

CONCEPTUALIZATION OF HEALTH AND SEEKING BEHAVIOUR AMONG PENGU TRIBE IN VISAKHAPATNAM AGENCY OF ANDHRA PRADESH

Srinivas Chetti¹, P. D. Satya Pal Kumar² & D Ramesh³

Abstract: Societies perceive health in terms of disease and well-being, the health-seeking is regulated by varied practices in the fold of culture and environment. Health-seeking behaviour and practices vary across cultures due to diversities in the concept of health, socio-religious beliefs, and eco-cultural processes. The present study delineates the health-seeking behaviour among the Pengu tribe in Visakha Agency. The present study has been selected Eight Pengu villages representative and purposive sampling procedure and used participant observation, case study, FGDs, and in-depth interview methods. Pengu ethnic group has its own perspective and view of health and the healthcare system. The Pengu ethnic community thinks that illness is the consequence of supernatural phenomena, thereby carrying out prayers or performing ritual acts, which cure the illness and relieve them from pain. Four kinds of healthcare practitioners are seen in the study area. They are *Disari*, *Gurmai*, *Pujari* and Quacks. Accepting modern medical treatments and medication is at the initial stages of acceptance, but inaccessibility and unavailability of need and urgency are driving them back to native methods of healing.

Keywords: Illness, Seeking Behavior, Health, Pengu, Particular Vulnerable Tribal Group, Andhra Pradesh

Introduction

Health is one of the main parameters used to measure the human development index. Human health is observed and measured at different levels, such as individual, family, and community levels. These operate in a systemic way resulting in community or societal health. Since societies perceive health in terms of disease and well-being, health-seeking is regulated by varied practices in the fold of culture and environment. Health-seeking behaviour and practices vary across cultures due to diversities in the concept of health, socio-religious beliefs, and eco-cultural processes.

In line with cultural beliefs embedded within social structures, the definition of 'health' is in a constant state of flux, adjusting to shifts in the broader societal landscape. Perception, the process of acquiring and understanding information (Marshall 1994, Mishra S et al 2013), plays a crucial role in this ongoing evolution, implementation of health care services is crucial to the planning the analysis of social phenomena, and cultural analysis (Richman 1987; Raharjo & Corner 1990; Caplan 1993; Last 1993) and health must be understood, apart from the culture-centric or ecological or micro level approach, considering the 'political economy'

1. Srinivas Chetti, Field Officer, E-mail: drchettisrinivas@gmail.com, TCR & TM; 2. P. D. Satya Pal Kumar, Professor, Dept of Anthropology, Andhra University, Visakhapatnam, Andhra Pradesh; 3. D Ramesh, Associate Professor, Dept of Anthropology, Andhra University, Visakhapatnam, Andhra Pradesh

perspective, which is called today ‘critical medical anthropology’ (Reddy 2014). Since to know the concept of health and illness it is necessary to know the cause of illness, the treatment-seeking behaviour, and the utilization level of healthcare services (cited in Misra S et.al 2013).

Generally, tribes do not typically differentiate between degrees of fever. Nonetheless, within the confines of their unique worldview, many tribal communities possess specific methods for recognizing and categorizing different types of ailments and diseases. These societies attribute illnesses to benevolent and malevolent spirits, with the former perceived as guardians and the latter believed to be the source of diseases and epidemics. The role of spirits, ghosts, and deities in tribal life in the causation treatment of disease is so important that the local tribal people have to seek the help of traditional diviners, medicine men sorcerers (*Sirha, gunia, bhua, janteyar, bhopa, pujari* and *yejudu*, etc.) for appeasing, controlling or driving away the disease-causing agents. Shamans base their practices on holistic epistemologies of illness and curing handed down through generations (Rajpramukh, 1976; Kakar 1982). Most people say that tribals are not using modern medicines due to superstition beliefs but Mohandas’s (1995) and Basu’s (2000) studies suggested that the reason behind the poor health status among the tribals was less access to health care. In this connection to improve accessibility and utilization of health services in tribal areas, the government established many SCs, Primary Health Centers (PHCs), Community Health Centers (CHCs), and dispensaries in the Tenth Five Year Plan (2002-2007).

