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Health and Medicine among tribal women of Jharkhand:

An Anthropological Enquiry

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Abstract

This paper examines the influence of culture on perception of health among female of Munda tribe in Jharkhand. The study focuses on female health issues in Jharkhand, since they play important role in life span of humans when they develop and rationalize various concepts about everyday life, including perception of health. Considering the nature of the study, ethnography as a method was used. Our study revealed that Munda female perceive health as their ability to remain physically active and work according to their prescribed roles in daily life. It was also recognized that different social norms, social support, and interaction provide a unique hegemony that impact on perception of health among the Munda. Thus, we contend that comprehensive understanding of culture is essential for addressing health related issues of the Munda

Keywords : Culture, female adolescents, perception of health, Oraon, Jharkhand.

Introduction

The contemporary definition of health, as defined by World Health Organization (WHO), depicts a holistic approach towards overall wellbeing of humans. It states health as "a state of complete physical, mental, and social well-being and not simply the absence of unwellness or infirmity" (WHO, 1947, p.1)[1]

However, over the period of time, WHO's definition of health has been critically analyzed and improvised by social researchers to include other fundamental elements of health (Huber et al. 2011; Blaxter, 1990)[2]. For instance, highlighting diversity and complexity among groups, Blaxter[3] (1990) analysed that health should be conceptualized from people's perspective. It elucidated how people perceive health as absence of certain specific symptoms. It can be also interpreted that an individual's health as a function of socio-cultural factors[4] (Chin & Noor, 2014). In the social construction of health concept, the cultural aspects tend to play a central role[5] (Nettleton, 2013). In a society, there are different ethnic communities, whose way of life and perception of health varies greatly from each other. A deeper analysis indicates that the different lifestyles and perceptions adopted by different community people are generally influenced by the particular community's socio-cultural factors, such as cultural beliefs, traditions, and customs[6] (Gramma et al., 2013). Likewise, in a vast country like India cultural beliefs, customs, and practices varies across cultural communities' thus influencing health.

Tribal Community in India

Tribals are considered as distinct cultural communities in India. Though they are distributed in most of the provinces of India, still tribals are concerted in few areas like Jharkhand, Assam, Meghalaya, Tripura, Mizoram, Manipur, Rajasthan, and Madhya Pradesh. Tribals have distinct perception on health due to their cultural background, knowledge, values, and practice.

Jharkhand ranks sixth in India, in terms of total tribal population and houses 32 Scheduled Tribes (STs). The tribal population of Jharkhand accounts for 26.3% of the total population and some of the key tribal communities in Jharkhand are Santhal, Munda, Munda, and Ho (Census, 2011)[7]. Munda is the third largest tribe in Jharkhand, and accounts for nearly 20 percent of the total tribal population[8] (Census, 2011).

A review of literature reveals that research on tribes of Jharkhand have explored the socio-economic conditions of the tribal communities, and have identified the key reasons for their marginalization[9]

(Hebbar, 2006; Louis, 2000). While the socio-economic conditions and traditional knowledge of tribal communities are widely studied, there exists a knowledge gap in understanding Mundas' perceptions about health. Specifically, the account of Munda female ' health and health related issues remain unaccounted for, in the existing research work conducted on Munda community. Therefore, it is necessary to highlight the voice of Munda female , related to their health and health issues. From various definitions of, it can be contended that women get marry in between 15-19 year, where an individual is neither a child, nor a complete adult[10] (WHO, 2009; Omotoso, 2007; Blos, 1979; Hall, 1904). They are in dilemmatic position because physically they are grown up, but still they have to rely upon elder members of their family or community for various needs, such as verification of their own construct in their routine life

including taking decision in healthy living[11] (Omotoso, 2007). Their stage is characterized by decision-making skills/abilities, along with acquisition of new emotional and social skills associated with health and health issues[12] (Stang & Story, 2005). Most of the literature review on health studies either does not consider the issue of female separately or tend to club their health issues with the gender aspect, and give a rather generalized account of health in female population[13] (Jejeebhoy, Kulkarni, Sathya & Mehrotra, 2014). Such approach in the literature either dilutes the health account of female , or at best presents a partial picture of the ground reality, which may differ among females belonging to different age groups. Tribal health condition or practices cannot be solely defined in terms of medical aspects, social and cultural context play an equally important role in determining their health[14] (Mukherjee, 2003). Even though tribal communities are mostly poor in economic terms, they are considered rich when it comes to culture and traditional knowledge and practices[15] (Verma & Shah, 2014). For example, they possess a sound knowledge about various herbal medicine derived from the forest, which they effectively use in treating various ailments[16] (Bhasin, 2003).

