

## HEALTH PROBLEMS AND HEALTH CARE ISSUES AMONG THE TRIBAL COMMUNITIES OF CENTRAL INDIA

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**Abstract:** The present study relates to the health problems and health care issues among the three tribal communities of Central India namely the Hill Korwa, the Kamar and the Baiga. Each tribe has its own culture specific health problems. How individuals in a particular tribal society perceive and react to ill-health and the types of health care they receive from the healers are the attributes of present tribal health study. Various illnesses like *Jara/tapan* (fever), *khujli* (skin disease), *ulti-tatti* (diarrhoea), *shookha/sudki* (rickets), *kod* (leprosy), *garmi* (syphilis) are various physical disorder which are prevalent among these tribal people and seek some remedial measures. Indigenous health care system proves to be the only existing age-old mechanism with which tribal people have been surviving since the time immemorial. Many of the tribal communities live in isolated and inaccessible areas where modern health facilities are not available and found insignificant. The beliefs and practices of indigenous knowledge related to method of diagnosis and therapeutic treatment of different illnesses suffice their survival mechanism in the natural environment. It is observed that tribal societies mostly interpret the matters pertaining to health and disease in terms of the relationship between the natural environment and the supernatural forces. Illness due to wrath of supernatural beings (a deity), non-human being (ancestor or evil spirit) or magical practices by human being (witch or sorcerer) and intake of wrong or excessive food are believed to be the causes of different illness. It is observed that for the treatment of most of the illnesses local medicine men are consulted for immediate result. If the traditional medical system does not provide any relief, or the cause of illnesses are not understood and not getting relief from their own medical system then they prefer to visit as nearby PHC, Sub Centre or Community Health Centre for treatment of diseases. Treatment by making the appropriate offerings, treatment by driving out the disease away, treatment by administering herbal medicines are the available medical system found among the three different tribes.

**Keywords:** Health Care, Problem, Treatment, Tribe, Central India, Belief, Practice.

Health is viewed differently by different people. Some define it as a condition under which an individual is able to mobilize all his resources, intellectual, emotional and physical, for optimum living. The World Health Organisation (WHO, 1946) has defined health as 'a state of complete physical, mental and social wellbeing, and not merely an absence of disease or infirmity. Health is most precious possessions of human being. It is the solid foundation on which man's happiness rests. Health includes physical health (healthy), mental health (happy), and social health (prosperous). The term health is part of a bipolar conceptualization. It is opposed to disease at the other pole. Disease or ill health is a condition that accounts for physical disorder and needs some remedial measures. In reality disease and ill health has been one of the fundamental concern of mankind since their emergence on the earth.

People of every culture conceive of health and sicknesses in their own way and also create, construct and maintain an indigenous system of diagnosis and treatment. There is a general saying that people of non-western societies mostly interpret the matters pertaining to health and disease in terms of the relationship between the natural environment and the supernatural forces. This kind of people's perception of health and disease, which is of least relevance to a western trained physician, forms the important grist to the mill of Medical Anthropologists.

Medical anthropologists distinguish between illness and disease and these two concepts are again distinguished from sickness. Illness is viewed as the subjective experience of the patient and the immediate members of his family and friends, neighbours etc. This is an emic perspective of the reality. Disease, on the other hand, is an etic perspective which refers the clinical manifestation of abnormality of physical function or infection by a pathogen in an individual or host. Arthur Kleinman uses a generic term "sickness" to include both illness and disease. Kleinman (1980) suggested the process by which illness is patterned, interpreted and treated, which he terms as the Explanatory Model (EM). EMs are held by both patients and practitioners and they provide explanations for five aspects of illness: (1) the aetiology of the condition, (2) the timing and mode of onset of symptoms, (3) the patho-physiological processes involved, (4) the natural history and severity of the illness and the appropriate treatment for the condition.

Cassell (1976) uses the word 'illness' to stand for 'what the patient feels when he goes to the doctor', and 'disease' for what he has on the way home from the doctor's office. Disease, then, is something an organ has; illness is something a man has. Health care issues involves beliefs, knowledge, methods of diagnosis, therapeutic practices and pharmacopoeia of a preliterate society using plants and animal to treat various illnesses or health disorder.

Longevity, literacy and GDP (Gross Domestic Product) per capita are the main indicators of human Development. Longevity is a measure of state of health, and is linked to income and education. Weakness in health sector also has an adverse effect on longevity. India ranks low (115<sup>th</sup>) amongst world nations judged by HDI (Human Development Index). Tribal people in India faces high burden of health problems because of lack of environmental sanitation and safe drinking water, under-nutrition, poor living conditions, and limited access to preventive and curative health services.

