

## **INDIGENOUS HEALTH CARE PRACTICES AND THE ROLE OF TRADITIONAL HEALERS: A STUDY AMONG THE TRIBES OF CHHATTISGARH (INDIA)**

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***Abstract:** Much of the anthropological research conducted on health behaviour in Africa and Asia uses, either explicitly or implicitly, an ecological conceptual model that situates human behaviour within a broadly defined physical, biological, and socio-cultural environment (Pelto, Bentley, and Pelto, 1990). Decision making about treatment choices (often involving an array of modern and traditional alternatives) is analyzed in terms of influence of factors such as climatic and seasonal conditions, subsistence patterns, social organization (including household dynamics), and ethno medical systems that constrain the degree of control women have in sexual relationships (Miles 1993).*

*The Scheduled Tribes population constituted about 37 per cent of the total population of Chhattisgarh and there are 42 different Tribal communities in the state. Agriculture is the mainstay for more than 80 per cent households in spite of rich natural resources . . .*

*The present paper attempts to study the indigenous health care practices among the tribal communities of Chhattisgarh and the role played by the traditional healers in the community health. The data were collected using in-depth interviews and observation methods. A total of 23 tribal traditional healers and 6 FGDs were conducted in the study and the sample was drawn from six villages. The link between the traditional healers and the tribal communities has been found strong and well-established, since healers to a large extent are the major source of advice on good health and provision for treatment and cure.*

### **INTRODUCTION**

Health and illness are defined, labeled, evaluated, and acted upon in the context of culture. In the 18<sup>th</sup> century, anthropologist Edmund Tylor defined culture as “that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities acquired by man as a member of society” (Tylor, 1871). Understanding cultural attitudes, behaviour and sensitivity to indigenous issues usually takes longer time. Tribal communities prefer to develop long-term relationships with individuals whom they can trust, and they seek a relationship and a commitment from a person. In order to have in-depth understanding of such cultural attitude and behaviours, a

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researcher needs to stay in one place long enough to understand those indigenous ways.

Since Ackerknecht's (1942) pioneering work in medical anthropology, a large number of anthropologists have assisted indigenous communities across the world for their health care. One of the key issues where anthropologists started focusing their attention was on the question as to how to communicate with indigenous communities about modern health and meaning of modern health care.

Ethnomedicine deals with the study of medical systems from the native's point of view. Native categories and explanatory models of illness, including aetiologies, symptoms, courses of sickness, and treatments are investigated (Kleinman, 1980).

WHO has defined traditional medicine as the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness (WHO, 2001).

Early studies on indigenous medical systems were mostly limited in focus on witchcraft and illness caused by super-natural forces, and on specialists such as folk healers, and shamans (Evans-Pritchard, 1937; Turner, 1967; Fabrega and Silver, 1973). During this period, the emphasis was on the meaning of the illnesses and on the symbolism of the curing rituals performed by the folk healers with the result that scholars mostly overlooked empirical aspects of indigenous medical cultures (Waldstein and Adams, 2006).

## **AIM**

The aim of the present study is to understand the indigenous health care practices and role of traditional healers among the tribal communities of Chhattisgarh state (India).

## **MATERIALS AND METHODS**

Chhattisgarh, predominantly a tribal state, is home to 42 different Scheduled Tribes. Agriculture is the mainstay for more than 80 per cent households in spite of rich natural resources<sup>1</sup>.

For the present study, relevant information was collected through the fieldwork carried out in two tribal dominant districts viz., Bastar and Dantewada of the state of Chhattisgarh. In each district, one Community Development Block having numerically dominant tribal population was selected, in which a total of 23 tribal traditional healers from six villages were

interviewed for the study. An ethnographic holistic approach was followed in the field work in which in-depth interviews and observations were made.

**Table 1**  
**Distribution of selected samples by village, block and district**

<i>District</i>	<i>Block</i>	<i>Village</i>	<i>Sample</i>
Dantewada	Geedam	1. Madse	05
		2. Ronje	04
		3. Pharspad	04
Bastar	Kondagaon	1. Bade kanera	03
		2. Chimdi	03
		3. Bafna	04

## FINDINGS

The indigenous healers are known by different names in Chhattisgarh, such as *baiga*, *gunia*, *deowar*, *sirha* and *vaid*, and based on the mode of treatment, healers are categorized into three viz., herbal, magico-religious, and magico-religious-herbal.

All the indigenous healers were male and majority of them belonged to low income group. Healing is not the main source of income; most of them were engaged in agricultural activities as means of livelihood. Nearly three fourth of them belonged to age group 31 to 60 years and one fourth of them were above 60 years of age.

## HEALTH SERVICES

More often than not, the family members or head of the family of the sick person identify and decide to take the sick to the traditional healer. In occasional cases where the condition of the sick is serious, the family members call the healers to their house. Invariably, the healer obliges and comes to the sick person's house. The healers are usually accessible at any time of the day or night. The need to 'wait' for the healer arises only in case the healer has gone out on work. Some of the healers have said that they have come to know of the patient's illness on their own.

## THE TRADITIONAL HEALERS AND THEIR ROLE

The traditional healing practices seem to have an influence on the healthcare-seeking behaviour and treatment of illness among the tribal communities of Chhattisgarh. While continuing with primary occupation for livelihood, like agriculture and allied occupations, the traditional healers practice their profession.

As with the types of explanations of disease, the types of healers are found in different combinations in different cultures. There is always more than one type of healer available to a community, even if members have to travel to seek care. Since various illnesses are largely believed to be caused by supernatural power, there is a prevalence of magico-religious healers. The use of herbal medicine is also considerable.