The health and health issues of tribal females are noticed especially when they are pregnant or are lactating mothers. The perceptions of health among tribes are mainly derived from the experiences of elder members of the community. For this study snowball sampling methodology was used for gaining

access to the respondents for present study. The snowball sampling is a part of convenience sampling, where the respondents are requested to identify and provide access to more number of respondents relevant for the study. This is also known as chain-referral sampling and is particularly helpful in accessing respondents from marginalised societies[17] (Cohen & Arieli, 2011).

Health Scenario of Jharkhand

Jharkhand is one of the empowered action group state, continues to share a number of characteristics with other backward states of India such as high infant mortality, low immunization of children and expectant mothers, high mortality due to infectious and contagious diseases, high maternal mortality and low institutional delivery. These coupled with poor accessibility to health care facilities and high cost of treatment by households have made all the achievements in health sector insignificant.

Despite the National Rural Health Mission (NRHM) and Government's commitment to boost the supply of and access to quality health care by folks, especially for those residing in the rural area, the improvement publicly health care services within the states has not shown marked improvement publicly health indicators.

Over 60,000 deaths occur once a year because of infectious disease. Prevalence of leprosy is 10 per 10,100. The crude birth rate in the state is 26.2 per 1000 (SRS, 2007) while the infant mortality rate is 49 (SRS, 2007) and 69 per 1000 live births (NFHS-III, 2005- 06). 60 percent of infant deaths are neo-natal deaths. Only 52 percent children are fully immunised (as per CES, 2007) and 35 percent according to NFHS-III. About 78 percent of children were anaemic (NFHS-III, 2005-06) and 59 percent of children below three years of age were underweight.[18]

Maternal mortality was high at 371 per 100,000 live births (SRS, 2003). Around 45 percent women have reproductive health problems and 30 percent women complain of reproductive tract infection. About 70 percent of women in Jharkhand were anaemic and about 30 percent of them were moderately to severely anaemic. According to state government figure among all pregnant women, antenatal care was received by only 38 percent (whereas NFHS-III shows 36%), IFA consumption was 15 percent (NFHS-1II) and 50 percent received tetanus toxoid injection. Nearly 80 percent deliveries take place at

home. Only 31% of all couple use any modem methods offamily planning (NFHS-III). Permanent sterilization particularly female sterilization dominates (23%) and total unmet need for family planning was as high as 24%. Above statistics shows that in almost every health indicators Jharkhand fares poorly.

Health services and Infrastructure

According to the state health report there was a huge gap in the current availability and proposed numbers of health facilities in die state.The state has solely 3958 sub-centres whereas the necessity is of 5057 health sub- centres. For PHCs this availableness is 330 whereas the planned variety was 1005.

National Rural Health Mission (NRHM) in Jharkhand Government of India has launched the National Rural Health Mission to carry out necessary correction in the basic health care delivery system. After four years of implementation of NRHM, Jharkhand remains troubled to capture the chance for enlargement of health services to the last person and meeting the missions, goal and objective such as reduction in IMR and MMR, access to public health services, prevention and control of communicable and non- communicable diseases, access to primary health care, population stabilisation, gender and demographic balance, revitalisation of local health tradition and mainstreaming AYUSH and promotion of better healthy life style.

The mission has additionally envisaged variety of outcomes at the community level that embody availableness of trained community level employee (Sahiya) at the village level, with a drug kit for generic ailments, empowerment of PRIs and decentralization of health system. The mission was committed to provide quality health care at the grassroots but there are lot of implementation challenges in achieving the mission's goal and providing health care services to rural population. Integrated Child Development Services (ICDS) Children are the first call on agenda of human resource development - not only because young children are the most vulnerable, but because the foundation for life long learning and human development is set in these crucial early years.