While India is recognized as one of the fastest growing economies in the developing world, this growth has done little to improve the lives of large segments of the population. The health sector has performed particularly poorly, with public health expenditures at 1.04% of GDP in 2012, far below the average of low and middle income countries and the WHO's recommended minimum of 5% (Sengupta, 2013).

Of course, there have been some recent initiatives to augment public spending on health care, but these have met with only limited success. Despite these initiatives,

the actual public spending on health has not shown much increase. Low levels of public spending: Between 1996-97 and 2005-06, total government spending on health was stagnant at about 1 percent of GDP, and the public expenditure elasticity with respect to GDP was at 0.94, lower than the average for low-income countries (1.16) for the same period. Despite efforts to increase public spending after 2005-06 including the adoption of NRHM, the expenditure increased only marginally to 1.2 percent of GDP in 2009-2010. (India, MOHFW, 2005a, 2005b, 2005c). Rao and Choudhury (2012).

### **MATERIALS AND METHODS**

The present study relates to the health problems and health care issues among the three tribal communities namely the Hill Korwa, the Kamar and the Baiga. These three tribes are 'primitive' tribes (now Particularly Vulnerable Tribal Groups) of central India and are living in three different ecological zones of central India. Hill Korwa of Jashpur Nagar lives on hilly areas denuded of trees, Kamar of Raipur district lives in plain forested area, where the Baiga of Dindori district lives in hilly forest area. Physio- graphically Jashpur district is great table land consisting of numerous hills and plateaus. The elevation is between 3500 and 4000 feet. Dindori is hilly and forest covered tract provides best habitat to the Baiga. Baigas of this district live in those very parts where the fertility of the soil is the poorest, namely south-east of Dindori. The general elevation of the district is from 1800 to 2400 feet. The Raipur is mainly forest area. The general elevation of this district is from 1400 to 1800 feet.

To get a comparative account of their health status, to analyses situational analysis regarding present status of their health as well as the socio-economic and demographic factors responsible, three tribes were taken into consideration for the present research work. Utmost care was taken in estimating their age. Estimation of age was done with the help of local important events of the region. Data on the age of children were taken from school records. In the absence of such records, the help of the phase of physical growth of the children like eruption of permanent teeth, onset of menstruation cycle etc., are taken into consideration for age determination. To get a clear picture about reproductive health status, a sample of 100 mothers were interviewed. Three *Deowar* (medicine man), *Ojha* (spiritist), medical doctors and several old members of the Hill Korwa, were interviewed for collecting information related to indigenous medical practices.

### **SOCIO-ECONOMIC PROFILE**

Occupation wise classification of the studied families reveals that principal occupation of the Hill Korwa is agricultural labour, followed by agriculture and casual labour. Due to their Smaller land holdings, infertile land and inability to find agricultural inputs, they cannot mainly depend on cultivation. The main subsidiary

occupation of Hill Korwa is collection of forest produce to supplement the food and collection of fuel wood for their own consumption and sale. Agricultural labour is the main occupation found among the Kamar, followed by agriculture. Basketry and collection of minor forest produce are their perennial economic activities. Forest labour, fuel wood selling, charcoal selling are their seasonal economic activities on which the Kamar subsist only for a part of the year. They have adopted settled plough cultivation to a great extent abandoning their age old practice of shifting cultivation. Now hunting as traditional occupation has little role in the Kamar economy. Spread of education, communication network, and various development schemes have helped them to take up new economic pursuits like government service, petty trade etc. though in much smaller scale. The Baiga are famous for their medico-religious practices. They mainly depend on agricultural labour as their main source of income. Agriculture is the second main source of income among the Baiga. They also depend on forest collection. Labour work in forest department also forms the source of income among the Baiga.

### HEALTH PROBLEMS

In the context of the tribal people in India the health problems need special attention. This is primarily for two reasons. Firstly, many of the tribal communities live in isolated and remote areas where modern health facilities are not available. Secondly, the growth rate among different tribes are varied, it is alarmingly slow in some communities like the Great Andamanese. Besides these 'Primitive' tribal groups of India have special health problems and genetic abnormalities and sickle cell anaemia, G-6-PD, red cell enzyme deficiency. Sexually transmitted diseases are also prevalent among some of them. Lack of personal hygiene, health education and ignorance towards modern health care services, absence of safe drinking water, poor maternal and child health services, ineffective coverage of nutritional services are the main factors responsible for their ill-health. One of the problems of the 'primitive' tribes is their stagnant population. Besides, health problem of tribal people is not an isolated phenomenon, but is a part of the national health problem of the weaker sections. But tribal health needs special attention because of its uniqueness. The tribal people trust in the supernatural agency is particularly strong which in turn influence their economic pursuits.

