Tradition Vs Transition: Acceptance of Health Care Systems among the Santhals of Orissa

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1. INTRODUCTION

1.1. *Health* Defined

The World Health Organisation has defined health as a "state of complete physical, mental and social well-being (WHO, 1984). It is also asserted that health may be seen as a state of dynamic equilibrium between an organism and its environment. Good health corresponds to dynamic stability, normal function and homeostatic control. Ill health corresponds to a state of instability, loss of function and failure of self-regulation. But the perception about health, disease and health seeking behaviour are not the same across culture. It varies from culture to culture as an integral part of human ecology and cultural ways. Human cultures as a part of their cognitive development have complex ideas regarding causes of sickness and ways of cures. This is the base of empirical medical systems that provide means for prevention and cure. This knowledge of prevention and cure of sickness is passed on from generation to generation. Medicine is a part of culture and like any other aspect of culture; it has an element of unrecognized inner rationale, and is influenced by non-medical cultural phenomena in number of ways. There is considerable body of literature on health seeking behaviour among primitive societies and folk or peasant cultures.

The study of regional variations in human health, the effect of environment on health and the holistic causes of disease goes by many names, medical geography, physical anthropology, medical sociology, epidemiology and medical anthropology. India alone provides unbounded range for the practice of medical geography. Medical anthropology, on the other hand, is the study of ethnomedicine; explanation of illness and disease; from both an *emic* and *etic* point of view. Studies show that in most tribal communities, medical care, treatment and etiology of disease are defined with in the social context. Thus, to understand the health seeking behabiour of tribal people it is important to identify the processes by which tribal recognizes sickness and the ways to counteract it. Illnesses are constructs of belief and knowledge, which vary with time and space. The study on medical system worldwide have revealed that they are based primarily on two principles: first, the belief about the nature of health, the cause of illness, and the remedies and the other curing techniques used by doctors, and the second, the ways

employed by the society to deal with sickness and maintenance of health. As the medical systems of any society is cultural derivatives, the traditional health care system of tribal groups persist even long after western innovations in health care have been introduced.

1.2. Tribal Health Studies in India:

It has been observed that among the tribal people the universal index of a threat to health is expressed through withdrawal from work. Mahapatra (1994), therefore, sees health among tribal groups as a functional and not clinical concept. Sachchidananda (1994) sees the field of tribal health aspects as a cultural concept as well as a part of social structure and organisation 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. Broadly, the tribal people believe in four types of super-natural powers. These are (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 smallpox, fever, abortion, etc. and (4) Ancestral spirits, the spirits of their ancestors and always protect them. The causes of ill health perceived by the tribal communities can be divided into two categories, namely, known and supernatural. Thus Choudhury (1994) and Lewis (1958) believes that the study of tribal health should be with reference to their distinctive notions regarding different aspects of diseases, health, food, human anatomy and faiths as well as in the process of interaction with modern world. Singh (1994) indicates nine factors to examine and assess the tribal health situation in India. He 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 tribal health is intimately related. Studies of Barth (1956) reveal how ecological niche influence people's health status.

In recent decades the tribal people have witnessed unprecedented wave of non-traditional elements entering into their social and cultural life. The concept of health and treatment is no exception. The inflow of western concept of health care system and changing social and physical environment has placed the traditional health care system of tribal group in a complex situation. The tribal people are exposed to medical pluralism. Prevalence of traditional health care practices and nature and extent of acceptance of modern health care practices among the tribal peole in India has been mentioned by various scholars in recent years. Guite and Acharya (2006) have shown that 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 religion use traditional medicines putting religious or supernatural value on it, the converted Christian tribes use the same medicine excluding its religious tune. The study reveals that education has been able to heal the traditional inhibition of tribal people to attend PHCs without ignoring the importance of traditional healing practices. Pramukh and Palkumar's (2006) study shows that the tribal groups namely, the Savaras, Bogatha, Konda Dora, Valmiki, Koya, Kond Reddi etc. believe in the power of prayers and rituals that enables some herbs to act as medicines to heal diseases among them. They attribute diseases to certain deviant acts of self and others towards elders, nature, and divine rules. Thus, their first priority is to get spiritual cure in a traditional way. Jain and Agrawal's

