

IMPACT OF SOCIO-RELIGIOUS BELIEVES AND TABOO PRACTICES ON HEALTH STATUS AMONG THE BAIGAS

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ABSTRACT

Each society is characterized by its own belief system that takes roots from its cultural identity. This belief system affects all factors of human life including health. Tribals are no exception to it. The tribal societies of India have their distinctive sets of taboo and socio-cultural practices regarding health culture. This papers deals the socio-religious believe and taboo related aspects among the Baigas. The present investigation is based on interviews of 400 Baiga household from five different blocks of Mandla district. It lies between the latitude 220.2' and 230.22' north and longitude 800.18' and 810.50' east. The blocks and villages were selected randomly as per the concentration of blocks. In this regard 80 samples were selected randomly from the five villages of each block and approximately 16 samples were selected randomly from each village. The data were collected from the households of the Baigas. The present study has been conducted through interview schedule. Simultaneously, group discussions and informal interview methods has been used. Observations have been conducted through semi-participants methods. Baigas are highly needed to be aware. To make them aware, efforts should be made combine government and non-government organizations, because socio-religious and taboo practices play an important role to determine the health status.

Key Words: Health Status, Environmental Sanitation, Personal Hygiene, Baiga

INTRODUCTION:

India is a homeland of more than 400 tribal communities who live in different ecology set up with different socio-cultural and techno-economic behavior. Almost 80 per cent of the tribal communities live in forest environment. It had been noted by many that tribal communities living in forest ecosystem, have over all better health status than the communities living in the forest free areas. It is true that in the food gathering societies, when compared do men and women collect more food items which are having high nutritious value. Health status of an

individual community depends on several factors Viz; ecological condition, house type, sanitary habits, way of life style and food & nutrition etc. (Sahani, 2003).

Each society is characterized by its own belief system that takes roots from its cultural identity. This belief system affects all factors of human life including health. Tribals are no exception to it. The tribal societies of India have their distinctive sets of taboo and socio-cultural practices regarding health culture.

Whenever a tribal gets sick, the earliest treatment he resorts to is of socio-religious rituals and practices performed on him by a family member or a religious functionary. They have a belief that falling ill or sick is related to non-appeasement or displeasure of Gods/deities or supernatural powers. So they try to appease them by many magico-religious rituals like- sacrifice and following some taboos etc. These taboos are regulated for the entire family or household, whose members are sick.

In central India, witchcraft forms the inextricable part of, religious beliefs of the tribal societies. Many Indian anthropologists contributed towards this concept. For instance, Roy (1984) reported, witchcraft as a art is rare amongst the Birhors. Such wizards or witches as exist amongst them are believed to harm a person by throwing some rice in the direction of that person's house and inciting their familiar spirit to move in that direction and afflict the person with some disease or other troubles (Sinha and Banerjee, 2004). The methods of magic and witchcraft in Chottanagpur and its adjoining areas inhabited by Korwas, appear to be common among Kharias as well. Even among aboriginal tribes such as the Oraon, the Santal, the Ho, and the Korwa witchcraft belief is intrinsically embedded in their worldview. Witchcraft in these societies is considered as one of the main cause of sickness and death. The treatments of such diseases are made accordingly.

In all human societies people make distinction between naturally caused illness and supernaturally caused illness. According to people's theories about the cause of disease they possess different medical systems for treatment. Naturalistic methods seek explanation of illness without invoking supernatural aid. The treatment of supernatural caused, illness lies in the realm of magico-religious healing.

In tribal societies, often a number of deities, spirit and humans are associated with disease and the treatment of disease is made accordingly. According to Foster and Anderson (1978), all societies have disease theory system and medical system to treat illness. Foster and Anderson divided the world's medical system into naturalistic system and personsalistic system.

A personalistic medical system is one in which disease is believed to be caused by active, purposeful intervention of a sensate agent who may be a supernatural agency (a deity or a god), a non-human being (such as ghost, ancestor or evil-spirit) or a human-being (a witch or a sorcerer). Snow (1974) believes that traditional medical beliefs, reflects their worldview themes: the world is hostile and dangerous place, the individual is susceptible to attack from supernatural agencies and the individual depend on outside aid to combat such attacks. Such a worldview includes strong belief in witchcraft and a traditional medical system to prevent and cure a person of witchcraft and witchcraft induced illness. Diseases are also caused by unsatisfied souls of dead persons of village. They try to harass the people by giving diseases. So, the children are given the names of their grand parents to show them that they are remembered. Due to strong faith in mantras and rituals they enchant them in order to ward off the disease. Approx 70 percents death in tribal India due to serpent bite is caused because they waste a lot of time in taking the patient to the health clinic. In many tribal communities snake is treated like God and so they often resent to Baigas to get cured of serpent bite leading to deaths.

