

REFLECTIONS ON DEMOGRAPHY AND HEALTH AMONG THE KOLTAS OF UTTARAKHAND (INDIA)

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ABSTRACT

Health is considered as an important domain of medical sciences. Health is culture specific i.e. every culture has its own beliefs and practices regarding health, disease and treatment. Such practices are very deeply woven with culture and environment. Now a days concept of health has emerged as fundamental human right and a worldwide social goal. But at the same time there are a number of social, cultural as well as economic factors which cannot be ignored as they influence health to a very large extent. These factors influence the life of people drastically. The tribes are also not an exception to such scenario. In this backdrop, the present paper attempts to analyze some of the demographic factors as well as health of the Koltas inhabiting the Jaunsar- Bawar area of the Dehradun district of the state of Uttarakhand.

Key Words: Health, Kolta, Jaunsarese, Jaunsar- Bawar

INTRODUCTION

Every society tries to maintain the health of its people. The evidence of diseases ranges from society to society and each society interprets and treats illness differently. Standards for sick and healthy bodies are culturally constructed that vary from time and space. Generally every society firstly applies the indigenous method of medicines to cure the diseases. For the purpose of understanding the traditional medicinal knowledge, the term ethno medicine is evolved by the anthropologist and other social scientists. According to Foster and Anderson (1978), all societies have disease theory system to identify, classify, and explain illness. There is an old saying that 'Health is the wealth'. It is the source of normal and peaceful life. The World Health Organization defines health as 'a state of complete physical, mental and social well being and not merely the absence of disease and infirmity.' The famous definition of health has been given by Landy (1977) who defines it as 'the condition of an organism that permits it to adapt to its environmental situation with relative minimal pain and discomfort, achieve at least

some physical and psychic gratification and possess a reasonable probability of survival. Besides the magico-religious means of curing diseases, the tribal people also use plants and herbs. People have some knowledge about the medicinal plants in their surroundings and also attribute cultural beliefs and practices to these plants though everyone is not expert in understanding the utility of herbal plants. Basu (1996) suggested that there is as an

Urgent need for initiating area specific action research studies among the tribal communities in India so that the health oriented action research studies ultimately help the authorities in formulating effective need based health care strategies among the various tribal groups in India. Kar (2004) writes that health and disease are considered to be polar opposites. Disease refers to a departure from the state of health and health is the absence of disease. The cause of illness goes with the physical environment, the kind of the food taken, hygienic conditions of the houses and the surroundings. Sharma (2004) writes that the overall health status of the tribal community is dependent upon the effects of environment in which they live, genetic characteristics, cultural patterns and the life styles of the tribal groups, health care delivery service in tribal areas, and their detached attitudes largely in accepting the modern health care services at the initial stages of the disease.

STUDY AREAS AND POPULATION

The polygynandrous Jaunsari tribe popularly known as the 'Khas' or 'khasas' practice the system of multi caste social stratification. The total population of Jaunsari tribals is 1,27,721 (42.5% of total population of Uttarakhand) in which Kolta population is about 40,000. Present study focuses on serfs in Indian tribal society i.e. the Koltas, inhabiting the cis-Himalayan region of Jaunsar-Bawar in Chakrata, Kalsi and Tiuni tehsils of Dehradun district of Uttarakhand. The aboriginal 'Austic' or 'pre-Dravidian' population among the Jaunsari tribe of Uttarakhand is represented by the Koltas itself. They form the lowest rung of the Jaunsari society and are autochthonous residents of the area but is still most deprived stratum of Jaunsar-Bawar area. The Koltas are forced to endure sting of bonded-labour and female trafficking in their own native land of Jaunsar-Bawar in Dehradun District of Uttarakhand state of India. In the system of multi caste social stratification thousands of years old 'Khidmati' or bonded labour practice is still prevailing in the above mentioned hilly area. The associated stigma prevailing with this practice is girl-child & female trafficking leading the future females of Jaunsar-Bawar to flesh trade or forced prostitution. The nexus of social exclusion, vicious circle of poverty, bonded labour and female or girl child trafficking is so strong that it is an urgent need of the day to eradicate this grave problem in order to achieve the basic motto of Indian constitution to attain social justice and equality. The Govt. of India in 1976 passed Bonded Labour System (Abolition) Act but the present anthropological study of the area unveils that 60% Koltas even today are forced to work as bonded labourers in Maat System.

Over the past two decades quite a few Kolta households have come to own land. The land owned by the Kolta however is very meager and completely insufficient to serve their needs. Their land holdings are highly uneconomic. The result of this is that the social and economic position of the Kolta, despite legislation and state action, has remained as it has always been (Hasnain, 2010).

Studies on Koltas were earlier undertaken by Oscar Lewis (1959, 1965), Peter Townsend (1974), Nadeem Hasnain (1982), Kainthola (2002) & Jain A. (2005) etc. These studies were done with the help of the concept of *culture of poverty* and concept of *relative deprivation*.

