

Health, Tradition and Awareness: A Perspective on the Tribal Health Care Practices

Manish K. Verma

Associate Professor & Head
 Department of Sociology
 Babasaheb Bhimrao Ambedkar University
 Vidya Vihar, Lucknow
 Email: mkvbbau@gmail.com

Alka Shah

Research Scholar
 Department of Sociology
 Babasaheb Bhimrao Ambedkar University
 Vidya Vihar, Lucknow
 Email: _alkakayshap@gmail.com

The health care practices among tribal are the indispensable part of their culture. Primarily deriving from their own indigenous knowledge stock, tribal people have nurtured their own health care system organically linked with culture, tradition and ecology. It conveys a meaning of disease not simply left to the scrutiny of medical treatment but subjected to culture and traditional medicinal practices. For the last few decades the tribal people have been witnessing a gradual erosion of their ecology and traditional medicinal practices with the ruthless encroachment of human settlement. Although the advent of modern medicinal practices has remained less accessible to the poor tribal but certainly it has found some place in their indigenous health care system. The present paper argues that the poor facilities of modern medicinal practice could not provide a sustained alternative to the tribal people in contrast to their own traditional system of health care. The traditional medicinal practices under perpetual erosion still offer the main source for health care which needs to be substantiated by modern medical facilities by the government.

[Key Words: Tribal, Traditional Health Care, Modern Medicinal System]

Introduction

All India scenario of tribal health shows the prevalence of so many communicable and non communicable diseases threatening their existence, especially in the remote areas. Traditionally, tribal communities depended primarily on hunting, food gathering and forest for natural resources for their livelihood. The development policies initiated by the government failed to a great extent to benefit the tribal people. Paradoxically, the development policies

and projects started mainly in the tribal dominated habitations worked directly against their welfare and led to large scale displacement, thereby affecting their socio-economic life as well as health status. It could be argued that development projects like thermal power plants; coal mines factories initiated by the government in could not benefit tribal people and has resulted instead many types of health troubles endangering their very existence and life style. Tribal communities are enmeshed with wide spread poverty, illiteracy, lack of awareness, absences of safe drinking water, poor sanitations, malnutrition, poor maternal and child health care services, poor health care delivery services and accessibility to government hospitals.

In 1982, with the establishment of the National Health Policy, the Indian government declared the need to improve the health status and quality of life of underprivileged groups. However, programs to improve the health status and quality of life of underprivileged groups cannot succeed unless they form part of a larger effort to bring about an overall transformation of society. The intervention for improving the health status of women under the government of India's child survival and safe motherhood program, have the services for women, especially among the tribal women and children of Orissa' (Sutapa 2013: 11). Tribal people had their own medicinal system based on herbs and other forest items as well as their own system of traditional practices like *shamans* (medicine man) for diagnosis and treatment of diseases. It is to be noted that 'the health status of any community is influenced by the interplay of health consciousness of the people, socio-cultural, demographic, economic, educational and political factors. The common beliefs, traditional customs, myths, practices related to health and disease in turn influence the health seeking behavior of autochthonous people' (Balgir 2006: 162). In this vein, it becomes important to understand the health care practices of the tribal as well as their preferences for medicinal treatment. It has been argued that usually the tribal people prefer indigenous traditional methods of health care even if the modern medicinal facilities are provided to them. The present paper subtly explores the intricacies of the health care preferences by examining the plethora of studies available.

Tribal Notion of Health, Disease and Cure

The existing literature on the tribal notion of *health* and *disease* conveys a meaning which encompasses the understanding of their culture as well. On these lines Basu (1994) argues that the concept of health in almost all the tribal societies is a functional one and not clinical. 'Health is threatened not only by the spirit, including specialized disease spirits, but also by persons emanating evil. Lack of adequate normal food, effect of weather, excessive exposure to sun or rain or cold and physical contact with a diseased person etc. are some of the physical factors which are recognized as having deleterious effects on health. It has been observed that in the theory of disease causation and practice of disease treatment, the role of the spirits, ghosts, deities is so paramount that the tribal people have to take the help of the traditional diviners, medicine man, sorcers

and *SHAMANS* for appeasing, controlling, driving away the disease causing agents' (Basu1994 : xiii).