The Pengu live in small villages usually located at the foothills and banks of hill streams of the Matchkand river catchment area. Pengu people organized into different clans on the principle of totem imposed several restrictions and scrupulously followed, which sustained them over centuries in the interiors of forested environment. Their do’s and don’ts keep them self-sufficient at simple and subsistence levels. Belief in sacred and profane, fear towards supernatural spirits has been regulating the economic production and biological reproduction of the community. Conduct several festivals and offerings to deities following agriculture operations such as land preparation, tilling, sowing, weeding, protection, harvest, etc on one hand and life-cycle ceremonies related to conception, pregnancy, birth, tonsuring, naming, etc on the other integral of Pengu religion. These mundane activities are crucial in sustaining native species on the economic front and gene pool of the human population of the study area.

The family is the basic unit of economic production and consumption. The majority of the people subsist on local produce of millets, pulses, cereals, roots, tubers, vegetables, and such related agro-products. The religion of Pengu may be considered animalistic, simple in traditions, worships in animated deities, and does not fall under the greater traditions of the Hindu pantheon of gods and goddesses. Their deities are in different forms such as *Pedda debtha, sanku debtha, bodd*

debtha, and *Jakar debtha* etc. symbolizing spirits' higher nature.

Prior research on the concept of health and health-seeking behavior among the Pengu is lacking. Therefore, the current paper aims to explore the concept of health and health-seeking behavior within the Pengu community to gain insight into their health status.

Methodology

The present study was conducted among the Pengu tribe which is a numerically small group and eight villages namely Biriguda, Obhengula, Kendhuguda, Moliput, Monjaguda, Bodhaput, and Goliput of Munchingiput Mandal in Visakhapatnam district of Andhra Pradesh. Subjects were selected through purposive and representative sampling procedures. Fieldwork was conducted for 14 months from March 2017 to May 2019 and conventional Anthropological techniques of data collection like Participant observation were followed. Cultural aspects like the concept of health, illness category, treatment-seeking behavior, and healing practices from the native's point of view are collected through in-depth personal interviews, case studies, and focus group discussion methods and informants were identified after rapport and much of the data collected are cross-checked with them and informants were selected purposive sampling procedure.

Concept of Health

Health is a universal concern across societies, with each community harbouring its unique perspectives on health and sickness as integral components of its cultural fabric. Drawing from diverse encounters with various illnesses and their manifestations, communities devise and embrace treatment protocols. The World Health Organization (1979) defines health as encompassing the entirety of an individual within a broad ecological framework, stressing the notion that poor health or disease arises from an imbalance or lack of equilibrium within the individual's overall ecological system, rather than solely from the presence of a causative agent or pathogenic progression. This important perspective is echoed in the organization's 1946 preamble, wherein health is defined as a "State of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization 1946, Konlaan 2001). Based on this definition one may conclude, that health is the well-being of three states: physical, mental, and social.

Indeed, the Pengu ethnic group exhibits distinct viewpoints and principles regarding health, illness, and the healthcare system. The understanding of health and sickness is ingrained through familial, communal, and societal teachings. Illness, consequently, transcends mere biological implications, with its social and cultural dimensions demanding acknowledgment and consideration (Dixit, S et al. 2008). "*Bolachi*" is the word that means healthy in Pengu dialect. An individual is regarded

as healthy if he or she is capable of performing daily activity works according to gender and age. The Pengu think that illness is the consequence of supernatural wrath and encourage propitiation or other spiritual measures, these help in balancing the strong negative forces. Cultural issues play a vital role in patient compliance. “Communities may have their cultural guidelines related to illness conditions, modes of treatment, and decision-making regarding health issues” (Kakar, 1977). As noted by Helman (2001), culture acts as a “lens” through which people perceive and interpret their world. According to the Pengu belief system, health is achieved when an individual maintains complete harmony with nature. Conversely, illness is perceived as a disruption in the balance between the individual and natural or supernatural forces, but not just due to the physiological state of a person. Fever (*jarula*) is cited as an example, the indicator of bad health.

