

PERCEPTION AND DIMENSIONS OF HEALTH CARE PRACTICES IN THE *DESIA KANDHA* TRIBAL COMMUNITY OF SOUTH ODISHA

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The perception of health and health care practices among the tribal groups of India is primarily derived from their own indigenous knowledge and tradition. The concept of health and disease is organically linked to their customs, traditions, and ecology. The objective of this study is to understand the perception and dimensions of health care practices and health care beliefs among the *Desia Kandha* tribe, the most populous tribal group of Odisha in Surada Block of Ganjam District, Odisha, India. To the *Desia Kandhas*, health means absence of ailments, physical wellbeing, and ability to work and play. They define illness as the presence of ailments, infection, and weakness followed by physical discomfort. The most common diseases include malaria, chickenpox, measles, and jaundice, which are believed to occur due to various reasons such as breach of taboo, lack of proper nutrition, poor sanitation, and presence of evil spirits. In addition to improvements through infrastructural provisions from the Government of India, education has made people aware of modern health care and modern medicines, as a result of which the degree of application of traditional health care practices has been decreasing in recent years; though accessibility to modern medical treatment is limited. In order to achieve the much-aspired health for all, ethno-medical understanding of various health cultures is essential. It is necessary to document the beliefs and treatment patterns, utilization of modern medical care, and associated problems among the tribals, as well as their perception of health and illness, which are quite distinct from those of the nontribal populations.

Keywords: *Desia Kandhas*, health, indigenous people, culture, tribals

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The tribal population of India counts about 67.8 million which constitute 8.6% of the total Indian population. As per 2011 census, out of 705 scheduled tribes in India, 75 of them are considered Particularly Vulnerable Tribal Groups (PVTGs). In Odisha, out of 62 tribal communities, 13 of them are PVTGs. With a high concentration (nearly 40% of Odisha's total population) of scheduled tribe (22.85%) and scheduled caste (17.13%) population, the state of Odisha occupies an important anthropological place in the country (Census of India, 2011).

Health is a pre-requisite for human development and is essentially concerned with the wellbeing of all. The holistic concept of 'health culture' provides a valuable framework for anthropologists in the field of health. According to the World Health Organization (WHO, 1948), health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Contemporary approaches in anthropology study relationships between culture and the social structure, people's beliefs about causes, course, cure, and prevention of diseases, and their health behaviour. Every society views health from the perspective of its own culture and responds to them according to the understanding, knowledge, value, attitudes, and beliefs of the people comprising it (Mehta, 1992). The review of the existing published anthropological literature throws significant insights into the key issues and concerns that have been addressed around tribal health, illness, and medicine in Odisha. The health status of the tribal people – which is generally reported to be in poor condition - is influenced by a combination of biological, cultural, and environmental factors (Mahapatra, 1994). Tribals are one of the most exploited and deprived sections of the Indian society; their health status is in need of special attention. The tribal community lags behind the national average on several vital public health indicators. Studies on tribal health provide an evolutionary perspective assuming that the traditional knowledge systems of the tribals would merge with modern systems as they participate effectively in development processes. The incidence of both communicable and non-communicable diseases however, varies according to habitat, occupation, literacy, and socio-economic conditions of each sub-group e.g., the *Kondhs* (Bulliyya, Naik, & Mallick, 2006). Despite the available literature, studies relating to tribal health, concept of disease, and health practices are rather scanty; specific studies with reference to the different facets of tribal life are practically non-existent.

In tribal societies, the supernatural theory of illness provides an important basis for explanation related to the state of health and illness (Chaudhuri, 1986). Health concept is perceived in their own cultural system with less awareness of the modern health care and health sources. For this reason, the National Health Policy of 1983 accords high priority to extending organized services to those residing in the tribal, hilly, and backward areas as well as to the detection and treatment of endemic diseases affecting the tribals (Mishra, 2012). Study on health culture of tribal communities belonging to the poorest strata of society is highly desirable and essential in order to determine their access to different health services available. The common beliefs, customs, traditions, values, and practices connected with health and diseases have been closely associated with the treatment of diseases (Balgir, 2001). Generally, 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. In India, the health status of most tribal populations is still identified as 'poor' due to isolation, remoteness, and being largely untouched by developmental processes. Though primary health care amenities are established, they are insufficient to achieve health equity of the tribals. Most public health conditions - prioritized on the global health agenda - share key social determinants of exposure to risk factors, disease vulnerability, access to care, and the social consequences of diseases. Transformation of health systems through policy reforms is required to eradicate the causes of diseases by addressing the complex needs of people. Anthropologically speaking, among most tribal groups, beliefs, customs, and practices associated to health and diseases are also related to the treatment of diseases. It is necessary to develop a holistic view of all the cultural dimensions of the health of a community (Basu, 2000).

