

Indigenous knowledge and health care practices among the santal communities: A case study of Mayurbhanj district of Odisha

¹ Dr. Krupasindh Nayak, ² Debaki Naik

¹ Assistant Professor, Department of Sociology, KISS, KIIT University, Odisha, India

² Research Scholar, Department of Sociology, KIIT University, Bhubaneswar, Odisha, India

Abstract

The tribal communities have a vast repository of Indigenous knowledge reflected in their everyday aspects of life and living. Indigenous knowledge has been referred as the unique, traditional, local knowledge existing within and developed around the specific conditions to men and women indigenous to particular geographic area. This knowledge system is transferred across generation through oral traditions, processes and practices. Importance of good health has been well recognized over time. But many times a section of our society suffer from ill health and do not have much access to health facilities in remote areas of our state. Ill health and illiteracy are few root causes of poverty in India and also Odisha where tribal communities and dalit live in sizeable number. Conceptually in common parlance health means absence of morbidity for pathological conditions in body or mind and ability to function as a normal human being. The life and livelihood of tribal people in Odisha is sustainably influenced by the geo-physical structure they live in. This paper outlines an attempt to study indigenous knowledge related to medicinal practices among the Santal community of Mayurbhanj district of Odisha. The paper presents findings from an exploration of different indigenous methods of diagnosis and treatment of diseases, identification of specific plants used in medicine and cure of diseases and to document their perception of illness and disease by probing through their system of disease classification. The study is also intended to assess the general health condition of the Santal tribal in Odisha.

Keywords: tribal, santal, *jahera bonga*, morbidity, indigenous

1. Introduction

This article was originally prepared as a background paper to a proposed ethnographic study of tribal health status specifically pertaining to the tribal of Mayurbhanja district of Odisha. Anthropology is generally characterized as a 'holistic' discipline which emphasizes the total social and cultural context in the explanation of the structure and the behavioural patterns of human groups. Anthropological concerns include the study of dialectical relationship between individual society and culture. Health is one of the assets of life, which all human being desire to achieve. Health is multidimensional and includes physical, psychological and social well-being and merely the absence of disease and infirmity and as we all know is a pre-requisite for human development, productivity and is an essential component for the well-being of the common man. Importance of good health has been well recognized over time.

Health may be conceived as a product of many factors and the communities contribute to share the responsibilities of its maintenance and become conscious about health and its hazards. World Health Organization defines human health as a 'state of complete physical, mental and spiritual well-being and not merely the absence of disease and infirmity (WHO, 1946). Good health is a condition of human body, mind and the absence of any disease. Human life is materially and socially productive and culturally meaningful if one is endowed with their environment are both biological and of health, disease, illness and sickness are inextricably intertwined with social, cultural and economic factors which are influenced by the well-being of family members and on

their access to resource (Van Bolen, and Dormael 1999) [12].

The term 'health' is understood differently but different people developing upon the specific social, economic, educational, cultural and political situations in which they happen to be expressed (Shankar, et al., 2012) (1946 Preamble to the constitution of the WHO as adopted by the International Health conference, 1946. Hence health is intimately associated with social and cultural life of the people. In fact all communities, especially tribal have their own concepts of health and diseases, as part of their culture. The tribal people have adjusted themselves with their surrounding by developing knowledge including health, disease and treatment. Their health is the perceptions and conceptions in their own cultural based on external stimuli emanating from astrological influences, with craft and evil spirit in the etiology of diseases, with less awareness of the modern health care and health status. According to United Nations Universal Declaration of Human Rights (1948), there is a human right to health. Article 25 of that document states: "Everyone has the right to standards of living adequate for health and well-being of himself and his family, including food, clothing, and housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control (Tarafdar, 2008) [11]".