To study the epidemiology or prevalence of diseases, three different ecological zones inhabited by three tribes are taken into consideration. The Hill Korwa inhabits on high altitude of hilly area with less forested zones. The Kamar lives in forest area with plain habitation site. And the Baiga lives with hilly and forest area. Here the prevalence of diseases in three tribes is given below.

TABLE-1: PREVALENCE OF THE DISEASES AMONG THE THREE TRIBES.

Sl. no	Prevalence of diseases	Hill Korwa (local name)	Kamar (local name)	Baiga (local name)
1.	Fever	<i>Jara</i>	<i>Bukher</i>	<i>Tapan</i>
2.	Malaria	<i>BahariBimari</i>	<i>Malaria</i>	<i>BahariBimari</i>
3.	Ricket	<i>ShookhaRoga</i>	<i>Sudki</i>	<i>Barati</i>
4.	Leprosy	<i>Kod</i>	<i>Kod</i>	<i>Kod</i>
5.	Bronchial Asthma	<i>Dama</i>	.....	<i>Dama</i>
6.	Jaundice	<i>Piha</i>	<i>Pilia</i>	<i>Pirih</i>
7.	Carbuncle	<i>Gura</i>	-----	<i>Biskuti</i>
8.	Syphilitic arthritis	<i>Girha bad</i>	-----	
9.	Scabies (Skin disease)	<i>Khujli</i>	<i>Khujli</i>	<i>Khajri</i>
10.	Diarrhoea	<i>Uti-tatti</i>	<i>Uti-tatti</i>	<i>Uti-dast</i>
11.	Dysentery	<i>Pachish</i>	-----	<i>Khoon-dast</i>
12.	Chicken pox	-----	<i>Chhotimata</i>	-----
13.	Body Swelling	<i>Fulna</i>	-----	<i>Fulni</i>
14.	Syphilis	<i>Garmi</i>	-----	<i>Garmi</i>
15.	Gonorrhoea	<i>Sujag</i>	-----	<i>Thanki</i>
16.	Leucorrhoea	<i>Dhad</i>	-----	<i>Dhat</i>
17.	Pneumonia	----	Telgi	-----

The above mentioned diseases are prevalent among the three tribes. Due to cold climate the diseases related to upper respiratory tract infection like pneumonia (locally known as *Telgi*) is more common among the Kamar. Heavy rainfall provides opportunities for the breeding of mosquitoes. Frequent rain led to the formation of small pools of water in forest places which serve as the active breeding places for mosquitoes. So malaria is common disease. Accumulation of sullage water, lack of drainage, cattle shed attached to their main house etc. influence the spread of Malaria. Water-borne disease, various skin diseases and diseases related to liver and stomach are common among the Hill Korwa due to lack of hygienic drinking water. Sexually transmitted diseases like syphilis and gonorrhoea are also found due to their free sexual contact with more than one individual. Diseases like rickets, thyroid goitre are found which is due to malnutrition. Among the Baiga *Falciparum* Malaria is also common due to heavy rain of this hilly and forest areas. Premarital sex, and sexual relation with more than one individual also leads them suffering from venereal diseases like gonorrhoea, syphilis.

The disease like yaws is found to be fatal among them. Yaws belongs to a group

of chronic bacterial infections (endemic treponematoses, non-venereal spirochetal diseases) caused by *Treponemes* bacterium. During fieldwork, the government doctors were able to identify total of 41 cases in Mainpur Block and one case in Gariaband block of Raipur district. Water borne disease are little less among the Kamar as they have better facilities of drinking water and domestic water than the other two tribal groups due to their plain habitation site.

Majority of the health problems of the world are due to poverty, poor infrastructure, crowding and modernization (Nichter and Sickle, 2002). These and many other factors such as availability of health care facilities of different medical systems, number of practitioners, paramedical staff and pharmaceutical drugs available in an area affect the health status of the people. Common problems that affect the child's health among the Baiga are dehydration, jaundice, common cough and cold, skin infection and malnutrition etc. The common health problems which are found among the children of Hill Korwa are skin disease, malaria, diarrhoea, malnutrition, common fever, dysentery etc. Common health problems found among the children of Kamars are respiratory infections including pneumonia, common cough and cold and fever, malaria, loose motion, malnutrition etc.

