

Gender and traditional health practices in a Mishing village of Golaghat District in Assam

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Abstract

Traditional health care practices are prevalent in every country since the beginning of the civilization. The tribal people or the indigenous people living closest to the nature and their health practices are influenced more by the socio-cultural and environmental factors. Therefore, tribal health care system is based on herbal as well as ayurvedic medicines and other related systems like sidh, yoga and rituals along with a strong leaning towards magico-religious practices. On the other hand, gender, now-a-days, is considered as one of the determinants of health along with biological determinants, behavioural and socio-cultural conditions, environment, health services and other factors in their respective manner. So, the health and health care practices among the tribal people need to be examined in the specific context of time and place in India. Like other tribal communities, the Mishing community of Assam also has some traditional health care practices. In this context, the present study is an attempt to know the traditional health care practices and the role of gender in the same in a Mishing village selected purposively in the Golaghat district of Assam.

Key Words: *Gender, Health, Mishing.*

1.1 INTRODUCTION

Tribes constitute an important segment of the population of India. They are distributed in three principal zones viz., North-Eastern, Central and Southern zones with different dialects, cultural homogeneity and unifying social organization. Because of the scheduled living of the groups, their pattern of living, food habits, dietary practices, health practices and attitude to various aspects of life differs from non-tribal population.

Health is man's natural condition and is now recognized as a birth-right of all citizens. It is the result of living in accordance with natural laws pertaining to the body, mind and

environment. These laws relate to fresh air, sunlight, exercise, rest and relaxation, sleep, cleanliness, elimination, right attitudes of mind and above all lifestyle (Sachchidananda 1994). According to the constitution of WHO (1948) “*Health is a state of complete physical, mental and social well being and not merely absence of disease or infirmity*”. Therefore, health implies a perfect harmony of man’s internal environment with his external environment consisting of physical, chemical and biological surroundings. It can be measured on the basis of the parameters like sex ratio, literacy, marriage practices, age at marriage, fertility, mortality, life expectancy at birth, nutritional status and mother’s health, forest ecology, child bearing and maternal mortality, maternal and child health care practices, family welfare programme, sexually transmitted diseases, genetic disorder, etc.

Gender is a term that is used to distinguish those features of males and females that are socially constructed, as oppose to sex, which is used to indicate the biologically determined features. Men and women are differentiated by social or gender characteristics as well as biological or sex characteristics. This means that gender issues are not just of concern to women but gender divisions also affects men in both positive and negative ways.

Gender is a determinant of health along with biological determinants, behavioural and socio-cultural conditions, environment, health services, ageing of the population and other factors in that order. It is a crucial element in health equalities in developing countries. It influences the control that men and women have over the determinants of their health, including their economic position and social status, access to resources and treatment in society (WHO, 2000). The present study attempts to know - *What kind of relationship is perceived between gender and health care practices among the tribal people in India, especially in a tribe like Mishing in Assam?*

1.2 OBJECTIVES

The objectives of the present study are as follows:

1. To understand social structure and environment of the tribal health.
2. To know the traditional religious beliefs about health, diseases and treatment, health care practices and magico-religious and ethno-medical traditions among the tribal people.

3. To examine the role of gender in the health care and health delivery services among the tribal people.

1.3 METHODOLOGY

The tribal health has been probed among the men and women of the Mishing tribe by applying the health parameters in a village selected purposively. The study utilized two types of data; viz., (i) field data of oral nature and (ii) documentary data of historical and contemporary nature. The field data have been collected from the Baghedhara village under the Gamariguri Development Block and the documentary data, from census records, office of I.T.D.P., Director of medical and Public Health Service records, Panchayat records, municipal records and journals and books. The data have been collected by administering a structured interview schedule, supplemented with observations and informal discussions.

1.3.1 Universe and units of the study

The Baghedhara village is the universe and all the Mishing households are the units of the study. The village Baghedhara comes under the Adarsha Gamariguri Gaon Panchayat within Gamariguri Development Block. The village is situated at a distance of about 20 kilometers from Golaghat town through NEC Road by a small surface road known as Baghedhara Ali. The village is surrounded by Jyotipur village and NEC Road on the West and Nabajyoti and Bijoypur villages on the South. Its boundary is extended up to Adarsha gaon (A) on the East and Adarsha gaon (B) on the North. The total geographical area of the village is 1246 bighas. It has 79 households with a population of 545 persons. Males are 276 and females are 269 and sex ratio is 975.

