

## COVID -19 PANDEMIC AND INDIGENOUS HEALTH CARE PRACTICES AMONG THE TRIBAL COMMUNITIES IN ARUNACHAL PRADESH

S. Simon John<sup>1</sup>, Tarun Mene<sup>2</sup>

---

**Abstract:** The world is undergoing a medical emergency due to the pandemic of the novel Corona Virus Disease (COVID19). All countries are implementing various strict measures to contain the spread of COVID19 including the implementation of nationwide lockdown in order to maintain social distance. In the context of global medical emergency, it is important to understand how indigenous communities have understood the new pandemic and how they are applying their indigenous knowledge systems to prevent or protect themselves. This paper deals with the indigenous health care practices, particularly about traditional lock down rituals to maintain social distance of some tribal communities in Arunachal Pradesh, and tries to understand the worldview of these tribal communities.

**Keywords:** Covid-19, Arunachal Pradesh, Corona rituals, Social distancing, Traditional lockdown.

### INTRODUCTION

The Novel Corona Virus Disease (COVID-19), as informed by the World Health Organisation (WHO) is an infectious disease caused by a newly discovered corona virus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, older people and those with underlying medical problems like cardiovascular diseases, diabetes, chronic respiratory diseases, and cancer are more likely to develop serious illness. The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes, and how it spreads. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. The COVID19 outbreak came to light in the Wuhan City in Hubei Province and subsequently the disease spread to more Provinces in China, and to the rest of the world. As such, the WHO, on 30<sup>th</sup> January 2020 declared that the outbreak constituted a Public Health Emergency of International Concern (PHEIC), and on 12<sup>th</sup> March 2020 declared the outbreak as a global pandemic. At present the pandemic has spread to almost all the countries and a large number of people have been infected and many died. The numbers are increasing day by day and the entire world has come to a standstill.

In case of India, the first patient was reported on January 30<sup>th</sup>, 2020 in Kerala's Thrissur district and gradually spread to almost all the states and Union territories of the country at present. Considering the fast spread of the pandemic and the seriousness of the disease, the Government of India went on one day 'Janta

---

1. Professor and Director, Arunachal Institute of Tribal Studies, Rajiv Gandhi University, Arunachal Pradesh drsimonjohn@gmail.com # Corresponding author.; 2. Assistant Professor, Arunachal Institute of Tribal Studies, Rajiv Gandhi University, Arunachal Pradesh tarun.mene@rgu.ac.in

*curfew*' i.e., people's curfew on 22<sup>nd</sup> March, 2020 and subsequently implemented a nationwide lockdown for 21 days from 24<sup>th</sup> March to 14<sup>th</sup> April 2020, and then it was further extended up to 3<sup>rd</sup> May 2020. Considering the increase in number of positive cases, it was expected that the lockdown would be further extended, and it has been extended in Red and Orange zones with certain relaxations. The purpose of this nationwide lockdown was to maintain the social/physical distance in order to contain the spread of the disease. Though the lockdown severely affected the day to day life of the entire 1.3 billion people and the economy of the country, the people of India are coping up with the health emergency crisis of the world. In the context of national lock down and health emergency of the State, it is important to observe how communities at local level are responding to this pandemic following their age old indigenous knowledge systems (IKS) in order to protect themselves.

Health care and healing practices and their studies are remarkable in the Indian socio-cultural context because there is heterogeneity in medical beliefs and practices. Besides, the well known and widespread systems such as Ayurveda, Allopathic, Unani, Homeopathy and Siddha, there are a number of traditional beliefs, rituals, customs and practices connected to health care and healing. The concepts of etiology of illness, methods of diagnosis and treatment, and ideas of prophylaxis, were developed and preserved as a traditional lore of every society and are orally transmitted from generation to generation. The body of beliefs and concepts which existed in a society with regard to the nature, origin and treatment of diseases, was found always integrated with other institutions and organizations of the society. Religious beliefs, moral codes, and social values have influenced the beliefs and practices of etiology of illness and treatment. Cultural patterns and religious beliefs, economy and morality, social values and medical beliefs are all found together to form the health culture of a society (Boban, 1998).

The World Health Organisation define traditional medicine as, 'sum a total of the knowledge, skill, 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, 2010). Murdock (1980) stated that there are natural causation and supernatural causation of illness. Natural causation refers to any theory, scientific or popular, which accounts for the impairment of health as a physiological consequence of some experience of the victims in a manner that would appear reasonable to modern science. The supernatural causation deals with mystical situations and the reasons for illness are related to supernatural spirits, sorcery, exorcism, witchcraft etc.