Kolta, the population under study, falls under the category of '*rural culture of poverty*'. They suffer terribly at the hands of beauty. Though the steep slopes and narrow valleys are a charming sight, they are also highly unproductive. Even if the Kolta is given money and machines, it would not make much of a difference. As it is these poor people literally scratch their livelihood from difficult terrain. (Hasnain, 2010).

MATERIAL & METHODS

For the present study 200 Koltas (100 males & 100 females) were covered employing popular methods of research in anthropology viz *field work; interview, observation, case study, photography* etc. in the year 2005 and 2006. Applying an interview schedule to assess demographic and health issues of the Koltas, a sample size of 200 Koltas was randomly selected from 25 villages named as Pati, Rawana, Bisdar, Buraswa, Mahrawana, Shirwa, Bangoti, Timara, Bandara, Tungaruli, Maipawata, Bahamu, Bhatad, Rangyon, Dhaura, Kwanu, Sainsa, Lakhamandal, Chhullad, Pontyngaon, Manjhkot, Bisau, Dario, Gharaita and Kolha. While selecting these villages their distance from town of Chakrata was taken into consideration i.e. villages close to Chakrata as well as interior villages both were chosen for better analysis of results.

DEMOGRAPHIC AND HEALTH SCENARIO AMONG THE KOLTAS

It is revealed from table 1 that 49% Koltas are working as bonded labourers and 17.5% are engaged as agricultural labourers. It is also revealed that only 12% Koltas are practicing cultivation on their own land holdings. 17% are engaged as wage labourers in construction activities. The noticeable here in the economic pursuits of the Koltas is that only 4.5% Koltas are working in government as well as private jobs.

From table 2 it appears that 50.50% Koltas are earning less than a thousand per month. It can be said that Koltas are living in abject poverty and leading the life in deprivation. Vicious cycle of poverty is hammering their life and they are even failing to afford minimum amenities necessary for life.

Table 3 shows that the literacy level among the Koltas is very low. Only 16% of the total sample is literate. Due to their low economic status, they are unable to send their children to school.

Table 4 shows the short term diseases among the Koltas. The frequency of diseases is very high. However, the females appear to be in better health than males. Opportunistic infections like fever, cough and cold are higher (42.76%). Diarrhoea and dysentery appears to be 21.20%. Irregularity in menstrual cycle is also common among the Kolta females (31.30% out of female sample).

Table 5 represents the frequency of long term diseases among the Koltas. Among them, skin diseases and measles are in higher percentage i.e. 25.45% followed by anaemia (20.0%) and respiratory troubles (20%). The frequency of taking bath is low among both males and females which lead to various skin diseases and scabies etc. The cases of anaemia are reported in males also which is found among adolescent males and in few elderly males. The reason for this in elderly males is due to loss of blood through gastro-intestinal tract due to one reason or other. Due to poor nutritional status also females suffered from anaemia.

Table 6 shows the treatment methods resorted to by the Koltas. It appears that 45.28% Koltas resort to indigenous methods (magico-logical performances and empirical aspects of healing) of treating the diseases and it is also seen that the percentage of visitors to PHCs is very low (6.89%) among them. Reason for not visiting the modern health institutions is their more belief on local healers. They found 'Guni' as well as 'Baman' more easily accessible to them. 20.47% who visited to the private doctors as well as quacks were only able to visit them due to the money they borrowed from their owners.

Table 7 shows the status of awareness among the Koltas regarding immunization & family planning methods. It is revealed from the table that awareness for mother & child immunization and family planning is 63.5% & 67.5% respectively among the Koltas. However, I found it merely awareness and the actual level of immunization was low among them.

Table 8 explains the morbidity pattern in past three years among the Koltas which is more or less on similar trends in the year 2008, 2009 and 2010. Mean value for cough, cold and bronchitis is highest followed by that of malaria, unspecified fever and skin diseases.

FINDINGS AND DISCUSSION

It is observed that anemia; diarrhea, dysentery, small pox, malaria, cold, cholera, and stomach trouble, etc. are the common diseases in the study area. Sometimes critical diseases like tuberculosis, cancer, and leprosy are also not uncommon. In general, they resort to indigenous methods and also take medicine from Primary Health Center (PHC) and from private allopath and quacks according to personal convenience. They also depend on the folk medicines in certain diseases. On many occasions, the researcher found them suffering without having any medical attendance. However, they are more reluctant to modern medicine system and are having more belief in magico-religious performances and local healers and witch doctors. The Koltas are aware but in practical reality they are very less immunized.

RCH conditions are also meager. Educational awareness was lacking among them and poor economic conditions had prevented them to acquire nutritious diet required to perform their daily sort of business. They were even devoid of getting better medical access due to lack of infrastructure and financial constraints as most of the families belong to below poverty line (BPL). They could only manage to consult with the colony health centres, dais and quacks.

The Koltas are devoid of various amenities and those villages that have certain amenities; there also the picture is very grim and pathetic due to one reason or another. Status of health indicators like fertility, mortality, morbidity, immunization, maternal and child health and access to health amenities is not satisfactory. Though modern health facilities are available quite often these are not utilized. Witchcraft and magico-logical performances along with animal sacrifices are popularly practiced to propitiate the evil spirits in order to get freedom from diseases. In all the corners of studied villages' ethno-medicine and local healers are given much preference in comparison to modern medicine system due to various cultural and ecological factors. Use of alcohol, intoxicating drinks and drugs as well as smoking is a common phenomenon both among males and females. The villagers have developed an addiction for both home-made liquor as well as modern type of drinks.