2.1 RESULTS AND DISCUSSION

Traditional health care systems have been prevalent in every country since the beginning of the civilization in one form or other based on medicinal herbs, roots and tubers and healing practices based on ayurvedic, unani, sidh as well as nature cure and yoga system. The psychological and emotional dimensions in this care system have also been equally important in the healing practice. The tribal people or the indigenous people living closest to nature are influenced more by socio-cultural and environmental dimensions in their healing practices. Since

tribal belief is related to sickness, death and ill health to the curse or good will of the deities worshipped by the concerned tribes, appeasement of the God as well as destruction of evil spirits forms a major part of psychosomatic healing or health care system. It may be safely assumed that tribal people living closer to the nature would involve their well-being both physical and mental to such dimensions. Hence, tribal health care systems are based on herbal medicine, ayurvedic medicine and other related systems like sidh yoga and rituals along with a strong leaning towards magico-religious practices associated with appeasement of God and keeping the evil spirits at bay. The tribal approach to health is a holistic, integral and undifferentiated one which emanates from their integrally organized culture and society. The integral approach gets differentiated and diversified along the differentiation of society on the line of gender, class and power in course of historical development.

In Baghedhara 'health' is considered as absence of any kind of disease (physical, mental, spiritual and social). A person free from any disease is healthy. Therefore, in their day to day life they traditionally observe certain health practices such as taking meal in time, observance of certain religious practices, wearing of talisman, etc. They believe that performance of religious activities can satisfy the gods and goddesses who are responsible for particular diseases. Similarly, wearing of talisman can escape people from evil spirits. Thus, the Mishings also believe in psychosomatic and supernatural determinant of health. In the village health is equally important for both males and females. As the women are equally important in their economic activities, good health is as much necessary for women as for men. Traditionally there are no gender specific health practices in the village. Rather, the traditional health practices are common for men and women of the village.

The people of Baghedhara believe that there are all kinds of diseases inflicting them. For the prevention of unknown diseases they worship their ancestors by observing *Dobur*, where two idols simulating snake swallowing an egg, are prepared from some fern and split bamboo, and placed in the altar facing the rising sun. The snake represents the Earth as an eternal source of life while the egg represents life itself with the potential power of manifestation, *Urom Apin* where pigs and fowls are sacrificed to please the ancestor called *Urom-posum* etc. The thunder and lightening (*Mukling-Taleng*), earth and water (*Among-Ashi*), air and fire (*Esar-Emi*) are believed to be spiritual beings possessing power greater than that of man. According to the

villagers, these spiritual beings are benevolent to human beings and protect their farms and families from damages and misfortunes, but they have to be kept appeased with occasional offerings called *Taleng-Uie* and *Bokpu-Done*, the pujas observed with white cocks. The evil spirits to whom every illness or misfortune is attributed are the spirits looking around the streams, the mountains, the forests, etc. To protect themselves from these spirits or *Uies* the Mishings perform rituals for the respective *Uies*. Thus, the villagers believe in the evil spirits causing diseases and the good spirits protecting them. But, the *pujas* performed by them to get rid of the diseases are not free from gender bias. Women are strictly prohibited from attending some performances such as *Dabur Uie*, etc. due to parturition and menstruation. If there is any menstruating woman or girl during the time of *Dabur Uie* she must be removed to another village. In some other *pujas* women are permitted to attend but not to do any work in these *pujas*.

In Baghedhara the villagers have a good knowledge of common diseases and their remedial response in the form of herbs, roots and shoots of plants. They are confident to treat patients suffering from fever, cold, cough, headache, bodyache, stomach disorder, bronchitis, wounds, injuries, snake bite, dog bite, skin diseases, scabies, termination of pregnancy, etc.

Like other tribal communities the Mishing of Baghedhara also have deep faith in the efficacy of mantras (magic) or amulets in curing diseases. In their society when somebody falls ill they will first contact the *Bej* for help. He will diagnose the cause of the illness through divination. At the time of divination he will invoke the dead ancestors and gods, through appropriate spells and incantations. They will convey the causes and remedies of illness to the *Bej* and he will treat the patient according to these directions. According to a *Bej* in Baghedhara, there are four major causes of illness; namely, (i) anger of god, (ii) anger of ancestral spirits, (iii) breach of taboo and (iv) possession of evil spirits.

The traditional mantras and amulets still hold an important place in the Mishing society. The villagers are using these traditional mantras for the treatment of diseases like pain of chest, feet, and other parts of body, snakebite, tonsillitis, piles, bleeding of women, etc.

In the Mishing society, apart from the local medicine men who treat most of the diseases, one comes across other specialists in bone-setting, curing of bite by dog, fox and snake and healing of burn injuries. All of them are known as *Bej* in their society. The *Bejes* are ordinary cultivators or even landless labourers. They are generally males and their posts are not

hereditary. Women are not permitted to be a *bej* because of their patriarchy nature. The *Bej* accepts remuneration in the form of a feast if the patient gets cured. The bulk of the drugs used by the *Bejes* to cure prevalent diseases are of vegetable origin. Apart from oral consumption of herbals certain other forms of treatment such as bathing, fumigation, fomentation, application of purgative, etc. are in vogue. There is found no gender bias in this matter.

