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Continuity and Change in Health and Health Care Practices among the Mishing Tribe of Golaghat District in Assam

Dr. Tapan Saikia

Assistant Professor in Sociology, H. P. B. Girls' College, Golaghat, Assam, India

Abstract:

Traditional health care systems have been prevalent in every country in general and in every tribal society in particular since the beginning of the civilization in one form or other based on medicinal herbs, roots and tubers and healing practices based on ayurvedic, unani, sidh as well as nature cure and yoga system. Likewise, the traditional outlook, customs, rituals, beliefs and concept of etiology as well as diagnosis and treatment of diseases, all are changing fast under the impact of ongoing modernization process. In this paper an attempt has been made to discuss about the traditional health care practices and the changes taken place in this system in a Mishing village of Golaghat district in Assam selected purposively.

Key words: Health, Mishing, Tribe

1. Introduction

Health is man's natural condition. It is the result of living in accordance with natural laws pertaining to the body, mind and environment. These laws relate to fresh air, sunlight, exercise, rest and relaxation, sleep, cleanliness, elimination, right attitude of mind, good habits and above all lifestyle (Sachchinanda 1994). Health care is intrinsic to the well-being of the people and has to be promoted as an economic value, and as a means to reduce absenteeism, debility, disability and raise efficiency, productivity and finally the income earning capacity. Health cannot be given or distributed but has to be actively acquired and won. Health is.... "a state of complete physical, mental and social well-being and not mere absence of disease or infirmity" (WHO 1948). This broad concept of health implies a perfect harmony of man's internal environment with his external environment consisting of physical, chemical and biological surroundings.

The tribal people are undoubtedly the weakest of the weak sections. Hence, the subject of 'Tribal Health' assumes much significance. On the other hand, the tribal health system is based on the twofold plank of psychosomatics and herbal knowledge. Thus, from the tribal perspective the interactive factors of health are the surrounding environment, behavioural patterns, cultural pattern and life style, hereditary and genetic determinants and health care delivery service. As the tribal communities differ in respect of social structure, culture, political organization, ecological environment, etc., their health problems are also not uniform. The present paper is an attempt to discuss about the traditional health care practices and the changes that have been taking place in that system among the Mishings of Baghedhara village in Golaghat district of Assam.

2. Objectives of the Study

The objectives of the present study are as follows:

- To understand the concept of health among the Mishing tribe.
- To know the traditional beliefs and the changes about health, diseases and treatment, health care practices as well as the health seeking behaviours among the Mishing tribe.

3. Methodology

The present study has been conducted to know the concept of health and the health care practices among the Mishing tribe in a Mishing village selected purposively. The study utilized two types of data; viz., (i) field data of oral nature and (ii) documentary data of historical and contemporary nature. The field data have been collected from the Baghedhara village under the Gamariguri Development Block and the documentary data, from census records, Panchayat records and journals and books. The data have been collected by administering a structured interview schedule, supplemented with observations and informal discussions.

4. Field of Study

The present study has been conducted in a Mishing village called Baghedhara. It comes under the Adarsha Gamariguri Gaon Panchayat within the Gamariguri Development Block of Golaghat district in Assam. The village is situated at a distance of about 20 kilometers from Golaghat headquarter town. It is surrounded by Jyotipur village and NEC Road on the West and Nabajyoti and the Bijoypur villages on the South. Its boundary is extended up to Adarsha gaon (A) on the East and Adarsha gaon (B) on the North. The total geographical area of the village is 1246 Bighas. Baghedhara has 75 households with a population of 505 persons. Males are 255 and female are 250. The sex ratio is 980 in the village as against 954 in Assam and 961 in Golaghat District (Census 2011).

5. Continuity and Change in Health and Health Care Practices

In tribal societies a person is considered healthy when he is not affected by any disease, consumes food as usual and carries out his normal functions without any difficulty. There are two components in the concept of health of the tribal people which are present almost universally. Firstly, the individual may be committing or omitting certain acts which may bring upon the individual or the household some affliction and, secondly, the belief in some benevolent and malevolent spirits, ghosts (Mahapatra 1994). The field of tribal health can be viewed in two main aspects: (i) as a cultural complex, i.e. a complex of material objects, tools, techniques, knowledge, ideas and values and (ii) a part of social structure and organization, i.e., network of relations between groups, classes and categories of persons. Knowledge of these two aspects is necessary in itself and in relation to other fields of social life such as economy, religion, magic and law. When it is talked about tribal health and their beliefs and practices, one has to realize the immense heterogeneity in this area. The entire field, however, can be regarded as a sub-system of the social system which is continuously changing and adapting itself to changes in the wider society (Sachchidananda 1994).