According to Michael Winkleman (2009), the concept of culture is fundamental to understanding health and medicine because personal health behaviour and professional practices of medicine are deeply influenced by culture. Culture involves the learned patterns of shared group behaviour which includes health behaviours, particularly intergroup differences in health behaviour and beliefs.

Culture is a principal determinant of health conditions, particularly in exposing in to or protecting us from diseases through structuring our interactions with the physical and social environments.

In this backdrop, this paper attempts to discuss how indigenous societies in Arunachal Pradesh look at infectious diseases like COVID19, and their cultural practices define their worldviews in connection to health, disease, sickness and its treatment.

### **THE LOCALE**

Arunachal Pradesh is inhabited by more than twenty six major tribal communities and more than forty sub-tribes and thus presents an interesting cultural mosaic. Though there is a blending of cultures, yet the communities have preserved their distinct knowledge systems, oral and performing traditions, languages, rituals, customs and practices, fairs and festivals, arts and crafts etc. which forms the Intangible Cultural Heritage (ICH) of the state. The notion of documenting, safeguarding and disseminating the Intangible Cultural Heritage has derived serious attention of social science scholars, cultural activists and States particularly after the UNESCO convention for safeguarding of the Intangible Cultural Heritage which was held in 2003. UNESCO stated that Intangible Cultural Heritage, also known as ‘living heritage’, refers to the practices, representations, expressions, knowledge and skills transmitted by communities from generation to generation. It provides these communities with a sense of identity and continuity, while promoting creativity and social well-being, contributing to the management of the natural and social environment and generation of income. Much of what is called traditional or indigenous knowledge is, or can be, integrated into health care, education, and management of the natural resources systems. ICH includes traditions or living expressions inherited from our ancestors and passed on to our descendants, such as oral traditions, performing arts, social practices, rituals, festive events, knowledge and practices concerning nature and the universe or the knowledge and skills to produce traditional crafts. The importance of intangible cultural heritage is not the cultural manifestation itself but rather the wealth of knowledge and skills that is transmitted through it from one generation to the next. Thus, it is very clear that the ICH is not an independent element but interdependent with all the other aspects of human life including health and healing.

In Arunachal Pradesh, the traditional institution of shaman plays a significant role in the socio cultural life. All the ritual practices, health and healing, life cycle ceremonies, taboos, offerings, sacred narratives and performances are closely associated with the shamans. These shamans of Arunachal Pradesh are culture specific and they are highly respected as a knowledgeable person by the members of the community. They are the ‘ritual masters’ and ‘sacred specialists’ and distinguished themselves by their abundant knowledge about various supernatural spirits related

to nature, ancestral spirits, guardian spirits, spirits of the dead, evil spirits etc. It's believed that shamans are having the ability or power to access and influence the supernatural spirits and appease them by performing sacred chanting, offerings and rituals for the wellbeing of the society. He also acts as healer, fortune-teller and councillor. Thus, it is very clear that the institution of shaman is very strong and deeply rooted in the living traditions of the tribal communities of Arunachal Pradesh.

In traditional societies, whenever human beings suffer from certain kind of illness or epidemics they are always connected with supernatural powers and several rituals, offerings, sacrifices and taboos are performed in order to appease the spirits and protect the people. Health care and healing is a part of culture which is closely related to local religious practices. A number of tribal healing practices exist in Arunachal Pradesh and these healing rituals are related to their belief systems and religious practices of the region. Several vows, offerings, sacrifices, taboos and rituals are performed in order to protect and cure their diseases. The shaman of the specific tribal community plays an important role in health care and healing rituals.

This paper is an attempt to document certain significant indigenous health care practices performed during the Pandemic COVID-19 by the tribal communities of Arunachal Pradesh and tries to understand how the indigenous communities understand the impact of the pandemic and apply their indigenous knowledge system to protect themselves. Since this paper has been initiated during the nationwide lockdown period, the empirical data for this paper have been collected through telephonic conversation with the members of different tribal communities from different regions of the state. News articles published in newspapers and social media and websites are also consulted to enrich the paper.