“*kankar achii*” (*how is your health*). *If they are healthy their expected reply is, they are healthy and don't have any illness- “miii bovv achhi kairii jarula nai”. If they are not healthy, they would say “bovv nai jarula hilla”.*

According to them, the health condition can be assessed by the physical appearance of an individual. Exploring health as encompassing overall well-being extends to broader considerations of social health, which involves fostering positive interactions and mutual understanding among individuals and social groups. Here one may see the connection between personal health (feeling good) and social health (looking great) and also a need for reflection – somebody has to see, how great one is: “Health is increasingly linked with feeling good and looking great, a notion of true wellbeing which rests on the idea of balance or harmony between body, soul, mind, and emotion as well as satisfactory relationships with other people and society as a whole (James and Gabe 1996, 43)” cited in Ülke Raud 2009.

Categories of Illnesses

In every community, there exists a significant and essential collection of beliefs, understanding, and customs that pertain to the pivotal aspects of health and illness experienced throughout life. It is observed in the present study that illness. Illness can be primarily categorized into two: They are non-evil-eye related illnesses (broadly they called it is *jarula*) and Evil-eye related illnesses. Non – evil-eye illness is again classified into two types one is caused by supernatural powers and the other is not related to supernatural powers. Physical illnesses that are caused by pathogens or disease-causing organisms are diseases that are not caused by supernatural powers. These are the few diseases that appear frequently among Pengu; fever, headache, body pains, stomach pain, malaria (*sithlijor*), TB, cough, common cold, etc. The illnesses related to supernatural powers are *shannijaar*, *ghatjaar*, *masshjaar*, *punnijaar*, and *debhtajaar*. These illnesses are caused by different planets and their positions. Evil eye-related illnesses are *rhumba darla*, *bhut darla*, and *songoini* these illnesses are caused by evil spirits. They approach

traditional healers (*Dissari*) for the treatment of different illnesses.

Diagnosis of Illness

Disari is the first person whom they approach for the treatment of any kind of illness. The *Disari* determines an individual's health status by assessing factors such as pulse rate, urine colour, eye colour, and other relevant indicators. Then he does some physical examination like checking the pulse rate at different places on the body and temperature. He checks the temperature by placing his hand on the forehead of the ill person, then he checks the heartbeat by placing his hand on the chest and then checks the pulse rate of all the fingers of the left hand. Before checking the pulse rate *disari* spells a few words by murmuring himself. According to *Disari*, if the pulse rate of the middle finger is high, the person is suffering from fever, and the pulse rate of the ring finger is high, the person may die soon, if the pulse rate of the little finger is high then he is possessed by spirits. Based on the type of illness diagnosed the suitable treatment will be given to the ill person by *disari*. As per Opler's (1963) depiction of this method in Ayurvedic medicine, the pulse measurement is taken approximately two fingers' width away from the base of the thumb. The pulse detected by the index finger indicates whether the disorder is caused by wind humor, the middle finger indicates bile, and the ring finger indicates phlegm. Additionally, the pulse is taken on the right hand of male patients and the left hand of female patients, under the assumption that the circulatory systems of males and females vary.

Causes of Illnesses

The Pengu people hold the belief that illness arises when their gods and ancestral spirits are displeased with them, as well as due to the influence of the evil eye, disturbances to the soul, encounters with ghosts, and instances of being frightened or filled with fear. "In numerous cultures, there is a prevalent belief that illness or adversity stems from being possessed by spirits, past-life misdeeds, encounters with ghosts, malevolent spirits, and the influence of witchcraft." (Archer, 1947; Jakobsen, 1998; Kakar, 1977) cited in Shikha Dixit et.al (2008). Hence one illness can have single or multiple causes. Everyone is considered to have a certain supernatural power. The wrath of local deities and the intrusion of evil spirits are regarded as significant factors contributing to various illnesses.