The programme of the Integrated Child Development Services (ICDS)[19] was launched in 1975 seeking to provide an integrated package of services in a convergent manner for the holistic development of the child. Objectives of ICDS were to lay the foundation for proper psychological development of the child, improve nutritional & health status of children 0-6 years, reduce incidence of mortality, morbidity, malnutrition and school drop-outs, enhance the capability of the mother and family to look after the health, nutritional and development needs of the child, and achieve effective coordination of policy and implementation among various departments to promote child development.

Supernatural captivation and allied influences

The prominent conception that was prevalent among Munda female was their faith in supernatural powers as the causal agent for ill-health. They strongly believed that health problems occurred due to anger of Gods, ancestral spirits, ghosts, evil eye, bewitchment or bad omen. Such perceptions came out very vividly during personal interviews and FGDs, with the Munda female . They opined that once a person is captivated or inflicted by supernatural powers, s/ he no longer remains healthy. Such negative forces lead to illness and bad health conditions. For example, one of the respondents, Rimjhim shared her experience stating that, "I fell ill many times last year. I still feel ill and am unable to recover like before... I have been inflicted by evil-eye. It is still affecting me... I feel that someone is controlling my body". Similarly, Lali purported that "It is believed that our family has been affected by evil eye. During the death rituals of my mother, I had a bad dream, in which an old lady confiscated the keys of my home. I was afraid and I notice that I often feel sick after having that dream even till today." There were several other instances as well, where other also spoke about their experiences about supernatural influences. Like evil-eye, bad air (bura-hawa) was another major reason which led to ill-health in the village among Munda female . Josiya illustrated that "I experienced bad-air on a new moon night and after that I felt restless and was in pain. For six-seven days, I was unable to perform well in anything which made her feel low". Likewise, black tongue (bhak lagna) was also considered as a prominent causation for ill-health among the . Josipha elaborated her experience that a sarcastic remark on her by a neighbour led to misfortunes for her. She opined that "I suffered from fever and pain for several days because one day when I was well dressed and going to market, he came up to me and sarcastically said that I should take care of myself." Bewitchment was yet another

cultural belief that was prominently exposed as a major reason of ill-health by the adolescent respondents. It is widely believed that witches (dayan) shoot invisible arrows, which hurt and paralyse the victim causing unbearable pain and illness. In addition, witches are also held responsible for ill happenings like snake-bite, impotency, hysteria, congenital malformation, emaciation of children, limb deformity, prolonged illness, convulsions, and unnatural death. During discussion with the respondents, it was also highlighted that black magic, angriness of supernatural powers, bad omen and lack of propitiation of deities, were other prominent reasons for ill health among Mundas. For instance, when someone suffers from chickenpox, it is believed that Goddess is expressing her anger on the patient by inflicting painful condition upon him/her. Malaria was considered to be the outcome of lack of propitiation of deities by the concerned patient. Similarly, epilepsy was assumed as infatuation of evil spirit(s) on the implicated person, whereas anaemia was perceived to be the outcome of bad omen. Hence, increased stress was laid by on maintaining harmonious relationship with Gods, deities, ancestral spirits, and other supernatural powers. Although educated, a major chunk of the women unmoving faith in such beliefs. Thus, people inflicted by supernatural influences and captivation are perceived to be unwell and unhealthy by the community members in general and female in particular. These were some of the cultural perceptions and belief concerning health and ill-health prevalent among Munda female .

Discussion From the above discussion it was clear that since independence government adopted several policies and implemented programmes in respect of health and family welfare. The major thrust of Health Service Planning is on Primary Health Care which helps to improve the social development programmes of the country. Major disease control programmes and family welfare programmes are funded by the Central Government and implemented through the State infrastructure. The food supplementation programme for mother and child are implemented through ICDS infrastructure funded by the Central Government. The National Health Policy accorded a high priority to provision of health services to those residing in the tribal, hilly and backward areas as well as detection and treatment of endemic diseases affecting the tribal population. It has been noted that the overall health status of the poor and tribal people over large parts of Jharkhand is very poor. The reason for poor health status is due to lack of quality health services. The factors that hinder proper

implementation of NRHM are due to lack of systematic coordination and implementation of various programmes and mechanism of Government of Jharkhand.

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