The perception about health, disease and health seeking behavior are not the same across culture. It varies from culture to culture as an integral part of ecology and culture ways. Human culture as a part of their cognitive development has complex ideas regarding causes of sickness and way of cure. 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 rational, and is influenced by non-medical cultural phenomena in number of way' (Sonowal and Praharaj 2007: 135). 'The health Seeking behavior of the individual group depends, by and large, on the value given to health and the lifestyle of the individual; it is natural to note that not all view health in the same way' (Swain 1998:13). 'In tribal communities the concept of etiology of disease can be broadly divided in two, natural causation and supernatural causation. In contrast to the nontribal societies where diseases are largely considered as natural phenomena which accrue from a physiological malfunctioning of the body, the tribal communities give more importance to the supernatural cases in their notions of etiology. Therefore, cultural factors like religion, social status, relationship with the fellow members of the society, nature of relationship with the supernatural world, etc; play a decisive role in the evolution of a concept of etiology in a tribal society' (Boban 1998: 34).

The major idea which all the research studies convey is the organic relation between tribal socio-cultural practices and health practices. Tribal health condition/practices cannot be defined only in terms of medical or biological aspects rather it is also influenced by social and cultural context. Even though tribal are poor but culturally and socially they are very rich. They have stock of health related practices like knowledge of *snake bite mantra*, herbs etc. Tribal health related practices depend on socio- economic and rituals and magico- religious practices and not only medicines. Mahanti (1994) says that 'these healing practices or health care systems were almost always assisted or supported by to touch of mysticism supernatural and magico- religious rites' (Mahanti 1994: 32). Apart from tribal culture, traditional healing practices had been in use in many traditions. Since the *vedic time* to present, many traditions has been using traditional healing practices, most prominent are *Aurvedic*, *Unani*, *Siddha*, *Nature Care* and *Yoga Medical Practices*. Mahanti (1994) has divided traditional medicine into two sentences: First, small and indigenous traditional medicines which include mostly folk system based on socio-cultural aspects as well as magico- religious aspects of smaller groups of people. Second is the great traditional medicine or a system based on the concept of *Aurvedic*, *Unani*, *Siddha*, *nature care* and *Yoga medical system*. This form of medicine takes into consideration homeopathy as well in the Indian context (Mahanti 1994: 34). Sing (1994) say that tribal health status influenced by some factors

acceding to him 'to examine the health of tribal communities, it is well recognize it as a product of complex inter- play of several forces and factors some of which can be spelt out as: (a) Physical environment. (b) Socio-economic state. (c) Nutritional availability and dietary habits. (d) Psycho-social culture. (e) Health culture and health related behavior. (f) Therapeutic systems in vogue. (g) Health delivery systems' (Singh 1994:42:43).

Misra (2004) studied that tribal health among *Saharia* while pointing a strong belief that person emanating evil, having mystical powers like evil eye and evil touch can also affect or deteriorate the health of a person. There are traditional healers *Janteyar* in the community who identify the cause of illness and treatment is based on it' (Misra 2004: 165). He also discussed 'the concept of health based on *emic* approach has not yet come to my notice. But in all levels of human adaptation to their respective environment, it has been pointed out again and again that, the strenuous, hard working and generally niggardly provided in life, being in the remote and often inhospitable environment of the tribal habitat, a man and women is not usually. Considered afflicted with some disease unless and until the individual feels in capable of doing normal work assigned to the respective age and sex in that culture. That means, the universal index of a threat to health is expressed through withdrawal from work. In this manner, the concept of health in almost all the tribal societies is a functional one, and not clinical' (Mahapatra 1994: 8).