In Baghedhara 'health' is considered as absence of any kind of disease (physical, mental, spiritual and social). A person free from any kind of disease is called healthy. Therefore, in their day to day life they traditionally observe certain health practices such as taking meal in time, observance of certain religious practices, wearing of talisman, etc. They believe that performance of religious activities can satisfy the gods and goddesses who are responsible for particular diseases. Similarly, wearing of talisman can escape people from evil spirits. Thus, the Mishings also believe in psychosomatic and supernatural determinant of health.

Many tribal communities have built up reservoirs of health and medical knowledge over aeons for upkeep and survival. Broadly speaking, the tribal systems depend both on herbal and psychosomatic lines of treatment. In Baghedhara the villagers have a good knowledge of common diseases and their remedial response in the form of herbs, roots and shoots of plants. They are confident to treat patients suffering from fever, cold, cough, headache, bodyache, stomach disorder, bronchitis, wounds, injuries, snake bite, dog bite, skin diseases, scabies, termination of pregnancy, etc.

Traditional health care systems have been prevalent in every country since the beginning of the civilization in one form or other based on medicinal herbs, roots and tubers and healing practices based on ayurvedic, unani, sidh as well as nature cure and yoga system. The tribal people or the indigenous people living closest to nature are influenced more by socio-cultural and environmental dimensions in their healing practices. Since tribal belief relates sickness, death and ill health to the curse or good will of the deities worshipped by the concerned tribes, appeasement of the God as well as destruction of evil spirits forms a major part of psychosomatic healing or health care system. It may be safely assumed that tribal people living closer to the nature would involve their well-being both physical and mental to such dimensions. Hence, tribal health care systems are based on herbal medicine, ayurvedic medicine and other related systems like sidh, yoga and rituals along with a strong leaning towards magico-religious practices associated with appeasement of God and keeping the evil spirits at bay. The tribal approach to health is a holistic, integral and undifferentiated one which emanates from their integrally organized culture and society.

Belief in *mantras* and amulets is an important aspect of traditional health care system of tribal societies. Like other tribal communities the Mishing also have deep faith in the efficacy of mantras (magic) or amulets in curing diseases. In their society when somebody falls ill they will first contact the *Bej* (medicine man) for help. He will diagnose the cause of the illness through divination. At the time of divination he will invoke the dead ancestors and gods, through appropriate spells and incantations. They will convey the causes and remedies of illness to the *Bej* and he will treat the patient according to these directions. According to a *Bej* in Baghedhara, there are four major causes of illness; namely, (i) anger of god, (ii) anger of ancestral spirits, (iii) breach of taboo and (iv) possession of evil spirits.

Like other factors religion is also an influential factor within the area of traditional health care practices. In the village health and treatment are closely interrelated with various religious beliefs and practices. The concept and practices of folk medicine are based upon the practice of mysticism, the concept of supernatural, cosmological speculation and practices, magico-religious rites based on sacrifice, rituals as well as iconography or use of good and evil symbols on places of worship inside the household. This traditional healing system includes oral indigenous medicines, external application of herbs and potions as well as faith in healing process through sacrifices like rituals or rites for appeasement of gods and destruction of evil spirits. This medicine system has still retained its traditional form in interior tribal areas where traditional medicinemen and the men dealing with magic or supernatural elements jointly conduct the health care system. The knowledge of such medicinal plants and preparation of medicine are still handed down mostly in oral form to the next generation of such practitioners.

The villagers believe that a cordial relationship with the deities and ancestral spirits will ensure good health for the members of their community. So, they perform various ceremonies every year during the annual festivals, to renovate their relationship with the supernatural forces and thus ensure their protection. Some of the main pujas-cum-festivals of the Mishings are *Po:rag*, *Ali-ai-ligang*, *Taleng Uie*, *Dabur*, *Ashi uie*, *Yumrang uie*, and *Dodgang*, *Urom Apin* etc. and these can be divided into three broad headings – (i)

group *puja*, (ii) personal *puja* and (iii) *pujas* due to causes (Bordoloi, Sharmathakur and Saikia 1987). They also believe that if the deities and ancestral spirits are not satisfied, then, they will get angry and inflict diseases and other calamities upon the members of the community.

The traditional outlook, customs, rituals, beliefs and concept of etiology as well as diagnosis and treatment of diseases all are changing fast under the impact of an ongoing modernization process. Golaghat district in general and, in this context, the Baghedhara village are no exception to this. In the village, some significant changes have been taking place in health care practices.

The following is an attempt made to discuss the changing aspects of health care practices in Baghedhara.