Clements (1932) proposed that disease etiologies (in non-western societies) could be in terms of 1) Supernatural Agency 2) Human Agency, and 3) Natural cause. Supernatural Agency: Soul loss; Spirit intrusion; Spirit of sickness; Breach of taboo. Human Agency: Evil eye; Evil touch; Evil month; Sorcery. Natural cause: Disease objects intrusion including modern medical theory.

The Pengu people firmly believe that supernatural forces can inflict illnesses

upon them at any moment during their daily routines. There's a belief that children are particularly susceptible to the evil eye. According to Pengu beliefs, if someone comments on a child's beauty or health, the child may immediately fall ill. ("*pilla bessi bolache boli seloak koilai tangorgine pillake jarr iilla*") and becomes weaker. In most cases, the villagers are unable to tell the right cause of illness and only a few can explain to some extent the cause of illness. The evil eye or supernatural power, attributed to the cause of illness, can only be cured by traditional healers. Villagers and native health care specialists can know the root cause of the illness and it is purely based on their cultural beliefs. To ward off the evil eye, preventive medicine involved wearing iron amulets on wrists and arms, talisman (*sutha*) containing a piece of cloth or paper on which mantras are written.

The Chenchus and Yerukala of Andhra Pradesh ascribe natural causes to diseases like jaundice, stomach pain, dysentery, headache, cough, fevers during the rainy season, rheumatism, bone-fractures, etc. while other illnesses like smallpox, snake/scorpion bite, body swelling, psychological illnesses, etc. are understood through personalistic causality factors (Sharma and Srinivasu, 2013).

Within the Pengu tribal community, there exists a belief that death only affects the physical body, while the soul remains perpetually alive. These ancestral souls are thought to wander the village, and if any villager errs or breaches social taboos, they are subject to punishment by these ancestral spirits. There is a practice of offering the first serving of food to the ancestral souls, and if by any chance the family members of these souls forget to offer the fruit, the ancestral souls will punish them with some or the other illnesses like fever, accidentally falling or slipping, etc. The discontented souls unable to fulfill their life's journey, such as those who die by suicide, during childbirth, or those not duly honored in death rituals, are believed to transform into malevolent spirits. When community members exhibit odd behavior or experience sudden illness, it is attributed to these malevolent spirits, referred to by various names such as "dhumba" or "bhut."

According to one respondent, if a person becomes ill shortly after the death of a friend or relative, it is commonly believed that the ghost of the deceased is responsible for the illness.

Illness is attributed to malevolent forces acting as intermediaries for humans engaging in black magic. Within the *Pengu* community, these causative agents are categorized according to their perceived nature. Sorcery, a form of magic, is considered the primary cause of illness. This practice is undertaken by magicians (referred to as *Gunia* or *Disari*) with the intent to harm individuals they envy. Sorcery involves the collection of body parts such as hair and nails. The effects of these magical and paranormal forces weaken individuals, eventually resulting in bodily deterioration. Top of Form

"In tribal societies, the supernatural theory of illness provides an important basis

for the explanation of beliefs related to health and illness states. As a result, almost all the tribal communities largely practice magic religious therapy and ritualistic healing practices. Rural people are also influenced by such beliefs” (Lambert, 1997).

If the individuals fail to fulfill the personal or community vows the supernatural power (god) would punish them.

Sick Role Behaviour

The concept of the sick role originates from the research of American sociologist Talcott Parsons (1951), a proponent of structural functionalism. Parsons posited that social practices should be understood in terms of their function in maintaining order or structure within society. He focused on understanding how the sick individual is interconnected with the social system and the role of the individual within that structure. The sick role and its associated behavior can be seen as a natural extension of disease management and responses to illness, serving to facilitate integration into the medical care system.