2. Health Status of the tribes of Odisha

There are 62 tribal communities including 13 Particularly Vulnerable Tribal Groups (PVTGs) with a population of 8.15

million constituting 22.3 percent of the state population (Census, Census). The tribal population in Odisha has distinct health problems which are mainly governed by their habitat, difficult geographical terrain and ecological variable inched. The situational analysis of health indices of tribal communities of Odisha is worse than the national average: infant mortality rate 84.2; under-five mortality rate 126.6; children under weight 55.9; anemia in children 79.8; children 79.8; children with acute respiratory infection 22.4; children with recent diarrhea 21.1; women with anemia 64.9 per 1000. The tribal populations of Odisha mostly suffer from malaria, tuberculosis, genetic disorder, kidney problem, sickle cell anemia and nutritional deficiency diseases (Bulliya, G. 2006, the study on Environment and Health Status of Primitive Pauri Bhuiyan Tribe in North-Eastern part of Orissa).

The Pauri Bhuiyans are highly disease prone because of hostile environment and poor health care facilities. Iron deficiency anemia is highly prevalent among the Pauri Bhuiyans with low concentration of blood hemoglobin (Hb). The Particularly Vulnerable Tribal Groups such as the Kutia Kondhs and the Pauri Bhuiyans are very much backward with respect to health and Sanitation (Ali, 1983) [1]. The high incidence of malnutrition is also found in tribal dominated district of Odisha for which the growth of children get stunted and become more easily susceptible to disease. Malaria is the most major public health problem among the tribes of Odisha and it contribute 50 percent of malaria death in the country. The respiratory disease is commonly found among the tribes which accounts for high infant mortality due to inadequate vaccination and lack of early diagnosis and prevention. Skin diseases such as Scabies are found in high proportion among the Bonda, Juang and Kutia Kondh due to overcrowding, unhygienic living conditions and lack of health awareness. Water-borne communicable diseases like gastro-intestinal disorder including acute diarrhea are commonly prevalent among the tribals of Odisha. Bag 2007 study among the Kondhs of Odisha reveals the following diseases in this order: malaria fever (31.33%), cough (21.15%), dysentery (9.14%), headache (8.09%) smallpox (5.22%), typhoid (4.43 %), dental pain (3.92%), sore eyes (3.66%), scabies (3.39%), and other minor ailments. The sexually transmitted diseases like yaws and syphilis also occur among the tribes of Odisha. Genetic disorders are gaining predominance and have profound health implications in morbidity status of the tribals in Odisha (Balgir, 2005) [2].

3. Review of Literature

P.O. Boddington (1925-40) has analyzed some remarkable studies in this context by critically examining different traditional medical practices among the Santal of Jharkhand. M. Marriot and Oscar Lewis (1958) have made some important studies on indigenous belief and practices regarding health, disease and treatment. According to Oplar (1963) different diseases found among the tribal due to the malfunctioning imbalance of forces, which control health, lack of moderation in physical, social and economic matters. Choudhury B (1986) has made some important studies among the Munda in the context of tribal health and medicine. He found that the link between 'the causes of illness as the nature of treatment'. Mahapatra (1994) has said that health among tribal groups as a functional and not clinical concept. Sachchidanda (1994) [8] has said the field of tribal health

aspects as a cultural concept as well as a part of social structure and organization which is continuously changing and adapting itself to changes in the wider society. It is a faith, prevailing among tribes that diseases are caused by supernatural agencies. Generally the tribal people believe in four types of super-natural powers. Such as, [1] Protective spirits who always protect them; [2] benevolent spirits who are worshiped at the community and familial level regularly, otherwise they may bring diseases or death; [3] malevolent spirits- the evil spirits who control small fox, fever, abortion, etc. and [4] ancestral spirits, the spirits of their ancestors and always protect them. Singh (1994) highlights the effect of changing physical environment on tribal health, which is ultimately related to their economic pursuits, nutritional availability, medicines etc. it has also been emphasized that ecology and the tribal health is intimately related. The acceptance of a particular health care system among the tribal people mostly depends on its availability and accessibility. It is interesting to note that while the tribal groups following traditional medicines putting religious or supernatural value on it.