(2005) study shows that the Bhills in Udaipur, Rajasthan, attribute disease to the act of deities and spirits of various kind and by appeasing them, they believe, disease may be healed. They depend on Bhopa (traditional healers), herbalist and Dais for cure of disease. The same study shows that people are, to a great extent, inclined towards modern health care system too, without ignoring the traditional system. Bhasin's (2004) study among the Ladakhis shows a blend of health care involvement. She finds that in case of serious illness people tend to attend modern health care facilities. But in many cases accessibility of such facilities do not confirm people's acceptance of modern health care system. People invariably believe in spirit and other supernatural beings as causes of disease and priority of treatment inclined mostly towards traditional healers. Nagda (2004) shows that among the tribal people of Rajasthan, illness and consequent treatment is not always an individual or familial affair. At times the whole village or the community may be perceived as affected by such diseases and healing must be done at community level. Such perception shows the integrity and responsibility of entire community towards an individual or family and vis-à-vis which is defined by existing culture. In such cases modern system has nothing to do in treatment. Sunita Devi's (2003) study among the Meitis of Manipur reveals that though the people are educated enough, the concept of deities and their effect on human health are widely prevalent among them. The author, in details, describes the ill effect of the deity *Hingchabi* and the treatment offered by traditional healer *Maiba*. She shows how effective is the use of medicinal herbs along with beliefs to heal an ill person influenced by the deity. Bhasin's (2004) another study deals with the causes of underutilization of Biomedicines among the tribal women of Rajasthan in treating sexually transmitted infection (STI) diseases, locally called *Sujak*. They attribute *Sujak* to the evil effect of *matron*, a spirit that evolves when a pregnant woman dies. The author finds that when the women see a modern health care provider in case of other diseases, STI diseases are closely guarded and treated with the traditional healers. This certainly shows their cultural attributes attached to the concept of health and diseases. Jagga and others (1996) have found that belief in spirits and deities are prevalent among the most of the tribal population in west Godavari district of Andhra Pradesh. This leads for seeking curative measures from traditional healers. The authors also show that the people are in transition and realize the changing situation in their environment, culture and food habit etc, for which, they believe, the traditional treatment system is loosing its credentials.

Rationale of the Study:

In a welfare state like India, the administrative policies have direct bearing on the people's economic aspects ultimately leading to several issues in health related sector. In contrast to traditional health care system, the official health care system is based on Western science and technology separating it from broader social and cultural concerns and influences. It is evident that the state-supported *western* medical system does not generally recognize the traditional medical systems. Several studies have proved that traditional societies do not get the most needed psychological security in western medical system as it ignores the cultural components of disease and treatment prevailing in a given society. John Bryant (1988) sees the involvement of the individual and the local community in primary health care not as a social nicety; rather as a medical necessity. But services that are delivered from the outside have little effect unless absorbed by the

individual and the community. It has been revealed that the diverse and deep-rooted social and cultural phenomenon of a society play important and many a time decisive role in deciding acceptance or non-acceptance of particular health care option. Thus, a study regarding nature and extent of acceptance of modern health care facilities among the studied group was felt imperative so that a holistic approach covering the social and political environment of the people can be forwarded towards policy planning.

2. THE PEOPLE UNDER STUDY

2.1. The Santhals

The Santhals are the third largest tribal community of India after the Gonds and the Bhills respectively, with a population over 4.26 million. They are distributed in the states of Bihar, West Bengal, Orissa, and Tripura. The Santhals of Orissa are distributed in the districts of Balasore, Keonjhar, and Mayurbhanj. The Santhals are divided into twelve patrilineal totemic clans (pari), namely, *hansda, murmu, kisku, soren, marandi, tudu, boske, pauria, charrey*, and *bedia,* which are further divided into several sub clans. Their traditional village council consists of the headman, *majhi haram*, the assistant headman, *jog-majhi*, the priest, *nacke*, and the messenger, *godet*. It also includes one adult male member from each household. The Santhal who follow the traditional religion have their gods, represented in nature. *Thakur Jiu* is their god and M*aran Buru* is their guiding spirit. In addition to these, the Santhals have clan and family deities or spirits called *bonga*. The dead ancestors are also considered to belong to the realm of *bonga*. The erstwhile traditional hunter-gatherer Santhals have transformed in to settled cultivation and wage labourer by now.

2.2. Indigenous Views of Health and Diseases

The Santhals believe in folk medicine. They have their traditional healers upon whom they have considerable faith and confidence. The Santhals have few common characteristics regarding perception of health and disease. Like many other tribal societies they also attribute a lot of diseases to the wrath of god, mischief of evil sprits and magic of human being. Treatment is based upon the removal of causative factor by appeasing god; controlling evil spirits through counter magic, use of sorcery and of course some herbal preparation. Thus religious practices of the Santhals are closely related to their health care system also. Apart from a host of spirits, the pantheon consists of the following deities or *Bongas,* namely,

1. *Sing bonga*: the sun god, the supreme deity, and worshipped after harvesting and before sowing seeds.
2. *Marang buru*: the mountain god is a community as well as a family deity and a guardian god.