Illness perceptions among the Pengu like, the deviation from the normal conduct of daily activities is considered as illness. The particular disease is diagnosed by a set of indicators or symptoms. The etiology of these illnesses is similar for the villagers located in a close geographical area. The Visible indicators of disease are evident physically such as swelling of a part or whole body, appearance of rashes, blisters (*Kossu*) dullness in the face, shivering of the body (*seethdi*), colour of eyes (*rong akki*), vomiting, loose motions, temperature, puss and whitish layer on the tongue.

“One of the respondents explained that if a person’s eyes and urine, turn yellow in colour these are the symptoms of jaundice” We know the symptoms of jaundice and can identify the symptoms but we visit *disari* to confirm whether the symptoms belong to the jaundice or not.

They can acknowledge the symptoms of malaria (*sithjarr*). When asked about the symptoms, they responded in this way “fever is not continuous and is observed during evenings and also experience chills when they get the fever. The fever occurs at regular intervals. They visit *disari* for help, if *disari* diagnoses these symptoms for malaria he directs the patients to hospitals for treatment and medication. “*Bedakh bedakh asholi, shonj bela ashuthi*”

Pain (*dukh*), Burning sensation, Itching, bulging of the stomach, Loss of appetite, loss of taste, Thirst, Giddiness, Weakness, and Heaviness in the Chest. These are a few symptoms by which the patient can sense and express their discomfort. By interpreting the observed symptoms and those recognized by the patient, *disari* or few elderly resourceful members diagnose the illness and the causative factor. The person who is possessed by demons screams and walks like a disoriented or mad person. *Disari* checks the pulse rate and confirms whether the person is possessed by a ghost or has any other disease.

Treatment Seeking Behaviour

Pengu have access to both allopathic and traditional practices for the treatment of illness. However, they mostly prefer traditional healing methods due to the accessibility and availability of modern medicine. The Pengu approach local quack if the illness is not cured by native treatment. These quacks provide a high dosage of modern (allopathic) medicine for quick curing of the illness because they cannot afford to lose an extra day sitting back at home as they are predominately agricultural labour. “Robert Welsh’s (1983) work on the Ningerum of New Guinea he noticed that the Ningerum are described as a very traditional people who nevertheless have accepted “Western medicine” without much adaptation and integration into their pre-existing system of knowledge. They also have developed a negative thinking on modern medicines and injections” (Thomas Hylland Eriksen, 2010).

Misra (2004) says the treatment procedure in tribal includes preventive and curative aspects. In the preventive aspect, they perform rituals, use charms and amulets, and animal sacrifice with the help of sacred specialists, priests, and medicine men. Pengu prefer native medicine to visiting government hospitals because of the unavailability of doctors. If doctors happen to be available, they do not treat the patients properly. There is a shortage in availability of drugs and they believe it takes a long time for the illness to get cured. This discourages most of the villagers from visiting the Primary Health Care Centres and Community Health Care Centres. If the illness is severe their cases are forwarded to King George Hospital, Visakhapatnam. They prefer visiting a private clinic in AOB (Andhra Odisha Boarder) because of the reachability and convenience. Most of the Pengu people revealed that they are not happy with the existing healthcare facilities available in their locality. The Pengu people hold a belief system wherein they attribute illnesses and misfortunes to hostile spirits, the ghosts of the deceased, or the malevolent use of spiritual powers by adversaries. Central to their approach to treating illnesses caused by evil spirits is the reliance on spiritual powers. Consequently, they seek the aid of their traditional healer, known locally as Disari, for all ailments. According to Mahapatra (1994), the theory of disease causation and treatment practices emphasizes the significant role of spirits, ghosts, deities, and disease-related divine entities. This reliance is so pronounced that tribal members often seek assistance from traditional diviners, medicine men, sorcerers, and shamans to pacify these spiritual agents.

Figure 1 explains that the majority of people visit native healers for the treatment of their illnesses. It shows that 83.45%, a major chunk of the population prefer native healers and the next position stands for hospitals i.e. 8.63%. Among those who get treatment in hospitals 2.8% of the population visits private hospitals and the remaining percentage of the population visits government hospitals. As many as 7.91% population are attended by quacks.