### **TRADITIONAL CULTURAL PRACTICES**

In the context of COVID-19, as stated by the World Health Organisation, there is no specific medicine or treatment available so far and the only ways to contain the spread of the disease is prevention through isolation and maintaining social/physical distance and therefore all the countries are trying their best to implement this to their citizens in the form of locking down the country. The concept of prevention and isolation or lockdown is traditionally known among many tribal communities of Arunachal Pradesh.

The following are some of the ethnographic notes related to the traditional healthcare and lockdown rituals of selected tribal communities of Arunachal Pradesh. However, this paper is only a preliminary attempt to document certain health care practices, particularly the traditional lockdown rituals of certain communities. Due to the prevailing nationwide lockdown, fieldwork in natural context is not possible and whatever data collected for this paper is basically through personal contacts and telephonic conversations. A detailed study on this subject may be carried out in due course when situation becomes normal.

### Idu Mishmi Practices

The IduMishmis, a scheduled tribe of India, primarily inhabits two districts, i.e., the Lower Dibang valley and the Dibang valley, while a few inhabit Lohit, East Siang, and Upper Siang districts of Arunachal Pradesh. They are one of the three sub-groups of the Mishmi tribe and the other two sub-groups are Taron (Digaru) and Kaman (Miju).<sup>1</sup> In terms of population, they are approximately 12,000 in total which are spread in as many as 250 villages<sup>2</sup>, and they speak a Tibeto-Burman language. Most of them follow indigenous belief system and their political system is arbiter in nature. In terms of economy, there is visible transformation, but agriculture remains their primary source of livelihood. Precisely, their everyday life revolves around the immediate natural environment.

Epidemics like Covid-19 is not a new experience for the Idu Mishmi. Prior to this occurrence, there are reports of dreaded epidemics that had struck Idu Mishmi villages, such as, *abie* (dysentery), *ithri* (tuberculosis), *broo* (chickenpox), *chede* (leprosy), *doho* (severe cough with fever, equated with Covid-19 symptoms), etc. They consider such epidemics to have viral characteristics and they called it “*arru amber*”, where “*arru*” is an equivalent term for “viral”, and “*amber*” stands for “disease”. According to their myth the creator, InniMaseloJinu, gave birth to different creatures, including men, along with the virus called *aichi*, and therefore, from the very beginning mankind has been a victim of various epidemics. Though they have a rough categorization of what are viral and non-viral diseases, their explanations of such diseases are not explicit as we understand it in modern scientific sense.

As stated, there were many deaths due to epidemics in the past and because of this it is assumed that today the tribe has a denumerable population size. Moreover, in the absence of any medical facilities, only a shaman intervened and his help was sought. In the following a few rituals are discussed.

***Ikularou:*** This is a preventive measure performed for the entire village (*aamboh*). *Ikularou* ritual is also known as *Gamu-chu*. This ritual acts as blockage, and a complete lockdown of inter-village movement for a period of 5 days takes place, basically to prevent the advent of the disease into the village, and thereby to contain the disease from further spread. To perform this ritual a shaman (*igu*) is invited into the village. The basic ritualistic elements that are used in this ritual are *ebe-attan* (banana plant), *athrumbo* (a sour medicinal plant), *iphiru* and *elaru* (varieties of creeper plants) and *iku/kabiti* (a dog bought for Rs 50-100). First, a ritual place and a gate (called *papu*) are constructed at the entrance of the village. The ritual starts early in the morning with the gathering of the villagers and is voluntary in nature. After all are set, the shaman starts ritual chanting where he seeks blessings from the almighty God InniMaseloJinu as well as from his tutorial spirit called Drawnby sacrificing a fowl. Through this ritual the shaman asks for the protection and well-being of all the villagers from the viral disease (*arru*). Next, a

dog (*kabiti*) is sacrificed and hung at the village gate. This is done as it is believed that spirit of the dog plays an important role in the protection and safety of the people as well as it is feared by the evil spirits, generally called as *khinu*, and this sacrifice is necessary to ward off the *arru*. At the ritual place, the shaman also erects sharp bamboo spikes, called *kamuti*, which are projected towards the direction of the road leading to the village. This is believed to be a defence mechanism against the arriving virus. Also a rough humanlike sculpture made from wood or with banana plant is placed, which symbolically represents a nude human being meant to scare the virus from entering the village. For his services rendered, the shaman is later given remuneration that includes rice beer (*yu-amio*), a fowl (*aetohmae*) and cash collectively raised by the villagers.