3. *Jahera bonga:* the widely celebrated goddess for protection from diseases, She is village deity *(grama devi*) and while displeased can punish with diseases.
4. *Gossain era*: the associate of *Jahera bonga.*
5. *Moreiko and Turuiko:* the deity of fire and are placed in *Jahera,* a place of worship in forest outside village.
6. *Majhi haram* and *Majhi burhi* are protective deities that stop *bongas* and sprits from doing harm to their people.

Besides these deities listed above they have their family deities like "*Ora bongas"* and the "*Abge bonga"*. There are 178 different bongas, which the santhals propitiate by magico religious performances.

3. THE RESEARCH SETTING

3.1. The selection of villages

The state of Orissa is having large share of tribal population (22.21%) comprising of 62 groups of tribal communities. Mayurbhanj is one of the tribal dominated districts with the highest percentage of tribal population. Mayurbhanj is situated at a distance of 250 kms from the state capital of Bhubaneswar. The tribal constitutes 57.87 percent of the total district population. The district has 3947 villages and 26 Community Development Blocks. For the purpose of the study following criteria for selecting the villages were taken into consideration:

Villages having more than 500 Scheduled tribe populations.
Scheduled tribe forming more than 90 percent of total population of the village,
Villages situated at a distance of more than 40 km from district head quarter,
Villages situated at a distance of less than 10 kilometers from the district head quarter,
Villages outside the CD Blocks bordering the district boundary,
Villages in Sadar Blocks,
Tribal groups -- the Santhals,
Two villages each from each set of villages based on distance criteria,
40 percent sample households selected on simple random basis from each selected village.

The name, distance and location etc. of the selected villages are presented in Table 1 as follows:

Table 1: The selected villages

S. No. .	*Classification of the set of villages*[*]	*Name of the village*	*Name of the C.D.block*	*Distance from district headquarter*	*Sample size*
1.	V11[*]	Raikadjharan	Baripada	8 kms.	37
2.		Indupahi	Baripada	5 kms.	49

3.	V22*	Rangamatia	Bangiriposi	44 kms.	35
4.		Kaduani	Bisoi	59 kms.	46
Total Sample Size					167

*For further reference in the text and the table the two sets of villages will be indicates as V11 and V22 respectively

3.2. The Village Demography

A brief description of the selected villages is given as follows:

3.2.1. Raikadjharan Village: This village is situated within Baripada Community Development block. The nearest town is Baripada, which is seven kms away from the village. The approaching road is kuchha. Nearest health center is situated at a distance of eight kms. The households are very scatterly distributed in this village. Besides the Santhal tribe, the *Kolha* and the *Bhumij* are also residing in the same village. The villagers are using drinking water from wells and river water in their day-to-day life.

3.2.2. Indupahi Village: This is the second village in first set of villages. Baripada is the nearest town to this village, which is five kms away. The total land area of the village is 200.66 hectares. The approaching road to this village is pucca. The villager use bore wells and tube well as source of water. The village is having forestland measuring of one hectare. The village is also having a large amount of unirrigated land and forty-six hectares of cultural wasteland land / *gauchar.*

3.2.3. Rangamatia Village: This village is in Bangiriposi Community Development Block. The nearest town to this village is Baripada, which is situated at a distance of forty-four kms. The nearest health center is located at a distance of six kms, which is a sub center. The villagers use water from bore well and tube well for different proposes. The approaching road to the village is kuchha. The village is having an area of 170.13 hectares, out of which seven hectares are forest and 81.13 hectares of cultural waste land / *gauchar.*

3.2.4. Kaduani Village: Kaduani is the other village in the second set of villages. This village comes under Bisoi community development block and Bisoi police station. The nearest town to this village is Rairangpur town at a distance of thirty-three kms. The villagers have been using bore-wells and river as sources of waater. The approaching road is pucca. The total area of the village is 253.33 hectares, out of which 13.7 hectares are cultural waste land / *gauchar,* and 14.33 hectares are available for cultivation.

3.3. Data Collection

For quantitative data, fully structured questionnaire was used in the study. For qualitative data in-depth interviews and non-participant observation were carried out in the field. Total nine in-depth interviews were carried out. Out of the nine, two were of ANMs, two

of them were of village headmen and two were of doctors. Rests of the three were of traditional healers. For the analysis of data, bi-variant tables were used as statistical technique.