Anthropologists have recognized various kinds of preventive safeguards and therapeutic practices among communities. These preventive safeguards and therapeutic practices are closely connected to parts of their culture. According to Spector (1996), health is generally protected at three levels, that is, physical, mental, and spiritual. Health protection also involves religious customs and rituals and following practices rooted in cultural beliefs (Cited in Dixit, S et.al. 2008).

“Sirha” and “Gunia” in Bastar, “Jani” in Mayurbanj, “Bhagat-Bhua” in Valsad, “Vaid” in Gadchiroli, “Bhope” in Barmer, “Amchi/Lama” in Kinnaur, etc. are the first line of defense for tribal groups, in the study area the medicine man or shaman is called as Yejjodu among the Savara and Jatapu, Guruvulu or Guru among the Bagatha, Konda Dora and Valmiki, Vijjodu among the Koya, Vaidyadu among the Konda Reddy (Rajpramukh K. E and P D Satya Pal, 2006).

There are four health kinds of health care practitioners observed in the study area they are *Disari*, *Gurmai*, *Pujari*, and Quacks. These four follow four different types of healthcare practices in curing an illness.

***Disari* (Traditional Medicine Men)**

Disari is known as the village medicine man. He provides some herbal medicines for all short-term illnesses. *Disari* goes into the forest in search of medicinal plants, fruits, roots, and some tubers, and also collects bones of some specific animals used in making native medicines. He can diagnose malaria, jaundice, stomach pain, joint pain, snake bites etc. are treated by him. Evil eye spirit, sorcery, and witchcraft are the illnesses that he can control and treat.

***Gurmai* (shaman)**

Gurmai are female priests and also act as shamans. This position is not hereditary and it can be achieved by mastering the spells and certain techniques of treatment. *Gurmai* are comparatively efficient than *disari* in treating the possessed. They treat the possessed individuals by performing some rituals and offering animals to the deity.

The shaman has supernatural powers and with his direct contact with the spirits world and the ‘witch doctor’, with his magical powers, both of whom are primarily concerned with finding out who, and why, are the logical responses in personalistic, multiple causalities, etiological systems (G M Foster, 1976).

***Pujari* (priest)**

Pujari or priest performs things like offering the sacrificed animals to the deity and a few fruits and coconuts and by doing so pleases the deities. He acts as a mediator between people and the supernatural. Pujari is invited to the house if the members of the household continuously become ill one after the other. Then

pujari suggests remedies for the illnesses and performs pujas (prayers) as a part of the remedy. Small children are brought to pujari for the removal of *dhisti* (evil eye).

Quack

He prescribes some allopathic medicines for the treatment of diseases. Quacks provide door to door service and hence dependency on quacks for allopathic medicine can be observed as government hospitals are far to reach from the villages of Pengu. But the unfortunate thing is that they are neither authorized nor undergo any training for the treatment of diseases.