The present papers deals the socio-religious believe and taboo related aspects. The main object of this paper is trends and determinants of the impact of socio-religious believe and taboo on health status among the Baigas of Mandla district, Madhya Pradesh (India).

MATERIAL AND METHODS:

The present investigation is based on interviews of 400 Baiga households from five different blocks of Mandla district. Mandla district is located in the east central part of the Madhya Pradesh. It lies between the latitude 220.2' and 230.22' north and longitude 800.18' and 810.50' east. There total area of the district is 13,269 Sq. Km. The block and villages were selected randomly as per the concentration of blocks. In this regard 80 samples were selected randomly from the five villages of each block and approximately 16 samples were selected randomly from

each village. The data were collected from the households of the Baigas of Mandla district, Madhya Pradesh. One sample was collected randomly from each household of randomly selected villages. The present study has been conducted through interview schedule. Simultaneously, group discussions and informal interview methods has been used. Observations have been conducted through semi-participants methods.

RESULT AND DISCUSSION:

The results related to socio-religious believe and taboo aspects are presented in the following manners.

Here attempt has been made to determine health status on the basis of frequency of morbidity of the Baigas, but, ignored the parasitic disease i.e., malaria etc. Here good health status 0-2 frequency of morbidity in last one year, rather than average health status 3-5 frequency of morbidity and poor health status 6 and above frequency of morbidity. Results are presented in the following manner:

Chart 1 Shows information regarding trend of health status among the Baigas, it could be seen from the table that the maximum number of Baigas poor health status (41.00), rather than average health status (36.00) and good health status (23.00). It could be concluded that more than 50.00 percent population belonging to poor health status.

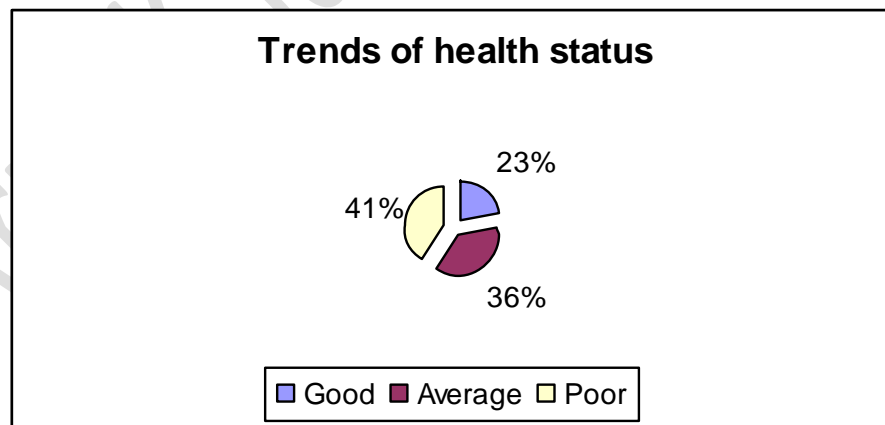


Chart 2 Shows information regarding sex-wise distribution of health status among the Baigas, it could be seen from the table that the poor health status observed slightly more among males

(42.61) as compared to females (39.32). On the other hand average health status reported more or less same among male (35.93) and females (36.14). It could be concluded the table that female's shows slightly better health status as compared males.

