

Cultural Aspects of Health in Jowhar of Maharashtra

B.M. Mukherjee

In Maharashtra state (India) families are given at marriage between 20 and 28 years of age. The tribal communities of Jowhar also follow the same pattern. Health care services are available to these tribals and thereby women and children have shown clearly the indications of considerable improvement. Female mortality rate was reported to be less than 7.00 percent during 1995-96 and 1996-97. These deaths caused by anaemia and other complicated reproductive problems. Infant mortality rate is also very low and this has been possible with sincere services rendered by the medical and para-medical staff of the Primary Health centres. Proper care is taken by the health workers in preventive measures.

OBJECTIVES

1. To identify the cultural relevance of health practices
2. To study their responses on modern health services
3. To ascertain the health status of the tribals
4. To find out their concept of illness and cure
5. To understand the requirement of health education

METHODS

Through participatory rural appraisal information on female reproductive health problems are collected. Group and individual interviews helped quite a lot for collecting other materials. An observation schedule was also used during the fieldwork. From three villages of Jowhar tehsil (Thane district) of Maharashtra a total of 50 families were selected for this purpose. Also I had discussions with a number of medical and paramedical staff. The sample families were randomly selected from Ka-Thakur, Warli, Kokna and Katkari tribal groups.

OBSERVATIONS AND RESULTS

All the villages were found within an area of five kilometres inhabited by four tribal communities one being in the category of primitive tribe known as Katkari. What the people considered to be illness is quite interesting. They

think illness as a particular condition of body and mind. Certain diseases are thought to be occurring due to seasonal variation and considered but natural. Minor problems pertaining to cold and cough, stomach disorder, irregular menstruation, excessive bleeding during menstrual cycle and miscarriage are not looked into seriously. They expect motherhood within two years of marriage and where it is delayed people resort to various indigenous methods. For little more painful diseases they have certain local remedies or home remedies. They also believe that the routine activities and cultural behaviour have direct influence on health. Deviation from social customs and norms might make a person sick. It is recognised by the villagers that excessive labour without a balance diet may also be sometimes attributed to illness. Health, as the Ka-Thakur, Warli and Kokna believe resembles somewhat of Ayurveda system. That means, health is conditioned by the balance of Wind, Cold and the secretion of bile. They also have faith on the principle of Panchabhuta (five elements) earth, water, fire, sky and wind---that control human body and mind. Breach of taboo are also held responsible for illness. A few diseases are thought to be caused by evil spirits or wrath of village deity. They are fully aware of the scientific idea about other causes of disease, like, infection, bacteria, virus and through impure drinking water. A man may fall sick also due to evil eye, evil touch, sorcery, certain typical symptoms of abnormal health and caused by black magic or through contact with spirit or bad wind. Depending on the disease category they take certain precautionary measures or treatment. For mild diseases the household members, especially women try to control food, drink and movement of the patient, also fed or applied some petal medicine or animal product. sometimes certain grains are helpful. Diseases caused by sorcery, black magic or spirit may be treated by the hakim sorcerer through the performance of magico-religious acts and spells. Some of the diseases may be cured by propitiation and appeasement of certain deities. For other common diseases they report to the

modern health care centres. Particularly, the women and children readily accept and report to the Government health service centres for pregnancy, delivery and child care (Prenatal and post-natal). The women feel free to consult the medical experts in primary health centres as and when they face gynaecological problems. There is free supply of medicines, Vitamins, electrical and contraceptives from Government health centres. In spite of all these, the tribals do not take medicine as per the prescribed routine. Not much preventive care is taken by them. It was found that the couple do not bother much about the pacing of birth of their children. Also the birth rate is considerably high because 32 percent of women in all the tribal groups bear four children at an average. Children suffer most from dysentery diarrhoea and cold and cough. They are treated both by the allopathic doctors and from household remedy providers. In fact the tribals do not take precautions about drinking water and food. Some children were found suffering from skin diseases but hardly this ailment draw the attention of parents for treatment.

The author could elicit information on the outbreak of epidemic and infectious diseases. It reveals that they seldom take any protective and preventive measures against these. Indigenous system of diagnosis, prevention and therapeutics are gradually disappearing. The younger generation is becoming indifferent to traditional knowledge on health care practices. Elderly persons possess knowledge about disease, its prevention, treatment and cure in the traditional system. Other members in the family prefer to visit PHCs for medical consultations and treatment. Some basic information on modern medical system they have gained are through outside contact, primary health centres and multipurpose health workers. They depend on subsistence agriculture and labour. Therefore, under hand to mouth economy one can hardly think about anything other than living. There is a significant change in their life style and social organization. Indigenous health care systems have almost disappeared except the magico-religious beliefs and practices. There are only two sorcerers, one hakim and one faith healer in the entire area. People in the area face scarcity of

potable water and the dam water needs proper treatment for purification.

It is recommended that in certain areas of health the tribals should be trained. A comprehensive health package appears to be essential for necessary support system. Most important is on reproductive health covering proper measures for birth control, use of contraceptive and pacing of child birth. Some courses need to be imparted to them on the use and abuse of medicine, vitamins and antibiotics. On environmental health hazards and seasonal food intake we must educate them, especially, the couples. Thorough knowledge about potable water its impurities and treatment are required to be offered to them. Infectious disease and its symptoms, causation, spread and prevention measures have to be taught to the people. Personal health and hygiene is another area. While improving modern health check up and health care facilities the home remedies and magico-religious treatment should be encouraged to strengthen and continued. All these packages should be delivered to the tribals through media persons and multipurpose health workers in the area. Audio and video cassettes be prepared on the above stated topics in local speech and concerted efforts be taken on integration of modern and traditional systems.

FINDINGS

Among these tribals allopathic system is becoming quite popular. The health administrative structure of Maharashtra Government has been able to deliver goods and services to the poor tribals. Tribal women and children are responding favourably to the health department. This has resulted in lowering of maternal and infant mortality rate. These tribals appear to maintain and retain some socio-cultural beliefs and practices with regard to concept of disease, causation and treatment. The household health status survey has brought out the fact that morbidity conditions are gradually decreasing. No longer the health facilities are inaccessible to the tribals. The poor people lack knowledge on balanced diet. With the improvement of education and stable economic resources their health status would go up.

Author's Address: **B. M. Mukherjee**, Department of Anthropology, Guru Ghasidas University, Bilaspur 495 009, Chhatisgarh, India