5.1. Mouth Cleaning

Both men and women in the village clean mouth in the morning. Generally, they use tooth brush and tooth paste for the purpose. But due to high cost of these some people use cheap tooth powder available in the market. They also use the midrib of a coconut leaf as tongue cleaner. They split the midrib to make its edges sharp. The children are not much particular in cleaning tongue. While cleaning their teeth, they wash their face and eyes also. As found in the study out of 255 male members 209 (81.96) brush their teeth regularly, whereas 219 (87.6%) out of 250 females brush their teeth regularly. Those who brushed their teeth on alternate day are mostly children who belong to below 7 years. Thus, the women are more conscious on this matter.

5.2. Bathing Habits

Generally, the villagers take bath once a day. But the women are not particular in washing their heads daily. As they grow long hairs, it will take long hours to dry them. But due to their heavy load of household work they cannot spare long hours for it. So, they wash their heads once a week. During their menstruation the women take bath daily. They believe that menstruation pollutes their bodies and they have to clean it daily. Or else, some evil spirits will possess their polluted bodies. Thus, their habit of body cleaning is caused by traditional beliefs and not by modern knowledge of hygiene. The study reveals that out of 250 women 77.6% take bath once a day whereas 17.2% take bath twice a day and only 5.2% have the habits of bathing on alternate day. On the other hand, in case of men, though 78.43% and 14.51% are found taking bath once and twice a day respectively, 7.06% take bath on alternate day. Thus, the women are found to be a little more conscious on personal hygiene.

5.3. Habit of Eating

The villagers take meal three times a day. They take it around 8 a.m. in the morning, by 3 p.m. in the evening and by 9 p.m. in the night. Their staple food is rice. It is taken with a side dish of some vegetables or meat or fish. So, their diet consists of rice, vegetables, meat or fish. Sometimes they eat packed food items like bread, biscuits, etc. The villagers do not observe any difference of males and females in case of taking meal and there is no any special food for men and women.

5.4. Consumption of Alcohol

Both males and females in the village drink large quantity of liquor (foreign or country made). However, only few individuals are found as habituated drunkards. Most of them drink occasionally and it does not affect their health adversely.

In the village 78.82% of the men and 71.6% of the women consume alcohol in their daily life while 21.18% of the men and 28.4% of the women are not consuming alcohol. Thus, both males and the females are taking alcohol irrespective of gender as there is no restriction on taking alcohol in their society. Yet, the number of the women taking alcohol seems to be declining.

5.5. Smoking and Chewing

The villagers are very much fond of chewing betel nut. 'Beedi' or cigarette is their secondary choice. They take a piece of betel leaf, a piece of tobacco and a little lime with the betel nut. Some people chew tobacco only. Though the females use betel nut in their daily life they do not smoke cigarette or beedi. Of course, they are not aware of any restriction on this matter. They think that smoking is a sign of masculinity and therefore they should not smoke it.

5.6. Age at Marriage

Another important aspect influencing health care is the age at marriage of boys and girls in the family. The Mishings have no tradition of child marriage. According to them, pregnancy of women below 18 years of age is inadvisable because it threatens the life and health of young mothers and the risks involved increase sharply with the birth of second and third child during teen years. Therefore, according to them, there is a need to legally rise the marriage age of girls. It is found that out of 180 total married men and women in the village 30% men and women have preferred to marry within the age of 26-30. It is also found that 38.89% women in the village prefer 21-25 age groups for marriage whereas 38.89% men prefer to marry in the age group of 26-30. Thus, we may say that, women in the village prefer to marry in their early age whereas men prefer the late age. This age difference between males and females is due to biological factor. The villagers think that early marriage of women, as compared to men, is necessary to deliver healthy children.

5.7. Habits of Using Contraceptives

The process of family planning is influencing by the modern health care system. Though the Mishings used the herbal contraceptive in earlier days, now-a-days they use modern methods of family planning. In the village, both males and females are aware of family planning method. However, the females are found greater in number than the males in its adoption. This may be due to the patriarchal

society where the females play a secondary role and the decision about the method of birth control may rest on the male counterparts. As found out of 180 married men and women in the village 33.33% used contraceptives and other 66.67% do not use it. Those who have used contraceptives include 27.78% males and 38.89% females. On the other hand, 72.22% married males and 61.11 married females do not use contraceptives. These data show that the number of females is more than that of the males using contraceptives. It indicates the gender difference between men and women where women prefer to use contraceptives. Thus, most of the women are aware of the existing family planning services, which are available at all the medical centres.