### MEASURING HEALTH STATUS

According to ICMR (2003) reports, health is a prerequisite for human development and is an essential component for the well being of the mankind. The health problems of any community are influenced by interplay of various factors including social, economic and political ones. The common beliefs, customs, practices related to health and disease in turn influence the health seeking behaviour of the community. There is a consensus agreement that the health status of the tribal population is very poor and worst among the primitive tribes because of their isolation, remoteness and being largely unaffected by the developmental processes going on in the country.

There are a number of different types and sources of data available that can be used in describing the health status of a population. Edward S. Rogers (1960) cited the following model for describing health status.

#### Measurement of Health Status of Population

1. Measurements with a positive tendency
  - (a) Birth and fertility rates
  - (b) Life expectancy
- II. Measurements with a negative tendency
  - (a) Mortality data
    1. General (mortality rates, crude and adjusted)
    2. Infant and maternal mortality rates

3. Disease-specific mortality rates
4. Pregnancy wastage ( stillbirths and abortions)
5. Proportional mortality ratio (percentage of deaths at age 50 years and above to total death)

(b) Morbidity data

Conditions reportable by law or regulation: certain community diseases, certain congenital defects and birth injuries

III. Evidence of lack of social well-being (social pathology)

(a) Failures of personal or social adjustment: divorce, desertion, alcoholism, drug addiction, crime and delinquency, illegitimacy, prostitution, mental illness, etc.

(b) Failures of community organisation: unemployment, extremes of poverty and deprivation lack of vital community services as public health and education, etc.

An attempt has been made to assess health status using two demographic parameters i.e., the fertility of the mother and the mortality rates among their offspring, on the basis of a sample from a population of Hill Korwa, Kamar and Baiga of Central India.

The pregnancy and number of children ever born to mother of all ages among the three tribes is presented in table 1. The total number of pregnancies per mother comes to 4.02 among the Hill Korwa. Out of those 402 pregnancies, 261 resulted in the surviving children (average 2.61) and 109 children are found dead below 15 years (average 1.09). 32 cases of still birth with an average of 0.32 are also found. The average of number live birth is 3.70. Among the total number of pregnancies per mother comes to 4.40 among the Kamar. Out of those 440 pregnancies, 325 resulted in the surviving children (average 3.25) and 80 dead (average is 0.80) . 35 cases of still birth with an average of 0.35 were also found. The average of live birth is 4.05. In case of Baiga the total number of pregnancies per mother comes to 4.21. Out of those 421 pregnancies 301 resulted in the surviving children (average 3.01) and 107 dead (average is 1.07). 13 cases of still birth an average of 0.13 were also found. The average of live birth is 4.08. The average of ever birth children excluding abortion and still births is 3.70 among the Hill Korwa, 4.05 among the Kamar, and 4.08 among the Baiga.

**TABLE -2: PREGNANCY AND NUMBER OF CHILDREN EVER BORN TO THE WOMEN OF ALL AGES AMONG THE THREE TRIBES.**

Community	No.of mother	Total Pregnancy	Number of live birth			Still Birth			Pre-Reproductive Death(>15Years)			Total Child Mortality	Total Surviving Children		
			M	F	Total	M	F	Total	M	F	Total		M	F	Total
Hill Korwa	100	402	174	196	370	19	13	32	48	62	109	141	128	133	261
Average		4.02		3.7			0.32			1.09		1.41		2.61	
Kamar	100	440	206	199	405	26	9	35	54	26	80	115	153	172	325
Average		4.4		4.05			0.35			0.8		1.15		3.25	
Baiga	100	421	199	209	408	6	7	13	58	49	107	120	141	160	301
Average		4.21		4.08			0.13			1.07		1.2		3.01	



TABLE – 2: INFANT AND CHILD MORTALITY AMONG THE THREE TRIBES

Mortality	Hill Korwa		Kamar		Baiga	
	TLB = 370		TLB = 405		TLB = 408	
	No.	IMR	No.	IMR	No.	IMR
Infant Mortality (0-1 yrs.)						
Male	28		32		26	
Female	32		17		25	
Total	60	162.2	49	121.0	51	125.0
Toddler Mortality (1-4 Yrs.)						
Male	17		15		24	
Female	17		8		24	
Total	34	91.9	23	56.8	48	117.6
Juvenile Mortality (5-14yrs.)						
Male	5		7		6	
Female	10		1		2	
Total	15	40.5	8	19.7	8	19.6
Total Child Mortality Rate (0-14 yrs.)						
Male	50	287.4	54	262.1	56	281.4
Female	59	301.0	26	130.6	51	244.0
Total	109	335.1	80	197.5	107	262.2

Infant Mortality Rate (IMR) = Total Infant Death (0-1 Yrs.) / Total Live Births (TLB) X 1000