There has been number of research studies describing the health status of tribal people in India (Shah 2014; Balgir 2006). Most of these research studies depict the poor health care services in the tribal region. Sonwal and Purujit (2007) study among Santhals of Orissa show the influence of modern medicinal practices apart from the existence of traditional healing practices. While exploring the tribal health seeking behavior among tribals of Orissa, Mahapatra and Kalla (2000) found that tribal give primacy to traditional health care practices before they seek for modern medicine. Research studies have also shown the health seeking behavior 'influenced by socio-cultural practices and ecology and environmental system of the areas concerned (Mahanti 1994: 33).

It may be argued that almost all the research studies show that tribal health and traditional healing practices are not only influenced by medicines but also influenced by socio-cultural rituals, traditional religious faith, belief, environment, ecology and forest. Tribal belief about some diseases like chickenpox relates them with god as well. Related with this are the issues of major health troubles tribal people undergoing like, unhygienic, poor sanitation, lack of nutrition food, safe drinking water, extreme poverty, illiteracy, and superstitions particularly related to health and illness, excessive consumption of traditional liquor.

Traditional Health Healing Practices

According to World Health Organization, 'traditional medicine refers to health practices, approaches, knowledge and beliefs incorporating plant, animal

and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being (2002:7)'. In tribal area mostly the people are dependent on traditional health healing practices like the use of medicinal herbs, plant, trees etc. In the absence of proper modern medicine health facilities, the traditional health care facilities are the only option left to them. Observations from the field shows that even in the case of modern medicinal facilities, tribal people would prefer to choose traditional health care facilities. The reason for their peculiar behavior could be less accessibility and expenditure.

The term healing is primarily associated with health and illness, healing is more than recovery from illness; more than alleviation of physical pain. It is also a relief from stress, anxiety, fear, guilt, loneliness and depression Healing is a holistic term which refers to a state of psycho-physical well-being. Unlike modern medicine, healing always focuses on the people, who suffer, not on the problem they suffer from' (Dalal 2013:21). 'People deeply believed that there were some diseases, which the modern medicine practitioners could not cure but the traditional healers could, as they were equipped with some super natural powers' (Praharaaj 2007:10). Other researcher says that "The indigenous medical system has sustained in society's social cultural complexes through deeply rooted processes. It is a set of concepts of health and illness that reflect certain values, traditions and beliefs based on people's way of life (Bhasin 2007: 78).

Factors Affecting Tribal Health

Research studies have pointed out various factors affecting the health status of primitive tribal communities. Major factors which induce the health trouble for tribal are environmental effect, behavioral 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. Tribal health situation worsens further with the problem of potable water when it combines with unhygienic surrounding. Some research studies have pointed out that 'the existing habits of defecation may be responsible for health. The medical doctors PHS mentioned that the germs of cholera typhoid and dysentery are adequately present in the stool of affected men. During rainy season these germs get mixed with stream water and this contaminated water is used by the *Saharia* and thus they suffer from these diseases' (Misra 2004: 168).

The utility of modern medical treatment acquires lot of meaning when the case of tribal shows the high incidences of malnutrition, morbidity and mortality. Any serious effort to improve the status of tribal communities will demand special health care service for the community. 'To improve the tribal health condition the research should go through human perspective than technological frame Vitamins, minerals, proteins etc provided by Government health care services cannot be a proper substitute or solution to tribal deficient nutrition. They need a curative health treatment, preventive and immunization measures, hygiene and sanitation, health education etc. various plans and

schemes like the Tribal Sub Plan (TSP), Integrated Tribal Development Project (ITDP) has been implemented by India Government' (Singh 1994: 54-55).

Sachchidananda (1994) states that concept of disease as well as treatment is very different among tribal. Instead of taking medicine they used to 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 humorous faulty diet, lack of harmony with supernatural world activities of ghost and witches, displeasure of diets, imbalance of forces which control health and inappropriate behaviors in physical, social and economic matters etc. Generally the natures of healing methods are varying with the type of causes indentified for that particular disease. Health condition of tribal community cannot reach the same level as the other population of the country even if government provide them all health services on account of their poverty and unhealthy. Because they are suffering 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 provides the health service should have knowledge about the social and cultural pattern of tribal community (Sachchidananda 1994: 67-68).