3.4. Basic Amenities in the Villages

A survey of the basic amenities existed in the selected villages was done. The finding of the survey has been presented in Table 2. The table shows that the living condition of the tribal people in the selected villages was not very satisfactory in terms of availability and accessibility of basic needs and necessity.

Table 2: Availability of basic amenities in the selected villages

Types of Amenities	*V11*	*V22*
Types of houses		
Kuchha	88.4 (76)	75.3 (61)
Semi-pucca	11.6 (10)	24.7 (20)
Source of drinking water		
Well	76.7 (65)	33.3 (27)
Tube-well	7.0 (6)	50.6 (41)
River / Stream	17.4 (15)	16.0 (13)
Method of purification		
Strain by cloth	23.3 (20)	1.2 (1)
Filter	1.2 (1)	-
Bleaching Powder	2.3(2)	-
No purification	73.3 (63)	98.8 (80)
Type of fuel using for cooking		
Wood	52.3 (45)	100 (81)
Crop residues	47.7 (41)	-
Cooking place		
Inside the house	14.0 (12)	33.3 (27)
Outside the house	86.0 (74)	66.7 (54)
Frequency of urban visit		
Frequently	68.6 (59)	14.8 (12)
Occasionally	18.6(16)	46.9 (38)
No visit	12.8 (11)	38.3 (31)
Type of approaching road to the hospital		
Kuchha	59.7 (49)	46.6 (35)
Pucca	-	53.4 (46)
Semi-pucca	40.3 (37)	-

3.5. Literacy Status among the Selected Population

Literacy has made a far-reaching impact on many traditional inhibitions of many societies. The tribal people, too, are no exception. Proper education brings awareness towards many basic issues related to health, social evils and socio-economic stigmas. Institutional education system has penetrated tribal domain long back. But in many places literacy rate shows that they tribal people are still far behind in the race as compared to their non-tribal counterparts in the country. The study also looked into the literacy status of the studied population. Table 3 shows the findings of the study.

Table 3: Literacy rates among males of the study population *

Villages	*Sex*	*Illiterate*	*Below primary*	*Primary complete*	*Middle complete*	*Above HSC*	*Total*
V11	Male	69.6 (149)	7.0 (15)	3.7 (8)	12.1 (26)	7.5 (16)	100 (214)
	Female	77.8 (175)	8.9 (20)	3.1 (7)	7.1 (16)	3.1 (7)	100 (225)
V22	Male	43.8 (92)	9.0 (19)	13.8 (29)	17.6 (37)	15.7 (33)	100 (210)
	Female	77.9 (166)	7.0 (15)	5.2 (11)	7.0 (15)	2.8 (6)	100 (213)

* Figures in parentheses indicate number of individuals.

From Table 3 it became clear that in the first set of villages the male literacy rate was only thirty percent, whereas in the second set of villages the literacy rate was more than fifty six percent. The level of literacy among the villagers living near the district headquarter was lagging far behind as compared to their counterpart. While as many as 70 percent of people were illiterate there were only seven percent people literate up to HSC level. There were only 20 percent of people having educated above primary level. This revealed that literacy rate was factually as low as 20 percent. In the second set of villages the literacy rate including middle complete and above HSC level was approximately 33 percent. This showed a considerable difference in literacy rate among the people of second set of villages. It was interesting to note that closeness to urban localities did not show a positive impact in terms of rate of literacy among these tribal people. The table also revealed that among females the literacy rate was not at all showing any difference in two sets of villages. In both the cases the female literacy rate was only twenty two percent. If the last two levels were considered as actual literate then the literacy rate would become nearly 10 percent and 11 percent respectively. This showed a pathetic condition regarding female literacy among the Santhals