Child Mortality Rate = Total Child Death (0-14 Yrs.) / Total Live Birth (TLB) X 1000

Infant mortality Rate (IMR) shows a higher trend among the three tribes. It was revealed from the table -2 that, the Baiga, the Kamar, and the Hill Korwa have shown 125, 121 and 162 per 1000 live births respectively. IMR is quite high among the first two groups and more than double in case of the Hill Korwa as compared with the national average of 80 (1991-92 census). Park (1994) recorded IMR to be 111 in Madhya-Pradesh in 1990. This indicates the deteriorating health condition among the tribal children. Further the female child mortality rate is more (30.10%) among the Hill Korwa than the male child mortality (28.74%). As I see the difference in female and male child mortality rate, I make an attempt to understand. But after a thorough study of the child rearing practices and post maternal care, I have come to know that the difference ought to be present by chance. The same chance factor can also be attributed to the incidence of higher male child mortality rate among the Kamar and Baiga.

Maternal mortality rate is found alarmingly high 2 per 370 live births, among the Hill Korwa, 3 per 405 live births among the Kamar and 2 per 408 live births among the Baiga, which is much more than that of the National average which is 4 to 5 per 1000 live births (1993). It can be said that apart from high Maternal Mortality Rate (MMR), there are many other health problems among the women i.e. reproductive as well as general morbidity, which need considerable attention. These may be related to lack of access to safe and effective contraceptives, inadequate obstetric care during pregnancy and at child birth, maternal malnutrition, reproductive tract infections etc. Early marriage and child bearing in young age are also the responsible factors for the deplorable women's health status.

#### INFANT MORTALITY RATE IN SOME TRIBAL POPULATION

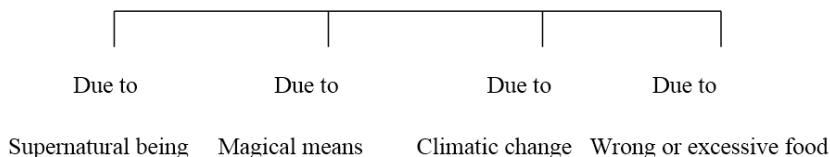
TRIBE	STATE	IMR	REFERENCES
Bhattra	Chhattisgarh	148.56	Basu, 1986
Muria	Chhattisgarh	123.35	Basu, 1986
Halba	Chhattisgarh	92.78	Basu, 1986
Maria	Chhattisgarh	58.44	Basu, 1986
Hill Korwa	Chhattisgarh	162.16	Present Study, 1998
Kamar	Chhattisgarh	121.00	Present Study, 1998
Baiga	Madhya Pradesh	125.00	Present Study, 1998

#### HEALTH PERCEPTION AND CAUSES OF ILLNESS

Health perception plays an important part to understand the various health problems, facing by the different indigenous communities. To a large extent they are culturally determined.

The concept of health , disease and treatment shows the complexity of the Hill Korwa medical system .The cause of sickness and healing system are found to be very much associated with the magico-religious beliefs The herbal medicines occupy a very important position in their indigenous method of treatment .For the treatment of most of diseases ,local medicine men are consulted.

#### Causes of illnesses



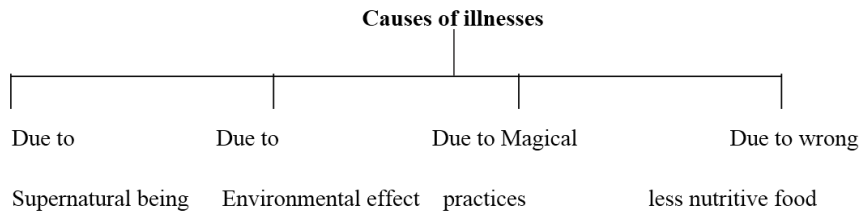
- |                            |               |
|----------------------------|---------------|
| a) Wrath of local deities. | a) Evil mouth |
| b) Evil spirit intrusion.  | b) Sorcerer.  |
| c) Ghost intrusion.        | c) Sorceress. |

#### Health Specialist

1. *Baiga* (Religious priest.)
2. *Ojha* (Medicine man cum spiritist and witch Doctor.)
3. *Panda* (Medicine man cum spiritist)

To the Kamar, when a man loses his willingness and feels less energy in the body to work, and feels pain in their hands and legs, then it is said that he/she suffers from illness. It is said that the man possesses a good health when he/she is able to work. Treatment by herbal medicine and well as magcio-religious treatment includes in their healing system.