While advocating the need for special health care services for tribal Chaudhury (1994) talks about mainly two major problems often found behind tribal health problem. First one is tribal community generally live in isolated remote forest or hilly region where the modern medical facility can not be reached easily; naturally they require a special health treatment. Secondly, there is a negative trend in population among some community. Naturally the demand of careful attritions of the study on their existing healing practices becomes imperative. Declination in population is not because of their low fertility but because of high mortality and lack of modern medicinal facilities. Therefore it becomes important not only to study tribal disease and their healing methods but also the main constrain for acceptance of modern medicines. They need special plans, policies and schemes implication than the other population of the country. Each and every tribal community have their own beliefs and remedy on different types of diseases (Chaudhury 1994: 71-72).

The traditional method of treatment and health care depends on their deep observation and understanding about the nature and surrounding environment. The perception about the medicinal plants has been derived by them through their observation of the other animals in nature. Tribal community of India who are mainly living in the hilly and forest region is a vulnerable group so as their health. In the report of 1956-57 the commissioner of schedule caste and schedule tribes mentioned some of the disease which are prevailing among the tribal community those are tuberculosis, leprosy, malaria, venereal diseases etc. Those diseases are preventable with proper knowledge about the precaution of health disease and health remedies. But knowledge of health care

cannot be used properly without any interference in the superstitions. On the other hand nutritional deficiency, hygienic issues are also affecting tribal health. They need to change their traditional food habits and they should have more green and yellow vegetables which is the source of iron. Proper food habit will increase the immunity resistant of their body which leads to a better health status (Sinha 1994).

Patterns of Treatment

Tribal people use traditional health methods, ethno medical system like medicinal herbs, home remedies, help from traditional diviners etc. Misra (2004) says, 'the treatment procedure in tribal includes preventive and curative aspects. In preventive aspect, they perform rituals, use charms and amulets and animal sacrifice whereas in help of sacred specialists, priests and medicine men' (Misra 2004: 253). They 'believe that diseases and misfortunes are caused by hostile spirits, ghosts of the dead or by the use of evil spiritual powers by enemies. That a disease which is caused by evil spirits can only be cured by spiritual powers, is the main idea behind their system of treatment. Therefore, for all ailments they go to their traditional healer locally called 'Janteyar' (Baiga). All diseased like typhoid, tuberculosis, tetanus, pneumonia, fits, measles are considered to be caused by evil spirits and ghosts of the dead' (Misra 2004: 172). Other research studies describe that 'in the theory of disease causation and practice of disease treatment, the role of the spirits, ghosts, deities and disease- gods and goddesses is so paramount that the tribal people have to take the help of the traditional diviners, medicine men, sorcerers, and 'shamans' for appeasing agent' (Mahapatra 1994: 8). 'The tribal do have some scientific knowledge which they have learnt through trial and error method. But this knowledge does not exist in isolation, rather is a part of their entire socio-cultural religious system. Besides magic is a part of tribal religion. The treatment procedure among the tribal can broadly be divided into preventive and curative methods through such demarcation does not exist and the whole filed or seeking care is a continuous one' (Swain 1994: 17). 'The tribals believe that a cordial relationship with the deities and ancestral spirits will ensure good health for the members of the community. So, they perform various ceremonies throughout the year during annual festivals, to renovate their relationship with super naturals, and thus insure the protection of the hamlet. They also believe that if proper protection is not offered to the deities and to an ancestral spirits, then other calamities to the member of the community may happen' (Boban 1998: 268).