4. Study Objective

With this back ground of the paper has been taken with the following broad objectives...

- To find out the tribal perspectives towards the cause of various diseases found in the studied area.
- To understand health status among the tribal communities of the studied area.

5. Study Area

Mayurbhanj district (21°-17' and 22°-34'N and 85°-40' and 87°- 10'E) is located in the northern part of Orissa, India (Figure 1). The study was carried out in different villages of the district during 2011- 2013. The villages have been selected taking the following criteria



Fig 1

Into account

- The villages are situated in the vicinity of the forest which harbors rich biodiversity
- The villages are chiefly inhabited by the tribes
- The traditional health system of the tribes is mostly based on the plants available within the locality
- The villages are situated in the mountainous terrain of the district that is, not well communicated with the district head quarter hospital. In the Mayurbhanj district tribes occupy a major chunk of the

Population constituting 73% of it; fifty three communities both aboriginal and migrated are found in the district (Naik, 1998). Among the tribes the chief ones include Santal, Kol, Bhomij, Bhuyan, Bathuri, Kharia, Gonds, Mankdias, Pauri-Bhuyan, Saharias, Mahalis and Sounti. Some of these tribes namely Kharias, Mankdias and Saharas are still in a primitive state of living. . Ethnographic investigation forms the bedrock of any anthropological work. Santals are considered to be the largest homogeneous Scheduled Tribe in India. Santals are predominantly found in the areas of Mayurbhanj district. They call themselves *Hapan*, meaning child or children of human beings. It is only in the mouth of others they are regionally called Santal or Santhal. But they are locally known as *Majhi*. The overall population of Mayurbhanj is 2,221,782; out of which 1,866,283 are Santal counting to 56.67%, i.e. the third largest among the 62 tribes of Odisha and they constitute 22 percent of total population of Odisha. Their literacy rate is 60.7 percent in Mayurbhanj district

according to 2011 census.

Santal are the largest Adivasi community in India with wide spread distribution, mainly found in the states of Jharkhand, Bihar, West Bengal, Madhya Pradesh, Assam, Tripura and Orissa. There are also Santal found even in Nepal, Bhutan, Bangladesh and Myanmar boarder areas. In Nepal they are found in the district of Jhapa, Marang and Sunari and also one can find significant population of the Santal in Bhutan as daily wage labour.

6. Population in the Village

Village Bantali Rakhasahi is a multi-ethnic village but is dominated by Santal tribe. The people of village speak *odiya* language (regional language) but Santal speak their own dialect Santali and a few knows Hindi also. The entire village consists of 175 households. The village is surrounded by paddy fields and ponds.

Table 1: Ethnic distribution of no. of households and individuals of Bantali Rakhasahi village, Rairangpur

Sl. No	Ethnic Composition	Number of Households	Male	Female	Total
1	Santal	131	373	314	687 (75.99%)
2	Kamila (Goldsmith)	24	54	64	118 (13.0%)
3	Komar (Black Smith)	9	19	22	41 (4.53%)
4	Munda	5	11	14	25 (2.76%)
5	Kolho	3	8	7	15 (1.65%)
6	Ghasi (S.C)	2	8	5	13 (1.43%)
7	Gouda	1	2	3	5 (0.55%)
Total		175	475	429	904 (100%)

Source: Primary Source

Table no 1 show that the total population of 904 individuals consists of 475 (52.54%) males and 429 (47.45%) females. The village consists of four caste and three tribes. The most dominating tribe among them is Santal. There are 131 Santal households which consist of 75.99% of the total village population.