The processes of diagnosing illness and seeking a cure have been referred to as *patterns of resort* rather than the older term *hierarchy of resort* (Scrimshaw & Hurtado, 1987). This is because people may drift from one practitioner to another, crossing from type to type of healer and not always starting with the simplest and cheapest, but with the one they can best afford and who they feel will be most effective given the severity of the problem.

**How one can become a healer?** In many instances, they are called to their profession through dreams, which usually can only be cured by their agreement to become a practitioner. Most of healing is learned through apprenticeship to other healers, but some are taught by dreams. Healers who combine healing practices or who combine the ability to diagnose and to treat are viewed as more powerful than other types.

Traditional healing is considered to be a male dominated activity. Most of them have household income of less than Rs.1000 per month and have been tribal healers for over sixteen years. Most of them live in *kachcha* houses and their average household size is 5.5.

The healers also have concern and social obligation towards the health of the community. 'Earning money' is not the motivation for healers. Three factors that are rated as 'important' for a healer are: selflessness, determination and willingness to learn the art of healing. The art of learning to become a healer is flexible and usually oral and/or through observation and demonstration.

## INFLUENCE OF MODERN MEDICINE

Majority of the tribal population in the studied area had difficulty to access the state health services as CHC/PHC was located far away, and was open only during certain hours of the day. Besides, Scheduled Tribes and other villagers have even expressed 'fear of going to doctors'. This is one reason why the sick approach healers first, who in turn refers them to doctors, if required. The second situation is where some sick go directly to doctors. They do so because they trust doctors and believe that being educated, doctors understand the cause of illness, identify the disease, and can give suitable treatment. They believe doctors can cure almost all illnesses. In such cases, they approach the CHC/PHC/ District Hospital or a private doctor on their

own. The State Health Service workers interact directly with the tribal people for spreading awareness and messages of correct health practices. Here too, interpersonal communication is of paramount importance.

A major communication link between tribal healers and the State Health Service is through referral of patients to doctors. Even then, it cannot be ignored that more than half of the tribal healers say that they have interacted with doctors in the past. The doctors, on the other hand, seldom refer the patients to the tribal healers, even if their treatment has not yielded positive results. Scheduled Tribes are willing to try out all combinations of treatment to achieve normal state of health. Exceptions apart, uniformly, the tribes at large know the existence and usefulness of tribal healers. So the existence of tribal healers and their positive role in providing health care is beyond question. The healers are consulted by most of them for any kind of illness. A sense of service to the community and tribal faith in the healers' skill motivate them to continue their profession as healers. They show a genuine concern towards health and well-being of the community.

Some of the tribal healers also think that allopathic medicines are more effective and give quick relief, though they are very expensive. One healer says, "Allopathic medicines are good and effective, but expensive. Not everyone can afford it". There is also a perception that allopathy only gives relief to the symptoms, while herbal medicine cures the root of the illness. One out of two healers has also mentioned that the combination of the two methods is useful and effective. The tribal healers have shown their willingness to cooperate with State Health Services. The findings also revealed that nearly half of the healers have interacted with allopathic doctors and Government Health Services. Traditional healers have better access to many populations. People seek their help because of tradition and lack of adequate health care (Green, 1994).

In 1976 Foster proposed to classify illnesses as "personalistic" or "naturalistic". The former category includes illnesses which are held to be caused by an external super-natural agent, and the latter includes illnesses that are supposed to be caused by nature (Foster, 1976). Naturalistic illnesses are likely to be first treated with the use of local pharmacopoeia, especially if the sickness is not perceived as a severe threat. This classification had the merit to acknowledge the coexistence of empirical and magical/supernatural aspects of indigenous medical cultures (Waldstein and Adams, 2006).

Some tribal healers accord importance to health awareness and immunization, while others believe that worship, offerings and sacrifices to supernatural being should be an integral part of one's life. One healer said,

“People should seek treatment at the right time instead of delaying”. Broadly, tribal healers are of the opinion that one should utilize both methods (tribal and modern) depending on the type of illness. Some of the tribal healers are also interested in participating in the training programmes conducted by the state health services in order to understand the health care system, so that they can contribute to improving the health of the tribes.

### SUMMARY AND CONCLUSION

Traditional medical system still plays an important role in health care behaviour among the tribal communities of Chhattisgarh. In most cases, causes of an illness and healing system are found to be associated with the magico-religious beliefs. Along with herbal treatment, magico-religious practices are still occupying a significant position in their indigenous methods of treatment. The analysis of the case studies and observations have shown that factors like age, sex, education of the patient, types of illness, severity of diseases, health care facility, beliefs regarding the cause of diseases and previous experiences effect selection of different ways of treatment. The villagers’ response to illness behaviour is guided and conditioned by their culture.

The use of traditional healing practices seems to have an influence on their healthcare-seeking behaviour and treatment of illness. Gender role emerged as an important factor when it came to decision-making concerning health and treatment-seeking. The link between the tribal healers and the Scheduled Tribes of Chhattisgarh is strong and well-established, since healers are, to a large extent, the only source of advice on good health and provision for treatment and cure. Modern medicine and state health service making inroads into these remote and far flung villages have been a rather recent phenomenon. Observations indicated an interesting and intricate pattern of health behaviour and health communication in tribal Chhattisgarh. It is evident that the communication skills of the tribal healers are excellent and their trust, credibility and accessibility can go a long way in co-opting them as ‘agents’ of change for health practices.

In order to be effective in the implementation of any health programme, effective communication among health providers, health seekers, and traditional healers is essential.

For effective implementation of any health programme, effective communication among health providers, health seekers, and traditional healers is vital. An in-depth study using anthropological methods and approaches is essential to get to understand the indigenous health seeking behaviour from emic perspective.

### Note

1. Source: <http://encyclopedia.thefreedictionary.com/chhattisgarh>

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