The most important elaboration on the use of treatment pattern among tribal has been given by Boban (1998). He points the existence of more than one medical system to deal with illness. 'Such a phenomena of medical pluralism is very much alive in the case of tribal communities. In olden time the tribals who lived inside dense forest, completely isolated from the modern civilization, have been making use of their etho-medicine for the treatment of whatever diseases are afflicting them. But in the alter circumstances of the present day, the tribal

are exposed to various kind of medical system in addition to their own. Even though they accept that modern medicine is efficacious in the treatment of various illnesses, they consider ethno-medicine as the only remedy for certain other illness. They cannot understand the logic of using modern medicine in illness caused by super natural forces but are ready to accept the efficacy of modern medicine in diseases accruing through natural causes. Thus they make an arbitrary division of the illness and use both system of medicine selectively' (Boban 1998: 41-42).

Modern medicine has come to stay among the tribe and it flourishes along with ethno-medicine which is still strong in the tribal universe. Both play relevant roles in their health care and the tribal exploit the facility of the two systems with a sense of pragmatism. As the ultimate aims of both the system of medicines is to preserve the health of people by fighting against diseases, integration of modern medicine in the health care system of the tribal community. Total displacement of ethno-medicine there are certain components which could be retained because of their ecological and environmental advantage. Integration of modern medicine with health habits of the tribal may appear simple and easy archival but a number of ideological and practical hurdles are present in the way of attaining this goal' (Boban 1998: 302). 'It is a common complaint of the health administrator that the tribals are not cooperating with the whenever they implement medical programmes for their benefit. But administrators do not realize that this problem is arising due to lack of understanding about the new medical system. So imparting awareness among the tribal about modern medicine, is an essential step for carrying out the medical programmes successfully' (Boban 1998: 302).

Conclusion

Traditional health care practices among the tribal generally relate to ecology, forest and nature and has deep rooted linkages with their own culture, beliefs, superstitions and religious faith. Traditional and indigenous system of medicine still persists among the tribal people. Their unique traditional system of health care which has passed down from generation to generation is still the prevalent system. The prevalence of indigenous health care system could be found within the remote rural areas of the country as well. Research studies have shown that tribal people possess knowledge about phyto-medicines and are still depending on the traditional ethno-medicine and healing practices for their primary health care. These traditional practices carry huge importance in the region where modern health care facilities are either not available or difficult to access.

Apart from the research studies claiming the centrality of traditional health care practices among tribal, there exist a set of research studies which shows the declining trend of traditional health care practices. In some cases it has been found that the use of traditional medicine and traditional health care practices is under decline, especially where modern health care facilities are provided by the government. One major factor which has affected the traditional

health care system is education and awareness programmes initiated by the government but its affects have remained very meagre. Tribal used to give secondary importance to modern health care system but during recent years, traditional health care practices has got affected due to decreased dependence on the nature and its product. The degradation of forest, ruthless expansion of the urban area and many other modern development processes has affected the traditional relation between tribal, forest and health care practices. In this vein, one could also find research evidences informing us about the continuous shifting of tribal health care choices from traditional medicinal practices to modern medicinal system because of its effectiveness and easy availability. The research studies have also found the lackadaisical attitude and decreased value of the medicinal plant among the present generation of tribal communities across India.

Apart from the earlier belief that tribal people are resistant to the modern medicine, research studies have advocated the other part of the story. Swain (1994) informs that the recent interest of health personal in the socio-cultural factors in causation of diseases process is not without any reason. It has been realized that disease are not only due to physical, chemical or biological process but also due to a number of socially and culturally determined factors. This relation of multi factorial causation of disease brought the social and medical scientists close together to fight against the common enemy. The concept that tribals are resistant to modern medical care system has not been found to be true. Wherever facilities are available, their system of health seeking has tilted in favour of modern medicine. It is to be noted that in a traditional society the culture and value system was solving a lot of conflict. In the changed situation, vacuum is likely to be created. Which might make them more vulnerable to newer vices? Hence the planners should take in consideration the life style, belief, cultural milieu, social organisation and the channel of communication of the tribal people before into during developmental activity' (Swain 1994: 23-24).