#### *Causes of illnesses*

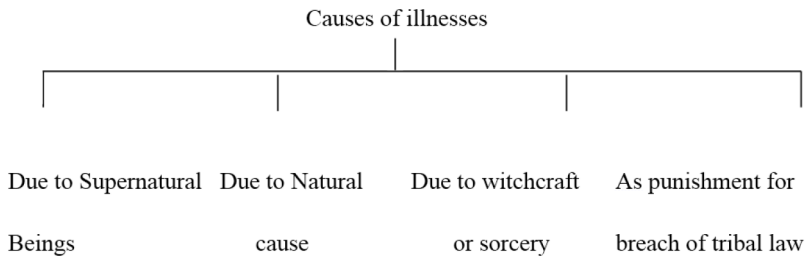


- |                           |                               |
|---------------------------|-------------------------------|
| a) Wrath of deities.      | a) Evil mouth                 |
| b) Evil spirit intrusion. | b) Evil Eye ( <i>Najar</i> ). |
|                           | c) Witches. ( <i>Tonhi</i> )  |

#### Health Specialist

1. *Dih Baiga* (Village Priest).
2. *Nari Chhuwaiya Baiga*. (Herbal medicine man)
3. *Jhad - Fukaiya Baiga or Baidh* (witch Doctor cum Herbal Medicine man.)
4. *Guni Baiga* (Spiritist cum medicine man).

To the Baiga it is a common belief that when a person becomes physically fit, Can move freely, work without feeling tired, it is to be said that the person possesses good health. During illness a person takes less food and loses his/her interest to take food, blood becomes less and feels vomiting sensation. '*Hindu Dharma Niyam Ke Varash, Gond Baiga Deo Ke Varash*' says Bhola Baiga.. It indicates that whenever the Baiga or Gond face any difficulties or any kind of ill health, they start worship to their duties at once. On the other hand Hindus are very particular in their way of worshipping gods and goddesses and they do it regularly.



Health specialist

1. *Dewar* ( Village medicine man)
2. *Gunia* ( Spiritist)

### HEALTH CARE AMONG THE KAMAR

To the Kamar when a man is able to do work then it is said that he possesses a good health. During illness one loses his energy to work and feels pain in their body. Generally, the Kamar relate their health status with that of age. In young age the blood is warm and red in colour. This warm blood is full of strength and thus the young fellows possess good health. When one grows older then he/she has to face many health problems like joint-pain, problems of constipation, loss of hearing, loss of eye sight etc. It is observed that health problems and health care practices of the Kamar tribe are very closely associated with the environment as they live closest to forest and hills. They depend mostly on the environment consisting of various plants and animals for their treatment of illnesses and for their daily consumption; and clay, black soot, charcoal and cow dung ash for personal hygiene and sanitary habits. Besides the magico-religious practices for the health care, treatment by medicinal plants are widely used among the Kamar. Most of the illnesses are believed to be caused due to wrath of supernatural being and magical means. Climatic change and wrong or excessive food are also responsible for causes of illness.

### HEALTH CARE AMONG THE BAIGA TRIBE

#### Treatment by Making the Appropriate Offerings:

When the nature and cause of the disease from which the patient is suffering is diagnosed by the *gunia*, he must proceed to take the proper remedies to ensure his recovery. If he diagnoses a definitely supernatural cause, he asks the sick man to make the offerings prescribed by long customs for every separate spirit of disease; if the sickness is due to Narayan Deo, he fixes a day for the dedication of the *Laru* (small pig), sometimes even the promise of an offering later on, when times are better, is sufficient. Here is a list showing the different offerings for different deities.

Deities	Offerings
<i>Dulha Deo</i>	Red Hen, coconut, nut
<i>Holi Rai</i>	White or black hen
<i>Khermai</i>	Goat (reddish)
<i>Budi – Dai</i>	Goat (black)
<i>Satbahi Debi</i>	Black hen
<i>Paniharin</i>	Chick (black), coconut
<i>Narayan Deo</i>	<b>Laru</b> , (Small pig)

If the offerings are supposed to be late or anything being dismissed to not to sacrifice in promised time then the deities are believed to do something of disastrous result. Even a great epidemic occurs in the village, which is impossible to be controlled by the hospital doctors also.

#### **Treatment by the use of *Mantra*:**

The simple recitation of *mantra* is common to all tribal communities for the treatment of various kind of illness. The power of *mantra* is often effective to defeat the nefarious activities of witches, to drive away troublesome ghost, to save a man from snake or scorpion bite. Elwin (1986) recorded some specimens of mantra used to bind or banish *bhut* (ghost) and other evil spirits, in order to bring the poison down of scorpion bite, snake bite, to staunch the flow of blood they use mantras to get immediate results.