Study Area

Ganjam district, the most populous district in Odisha, India, was officially formed on 1st April 1936. It is situated in the southern part of the state of Odisha. According to the 2011 census, the population of this district is 3,529,031 of which male and female are 1,779,218 and 1,749,813 respectively. The sex ratio is 983 females per 1000 males. The average literacy rate of the district is 71.09%. The *Kandhas* is numerically the most populous tribe (16.27%) of the State (Census of India, 2011).

Method

A qualitative study was carried out in Ambakona village of Gazalbadi Gram Panchayat of Surada block in Ganjam district, rural tribal region of south Odisha in India. The present study explores the concept of public health, and perception and dimensions of health care practices among the *Desia Kandhas* of Odisha. Random sampling and purposive sampling were employed for selecting the participants. Ninety-three households and 373 respondents were included in the study. Different key tools and techniques such as interview and focus group discussions (FGDs) were used for the purpose of data collection. Empirical data were collected from health workers and other respondents.

Results and Discussion

The concept of health refers to a sub-culture within a totality of population. It encompasses a vast complex of knowledge, beliefs, techniques, roles, norms, values, ideology, attitude, customs, rituals, and symbols which are related to health and diseases. This would mean that the socio-cultural aspects of health and disease, diagnosis and treatment methods, healers and cures, and their recruitment are interrelated. This 'health culture' forms one of the two dimensions of medical anthropology, viz., (i) 'anthropology in medicine' which emphasizes the contribution of anthropological knowledge to the diagnosis and treatment of disease; and (ii) 'anthropology of medicine' which concerns itself with anthropological study of the medical profession. Hence, an anthropological study of health-culture contributes to the understanding of the etiology, theory of diseases, diagnosis, treatment of diseases, and the place medicine occupies in the lives of people. Health is a multi-dimensional concept that is usually measured in terms of absence of disease, physical pain, disability; or psychological well-being and satisfactory social functioning. Health status denotes the state of health of any individual/population with respect to time and space. Health and illness related perceptions therefore, influence individual's decision making on health and these perceptions may be applied for maintaining and improving health and wellbeing of populations.

The present study deals with the health situation and treatment of different diseases among the *Desia Kandha* tribe of Ambakona village, in different situations. The concept and perception of health and illness of the participants are almost similar. For them, 'health' means absence of ailments,

physical wellbeing, and ability to work and play. Most of the participants defined 'illness' as presence of ailments/infections/weakness followed by physical discomfort. According to them, a person is considered 'healthy' if that person is free of tension, eats properly, is active, and has a happy life. The most common examples of diseases prevailing in the village of Ambakona include malaria, chickenpox, measles, jaundice, cold, cough, and fever. The *Kandhas* believe in occurrence of diseases due to various reasons such as breach of taboo, lack of proper nutrition, poor sanitation, and the presence of evil spirits in their surroundings. Evil spirits are feared for bringing diseases, death, or destruction to the lives of the people. Since most *Kandhas* live fairly close to nature, many of them are affected with diseases due to malnutrition, lack of safe drinking water, poor hygiene and environmental sanitation, and poverty.

Traditional Treatment of Diseases

Health behaviour of any community is developed from the tradition of the society, which is influenced by the socio-economic condition, education, and adaptation to new environment. Health behaviour here includes knowledge, perception, and attitude of the people in times of health crises. The concept of health and disease vary from culture to culture. Every culture, irrespective of its simplicity and complexity, has its own beliefs and practices and laid out customs concerning health and diseases. Every tribe has its own group of sacred priests, traditional healers or medicine men.

The medicine men of Ambakona village diagnose the diseases using different types of formulae such as observing the behavior of the patients, colour of the eyes and face, and temperature indicators. They diagnose some diseases through examination of the veins of the wrist and neck. Given below is a listing of diseases, their symptoms and signs the medicine men look for, as well as the treatments they resort to.

