.C. and entered to India from the northeastern side and living permanently in the northeastern states of India including northern part of West Bengal. Now a day, the Rabha is one of the significant Scheduled Tribe (S.T.) communities of West Bengal living in the districts of Alipurduar, Jalpaiguri and Cooch Behar. On the basis of their place of habitation, the Rabhas of West Bengal can be divided into two categories, i.e., the 'Forest Rabha' and the 'Village Rabha'. Forest Rabhas are mainly inhabited in the forest areas of Alipurduar and Jalpaiguri district where as the 'village Rabhas' are generally settled in the plain land of Cooch Behar district.

For the present study, six Rabha villages have been selected on the basis of various predefined and post confirmed criteria and categorised into two different categories, i.e., category – 1 and category – 2. Andu Basti, South Mendabari Forest Rabha Village and Chhatrampur are included under the category – 1. These villages have the modern health institution (Health Sub-Center or Primary Health Center) within it or the close vicinity of the village along with very good road communication. The village roads are always accessible even in the rainy season.

On the other hand, category – 2 is comprised with another three villages namely Rabhaline, Dhumchi Rabha Basti and Bansraja. No modern health institution is situated in these villages. The villagers travel long way to get access to the modern health institutions. During the rainy season the village roads are full of mud and it is very difficult to access the roads.

The Rabhas considered for the present study are mostly Animist by tradition, but eventually a syncretised form of Animism and Hinduism initiates as a matter of continuous interaction with the adjacent Bengali speaking Hindu populations. The degree of admixture is found higher among the 'village Rabhas' who perform almost all the religious practices similar to the local Hindus and are more comfortable to introduce themselves as Hindu to the outsiders. In 'forest Rabha' villages the degree of admixture with Hindu cultural traits with the traditional Animistic religion is lower than the 'village Rabhas, but Christianity emerges as a strong catalyst of cultural transformation towards western culture in this sector. The Rabhas belonging to the Animistic religion are still continuing their age old traditional cultural practices whereas; the Rabhas converted to Christianity have started to continue their cultural practices with a wrap of western culture. So, to get a comprehensive idea about the concept of health, disease and treatment implications among the Rabha population of West Bengal, the villages have been selected from all the religious categories.

The introducing chapter of the thesis will highlight on the basic components of health, disease and treatment along with the conventional idea about Medical Anthropology and the role of cultural anthropology in studying health care practices. The second chapter will highlight on the selection of the villages on the basis of different criteria and a brief description of the considered population with demographic profile. The third chapter enlighten on the concept of health and different natural and supernatural beliefs regarding causation of diseases as well as various treatment modalities preferred by the population selected for the present study. Various ways of traditional health care practices including use of herbal medicines and appeasement of traditional deities or spirits are discussed in chapter four. Different government policies formulated for the amelioration of socio- economic status of the tribal population with a detailed discussion about the health facilities and programmes of the studied areas are discussed in chapter five. The chapter also unfolds the various concepts, mechanisms and present day situations regarding Child healthcare practices, personal hygiene, techniques of family planning, water supply and sanitation particularly among the tribal population under the study.

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