SUGGESTIONS

First and foremost requirements are to improve the social and economic status of the Koltas and to increase the literacy percentage among them so that they could develop an understanding for their well being. Proper training of health care service providers and great attention is required for providing health education to them. Periodical nutrition and health assessment and proper and effective augmentation of RCH programmes with a constant monitoring of reproductive health status is necessary.

Redesigning (overhauling) of the prevailing health infrastructure as per the needs and grievances of the Koltas is urgently required. Health service providers must be sensitized and they need to feel their responsibilities.

Table 1: Occupations

Primary Occupation									Secondary Occupation					
Cultivation on own land holding			Agricultural labourer			Bonded labour			Wage labourers in construction			Govt jobs/ pvt jobs		
M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
20	04	24	15	20	35	58	40	98	14	20	34	08	01	09
(10)	(2.0)	(12)	(7.5)	(10)	(17.5)	(29)	(20)	(49)	(7.0)	(10)	(17)	(4.0)	(0.5)	(4.5)

(Figures in parentheses show percentage)

Table 2: Monthly Income

<i>Monthly Income (in Rs.) Total</i>			
<i>Below 1000</i>	<i>1001-2500</i>	<i>2001-3500</i>	<i>200 (100)</i>
101 (50.50)	45 (22.5)	54 (27)	

(Figures in parentheses show percentage)

Table 3: Literacy

<i>Male</i>	<i>Literate</i>	<i>Illiterate</i>	<i>Total</i>
Female	26 (13)	74 (37)	100
	06 (3.0)	94 (47)	100
Total	32 (16)	168 (84)	200 (100)

(Figures in parentheses show percentage)

Table 4: Short Term Diseases among the Koltas

<i>Sex</i>	<i>Fever, Cold & Cough</i>	<i>Hand & Eye injury</i>	<i>Diarrhoea & Dysentery</i>	<i>Irregularity in Menstrual cycle</i>	<i>Total</i>
M	76 (45.23)	50 (29.76)	42 (25)	00	168 (100.0)
F	45 (39.13)	16 (13.91)	18 (15.65)	36 (31.30)	115 (100.0)
Total	121 (42.76)	66 (25.32)	60 (21.20)	36 (12.72)	283 (100.0)

(Figures in parentheses show percentage. Total is higher due to multiple responses)

Table 5: Long Term Diseases among the Koltas

<i>Sex</i>	<i>Respiratory Problem</i>	<i>Tuberculosis</i>	<i>Skin Diseases</i>	<i>Anaemia</i>	<i>Measles</i>	<i>Total</i>
M	21 (24.70)	11(12.94)	22 (25.88)	11 (12.94)	26(30.59)	85(100.0)
F	12 (15)	6 (7.5)	20 (25)	27 (33.75)	9 (11.25)	80(100.0)
Total	33 (20)	17(10.30)	42(25.45)	38(20.03)	35 (21.21)	165 (100.0)

(Figures in parentheses show percentage)

Table 6: Treatment of Diseases among the Koltas

<i>Sex</i>	<i>Treatment Procedures (On the basis of diseases)</i>				<i>Total</i>
	<i>Modern medical Institution (PHC)</i>	<i>Local Medical Stalls</i>	<i>Private Doctor</i>	<i>Indigenous Method</i>	
M	26 (8.67)	98 (32.67)	65 (21.67)	111 (37.0)	300 (100.0)
F	09(4.33)	41(19.71)	39(18.75)	119(57.21)	208(100.0)
Total	35(6.89)	139 (27.36)	104(20.47)	230 (45.28)	508(100.0)

(Figures in parentheses show percentage. Total is higher due to multiple responses)

Table 7: Awareness Regarding Immunization & Family Planning Methods among the Kolta

	<i>Yes</i>	<i>No</i>	<i>Total</i>
Aware for mother & child immunization	127 (63.5)	73(36.5)	200(100.0)
Aware for family planning	135 (67.5)	65 (32.5)	200(100.0)

(Figures in parentheses show percentage)

Table 8: Morbidity pattern in past three years among the Koltas

<i>Diseases</i>	2008	2009	2010	<i>Mean</i>
Measles	33	30	29	30.67
Malaria	47	42	39	42.67
Respiratory Diseases	41	33	31	35.00
Skin Diseases(pox etc)	41	39	37	39.00
Digestive Diseases	29	26	25	26.67
Avitaminosis	23	20	20	24.33
Tuberculosis	24	24	22	23.33
Flu	30	22	27	26.33
Cold, Cough, Bronchitis	40	42	47	43.00
Mental Disorder	16	12	11	13.00
Unspecified fever	41	37	41	39.67
Dysentery, Diarrhoea, Cholera	42	33	39	38.00
Orthopedic disorder	33	29	22	28.00
Total	440	389	390	406.33

(Total is higher due to multiple responses)

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