Among them 54.29% are male, 45.70% are female. The second place is occupied by Kamila caste (Goldsmith) are 24 households which constitute 13% of the total population. Among them 54 are male 64 are female. There are 9 households of komar (Blacksmith) consist of 41 individuals (4.53%). Munda tribe consist with 5 households consist 25 individuals which of 11 males and 14 females. The fifth is Kolho tribes represented by 3 households with 3 families in this village which consists of 15 (1.65%) individuals. There are two Ghasi scheduled caste households consists of 13 (1.43%) individuals with 8 males and 5 females. There is only 1 Gouda caste household with 5 persons of 2 males and 3 females.

7. Methodology

Data Collection

Data collection is simply how information is gathered. Basic data pertaining to ethnography and general aspects of the people and area were gathered. The study was conducted using the combination of qualitative and quantitative methods and technique. There are various methods of data collection such as multi-stage stratified purposive sampling, personal interviewing, observations, surveying, and use of questionnaires. Overall all study were done by taken purposive sampling of people which associated with tribal

health care system especially *Ojha*, *Gunia*, Local Medicineman, shaman, Priest etc. The findings of the study are based on primary data. There are 50 households have been selected for the study of Gabaraghaty Birsa-Munda Rehabilitation colony.

8. Results and discussion

Health care system of the Santal of Odisha

The Santal believe in folk medicine. They have their traditional healers upon whom they are considerable faith and confidence. The Santal have few common features regarding perception of health and disease. Thus religious practices of the Santals are closely related to their care system also. Apart from a host of spirits, the pantheon consists of the following deities of *Bonga*, namely:

- **Sing Bonga:** the Sun God, the supreme deity and worshiped after harvesting and before sowing seeds.
- **Marang Buru:** the Mountain god is a community as well as a family deity and a guarding god.
- **Jahera Bonga:** the widely celebrated goddess for protection from diseases, she is village deity (grama devi) and while displeased can punish with disease.
- **Gossain Era:** the associate of *Jahera bonga*.
- **Moneko and Turuiko:** the deity of fire and are placed in *jahera*, a place of worship in forest outside village.
- **Majhi Hadam and Majhi Budhi:** are protective deities that stop bongas and spirits from doing *halam* to their people.
- Process of Diagnosis among the Santals

Among Santal and Mudndas have their traditional medicine practitioners are known as "*Ojha*". With the help of two Sal

(local name) leaves the “*Ojha*” diagnoses the ailment. He rubs oil on the patient and then sprinkles vermilion on his body. Along with it he chants mantras. Finally he looks and reads into the leaves. It is believed that the “*Ojha*” can see the cause then read the procedure to cure the disease by reading into the leaves. Accordingly he proceeds with his treatment. If he proclaims that the person is possessed by an evil spirit, then the treatment is very different. It is tried to cure by mantras only. If the patient is not suffering from spirit then “*Ojha*” gives herbal medicines. The medicines given by the “*Ojha*” are of two types (1) for external use such as pastes, oil, medicated water for bath or washing, (2) for internal use mixtures and pills (Purohit D.M, 1998).

9. Health Problem

The Santal tribe belief system

For the health care the tribal people have to go Tata steel’s Health Centre (PHC) around half kms away from the village to get medical care. People also avail facility of Som hospital 100 kms away from the village. The Santals were been introduced to modern health care system through government PHCs and hospitals etc. Even the private clinics had also flourished in recent years in the tribal villages. But, the tribal people were found deeply intertwined with traditional practices of health care. Thus, for the purpose of the study, the nature and extent of people’s faith in traditional and modern health care system was investigated.

The traditional healers had said that where modern medicine failed the traditional healer could satisfy deities by performing some ceremonies in which the diseased person also had to offer things like black hen, and goat to the respective deities. And after giving these offerings to the respective deities and performance of *banga*, the modern medicine did respond people said. People deeply believed that there were some diseases, which the modern medicine could not work out, but the traditional medicine could, as they were equipped with some supernatural powers. This finding agrees with several other researchers, view on tribal people’s perception on disease and preference towards a particular healing system on priority basis. That is, if the tribal people are sure that the cause of disease is spirit or deity related they would first go to the traditional healers. Accessibility to modern medicine may not turn them towards it. But few tribal people are by now well exposed to modern health care system and lack or scarcity of traditional healers with credentials inspires them to go for modern healers.