4. TRENDS IN BELIEF SYSTEM REGARDING HEALTH

4.1. Faith on Different Health Care Systems

The Santhal villages have been introduced to modern health care system through government PHCs and hospitals etc. In urban localities private clinics had also flourished in recent years. But, as stated elsewhere in this report, 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 study recorded as many as 46 percent people's positive opinion towards modern medicines in the fist set of villages (V11) whereas, the second set of villages (V22) harboured 42 percent people who indicated a clear inclination towards modern medicines. Contrary to the fact that urban contract would reduce faith level on traditional practices, 22 percent of the V11 population showed their faith towards traditional healing system as compared to 12 percent people of the V22 group who stayed at a far away place from urban locality. The most interesting part of the finding was that as many as 31 percent people of the first set of the villages and 46 percent people of the second set of the villages showed their inclination towards both the system. This made it clear that the Santhals were still having faith in traditional medical systems. But by now they had also started accepting the modern health care facilities. The traditional healers revealed that they used to collect the medicines from the nearby forests. But now a days it had become difficult getting medicinal pants. And all those things happened because of the extensive deforestation. The age factor of the respondents was found having more impact in determining the inclination towards a particular health care system than any other factors. It showed that on average the aged people were more inclined to traditional methods of treatment whereas the young generation was heading towards modern medicine system. It was also found that irrespective of age and educational level percentage of people having exclusive faith on traditional health care practices was in decline. People were found having a good mixture of faith in both the system with a more inclination towards modern health care system. The version of villagers revealed that people had been shifting from traditional medicine system to modern medicine system and healers because traditional medicines were not available everywhere. It also reported that in due course of time the traditional healers had been also loosing their power, because of the lack of practice and willingness. The findings have shown similarity with the findings of researchers mentioned elsewhere in this report.

The reason behind the acceptability of different health care system was enumerated. The findings have been presented in Table 4.

Table 4: Reasons for acceptance of different health care system*

Preference status	*Reasons for preference*	*V11*	*V22*
Prefer Modern medicines	Effectiveness	39.5	45.7
	Easy to access	33.7	39.5
	Provider's good behavior	2.3	-
	Cheaper	2.3	2.5
Prefer traditional system	Effectiveness	-	6.2
	Easy to access	5.8	2.5
	Traditional healer is having supernatural power	38.4	39.5
	Cheaper	-	2.5
	Bound by the custom	2.3	4.9
	Can't say	7.0	2.5

* Figures indicate percentages

Table 4 revealed that effectiveness as one of the reasons for acceptance of modern medicine has scored the highest among the studied population. Easy access of medicines and health care providers also counted as one of the strongest determining factors for the acceptance of modern medicines. Low price, service providers' good behaviour etc also did affect people's choices to some extent as shown in the table. The same table also revealed that majority of the people had faith in traditional system because they believed that the traditional healers had supernatural power who could appease the deities, their ancestors, the evil spirits etc who had direct bearing on their health and well being. Contrary to the acceptability of modern medicines for effectiveness, the people who had in traditional medicine did not put forward it as a major reason for their acceptance. For some it was the easy access to the traditional healers and for some it was their custom that binds them to the system. A few of them did not know any reason and just followed it.

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 *puja*, the modern medicine did respond. People deeply believed that there were some diseases, which the modern medicine practitioners could not cure, but the traditional healers 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 inclination 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 the 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. The finding also reveals that the medical pluralism is opened to these tribal people like many other tribes as mentioned by many other scholars.

4.2. Service Providers during the First Stage of Any Common Diseases

It was revealed that tribal people attributed their illness to the act of one or the other supernatural entity. Thus tribal people, in general, would try to appease the respective deity related to the disease and would receive advice of traditional healer if he were available. Most of the tribal families perceived modern medicine system as an alien system. Thus, even though they used to go to modern health workers, they had tried to appease the deity responsible for the ailment before taking modern medicine. To find out the nature of people's first service providers in case of disease treatment the study was conducted in following way.

For this study some common diseases were taken into consideration. The diseases, which were taken into consideration, were fever, cold and cough, diarrhea, malaria, skin diseases and jaundice. For these diseases people used to avail different types of services available in their locality. From Table 5 the variation in the service utilization in both the sets of villages could be observed.

Table 5: Name of the first service provider for common diseases*

Service providers	*The Sets of Villages*	
	V11	*V22*
Traditional healer Priest / Sorcerer	36.0	48.2
Village Health Workers	2.3	-
Hospital / PHC / Health Sub-Center	11.6	28.4
Private clinics	33.7	23.5
Home based remedy	5.8	-
Christian Missionary	10.5	-
Total	100	100

* Figures in percentages

Table 5 was prepared to show the nature of first service providers. It revealed the still existing trend of tribal people's attachment towards traditional healers as the first preference of treatment. Out of the total affected persons thirty six percent of the villagers called on the traditional healers. As many as 48 percent of people living in distant places who were affected by different disease called on the traditional healer as their first choice of treatment. The rest of the affected people accepted modern medicine as their first preference of treatment. This clearly indicated the fact that the traditional healing system had a respectable place among the tribal people under study.