After the performance of *Ikularou* or *Gami-chu* ritual, five days taboo (*aena*) is observed by all the villagers. This is a period of complete lockdown of the village and villagers are restricted from eating chilli, onion, flowering seeds and using of soaps for bathing, weaving activities, etc. If any person opens the blockade before the lockdown period, it is considered as heinous crime and a fine is imposed and in extreme situation, the offender may even be killed.

***Achi-aji*:** Once the virus already enters the village, another ritual is performed known as *Achi-aji* ritual. For example, in the case of epidemic *abiearru* (dysentery) usually the virus resides in the latrines attached to the houses. An *igu* called by an individual on behalf of the whole village. He begins searching the spirit and chants with the help of *ripung*, the musical instrument of the shaman. He tries to cover every house in this manner. If the village is big, than the duration (of the search) may be longer. In some villages where the chanting goes on for 3 days.

In this ritual, one pig is sacrificed, while another is gifted to the *igu*. The villagers may erect a gate called *larao* after killing a dog. The dog is then hung at the gate, and it is called *iku-larou*. Sometimes the villagers may set up the gate (with the hung dog) themselves without the help of the *igu*. The purpose of erecting the structure is to prevent the evil spirits causing epidemics in the village. During the days of the ritual, the villagers abstain from certain food items as directed by the *igu*. There is strict compulsion to observe these food taboos.<sup>3</sup>

### **Apatani Practices**

The Apatanis are one of the major indigenous tribes of Arunachal Pradesh domiciled in Ziro Valley. The Apatani tribe belongs to the Tibeto-Mongoloid stock and they worship Donyi-Polo, i.e., the Sun and Moon. Apatani religious practices are animistic in nature. According to Census 2011, their population figure is 83,030, of which male and female were 41,843 and 41,187 respectively. Apatanis are traditionally engaged in wet land paddy cultivation and are popularly known for their integrated paddy-cum-fish cultivation whereas the other tribes practice shifting cultivation. A number of rituals, performances, narratives, festivals, customs, practices and beliefs

are associated with paddy agriculture among Apatanis. Murung, Dree and Myoko are some of the major traditional ritual celebrations of the Apatanis.

**SagungDoli:** Shamans play a major role in all the rituals and life cycle ceremonies of the Apatanis. Bamboo altars, omen reading, chanting and animal sacrifice occupies the central role in all their rituals. When Apatanis came to know about the novel Corona Virus Disease and its impact, as a precautionary measure, the local committee called *gora*, of Hija village, gathered in PunaGyati's house and performed omen reading through chicken eggs in order to seek the indigenous solution. They unanimously decided to perform *Su-myoro* ritual in their *uruyugyang* (clan altar). Apatanis used the term '*Sagungdoli*' to refer to 'Corona Virus' or Covid-19.

*Gora* refers to a group or committee appointed in certain circumstances to fulfil particular tasks related to that situation to impose the social norms in order to maintain harmony and solidarity among people. It is believed that *Su-myoro* is the spirit that resides near residences protecting the people from illness and mishaps. *Sathnwis* another spirit who also resides near people's houses, and thus the people are surrounded by them. It is believed that in the past, the spirits *Su-myoro* and *Sathnwm* made promises to keep people safe and provide protection from any sickness and unnatural disturbance. Thus, whenever Apatani people encounter situation like pandemics and epidemics, they opt for *Su-myoro* ritual to appease the spirits, seek their blessings, and request them to guard the people of Tani valley from any disease and misfortune.

The ritual to fight against the *sagungdoli* (i.e. Covid 19) was performed in the following manner. In the first phase, *Su-myoro* ritual was performed. It is believed that this ritual is performed for those benevolent spirits who reside in the habitational area, such as near residences, boundaries and *lapang* (community platform where village meetings take place), and ask for protection from foreign diseases. Through this ritual, the spirits *Su-myoro*, and *Sathnw*, and the spirit of *lapang* are invoked – they are made aware of the pandemic and their protection is sought by blocking the route of corona virus and its spread. The second phase would take place only when the situation worsens and the need for divine intervention is felt. The people of Hija village, in such an emergent situation, would conduct the next phase of the ritual which would be decided only after performing omen reading through chicken eggs.