Discussions

Pengu ethnic group has its own perspective and view of health and the healthcare system. “*Bolachi*” is the word that denotes health in Pengu dialect. An individual, irrespective of age and sex, is regarded as healthy if he or she is capable of performing daily activities however, different tribal communities conceive health in their own culturally rooted manners and they describe it in terms, of previous studies i.e Kamar and Korwa of Chattisgarh, Baiga of Madhya Pradesh (Khatua 2012), Mishings of Assam (Kar 2013) provided definitions about health in the native points of view. The community may have its own cultural guidelines related to illness conditions, modes of treatment, and decision-making regarding health issues (Kakar, 1977, Mutatkar, 2013, Srividhya Samakya V & T. Subramanyam Naidu 2019). Health and illness beliefs as part of cultural traditions (Sahu, 1991; Swarankar, 1994; Helman 2001; McElroy & Jezewski, 2001.). Culture provides a The Pengu ethnic community thinks that illness is the consequence of supernatural phenomena, thereby carrying out prayers or performing ritual acts, which cure the illness and relieve them from pain. The Pengu tribe’s illness can be primarily categorized into two: They are Non-evil-eye related illness (broadly called *jarula*) and Evil-eye related illness. Kanikar tribe of Kerala also classified into two broad categories of illnesses – *rogam* and *upadravam* (Menon 2013). The illnesses related to supernatural powers are *shanijaar*, *ghatjaar*, *masshjar*, *punijjaar* and *debhajaar*. These illnesses are caused by different spirits/planets (*soni*) and their portfolios/positions. Evil eye-related illnesses are *dhumba darla*, *bhut darla* and *songoini* these illnesses are caused by evil spirits. Most of cultures, illness or misfortune is a result of possession by spirits, bad deeds of past life, ghosts, evil spirits, and witchcraft (Archer, 1947; Jackobsen 1998; Kakar, 1977, Das 2004, Menon 2013, Saheb 2013, Kashissay, fenta & Boon 2017, Srividhya Samakya V & T. Subramanyam Naidu 2019). They consult *disari* (traditional healer) for the treatment of different illnesses. The Rathwa tribe of Gujarat (Das 2004), the Gaddis of Himachal Pradesh (Kaushal 2004; Kaushal and Joshi 2007), the Moyons of Manipur (Moyon 2004), Jaunsari tribe of Uttarakhand (Joshi 2013), Chenchus and Yerukala of Andhra Pradesh (Sharma and Srinivasu 2013), Kannikar tribe of Kerala (Menon 2013), Irular of

Tamil Nadu (Saheb 2013), Mishings of Assam (Kar 2013) studies revealed that the various causes of illnesses.

Disari diagnoses illness of a person by checking pulse, colour of the urine, colour of the eye, and such symptomatic conditions and decides whether an individual is healthy or ill. Based on the type of illness *disari* suggests suitable treatment or remedial measures in consultation with a few elderly and resourceful members of the society. Since people believe that illness is caused by evil spirits or agents, they resort to black magic. Four kinds of healthcare practitioners are seen in the study area. They are *disari*, gurami, pujari and quacks. Similarly, the Jansari people of Uttarakhand (Joshi 1981a, 2013), the Annals of Manipur (Hemlata and Kumari 2004), Suskal of Gujarat (Das 2004), Korwa of central India (Khatua 2013), Birhors of Chattisgarh (Sinha and Banerjee 2013) different types of traditional healers found in one community who perform different functions. In addition to traditional healing and health care practices patients occasionally seek modern medicine by visiting local hospitals. Among the sample household's large majority amounting to 83.45% prefer native healers, followed by patients visiting hospitals at 8.63%. traditional healing practice is widely accepted and followed by Pengu. It may be noted that the majority of tribal societies of the region follow traditional health care practices, which revolve around the deities and spirits. Indigenous healers act as primary healthcare providers as they address specific health concerns with utmost care in many tribal societies (Kashissay, fenta & Boon 2017). The locals believe that the *Jakardevatha* protects the villagers from evil spirits, enhances the agriculture yields, and maintains the cattle. In return, they offer coconuts, and cooked food and sacrifice *kukda* (hen) and *chelli* (goat) either at family or community levels to the deity. The cause of the death is considered to be the bad effect of the evil spirits. The most causative factor of death is hysteria among Pengu. Glick (1967) writes that "it is common knowledge that most of the cultures, ideas, and practices connecting to illness are for the most part cannot separable from the domain of religious beliefs and practices," he also mentioned that is only of those systems with personalistic etiologies.

In the study are public health services in the form of Primary Health Centres (PHC's) are equipped with modern instruments, but services rendering doctors, medical and paramedical staff is not regularly attending to the centres and patients. The irregular functioning of PHCs could not inculcate confidence among the Pengu people. In addition, the undulating hilly terrain intersected with gorges and valleys had been a hindrance to accessing the PHCs. The health-seeking behaviour coupled with topographical disadvantages and staff absenteeism seems to have been playing a negative role on accessing public health facilities.