2.1.1 Magico-Religious Practices

Like other factors religion is also an influential factor within the area of traditional health care practices. In all societies, particularly tribal societies, health and treatment are closely interrelated with various religious beliefs and practices. The concept and practices of folk medicine are based upon the practice of mysticism, the concept of supernatural, cosmological speculation and practices, magico-religious rites based on sacrifice, rituals as well as iconography or use of good and evil symbols on places of worship inside the household. This traditional healing system includes oral indigenous medicines, external application of herbs and potions as well as faith in healing process through sacrifices like rituals or rites for appeasement of gods and destruction of evil spirits.

The Mishings believe that a cordial relationship with the deities and ancestral spirits will ensure good health for the members of their community. So, they perform various ceremonies every year during the annual festivals, to renovate their relationship with the supernatural forces and thus ensure their protection. The traditional religious practices of the Mishings are based on three major belief systems – (i) about the creator of the Universe, (ii) existence of the spirits around human habitats and (iii) about the human soul. The thoughts and beliefs of the Mishings have largely influenced by the Hinduism. But they are also the devout followers of ‘*Mahapurusia Vaisnav Dharma*’. Again, they are the worshippers of different gods and goddesses. However, the present religion of the Mishings is the synthetic product of Animism and Hinduism, known as *Kewalia* or *Kalhanghati* or *Nishamlia*. In Baghedhara all the households belong to *Kewalia*. In spite of the mixture, they are worshippers of ‘*Uie*’ or spirit. On the other hand, celebration of various festivals to propitiate gods is an integral part of the Mishings. These are occasions for great enjoyment as well as for giving thanks to gods for the favours they have received. Besides, the celebrations provide ample opportunity to escape from the monotony of daily routine. Some of the main pujas-cum-festivals of the Mishings are *Po:rag*,

Ali-ai-ligang, Taleng Uie, Dabur, Ashi uie, Yumrang uie, and Dodgang, Urom Apin etc. These *pujas* can be divided into three broad headings – (i) group *puja*, (ii) personal *puja* and (iii) *pujas* due to causes. (Bordoloi, Sharma Thakur & Saikia 1987).

The religious beliefs and practices of the Mishings are functional. They worship their gods, not for the sake of mere worship. Through worship and by making offerings, they gain a rapport with their gods and get a number of things done for their well being. Thus, the relationship between the Mishing and their gods has two different and contradictory aspects. On the one hand, they supplicate themselves to the power of gods and try to please them through propitiation. On the other hand, man tries to control the power of his gods through special ritual techniques. In the Mishing society, like other tribal communities, there are certain specialists who are experts in the art of magic and they know the methods to control the supernatural forces. This specialist is known as '*Miboo*' in the Mishing society. He is functioning as a vehicle of gods and, at the same time, is able to command them by ritual techniques (Kuli 1998). In their society women cannot become *Miboo* due to their parturition and menstruation related problems.

It is believed in the Mishing society that evil spirits are a group of supernatural entities which are always malevolent. They do a lot of harm to the people even without any provocation. Young children and pregnant women are believed to be more vulnerable to their attack. They may bring diseases to little children and may drink blood of a foetus leading to successive abortions. The Mishings believe that the spirits of people who meet with an unnatural death, like suicide or trampled by a wild elephant, or washed away by a flood or water fall etc. become evil spirits. Their attack can be averted by invoking the help of some powerful jungle gods which are benevolent towards people. Wearing of talisman charged with magical power also will be helpful to prevent their attack. The Mishings worship the spirits underlying thunder and lightning *Mukling Teleng*, earth and water *Among Asi*, air and fire *Esar Emi*. These spirits have to be kept appeased with occasional offerings called *Teleng Uie* and *Rokpu Done*. There are various other evil spirits such as *Asi Uie*, *Adi Uie*, *Umrang Uie* etc. to whom all calamities are attributed. Another important spirit is *Dopum Dorum* who is believed to be a three-head demon. The '*Miboo*' or the village expert is the only person who can appease these spirits. According to their belief the *Miboo* possesses supernatural powers and from his childhood he observed some rules regarding diet and behaviour. He is informed in a dream that his god-given sword *Yoksa* is kept in a

particular place in the forest and one night he goes to that particular forest without anybody's knowledge and brings his prized article. Thus, he becomes a 'Miboo' and from that night he can have direct relation with the spirits. The gods and *Miboo* are always males whereas evil spirits are from both the genders. Thus, superior and malevolent forces belong to masculine gender only.

One of the important religious performances of the Mishings is the *Dabur puja*. Women are strictly prohibited from attending this performance due to the causes of parturition and menstruation. If there is any menstruating woman or girl, she must be removed to another village. Traffic and business transactions with the neighbouring village are withheld completely. Here, though the gods belong to both the gender, the priest is male only. The women get polluted by some natural activities in their life and this restricts their participation in the important social activities.

