

THNO-MINDSET ON REPRODUCTIVE HEALTH: A STUDY ON THE KANDHA TRIBE OF KANDHAMAL DISTRICT, ORISSA, INDIA

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INTERDUCTION

Tribal mythological tradition is not simply a religious sacrament rather a “culture” which induced them to survive and live in their own style. Tribal indigenous knowledge becomes a ‘cult’ where the traditional healers (including the priests) are potential resource of such knowledge. The Kandha being the aboriginal homogenous, culturally firm and mostly believe on magico-religious health care practices, abode in the district of Kandhamal, Orissa; constitute 43.37 percent of the total population of the district.

The health of a community is known when it is holistically assessed from all socio-cultural dimensions as the ethno-mind rests on it. The traditional health seeking behaviour of Kandha is mostly structured by their common beliefs, customs and practices usually performed by the healers. They used to chant health related folklores which are culturally deep-rooted within an ecosystem. The tribe used plants for their food supplement, nutritional health and to improve immunities to prevent various diseases. “Health and treatment are closely interrelated with the environment particularly the forest ecology. Tribals used plant not only for the treatment of disease but for population control as well” (Choudhury 1990). This builds a coherence with the healers, folklores and the existing ecosystem. This is after all a promising area to assess the ‘ethno-mind’ to construe a model of this type.

The Study area and the People:

For the study, The Phulbani block of Kandhamal district is selected. Most of the information and data were collected from villages such as Luhuru bali, Majaganda, Alami of Alami Panchayat. The Kandhas are one of the major tribes of Orissa. They are found concentrated in the district of Kandhamal, Kalahandi, Koraput, Ganjam, Boudh, Nayagarh and Gajapati. They are also found scattered here and there in the districts of Sambalpur and Bolangir, their chief concentration being in Kandhamal district which the nomenclature suggests and their original residence of Kandhamal district.

Methods and Techniques:

The study was carried out from 2009 to 2013 in many phases of fieldwork. The primary data was collected by canvassing the household survey, focused group discussions, interview with male and female informants and Government officials at Phulbani Block of Kandhamal District. Secondary data was also collected from ICDS centers, primary and secondary schools, B.D.O office, journals, government records, books of local authors, internet etc.

Ethno-mind set and Reproductive Health of Kanda Tribe:

Reproductive health care is an important aspect of health seeking behaviour, which is largely neglected by the Kandhas. In spite of modern treatments and ample scope to avail various programmes; the Kandhas are averted to such practices where their health and sanitary habits are mostly affected. The reasons may be related to socio-cultural aspects, religious faith, economic issues and non-parental attitude of the medico-practitioners. These reasons not being solved by modern methods of treatment, the Kandhas set their mind in these three-tier resource based system which ultimately becomes a tradition of health practice.

Financial reasons and non-parental attitude of the medico-practitioners.

1. The Kandhas mostly contact the local pharmacists, village quacks, medicine vendors, sellers of medicine shops who are not technically well equipped rather prescribe medicines with their limited experiences for money.

2. Sometimes they never hesitate to exploit them by altering doctors prescriptions with substitute, semi expired and fake medicines also. They do so of taking advantage of their simplicity, illiteracy and fear to meet doctors.
3. The doctors are not used to available in the PHCS in remote areas and the postings are not made regularly, for which these so called practitioners take advantage of showing-off their knowledge being in the hospital and with the doctors. So the failure of treatment is more for which they lose faith and feel right to call 'Dehuri' / 'Jani' for performing magico-religious healing.
4. The doctors at the PHCS and hospitals are only consulted when all traditional ventures for treatment exhausted. However, they are not against on the use of allopathic medicines and treatments inspite of the prevalence of extensive use of traditional treatment. However they condemned the non parenthetic attitude of the medico-practitioners.
5. The Kandha do not keep faith on such doctors whose sole intention is to extracts money having no parenthetic attitude towards their healing. Such doctors used to direct their patients to go to their clinics in towns as well as to purchase medicines from specified medicine shops, from where they get percentage. The Kandhas believe on traditional healers who are more parenthetic to understand their feelings and attend to them at need.