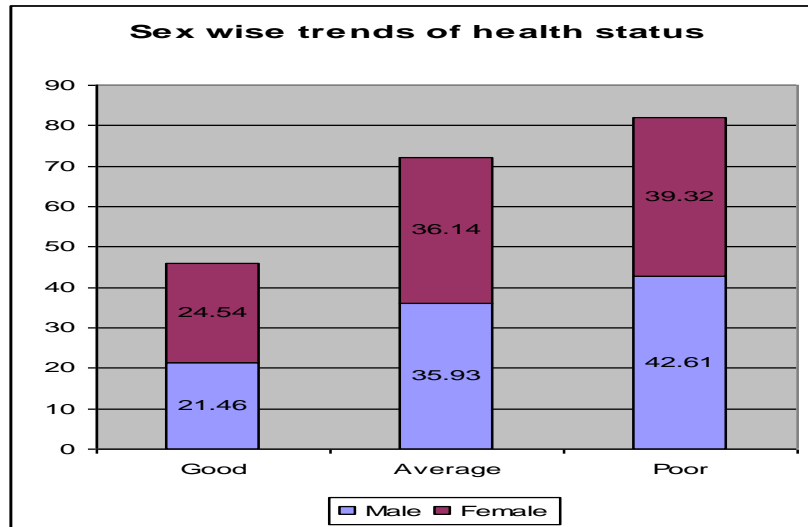


Chart 3 Shows information regarding age wise distribution of health status among the Baigas, it could be seen from the table that good health status is reported among those individuals who belong the age group of 11-15 years (30.61), while health status is observed poor among 7-10 years age group (43.96). In the same way the average health is reported among the individuals who belongs the age group of 3-6 years (38.84). It could be concluded from the table that maximum percentage of poor health status is reported among the 7-10 year of age group and good health status observed among 11-15 years of age group. On the basis of above mentioned findings, it may be suggested that 01-10 year age group is the most important segment of the population structure, which suffered more from poor health. Thus district health authorities and related non-government organizations should launch proper programmes related to awareness and immunization and health awareness etc. So, that health status could be uplifted significantly among the Baisas.

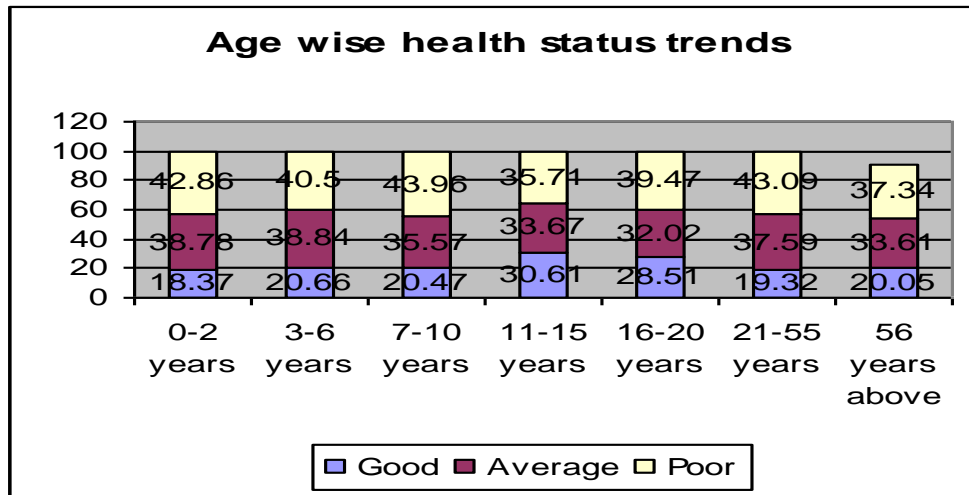


Chart 4 shows information regarding of health status and religious practices among the Baigas, it could be seen from the table that good health status is reported (82.61), by those, who do not involve in religious practices like scarification of animal and worshipping etc. whereas the health status is found poor among those individuals who are indulge very much in religious practices (70.35). In the same way the average health status is reported by those individuals, who do not involve in religious practices (61.11). It could be concluded from the table that there is inverse relationship between health status and religious practices. Some of the socio-religious practices related to different ailments are observed among the Baigas of Mandla district: Chikin Pari gives pains that grip the stomach. She must be given a black pig' there chickens, coconut and incense. Bai Hardahin causes a yellow vomit; she may be satisfied with pig. Dispiri Mata giving syphilis, she must be given the ears of a buffalo. To Mirgi Devi, the bringer of epilepsy, the tongue of a horse must be cut out for scarifies. For Naikin Bai, who attacks the bullocks of the Lamana, a black goat should be given. Hadphoran Marhi gives the smallpox which breaks out of the marrow of men's bones. She must have a Sarria (rosary), black bangles, a bandan such as is tied round the head, and a tikli. Kairadeshahi causes children to be still-born. She requires a speckled she-goat. On the goat they must put tikli, sarria, bandan and black bangles and let it go free in the jungle. Dupatta Mata prevents a child being born at all, and thus kills both child and mother. Maura Mata gives children first. She must be offered a black chicken and coconut. Ghatchindan catches cattle by the throat; she must be offered a black chicken and coconuts. The Baigas believed in some works may bring misfortune of the family or the village. Some of the common

taboos observed in Baiga society have been summarized here. Baigas do not eat newly harvested grain and also do not eat the seasonal 'fruits before the ritual of Navkhani. Baigas fear if they break the rule they may be bitten by the cobra.