In Santal society the *Handia* (country liquor) plays an important role in socio-cultural aspects. Nearly 66% of both male and female were indulging in drinking liquors. Though the modern health care practitioners attributed most of the diseases among the tribal people to their drinking habit, the tribal people perceived it in other ways. It was believed that it used to give required energy to the persons to work in their respective fields. *Handia* was very common at the time of rituals. Santals had been using *handia* as an offering to their gods during rituals and at that time every member of the village used to take *handia*, as this was treated as a *Prasad* (things offered to God). At the time of fever *handia* was the best medicine for quick recovery.

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Traditional healers use their five senses to diagnose the diseases which are remarkable because they live in remote areas and lack of the modern scientific equipments for diagnosis and treatment; however, they treat diseases using medicinal plants and animals (Santhya.B et al., 2006). Documentation of such plants from the perspective of ethno botanical angle is important for the understanding of indigenous knowledge systems. These resources are genetically important for future research. This study reveals that the inhabitants of the forest area of Mayurbhanj have a vast knowledge about ethno medicinal uses of plants growing in their vicinity.

11. Conclusion

The tribals of the Mauyrbhanj district are severely burdened with diseases. Both the communicable and non-combinable diseases are frequently found among them in spite of the impressive expansion of the modern health care facilities. The health status of the tribal population has not improved along the desired lines. They are still practising their traditional medicine to cure the diseases. The health care deliver services are still poor and need to be strengthened in order to achieve the goal of health for all in the country. It is very clear from the study that there are an urgent need to create awareness, sensitization and capacity among the tribals to curb the health related problems. Indigenous systems of health care and indigenous practitioners should be incorporated in the health care planning and programmes to achieve the desired goal.

Every society has its own way of generating a traditional knowledge base which is suitable for its own people and their surrounding environment. In the present study villagers showed reverence towards the deities related with health, disease and treatment. However under impact of modern medical system, such beliefs are undermined restraining them to continue their own belief regarding health. Although, magico-religious practices are often related with health, disease and treatment yet proper execution of those practices is not possible due to impact of so-called modern ideas.

Culture and social systems are dynamic and subject to change. While we speak about traditional tribal societies we always depict a society in transition. It has been well revealed in this study that the Santal and Munda societies have been changing at a certain pace in terms of their health seeking behaviour. The rapid depletion of natural surrounding and eco-system of tribal people compounded with infiltration and intrusion of non-tribal elements into tribal domain play a major role in changing tribal culture, value system and their worldview. The study certainly points out that the traditional

health care system still finds its meaning of survival in tribal domain. The traditional healer, who considered as the guardian of tribal society, acts as the medium between man, nature and supernatural entity and provides spiritual security to the tribal people. This is the link on which the uniqueness of tribal society exists. The tribal people feel secured with the protection given by their traditional healers against psycho-social problems or spiritual insecurity. The spiritual insecurity plays vital role in availing health care services, lack of which leads to failure of the system. But it is sad to see that many government policies hardly accept this component in their health related aids and campaigns. A rational synthesis of traditional perception with modern facilities would certainly give better results in tribal health issues in India. Obviously, the tribal people feel at home with the protection given by their traditional healers against psycho-social problems or spiritual insecurity. This very spiritual insecurity plays vital role in tribal health care services, lack of which leads to failure of the system. A rational amalgamation of traditional perception with modern facilities would certainly do well in tribal health issues in our country. The villager's perception regarding sickness, illness and disease to a great extent has still traditional. The cause of illness and healing system are found to be associated with the magico-religious beliefs. Along with herbal treatment, magico-religious practices are still occupying a significant position in their indigenous methods of treatment. But now a days the younger generation losing interest in the traditional methods.

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