TYPE REPRODUCTIVE HEALTH CARE PRACTICES AMONG THE KONDHS OF KONDHMAL

Table: 1 Village: **Luhurbali**

SLNo	Name of the parents	Date of Birth of the Child	No of issues	Children		Place of Delivery		Process of Child Birth		Availing Family Planning	
				Male	Female	Home	Hospital	Normal	Operated	Indigenously	Medically
1	Bhubana Kahanra	15.01.07	3rd		F	+		+		+	
2	Bhabindra kanhar	29.04.07	2nd	-	F	+		+		+	
3	Basanta Digal Jubati Digal	05.06.07	3rd	-	F	+		+		+	
4	Susanta Behara Renuka Behera.	18.06.07	1 st	M	-		+	+			
5	Ajit Digal. Jhansirani	08.07.07	1 st	-	F		+	+			

Table: 2 Village: **Bulungi**

SLNo	Name of the parents	Date of Birth of the Child	No of issues	Children		Place of Delivery		Process of Child Birth		Availing Family Planning	
				Male	Female	Home	Hospital	Normal	Operated	Indigenously	Medically
1	Charana Kanhar. Bhanumati Kanhar.	04.01.2007	1 st		F		M	+			
2	Mukunda Kanhar. Manjulata Kanhar.	19.01.07	1st		F	+	-	+			

Table: 3 Village: Majaganda

Sl.No	Name of the parents	Date of Birth of the Child	No of issues	Children		Place of Delivery		Process of Child Birth		Availing Family Planning	
				Male	Female	Home	Hospital				
								Normal	Operated	Indigenously	Medically
1	Charana Kanhar. Bhanumati Kanhar.	04.01.2007	1 st		F	-	+	+			
2	Mukunda Kanhar. Maniulata Kanhar.	19.01.07	1 st		F	+	-	+			
3	Bindusagar mallick. Chaiti Mallick.	11.06.07	3 rd		F	-	+	+		+	
4	Debendra Mallick. Pusoanjali Mallick.	18.06.07	3 rd		F	-	+	+		+	
5	Kammista Mallick	16.06.07	2 nd	M		+		+			

Table: 4 Village: Luhurbali

Sl.No	Name of the parents	Date of Birth of the Child	No of issues	Children		Place of Delivery		Process of Child Birth		Availing Family Planning	
				Male	Female	Home	Hospital				
								Normal	Operated	Indigenously	Medically
1	Chabbi digal Sumati digal	27.03.06	1 st	M			+	+			
2	Jala kanhar Sanjukta kanhar	01.05.06	2 nd		F	+		+		+	
3	Bholeswar kanhar Sebati kanhar	23.06.06	1 st	M		+		+			
4	Padma ch.digal Gita gisal	01.01.08	2 nd		F	+		+			
5	Dhanamali kanhar Trbeni kanhar	08.01.08	3 rd	M		+		+		+	
6	Kanthaeswar kanhar Nursa kanhar	30.01.08	4 th		F	+		+			
7	Anata jani Nalini jani	10.01.08	1 st		F	+		+			
8	Sibasankar kanhar Josna kanhar	15.08.08	1 st	M			+	+			
9	Surata digal Rupa digal	22.08.08	1 st		F		+	+			



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Table: 5				Village: Bulungi							
Sl.No	Name of the parents	Date of Birth of the Child	No of issues	Children		Place of Delivery		Process of Child Birth		Availing Family Planning	
				Male	Female	Home	Hospital				
								Normal	Operated	Indigenously	Medically
1	Lingaraja kanhar Sumita kanhar	01.02.06	1 st		+	+		+			
2	Dambarudhara kanhar Banabasi kanhar	08.04.06	1 st		+	+		+			
3	Paramnanda kanhar Malati kanhar	18.04.06	5th	+		+		+			