1. Fever

Symptom: There is rise in body temperature, headache, and vomiting.

Sign: Gloomy looks and rise of temperature.

Treatment: Boiled water and *Gangasiuli* leaf mixed with black pepper are taken by the patient.

2. Cold

Symptom: Irritable and restless; difficulty in breathing (due to blocked nose). Patients breathe through mouth.

Sign: Mild temperature

Treatment: Juice of *Basanga* with honey is taken by the patient early morning.

3. Malaria

Symptom: Shivering and headache. After shivering the person sweats and fever comes down. This repeats daily or on alternate days.

Sign: Malaria fever normally occurs on alternate days.

Treatment: The patient takes 7 *Gangasiuli* leaves, 7 pieces of black pepper, and 10gm of honey. The patient takes it twice a day (early morning and evening).

4. Headache

Symptom: Feeling of heaviness of the head, irritation.

Sign: The patient looks ill and has mild temperature.

Treatment: Four drops of *Bhrungaraj* juice into the nostrils.

5. Jaundice

Symptom: Body becomes weak and turns yellow, loss of appetite.

Sign: Yellowness of skin

Treatment: Patient takes a paste of the *Bari amala*, *Manjuati* root mixed with milk and *mishri* for 7 days (early morning in empty stomach).

6. Chickenpox

Symptom: Fever, severe body pain

Sign: Within a day or two spots appear on the whole body.

Treatment: The skin of *Pipulia*, *Juani*, *Gurchina* is grinded with milk and developed into a paste and applied to the patient on the fifth day. Turmeric, oil, neem leaves are boiled together and the juice is administered orally.

7. Sickle cell

Symptom: Tiredness and no appetite.

Sign: Absent minded and weak

Treatment: The paste of *Chachina*, both root and skin of *Keruban* and *Titikidi* leaf with 21 black pepper seeds are taken by the patient. Nonvegetarian diet is restricted during the course of this medicine.

Shifting Pattern in Disease Treatments

Education makes people aware of modern health care and medicines. This phenomenon is being witnessed within tribal communities as well. According to the norms of the National Rural Health Mission (NRHM), as the population density in the scheduled tribe areas increases, improvement in infrastructural provisions must be realized on a priority basis by setting up of *anganwadis* (a type of rural child care centers), sub-centers, primary health centers (PHCs), and community health centers (CHCs) in just relation to the actual needs and accessibility of the areas. The NRHM is a flagship scheme launched by the Government of India in 2005 with an approach relating to determinants of good health viz., nutrition, sanitation, hygiene, and safe drinking water. Formerly, modern health care system seemed to occupy only a secondary place among the *Desia Kandhas*. However, in recent years, the frequency of the application of traditional health care practices has been decreasing due to less dependency on nature and its produces. Nevertheless, accessibility to modern medical treatment is still below satisfactory levels since the socio-economic conditions of the educated population continue to be poor.

Conclusion

The health status of tribals in India is very poor and is significantly affected by poverty, illiteracy, malnutrition, absence of safe drinking water, poor sanitation, and poor living conditions. Health is a crucial component for the survival of an individual or community. Health status of any community

not only depends upon the bio-medical phenomenon, but also on different social, cultural, and behavioural aspects of health. Every community follows some health behaviors to maintain good health and prevent illness. Among the *Desia Kandhas*, the absence of ailments, ability to work and play, and being active are the major components of their perception of being healthy. The present study reveals that there is a definite concept of health, disease, and treatment in the tribal village where the study was undertaken. There are justifiable reasons for how and why the people use both traditional and modern systems, either separately or simultaneously, for dealing with health issues. To conclude, in order to achieve the much-aspired health for all, ethno-medical understanding of various health cultures is needed. It is essential to study and document the beliefs and treatment patterns, utilization of modern medical care, associated problems among the tribes, and their perception of health and illness which may be distinct from those of the nontribal population. Further, it is essential to understand the beliefs, practices, and world view of the tribals in order to formulate appropriate development and health care policies, particularly understanding the existing body of knowledge available in the context of health, diseases, and treatment. Modern medicine must begin from and complement the existing traditional practices of the tribal society rather than replacing them.

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