Generally, *Su-myoro* ritual is performed on the 29<sup>th</sup> and 30<sup>th</sup> of March as an important part of Myokofestival. In other years, this ritual is performed to appease the benevolent spirits when people face problems related to their paddy fields and granaries, seeking the blessing for a bumper harvest, and to protect the crops from rodents and other pests. The ritual is performed at the *piisapu* (sacred place) by sacrificing a cow. *Su-Myoro* is considered as the benevolent spirit residing nearby the habitational areas, especially in a clan's hunting grounds and jungles, and are believed to give protection to the whole clan from fire, accident, and *doli-*

*saring*(fever, disease), etc.

**Animal Sacrifice:** People of Hija village perform omen reading through eggs in order to seek the consent of spirits for the type and number of animals to be sacrificed during Su-myoro ritual. The shaman performs ritual chanting and offers different animals to the respective spirit(s). The shaman negotiates with the spirits by offering fowl (*paro*), then dog (*aki*), cow (*shi*) and lastly mithun (*subu*) to the spirits; these animals are then sacrificed.

During the ritual of/for SagungDoli, the shaman of Hija village sacrificed one cow at the *pisapo*(sacred place), and another at the *sathnw*(sacred place) for Hija booth (whole clans). Some families individually sacrificed a cow at *yuloagyang*(bamboo altar), and some others performed ritual by sacrificing two hens, two chickens and four eggs near the bamboo altar built in front of their houses. After the ritual, the members of the *gora* again performed omen reading through chicken eggs and imposed work restrictions and restriction in movements for the community members. The implementations of these restrictions are strictly monitored by the *gora* who can impose fines if members violate the restrictions.<sup>4</sup>

### Adi Practices

The Adis are one of the major tribal communities of Arunachal Pradesh. They inhabit different districts of the state, namely, East Siang, Siang, Upper Siang, West Siang, Lower Siang, Lower Dibang valley and Si-Yomi districts. The tribe consists of around 12 sub-groups, namely, Ashing, Bokar, Bori, Karko, Minyong, Milang, Padam, Pailibo, Pasi, Simong, Ramo and Tangam. These sub-groups form a major group and speak a common dialect with little variation. All the groups claim a common descent and perform and practice similar rituals and festivals with slight variation. Racially, they belong to the Mongoloid stock with well-built features.

**Kili Motor:** Kili Motor is a ritual performed by the Adi tribe usually to ward off any kind of epidemic. “*Kili*” means “epidemic diseases”, and the term “*motor*” refers to “barricades to stop”. The term “*mo*” comes from the word “*motum*” which means “to stop” and “*tor*” comes from the word “*etor*” meaning “fence or barricade”. The traditional way of public announcement called *Gogying* is performed a day before to inform all the villagers about the ritual. It is believed that the epidemic is caused by evil spirits and this ritual is performed to appease and ward off the spirits in order to protect the people. For the purpose of this ritual, a ritual gate is made of bamboo and leaves at every entry point to the village. Three long bamboo poles are used to make this gate - one vertical pole on each side of the road and one horizontal pole above across the road and tied at the top of the vertical poles.

Different types of symbolic elements, like *iyyi-ehpuk* (bow and arrow), *ngiding* (spear) and *hongkit* (traditional trap), made of bamboo are fixed on both sides of the altar gate. Some other symbolic bamboo altars like *pobangbayar* (which



is small in size and looks like X-shape) and *roh-ehng* (which looks like a small mat), are hung on the top of the ritual gate across the road. *Pobangbayar* and *roh-ehng* symbolizes attire or armour wear during the time of war. The numbers of *roh-ehng* depends on the number of gates constructed. For a single gate, two *roh-ehng* is required. *Hepih*, a variety of frond plant, is also used in this ritual, especially the leaves and its trunk part. Large amount of the trunk of this plant is cut into pieces, and put on both sides of the ritual gate along with the bamboo altars. It is believed that these symbolic altars and leaves have the power to ward off, kill or catch the evil spirits and to make sure they do not enter the village.