The health seeking behavior of the primitive tribal groups (PTGs) is supposed to be highly associated with their beliefs; customs and practices, since, majority of the population in these societies are illiterate, poor and lacking modern health facilities. Health and disease are a continuous process and are interlinked with the health seeking behavior of the community'. 'The conceptualization and measurement of health and quality of life are gaining increasing attention in the health services. One of the major issues in the health status measurement is the health seeking behavior of a community which governs the morbidity and mortality pattern. Since the concept of health occupies different meaning in different social systems, the health seeking behavior of a community cannot be studied in isolation from the social; network of a community as it is deeply interwoven into every event of social, economical and biological aspects of a population. Each of these aspects has a deep influence on health and to raise health status and quality of life of people

sustained efforts are required to bring about transformation of the society as a whole in graded amplitude' (Misra 2004: 268).

The present paper has elaborated the insights provided by various set of research studies on the issue of tribal health care practices. The paper has juxtaposed set of finding which claims different trends. There are studies which lay claims for the tribal resistance and unwillingness to go for modern medicinal practices and there are studies as well which argue the other side. It has to be argued that there is a tendency among the tribal to mingle traditional health care practices with the modern one. It is precisely their understanding of health and disease which makes traditional health care practices indispensable for them. For a tribal community, a disease is not only a physical event rather a part of their culture and life. Its remedy lies not only in imported medicine but within the culture. Our approach to address the health status of tribal community should address this underlying issue. The practical way out which could be suggested is to provide them accessible and affordable modern health care practices. It would be very devastating to criticise and disturb their indigenous health care system without providing them accessibility to the qualitative modern medical facility.

References

- Balgir, R. S. 2006. 'Tribal Health Problems, Disease Burden and Ameliorative Challenges in Tribal Communities with Special Emphasis on Tribes of Orissa', *Proceeding of National Symposium on Tribal Health (161-176)*, accessed on 11-04-14, http://www.rmrcet.org/files_rmrc_web/centre's_publications/NSTH_06/NSTH06_22.RS.Balgir.pdf.
- Basu, Salil. 1994. 'Tribal Health in India'. Delhi: Manak Publications.
- Das, R. Chandra. 2013. 'Traditional Health care system of Odisha to cure cholera', *International Journal of pharma and Bio –science*, 2013 Jan, 4(1):534-539.
- Government of India. 2010. *Profile of Scheduled Tribes in India 2010*. Ministry of Tribal Affairs, Statistics Division.
- Government of India. 2013. *Annual Report 2012-13*. India: Ministry of Tribal Affairs.
- Government of India. 2013. *Tribal at Glance*. Ministry of Tribal Affairs. <http://tribal.nic.in/WriteReadData/CMS/Documents/201306061001146927823STProfileataGlance.pdf>. (accessed on 13 April 2014).
- Government of India. 2013. *Tribal at Glance*. Ministry of Tribal Affairs. <http://tribal.nic.in/WriteReadData/CMS/Documents/201306061001146927823STProfileataGlance.pdf>. (Accessed on 13 April 2014).
- K, Jose, Boban. 1998. *Tribal Ethnomedicine: Continuity and Change*. New Delhi: APH Publishing Corporations.
- Mahanti, Neeti. 1994. *Tribal Issues a Non- conventional Approach*. New Delhi: Inter-India Publications.
- Misra, Pramod. 2004. *Ecology, Culture and Health Primitive Tribe*. New Delhi: Serials Publications.
- Sachchidananda. 1994. 'Socio Cultural Dimension of Tribal Health' in Salil, Basu (ed): *Tribal health in India: 67-68*. Delhi: Manak Publications.
- Sinha, U.P. 1994. 'Traditional Tribal Medicine and Modern Health Care System' in Salil, Basu (ed): *The state of Art: Tribal health in India: 161-162*. Delhi: Manak Publications.
- Sonowal, C. J and Purujit, Praharaj. 2007. 'Tradition Vs Transition: Acceptance of Health Care Systems among the Santhals of Orissa', *Ethno-Med.*, 1(2): 135-146.

[The final revised version of this paper was received on 11 November 2014]