Table: 6				Village: majaganda							
Sl.No	Name of the parents	Date of Birth of the Child	No of issues	Children		Place of Delivery		Process of Child Birth		Availing Family Planning	
				Male	Female	Home	Hospital				
								Normal	Operated	Indigenously	Medically
1	Yasavanta mallick Gita mallick	12.05.06	1 st	+		+		+			
2	Rabiranjana mallick Yotiprava mallick	13.05.06	1 st	+			+	+			
3	Dharani mallick Malati mallick	22.10.06	4th	+		+		+			

Table: 7				Village: Sarupada							
Sl.No	Name of the parents	Date of Birth of the Child	No of issues	Children		Place of Delivery		Process of Child Birth		Availing Family Planning	
				Male	Female	Home	Hospital				
								Normal	Operated	Indigenously	Medically
1	Lokanath kanhar Kalpana kanhar	01.12.06	4th		+	+		+			

- + : Indicates the Status**
1. The table indicates about twenty nos. of cases delivery was performing at home than hospitals.
 2. The table Indicates about one no. of cases availed Family Planning Operations due to fear of socio-religious reasons and post operative complicacies.
 3. Seven numbers of cases availed traditional medicines to stop child birth without Family Planning Operations.



- **Health related issues,**
 1. Kandhas do not show much interest for family planning operations or to use contra captives.
 2. Kandha believe to restrict pregnancy is offenciable if operated forcibly to restrict pregnancy permanently.
 3. A sterilized person is debarred to perform socio-religious activities such as to re-marry if divorced, attend to religious functions, worship in his home, enter to the religious and sacred areas. The women are more interested for home remedies perform by the healers as priority basis and refrain from such practices provided by the Government.
 4. A sterilized person finds complicacies relating to post-operative stages as they could not get proper treatment from the medical practitioners. They have little knowledge of sanitary habits, rests, food, etc. and believe such weakness is due to operations.
 5. They also believe in taking contraceptives (pills and condoms) may lead to deformed child and pre-mature child and death, which create unwillingness to both male and female in performing sexual behaviour. They fail to understand such unwillingness is due to excessive drinking habits of males resulting to constant drowsiness, make them away from home.

The traditional healers of Kandha used plant as medicines to maintain reproductive health of the tribe in the following table.

MEDITIONAL PLANTS USED FOR REPRODUCTIVE HEALTH CARE BY THE KANDHA.

Sl.No	Name of the plants	Oriya/Kui equivalent	Purpose of use	Method of use
1	Pinck lily+ pippers+Asparagus racemosus	Nila kaina munda+Golmaricha+S atabari root	To check excessive menstrual bleedings and pain during periods	All the three to be grinded and make a paste which shallowed with water once during the period.
2	Termaric +Til oil	Haladi + Rasi tela	To avoid infection after child birth.	The paste of Termaric powder with til oil smear on the body of the new born child and mother.
3	--	Akangi + cow butter	To make the child active after delivery.	The paste like mass is licked by the infant to make active and to suck mothers' milk and play.

However the interest can be generated when the traditional healers are actively used and their notes of folklore may be documented along with medicinal plants by the help of the Ayurvedic Medico-practitioners. The Government should promote awareness through local media such as Dance, Drama, Folklore and Folk dance, Road shows etc. with the help of Tribal Youths, SHGS, NGOS and Traditional Healers for propagation of health care practices with a parenthetic look by the government officials.

Forth coming issues and Problem sides:

1. Sexually transmitted disease among the Kandha of Phulbani is very rare mostly in the interior pockets but not same in “urban fringes” particularly with exposed groups. (Migrant labourers, Immigrants, Marriage to out sider for socio-economic reasons).
2. Kandha do not practice prostitution but there is every possibility of spreading of contaminated diseases (including HIV/AIDS) to their population. As the neighboring areas of Andhra Pradesh, Gajapati, Ganjam, Rayagada districts of Orissa are affected by such diseases and gradually increasing in an alarming rate.
3. The habit of using contraceptives (condoms) is the best suitable primary precautions for HIV/AIDS. The awareness can be generated through social marketing.

On the whole, understanding of their mind towards all such practices is most important as because the Kandhas of Orissa are still depending on traditional Healers for their Reproductive health and disease. It is therefore necessary to plan to understand the ‘ethno-mind’.

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