Animal sacrifice is an important element in this ritual. Traditionally a cockerel and a dog are sacrificed during the Motor ritual. The colour of the cockerel has to be preferably red or black, and after sacrifice it is hung on the top of the ritual gate for some time, and then is tied to the symbolic altars and leaves on both the sides of the ritual gate. Sacrifice of dog is important in the Motor ritual as it is believed that they are very close to human beings and are considered brothers. Therefore, when there is any kind of epidemic and in order to prevent people from the disease, a dog is sacrificed and hung at the top of the ritual gate. It is believed that this sacrifice will appease the evil spirits which causes the epidemic. After this ritual performance, a strict taboo is followed whereby no one is allowed to enter or leave the village and traditionally this taboo period lasts for a day.<sup>5</sup>

### **Nyishi Practices**

The Nyishi tribe is one of the most populous tribe in Arunachal Pradesh and they are spread across eight districts viz., KraDaadi, KurungKumey, East Kameng, West Kameng, Papum Pare, parts of Lower Subansiri, Kamle and PakkeKesang districts. They number around 3,00,000 and their language belongs to the Sino-Tibetan family. Their society is patrilineal and patriarchal, and they practice Donyi Polo religion. Agriculture is central to their economic activities, however, transformations are quite fast and clearly visible in all the social-cultural aspects of the tribe.

Being animistic in nature, the Nyishi community believes in the existence of certain spirits all around them, both malevolent and benevolent having the power to shape the lives of the people. Hence any important event in the community is marked by the involvement of the said spirits. Invitation and appeasement of these entities play an important role in any of the rituals performed.

***NyumtyDolyi***: Ailments befalling on any member of the society are seen as an act of malevolent spirits angered in some way or other. This leads to the whole process of pacification. At present the Covid-19 disease has encouraged the Nyishis to adopt the age-old tradition to ward off the disease by performing a ritual called

NyumtvDolyi. This ritual is performed as a means of protection on a certain area against the virus. The *nyub* (shaman) is accompanied by a few male members of the society who walk together towards the main entrance of a demarcated area. Upon reaching the appointed place, they erect a gate-like structure known as the *dapopqtor*, made of wood and bamboo. In front of this, an altar is constructed, where the animal is sacrificed. The leaves and stem of a tree called *tachkonyis* laid and spread in front of the altar where the animal is to be slaughtered. This tree is said to serve no purpose to the human beings; its leaves inedible and the stem too soft to be used. Hence it is believed to be a symbol of communication between the human and the spiritual world. Once slaughtered, the blood of the animal is smeared on the body of the altar. The blood is also supposed to purify the area. The tail of the animal is propped up on another structure made of five pointed sticks. The severed head is tied to a nearby tree to be noticed by people but also high enough to make it inaccessible. In the absence of a tree nearby, the head is placed on a tall structure. The *nyub* continues his chanting throughout the whole process.

Any animal like dog, goat, pig, cow or chicken can be used for the sacrifice. The *nyub*, through his chanting, invites the spirits to receive the sacrifice and be pacified. He also requests the benevolent spirits ChwgurNyotor (spirit of earth) and DogurNyvkam (spirit of water) to receive the offering and protect the people.

The duration of the ritual depends on the *nyub* and can last for the whole day or be over in a few hours. The *nyub* names each village, town and river that fall under the selected area as information to the spirits to render protection.

After the ritual is performed, the following three days are observed as taboo period similar to quarantine days. The inhabitants of the area are directed to stay indoors, abstaining from any form of chores or errands. For six to ten days no outsiders are also allowed to enter the village. People who fail to follow the strict instructions are fined heavily in form of kind or cash.<sup>6</sup>

## DISCUSSION

Arunachal Pradesh is the largest state in the north eastern India which covers approximately about 83,743sq.kms of land area. According the 2011 census, the total population of the state is 13.82 lakhs and the tribal population constitutes about 66.85% of the total population. The ethnic composition of the tribes predominantly belongs to the Mongoloid stock. It shares its borders with the neighbouring countries of Bhutan in the west, China (Tibet) in the north and northeast, Myanmar in the east and southeast and the Indian states of Assam and Nagaland in the south. The economy of Arunachal Pradesh basically depends on agriculture and forest based industries, Hydro power plants, arts and crafts and tourism. The state is protected with Inner line permit (ILP) and Protected Area permit (PAP). People belonging to other states (of the country) need to obtain ILP in order to enter the state, and

foreigners need to obtain PAP to enter the state. The state is not yet connected with flights, and train services were started only few years ago.

The state is sparsely populated, industrially backward and protected by ILP and PAP, and therefore to-and-fro movements of people into and outside the state, appear to be rare. In this context, it is pertinent to note that the spread of COVID19 is found mostly in urban cities which are considered as highly developed and thickly populated. Arunachal Pradesh, though comparatively a much less inhabited and rural settlement, therefore appears to be outside the danger zone of the pandemic. Despite this, the different tribes who make up the state, are all aware of the present emergent situation and appear to have taken traditional means of preventive measures. Their measures not only include the rituals (which cannot be scientifically proven), but also social distancing is maintained.