The above discussion made it clear that roughly half of the people were utilizing the services provided by the traditional healers for common diseases. For obvious reason the number of people going for modern health care were more in first set of villages. The reason for people's attachment was found to be the belief that the traditional healers are having supernatural powers and they never demand money for healing. The traditional healers explained that they did not demand anything from the patient in return, because if they had demanded anything from the patient, then the goddess would have taken away all the supernatural powers, which she had given to them.

4.3: Occurrence and Treatment Pattern of Diseases

Table 6 was prepared to show the trend of occurrence of diseases in both the sets of villages in a specific time period. The reference period for adults was taken as one year, whereas for children i.e. 0-5 years populations, the reference period was taken as four years. The table also shows the number of people who got cured using traditional medicine only.

Table 6: Occurrence of different diseases and treatment by traditional healer

Types of Diseases	*V11 (total popn. 439)*			*V22 (Total popn, 423)*	
	% Of Persons affected	*% of persons helped by traditional healer*		*% Of Persons affected*	*% of persons helped by traditional healer*
Fever	13.9	14.8		16.1	17.6
Cold & cough	19.6	11.6		23.1	17.3
Diarrhea	7.3	10.3		6.8	24.1
Malaria	10.0	0.0		19.3	11.0
T.B.	0.9	0.0		0.2	0.0
Jaundice	3.4	100 .0		5.20	72.7
Skin Disease	6.3	0.0		3.3	21.4
Total		13.72			20.38

The table revealed that the occurrence of both fever and cold and cough was reported to be high in second set of villages in comparison to the first set of villages. The occurrence of diarrhea in both the villages was found to be about seven percent. But malaria was found to be twice in the second set of villages in comparison to the first set of villages. In case of jaundice it was also found to be more in second set of villages. But regarding skin diseases six percent of the total population was affected in the first set of villages, whereas three percent were affected in second set of villages. Almost all the other diseases showed a high occurrence in the second set of villages.

It was found that for different type of diseases different type of service providers had been consulted by the Santhals in both the sets of villages. The table revealed that nearly 15 percent people suffering from fever had been treated by traditional healer in the first set of villages as against 18 percent of such sufferers in second set of villages who took the similar treatment. The study revealed that approximately 17 and 13 percent of people

suffering from fever were treated with home-based medicines in two sets of villages respectively. It was revealed that in case of common cold, cough and fever tribal people were found reluctant to go for treatment. They used to perceive it as seasonal problem and believed in natural cure. Thus it was reported that almost one third of the people in both set of villages stayed at home while suffering from this disease. In case of children suffering from prolong cough, nearly 42 percent of them in distant villages were treated with medicine provided from PHC etc. On the other hand, villages having facilities for private treatment nearly 40 percent patients went for it. Nearly 12 percent and 17 percent of patients suffering from this disease took traditional treatment in the first and the second set of villages respectively. It was revealed that one-forth of people affected by diarrhea in the second set of villages sought treatment from traditional healer as against 10 percent of affected people of other set of villages who went to traditional healer. People rather preferred going for modern health care facilities in case of serious disease. But lack of facilities in distant villages drew people's attention towards traditional healing system. Traditional healer could not master the treatment of malaria among the studied population. As low as 11 percent of the affected people in villages distantly located from district HQ was inclined towards traditional healer. The table above revealed that a lot of affected people relied on home-based medicine for treating skin disease. In case of treating Jaundice, people had more faith on the traditional healers. Table 6 revealed that all fifteen persons, who were affected by Jaundice, utilized the services provided by the traditional healers in the first set of villages whereas seventy three percent of the affected persons had utilized the health care services provided by the traditional healers. In treating tuberculosis the five affected persons had utilised the health care services provided by the government hospitals / PHCs /Health sub centers.

4.4. Perception of the Santhals about Different Type of Diseases

Health seeking behaviour also includes the perception about the cause of disease. And this perception always leads to the treatment seeking behaviour among the tribes. Table 7 shows the peoples' perception about the causes of different diseases under investigation.

Table 7: People's perception about the causes of disease

Disease	*No specific idea*		*Weather change*		*Lack of nutrition*		*Bad spirit*		*Mosquito bite*	
	V11	*V22*	*V11*	*V22*	*V11*	*V22*	*V11*	*V22*	*V11*	*V22*
Fever	39.9	38.7	47.6	37.1	9.3	15.4	3.2	4.5	0	4.3
Cold and Cough	38.5	39.7	54.0	49.4	6.2	9.7	0	0	1.4	1.2
Diarrhea	46.2	50.6	1.7	10.2	42.8	28.8	9.3	8.0	0	2.4
Malaria	40.3	46.8	0.0	0.0	3.4	3.3	9.8	0.0	46.5	49.9
Jaundice*	7.4	25.8	0	0	0	0	53.5	44.4	0	0