'*Gumin Uie*' is considered as a benevolent spirit of a family and in fact *Gumin Uie* is considered as another form of the departed soul. Thus, *Gumin Uies* are worshipped along with *pujas* meant for other spirits. In some villages *Gumin Uies* are worshipped at an interval of five years. Besides this, the Mishings observe some other religious activities related to health such as *Sarag Puja*, *Urom Posum*, *Rati Khowa Sampradan* etc. (Kuli 1998). They observe *Sarag Puja* in the month of 'Chaitra' (April) at an interval of five years. Here, also, the family offers oblations to the Sun and the Moon for the welfare of the family. During these days of *puja* family members observed 'Genna' (taboo) for five days, i.e., during these periods the members of the family never go to other villages and never accept anything from their neighbours. Annual worshipping of the ancestral spirit (*Urom Posum*) is common feature of the religion of the Mishings. These ancestral spirits belong to both the genders. If the ancestral spirit is worshipped regularly, he brings health and happiness to the family (Kuli 1998).

Like this, the Mishings perform '*Borsewa*', the highest form of worship. It may also be called as '*Rati Khowa Sampradan*' (the sect of nocturnal enjoyment). It is said that during *Borsewa* almighty Siva is worshipped at dead night, but as a matter of fact nobody except the participants know what kind of worship is performed in such close door function (Kuli 1998). Women are not permitted to participate in this ritual as it is observed in the night.

On the other hand, some of the spirits are known by their usual abode such as '*Yumrang Uie*', spirit that live in forest, '*Taleng Uie*', spirits that live above the Earth, '*Asi Uie*', spirits that live in water and so on. Each type of spirit is believed to cause particular type of problem and this is detected by the '*Miboo*' who is the traditional priest and seer of the Mishings. Whenever a person falls ill or meets misfortune or catastrophe a '*Miboo*' is called in to detect the spirit responsible for the problem. On detection of the spirit, appropriate ritual is performed to propitiate it according to the advice and suggestion of the '*Miboo*'. There are, of course, other methods of diagnosing the spirits causing illness for which '*Miboo*' is not always necessary, but in case of prolonged illness or occurrence of unnatural death or destruction of cattle or crops '*Miboo*' is called in. There is always a concept of clan deity prevalent among the Mishings. This is known as '*Gumvn So:yin*' which is believed to be residing in each house of the families belonging to the same clan and protecting the family from all kinds of diseases, dangers and difficulties that may be caused by the evil spirits which roam around the homes and huts all the times. So, each family performs a ritual for the satisfaction of the '*Gumvn So:yin*', generally every year (Kuli 1998).

Besides, many more religious beliefs and practices have come into being among the Mishings ever since their settlement in Assam. Now a days, they have also been worshipping '*Satjanias*', '*Najania*', '*21 jantias*', '*Jalkai*', '*PcjabUie*'. '*Ghar Dangaria*', '*Aipuja*' etc. which are absolutely not traditional for the Mishings. The terms designating these rituals are not of those of the Mishings but were borrowed from non-Mishing Assamese communities.

In sum, there is close relationship between gender and health in Mishing society. Traditional beliefs and religious practices also occupy significant position in health care practices in their society. Because, like any other tribal community, the Mishings also believe that evil spirits are responsible for various diseases. They have performed various religious rituals, which are traditionally prevalent in their society, to get rid of different diseases. It seems that in their beliefs in supernatural forces both the genders have the place of equality but in their wordly life the women are considered to be carrying some of limitations which restrict their participation in magico-religious activities. In their tradition of tribal life and acculturation the women have no place so far as the functionaries of magico-religious offices are concerned.

3.1 CONCLUSION

To conclude, it can be said that traditionally the villagers have had a holistic and integral concept of health, disease, etiology and treatment. The concept was shaped by their environmental factors, social conditions and cultural beliefs. Health care itself was integrally implicit in their socio-cultural practices. Men and women, both, played equally important roles in economy, kinship, religious and political activities. Owing to their patriarchal tradition the women lacked only in religious and political leadership. The strong influence of their undifferentiated social structure and culture has been continuing in contemporary times also. But in the process of acculturation their traditional social integration has been influenced by incorporation of various cultural elements like new rituals, education, new knowledge about health and health care, etc. As these new cultural elements have permeated their culture some kind of gender consciousness and difference is also seen to be emerging in the matter of health care, though it is still rudimentary in its nature. It seems that undifferentiated structure of the Mishing still holds back gender differences in health also but the differences will increase in the event of accelerated acculturation and resultant differentiation in their society in the coming times. The portents of emerging gender differences in health on the non-tribals' pattern are already in the offing.

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