In much of rural India, the concept of social distancing is traditionally existent. The villages are clearly demarcated and every household maintains certain distance. Most of the villages have permanent village gates and it operates whenever they follow certain taboos. The indigenous population of the state strongly believes that any kinds of illness to human beings or cattle or to the crops are caused either by supernatural spirits or by the outside elements. Therefore they perform different rituals, offerings and sacrifices, time to time, in order to appease the supernatural spirits which cause the illness. These rituals differ from tribe to tribe and region to region. In the context of COVID 19 pandemic, the tribal communities of Arunachal Pradesh understood the nature of the disease and the required precautions in order to protect them. As stated by WHO, one of the important precaution is to maintain social distance. Generally for most tribal communities, social distance is a means to protect the 'outside' elements. Therefore, when the government announced nationwide lockdown, many of the tribal communities of the state have executed their own indigenous way of locking down their villages in the form of rituals and ritual gates.

The concept of village gates and lockdown rituals are traditionally existent among many communities and it is performed whenever the village suffers any kind of destructions, be it crops or cattle or for the human beings. However the rituals performed for crops, cattle and human beings have slight differences. The tribal social system is strongly managed by their traditional village councils and when any decisions are taken by these councils, they are strictly followed by all the members of the community. It is also important to understand that after the lockdown rituals the community members should not go out of the village and outsiders are not allowed to enter into the village. However, the members of the particular village can move within their villages. Therefore, here the meaning of social distancing is to stay away from the 'outsiders'.

## CONCLUSION

Arunachal Pradesh, at the moment, is free from COVID19. However, many of the tribal communities have performed the preventive rituals. Curative measures (in the form of rituals and daily practice) will come in when/if COVID19 infects their villages. In all the tribes discussed, Indigenous Knowledge Systems and indigenous cultural practices are used to the maximum and in tandem with modern facilities etc. Despite being a rural society, all the tribal inhabitants appear to be aware of the pandemic, and hence have fully supported their village-level practices.

COVID19 appears to have taught a lesson on how to redefine development and to understand the importance of social distance. Generally in our country all the industrial and infrastructural developments are primarily focused on urban cities and as a result it attracts rural and semi-urban population towards the cities for employment and it becomes thickly populated. In such scenarios, it becomes difficult to maintain social distance in cities in the context of emerging industries, residential apartments, markets, urban slums, street dwellers etc. Therefore it is time to execute balanced region based developmental activities in all the places which helps the rural and semi urban population to work in their own places.

## ACKNOWLEDGEMENTS

Our sincere gratitude to Kombong Darang, Yaasmi Likha and Nampi Tailyang, research scholars of AITS for collecting data from the informants through telephone during lockdown period.

### *Notes*

1. The Kamans were also known as Miju Mishmis and Taraon as Digaru Mishmis. Their material culture such as dresses and ornaments, housing design and pattern, etc, are so similar that it is really difficult to distinguish them. However, the Idu Mishmis are quite distinct in this matter. One distinguishing feature of the Idu Mishmis is their hair style.
2. As per 2001 census report, they were numerically figured at 9350. Available at: [censusindia.gov.in/Tables\\_Published/SCST/dh\\_st\\_arunachal.pdf](http://censusindia.gov.in/Tables_Published/SCST/dh_st_arunachal.pdf)
3. Informant: Risa Mega, Male shaman, age 55 of Desali village, Lower Dinabg valley, AP
4. Informant: Pura Chatung, Male shaman, Age; 60+ of Hijavillage, Ziro, Lower Subansiri district, AP.
5. Informant; Ogeng Darang Male, age 60 of Rengging village, Pasighat. East Siang district, AP
6. Informant: Likha Tach, Male, age 55 of Swto village, Lower Subansiri district, AP.

*References*

- Boban, Jose.K.1998. *Tribal Ethno Medicine: Continuity and Change*.New Delhi: A.P.H Publishing Corporation.
- Murdock,G.P. 1980.*Theories of Illness: A world Survey*. Pennsylvania: University of Pittsburgh.
- Winkleman, Michael. 2009. *Culture and Health: Applying Medical Anthropology.*: San Francisco: Jossey- Bass.
- <https://ich.unesco.org/en/what-is-intangible-heritage-00003>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