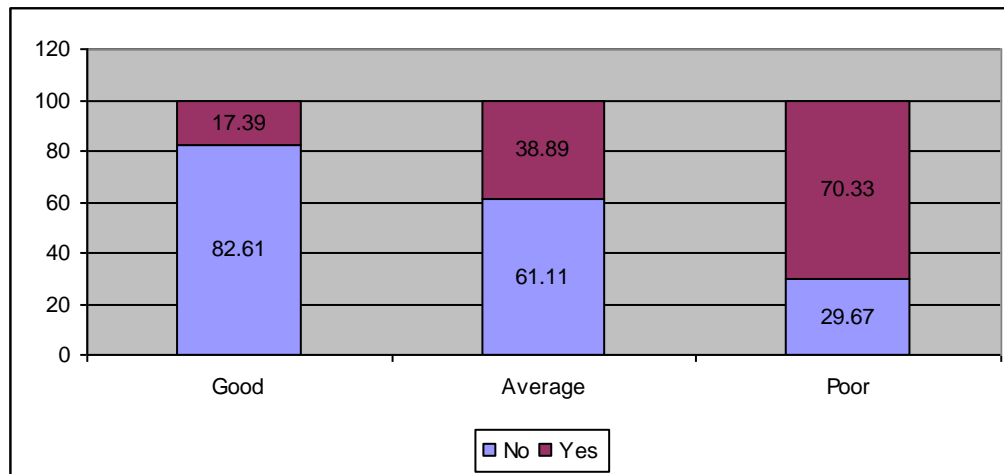
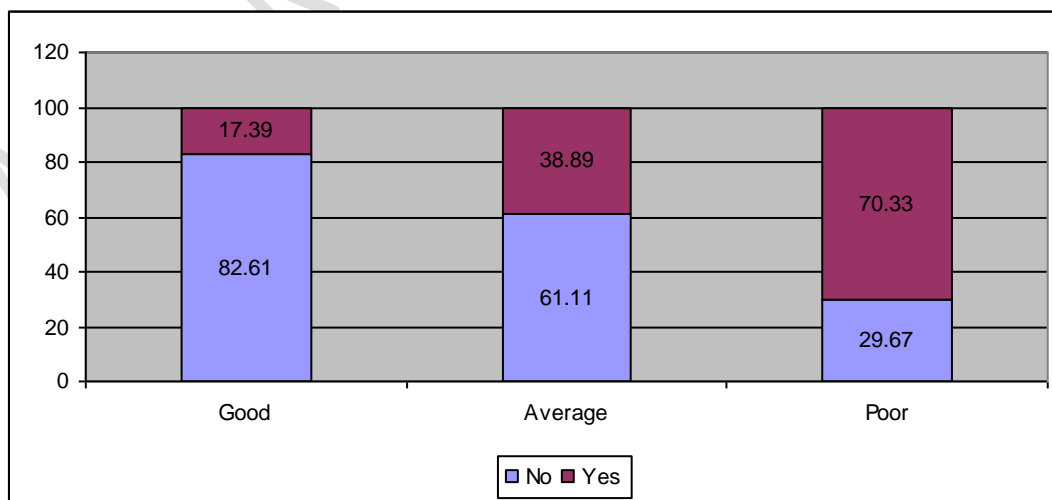


Chart 5 Shows information regarding of health status and taboo practices among the Baigas, it could be seen from the table that good health is reported (82.61) by those, who do not involve in taboo practices, like during sickness they do not eat the any type of meat etc. whereas the health status is found poor among those individuals who are indulge very much in taboo practices (70.35). In the same way the average health is reported by those individuals, who do not involve in taboo practices (61.11). It could be concluded from the table that there is inverse relationship between health status and taboo practices.



CONCLUSION:

On the basis of above cited findings and discussion, it may be concluded that: The maximum numbers of Baigas exhibits poor health status (41.00). The good health status is reported slightly higher among females (24.54), as compared to males (21.46). The good health status is reported more among the 11-15 year's age group (30.61). The good health is reported (82.61) by those, who do not involve in religious practices like scarification of animal and worshipping etc. The good health is reported (82.61) by those, who do not involve in various taboo practices.

It could be stated that, more than 50 percent Baiga population belong to poor health status. There is slight variation in sex-wise health status. The maximum percentage of poor health status is reported among the 0-2 year age group. The spiritual and socio-religious rituals related diseases are practiced among Baigas. Most of the people assume that they are benefited from these types of practices, but few have no bit knowledge about these practices but ironically they do it accordingly. That indicates the existence of stereotype customs and traditions among the Baigas. They are highly needed to be aware. To make them aware, efforts should be made combine government and non-government organizations, because socio-religious and taboo practices plays an important role to determine the health status.

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