Figures indicate Percentages

* Bad work of past as a reason for jaundice has been mentioned by 33.3% in V11 and 29.3% in V22 and lack of cleanliness accounts for 5.35 in V11

Table 7 reveled that in average between 40 to 50 percent people did not have specific idea about the causes of all the first four diseases under study. In case of jaundice people had relatively some specific ideas. It also showed that people perceived change of weather as a major cause of fever and cold and cough. In case of diarrhea lack of nutrition was one of the major causes known to them. According to the half of the people jaundice was caused by the effect of bad spirit. This also established the reason why most of the affected people sought treatment of traditional healers instead of modern medicine. The ill effect of bad work done in the past was also perceived as one of the causes of this disease. The affect of bad spirit worked throughout all the disease as one the causes though in a smaller number. The reason of malaria was rightly perceived by nearly half of the population as the effect of mosquito bite. It was worthwhile to note that the change of weather did not literally mean the change in physical weather. It might have meant beyond that which included the total surrounding constituted by natural and super-natural beings. As mentioned elsewhere in this report that the tribal people need spiritual security during their illness as most of these diseases are caused due to the influence of supernatural beings, tribal people finds rationality in the treatment of traditional healers. Modern healthcare providers do not have the same.

The tribal people invariably used to drink country liquor (*handia*). Females were also found equally indulging in drinking liquor. Nearly 66 percent people including males and the females found drinking country liquor irrespective of their closeness to urban areas. 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. Santhals had been using *handia* as an offering to their gods during rituals and at that time every member of the village used to takes *handia*, as this was treated as a *Prasad* (things offered to God). The traditional healers reported that Handia would act like a medicine for the patients. This was because it would help keeping the stomach in a good condition. At the time of fever *handia* was the best medicine for quick recovery. Interestingly, the converted tribal families to Christianity did not indulge in *handia*. The ideology behind it was that if any body had taken *handia*, then he / she would have faced with many bad consequences.

4.5. Place of Delivery

Place of delivery is an important indicator of access to modern health care and also peoples' perception and action regarding child birth, women's health and social custom. Table 8 shows the record of 66 births in two sets of villages examined through place of delivery, nature of attendants etc.

Table 8: Places of birth of the last child and birth attendants

Types of villages	*Place of delivery*	*Doctor*	*Untrained Dai*	*Friends & relatives*	*Total*
V11	Institutional	20.0(7)	-	-	100 (35)
	Home	-	71.4 (25)	8.6 (3)	
V22	Institutional	12.9 (4)	-	-	100 (31)
	Home	-	45.2 (14)	41.9 (13)	

The table revealed that in the first set of villages out of total 35 cases of childbirth only 20 percent were occurred in hospital and rest of women them delivered their babies at home. In every village there were some women who were well-known for assisting in delivery. They were not trained but people had good faith in them and as many as 71 percent of births were attended by them in the first set of villages. Friends and relative also helped in some cases (8.6%). Inaccessibility to health care centers or other causes mentioned above might have restricted institutional delivery to 12.9 percent women in the second set of villages. It was also noticed that when untrained Dais attended 45 percent of the births, friend and relatives assisted 42 percent of the births in these villages.

It was felt important to note that the general notion of tribal people regarding healthy women did not encourage women to give her baby birth outside home. A healthy woman was she who could give birth to her babies without any complication, without the knowledge of outsiders and without interference in day-to-day life. Medical check-up during pregnancy was mainly meant for those who encountered some physical problems not curable by traditional practices and healers. Thus it was clearly indicative that childbirth was viewed not essentially as a medical problem by most of the Santhals. Their traditional view is still strong in this field of health issue. This finding also agrees with Veen Bhasin's observation that shows females' non-utilization of Biomedicine in case of Sex related diseases and problems. Pregnancy and delivery of child has been closely guarded by tribal people in many other places in India. A large number of death of tribal children in Maharashtra has been attributed to home delivery in Maharastra.

4.6. Child Immunization Status by Birth Order

Table 9 consists the record of the immunization status of the children by the birth order. Here the birth order was divided into three categories, such as children ever born less than three, four to six and seven and above. National Family Health Survey-II (NFHS) showed that in Orissa among the tribals the total fertility rate was 2.6, that is why birth order 3 was taken to see the above situation. This investigation was made to find out the trend of people's acceptance of modern health care facility in case of their children.