Though the tribal people of the study own mobile phones the signaling system is not effectively helping the people to communicate in times of emergency and day-to-day needs. Literacy levels are low. Intermediate (10+2) is the maximum

education that a few have passed out. Only 10 people have cleared intermediate. There is no proper road network to the villages on hillside valley interiors. Due to poor roads, ambulance services are absent. During the rainy season, practically villages are cut off from routine mobility due to hill streams. The government personnel like Auxiliary Nurse cum Midwife (ANM), school teachers, Anganwadi attendants, and others are not in a position to attend regularly due to infrastructure reasons. These four factors seem to have been inhabiting the people from making use of proper health and Medicare.

The economic position of these people is subsistence and to some extent self-sufficient. The concept of private property is still at a low pace and monetization is minimal in the study area. The money earned either by selling the local products or the wages is used for basic needs and festive occasions. At times health necessities and emergencies, they visit private hospitals or public hospital (KGH) in Visakhapatnam are very expensive in several ways, travel, stay, and attendants to the patients, which they cannot afford thereby incurring indebtedness. Language is also one of the barriers to expressing their problems.

Case Study 1

Vanthala Guru is from Obhengula village. He explained that his father Somra (48 years old) died last year due to *dumba darikori morigala* (evil spirit). All of a sudden his father experienced severe stomach pain. Due to their strong faith in *disari* they visited *disari* for the treatment. The *disari* explained to them that sorcery was performed on him and the sorcerer placed an object in the stomach region, which obstructed the flow, leading to the pain. Then they are asked to sacrifice a hen to the deity which would relieve him from the pain. They followed the same as told by *disari*. The pain was relieved immediately, and the relief lasted only for two days when it relapsed, He started experiencing severe pain and his advice was to visit hospital, by *disari*. My father was neglected in visiting the hospital and died after a few days he said.

Case study 2

Korra Monga (41 years) is the wife of korra Laikon (44) from Birriguda village. They are originally migrated from Odisha. The Laikon is a daily wage labourer and is the only earning member of the family. One year ago, he suddenly suffered from fever, vomiting and shivering. He developed these symptoms and fever all of a sudden. He thought that it could be due to the strenuous work he did on previous day. By next day as there were no signs of fever and other symptoms, he continued to work. Again, after few days" fever and the other symptoms relapsed. He thought of taking rest and medicine so that he would be relieved from fever. He stopped going to work for two days but still the symptoms persisted. As he is a daily wage labourer, he could not afford to skip a single day from going to work. He was under

the conception that these symptoms were the results of his hard physical work and continued to go to work. After a while fever became severe and he started becoming weak leading to his death. This is all because of his economic conditions and unavailability of low-cost effective healthcare facilities nearby.

Conclusion

The Pengu tribal medical system reflects a nuanced understanding of health, illness, etiology, and health-seeking behavior. Traditional beliefs heavily influence villagers' perceptions of sickness and disease, with magico-religious beliefs playing a prominent role in both the causation of illness and the methods of healing. While herbal treatments are utilized, magico-religious practices remain integral to their indigenous healthcare approach. Case studies and observations reveal that various factors such as age, gender, education level, type and severity of illness, availability of healthcare facilities, beliefs about the origins of diseases, and past experiences influence the selection of treatment methods. The lack of adequate modern healthcare infrastructure and services often results in villagers relying more on traditional healing methods. Ultimately, the villagers' responses to illness are deeply rooted in their cultural beliefs and practices, guiding and conditioning their health-seeking behaviors. Top of Form Pengu people give first preference to native healing methods and the treatment by *Disari*, *Pujari*, *gunia*, and quack, finally if it is not cured then they visit modern health care systems such as private or public hospitals. It is further observed that accepting modern medical treatments and medication is at the initial stages of acceptance, but inaccessibility and unavailability of need and urgency are driving them back to native methods of healing.

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