#### **Treatment by herbal medicines:**

The Baiga is famous for the medicine man. Besides the magico – religious treatment of the diseases, treatment by medicinal plants is very much popular among the Baigas for curing the various diseases. The *Dewar* is village medicine man who prescribes various herbal medicines when he was called for treatment of diseases.

### **HEALTH CARE AMONG THE HILL KORWA**

The traditional method of treatment among the Hill Korwa can be divided in two different categories a). Magico-religious treatment and b). Herbal medicine.

#### **Magico-Religious Treatment:**

When a patient is suffering from small pox or chicken pox which is believed to be caused by *Badi Mata* and *Chhoti Mata*: Panda performs some ritual and to please Mata a black hen is sacrificed at the end of the worship. The Panda request to the deities to come back to their own abode, that is, sacred place of these deities. *Jharfuk* (magic) is done with the help of a small cloth, holding its one corner. He chants mantras and shakes the cloth in such a way that the air, produced should

touch the ill person. Feather of peacock, new broom, are the other main objects by which a Panda can perform his magic. After that he sprinkles some drops of milk with water on the legs of the effected person. Then after 3-4 days the deities flew away from the patient's body to their own place of shelter.

In case of disease caused by evil spirits intrusion, *Ojha* (spiritists cum shaman) tries to exorcise the *saitan* (evil spirit) by some rituals. The spirit is invoked through the sacrifices of hen or goat or pig. The invoked spirit is finally removed through certain spells from the body of the patient and shaman confines the spirit to a distant tree outside the village. If the *Ojha* diagnoses a supernatural cause especially wrath of deities, he arranges for some religious rituals and offer a hen to appease the particular deity. The hen is offered to the deity by giving some rice to eat and then set free after a while. And the *Ojha* prays to that deity not to repeat the same and to save from any disaster.

Illness caused due to the harmful magic or the sorcerer or sorceress, are very common among the Hill Korwas. Such sorcery and witchcraft are associated with both causing and curing the diseases. Thus the sorcerer and sorceress are often utilized to take the revenge on the enemies when they get some unbearable pain in the body believed to intrude dirt through magical power. They go for getting help from *Ojha*. The *Ojha* sucks out these things from the body and they believe that by doing so their pain will be cured.

#### **Treatment by Herbal Medicine:**

Besides the magico-religious treatment of the disease, treatment by medicinal plants is very much popular among the Korwas for curing the various diseases. The Dewar is village medicine man. He goes to the patient's house when he gets a call from the patient. The *Dewar* collects the herbal medicine in some auspicious days like Sunday, Tuesday, Wednesday and Thursday. Generally the patient himself gives a *dhoti*, one bottle of *handia* (rice beer), one hen, after getting relief from his disastrous life. Though they practice ethno medicine to treat the ill person, now-a-days, they are willing to avail the modern medical facilities due to non-availability of such medicinal plants. They have developed a great faith in injections. But they are unable to switch over to the modern medical system due to non-availability of medicines at Primary Health Centre and apathy of doctors.

#### **FOOD HABITS AND HEALTH CARE**

The food consumption pattern of Hill Korwa varies from season to season. The food habit is directly influenced with the availability of food stuff in their habitation. The staple food items of this tribe is maize, coarse rice and *kodo* (*Paspalum scrobiculatwri*). They supplement their diet with various fruits, leaves, roots and tubers available in the forest. *Handia* (rice beer) is the traditional drink of the Hill

Korwa. *Handia* is also used as kind of food as well as intoxicant. Liquor prepared from *mahua* (*Bassia latifolia*) is also consumed by them. They smoke handmade cigarettes (*bidi*) by rolling dry tobacco powder in the leaf of *sarai* (*Shorea robusta*).

Rice is the staple food among the Kamar. *Bajra* (great millet), maize are supplementary food grains to them. Animal products also form a source of food for the Kamars. They prefer buffalo milk and cow ghee (clarified butter). Some so called well to do families make use of milk for making tea and for child diet. The flesh of goats and chicken are much appreciated by them. They also eat the field rats with great relish. Generally the Kamar eats two meals a day, morning and evening. Wild fruits, plants roots and tubers form an important part of the diet of the Kamar. The ripe *tendu* (*Diospyros melanoxylon*) and *char* (*Buchanania latifolia*) are great favourite with them. *Char* fruits are also dried and stored and then break the hard shell and take out the karneli.e.*chironji*, which they equally relish. The *mahua*. (*Bassia latifolia*) flowers provide an important item of Kamar diet. This *mahua* liquor, plays an important role among the Kamar. The habit of chewing tobacco and smoking of *bidi* (country cigarette) are more common among them.