Table 9: Trend of immunization according to birth order of children*

Villages	*Diseases*	*Birth order (in years)*			*Total vaccination*	*No Vaccination*	*Total children*
		<3	4-6	7 & Above			
V11	BCG	22.9 (8)	11.4 (4)	5.7 (2)	40.0 (14)	60.0 (21)	35
	DPT	14.3 (5)	2.9 (1)	-	17.2 (6)	82.9 (29)	
	POLIO	31.4 (11)	22.9 (8)	5.7 (2)	60.0 (21)	40.0 (14)	
V22	BCG	29.0 (9)	9.7 (3)	-	38.7 (12)	61.3 (19)	31
	DPT	3.2 (1)	6.5 (2)	-	9.7 (3)	90.3 (28)	
	POLIO	41.9 (13)	25.8 (8)	-	67.7 (21)	32.3 (10)	

* Figures in parentheses indicate the number of individuals.

It was revealed that in the first set of villages total 40 percent of the children got immunized with BCG vaccine. Among them 23 percent were found in the birth order less than three. In the second set of villages it was found that out of thirty one children, thirty nine percent got BCG, ten percent got DPT, and sixty eight percent got Polio vaccines. Interestingly, in both sets of villages the rate of immunization had decreased as birth order had increased. This clearly showed that over the last few years the tribal people had been getting more inclined towards modern health care system. It would be worth-mentioning that compared to other medical facilities immunization campaigns are more extensive even in tribal areas and the mothers get it easy to follow as most of the time services come at doorstep.

4.7. Knowledge and Use of Family Planning

The knowledge of family planning methods and use of the same was investigated among the studied population. A total of 65 eligible women from first set of villages and 62 eligible women from second set of villages were considered for the study. Table 10 was based on the finding of the study.

Table 10: Current use of family planning methods by eligible women

Age group	*Set of villages*	*Modern spacing Method*	*Modern permanent method*	*Traditional Method*	*Currently Not using Any method*	*Total*
15-24	V11	1	3	1	16	21
	V22	-	-	2	11	13
25-34	V11	9	6	4	12	31
	V22	3	6	2	14	25
35-44	V11	2	5	1	4	12
	V22	-	8	3	3	14
45-49	V11	-	1	-	-	1
	V22	-	5	4	1	11
Total	V11	12	15	6	32	65
	V22	3	19	11	29	62
Grand total		15	34	17	61	127

It was found that out of 65 eligible women from the first set of villages 12 (18.46%) women were using modern spacing method. As many as 15 (23%) women had been found adapting permanent method. The traditional methods of birth control were utilized by 6 (9.2%) whereas 32 (49.23%) women did not use any method. In distantly located villages only 3 women were found who used modern spacing method. Rather a woman who thought about modern FP would go for permanent method as was done by 19 women of these villages. In the second set of villages 11 women adapted traditional birth control method and nearly 50 percent of the women in these villages did not take any birth control method. In total out of 127 eligible women 11.8 percent were using modern spacing methods whereas 26.8 percent women had adapted permanent birth control method. Compared to the utilization of modern method a lesser number of women (13.4%) were found using traditional method for birth control. Obviously, as many as 48 percent of eligible women had not used any method for birth control.

It is interesting to note that among Santhals there had been a custom which revealed that after having family planning operation i.e. sterilization, a woman could not participate in the functions or rituals which had been performed in their houses, and if she had participated, then she would have died because she was considered to be impure. For example in the worship of "*Abge-bonga*" (ancestral god) sterilized women cannot participate. But in case of males the situation is somewhat different. After a male person got sterilized, they could participate in the functions by performing certain rituals and giving a feast to the villagers. Santhals believed that *Abge-bonga* had been the helpful

spirit, who had been protecting them at every point of time. So Santhals were avoiding the female or male sterilization and preferred other means of FP methods, otherwise they prefer the traditional methods. If the number of married women were more than one in the family, then the elder one had an option to adopt the sterilization method.

5. CONCLUSION

Culture and social systems are dynamic. While we speak about traditional tribal societies we always depict a society in transition. It has been well revealed in this study that the Santhal societies have been changing at a certain pace along with 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 ethos, 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 medicines, healers and the priests can still relate a link between men, nature and the super-natural beings. This is the link on which the uniqueness of tribal society exists. 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. It has been revealed from several studies that the Christian Missionaries used religion branded with modern allopathic medicines as a spiritual shield to propagate Christianity among tribal groups with known success. But it is sad to see that many government policies hardly accept this very component in their health related aids and campaigns for a better result. A rational synthesis of traditional perception with modern facilities would certainly do good in tribal health issues in our country.

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