5.8. Sanitary Conditions

The overall sanitary conditions of the villagers are not good. There are many factors like poverty, ignorance, social customs, religious sanctions, age-old habits, and climatic conditions, etc., which play a role in the maintenance of a healthy sanitary atmosphere in the village. As ignorant about the micro-organisms and modes of infection they are least bothered about many of the unhygienic practices. They do not consider these things harmful to their health rather than to be natural phenomena. Therefore, only 2.67% households in the village have sanitary facility. Thus, almost all the households (97.33%) use non-sanitary type of latrine in the village.

5.9. Immunization Practice

Awareness to modern health practice of the Mishing people influences the immunization practice also. Though they did not practice the immunization earlier, now-a-days they practice it completely. Of the families in the village all the families have immunized their children. The immunization status in the area is very high as these services are available easily. In the immunization no gender discrimination is practiced. In the study it is found that out of 75 households 92% of households have vaccinated or immunized children below five years. Both boys and girls are immunized in the village.

5.10. Purification of Drinking Water

The system of purifying drinking water is very much neglected in the tribal societies. The minerals and other contents of water which is used for drinking, washing and cooking purpose are taken from various sources like wells, tube wells, ponds, rivers and streams, etc. Besides the useful mineral and other contents, the water in rural and tribal areas carries germs of various water-borne diseases like diarrhoea etc. This is an easy way for epidemics to spread from person to person through the medium of drinking water. So, purifying of drinking water avoids health hazards. In the village 58 households (77.33%) are purifying drinking water and the rest do not.

5.11. Use of Mosquito Net

In the village 2 males and 2 females were found suffering from malaria. Mosquitoes are the source of malaria and it is necessary to use mosquito net while sleeping. The villagers are more conscious on this matter. All of them, irrespective of gender, use mosquito nets in the village.

5.12. Sources of Drinking Water

Generally, the tribes are used to collect water from the natural sources like springs, ponds, brooks etc. But in Baghedhara the people do not use these types of sources of drinking water. All the households in the village use deep tube well for drinking water.

5.13. Treatment/ Medicines

Despite the improvement of medical facilities in the form of modern medicines and improved equipments, the villagers still rely mainly on their local medicine men. The people believe that these medicine men have spiritual and magical methods of curing diseases. Most of them attribute diseases and premature death to evil spirits and magicians or breach of taboos. They go to the traditional medicine man, who divines the causes of the ailment and prescribes sacrifices or counter magic. Sometimes, both traditional and modern treatments are taken simultaneously. Usually they go to hospital when the traditional treatment fails.

The illiterate village midwife attends to the delivery cases and the older women's injunctions, superstitious beliefs and folktales serve as clinic for maternal and child care in the rural areas. Added to these social and cultural factors, the low literacy level, poverty and unhygienic home conditions perpetuate the traditional belief system. Pregnancy is kept secret as far as possible and complications that arise at the time of delivery are sorted out either by the village *dhai* (midwife) or through prayers and offerings to the goddess. In the village (65.33%) are found as the believers in *mantras*/ amulets or any other magic for treatment.

In Baghedhara the villagers use herbal medicines also for treatment of diseases. As found in the study herbal medicine or indigenous medicine is their first preference (44.66%) for treatment, which is obtained through local people or from jungle. It was observed that this tribal people use tulsi leaves, turmeric powder in case of fevers and injuries. They use the juice of tulsi leaves with ginger for cough, etc. The women use the indigenous herbal concoctions to avoid pregnancies, treatment of infertility and some common ailments; of course, it is very difficult to get the details thereof.

In the village use of both allopathic and ethnomedicine is also found. When a patient is very weak and cannot go for treatment, he/ she will take ethnomedicine. After a few days of treatment there may be some relief in his/ her condition. Then he/ she will go to a hospital for treatment. Thus, the tribal people select the type of medicine according to their need and pressure of circumstances.

However, the influence of modern medicine has shaken the base of their age-old concept of disease and its treatment. It has also been observed that because of faster change among the Mishings they are now relatively more modern in this respect. One of the *Bejs* said that many of the herbal treatments known to their earlier generation were forgotten thereafter. The bone-setter said that he would not

transmit his knowledge to the next generation. For, the profession was not remunerative enough as compared to the time and efforts employed.

6. Conclusion

To conclude, it can be said that traditionally the villagers have had a holistic and integral concept of health, disease, etiology and treatment. The concept was shaped by their environmental factors, social conditions and cultural beliefs. Health care itself was integrally implicit in their socio-cultural practices. Men and women, both, played equally important roles in economy, kinship, religious and political activities. Owing to their patriarchal tradition the women lacked only in religious and political leadership. The strong influence of their undifferentiated social structure and culture has been continuing in contemporary times also. But in the process of acculturation their traditional social integration has been influenced by incorporation of various cultural elements like new rituals, education, new knowledge about health and health care, etc.

7. References

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