The staple food of the Baiga consists of *Kodo* (*Paspalum scrabiculatum*, *kutki* (*Panicum psilipodium*) or rice. The Baiga eats three times a day. A large variety of roots and tubers are collected in the forest. These items are consumed by them. *Mahua* liquor is also popular among them. They eat meat and fish. They believe that it is meat that rouses lust and fish to be good for the eyes, A lactating woman is given special food like *kodobhat* (prepared boiled *kodo*) and *Madia roti* (bread prepared from *madia* (*Eleusine coracana*) flour upto one month of child birth. Pregnant women should observe some food taboos. *Ghee* (clarified butter) and curd should not be eaten. The favourite *kanhiakanda* should not be eaten as it is liable to cause abortion. The Baiga drink *mahua* liquor, distilled from the corolla of the *mahua* (*Bassia latifolia*). They also are very fond of the *chungi*- country cigarette.

### MODERN HEALTH CARE ACCESS

To solve the health hazards of the underprivileged groups like the Hill Korwa, the Kamar and the Baiga, Primary Health Centre (PHC), Mini-PHC, Civil Dispensary are being provided. Tribals are accepting modern health care facilities due to various reasons. These are scarcity of medicinal plants, improvement in the implementation of health care schemes by the government and interference of RMP (Registered Medical Practitioner) and other private doctors. In all the three tribal habitat health facilities are almost the same. PHC is situated in Block head quarters. Among Hill Korwa, 3 mini-PHCs, 2 Sectors and 14 Sub-Centers function under PHC, Sanna. In the Kamar area one additional PHC, 4 Sector, and 42 Sub Centres were seen functioning under PHC, Gariaband. Among the Baiga of Chanda Village Panchayat, one Civil dispensary is in existence.

In spite of these existing health institutions it is observed that utilization of health care services by the tribal people remain very poor. There are some valid reasons behind it. The sick person of tribal group require to travel a long distance (15-20 Km.) to reach the health centre. Availability and supply of medicine is totally inadequate. Lack of proper communication system is also vital to the failure of utilization of health care services. The cost and the burden of treatment tend to discourage people from visiting the health centres to avail of the health services. Subsequently, the poor tribal people become indifferent to modern health care.

### CONCLUSIONS

Health care practices of the tribal people are very closely connected with the environment and ecology as the tribal people lives closest to nature. The Kamar, Hill Korwa and Baiga live in hills and forest, so it is natural that they depend partly on the environment consisting of various plants and animals for their traditional health care system, and for their daily consumption purposes. Some of the tribal men are able to identify a large number of plant and animal species and also have rich knowledge about the utility, diet and remedy for different health problems. These tribal people firmly believe that most of the diseases are caused due to the wrath of deities or evil spirits. For appeasing these supernatural agencies a variety of animals and birds are sacrificed. For example, sacrificing of *Laru* pig is common to the Baiga. Goat, hen sacrifices are common among the Kamar and the Hill Korwa. It is also observed that all the three tribes take special care for domestication of such sacrificing animals and birds. Among the Korwa skin disease and sexually transmitted diseases like syphilis and Gonorrhoea are common. It is found that *Falciparum* malaria is common due to heavy rain and humidity of the Kamar area. Fever and anaemia are also common among the Kamar. Dysentery, thyroid goiter (enlargement of your thyroid gland), rickets occurs more common among the Baiga area.

Some species of plants and animals are prescribed or proscribed to eat depending on physiological conditions and state of health. Among the Baiga the favourite *Kanhia Kanda* - a kind of tuber should not be eaten by a pregnant woman as it is liable to cause abortion. A pregnant woman is prescribed to eat *dang kanda* after boiling and roasted in fire. In case of the Kamar needs to increase mother's milk the women are given a herbal medicine in the form of liquid extracted from *DudhMongra* twig (*Euphorbia hypericifolia*). The tiger's milk is also given to drink for artificial lactation which is very difficult to collect. They believe that those who are lucky enough can collect the tiger's milk from the jungle. These prescribed food items are not merely just a cultural and religious norm but are the integrated part of their health care and cure. These illustrations deserve special mention from the point of view of native therapeutics and pharmacology..

Existing health provision especially for the tribal people is found inadequate.



The reforms in the health sector require careful attention by addressing the issue of increasing the allocation to health care, focusing on preventative care, ensuring greater access to health care by the poor and involving the community health specialist with the health care services. Potential dimensions of traditional healing system should be encouraged and included in the national Health Policy.

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