

**A REPORT  
ON**

**PRACTICE OF TRADITIONAL MEDICINE AS A  
MEANS OF HEALTH CARE SYSTEM PREVALENT  
AMONG THE RABHAS AND BOROS OF  
UNDIVIDED KAMRUP AND UDALGURI DISTRICT  
OF ASSAM**

**CONDUCTED BY**

**ASSAM INSTITUTE OF RESEARCH FOR TRIBALS AND  
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KHANAPARA, GUWAHAT--22**

## PREFACE

In India there are 664 tribes, some of them living in more than one state and are notified as scheduled tribes under Article 342 of the Constitution of India. As per 1991 Census the Scheduled Tribe population of the country was 67.8 million constituting 8.08 per cent of the total population. North East India can be termed as the home land of various ethnic groups. There are more than 140 major tribal groups in this region, having quite a good number of sub-tribes. In other words, around one third of the total number of listed tribes for the whole of India are to be found in this region. Assam is having 25 scheduled tribes with 5.93 lakhs households and a total population of 33.08 lakhs indicating 12.41 percentage of the total population of the state. Out of these tribes, the Boros or Bodos and Rabhas are the two major tribes living with a good concentration in both south and north bank of the river Brahmaputra. The population of Boro and Rabha tribes as per 2001 census is 13,527,71 and 2,775,17 respectively. The literacy rate as per 2001 census among the Boro and Rabhas is 61.3 and 66.7 respectively. These tribes with diverse origins and rich cultural heritage have been living in various levels of development under different environmental conditions.

Practice of traditional medicine or practice of folk medicine among the tribal people is an inherent cultural behaviour. It reflects the traditional expertise and experience in utilizing the maximum environmental resources for the treatment of diseases very commonly affected by the tribal people. It is defined as "those beliefs and practices relating to diseases which are the product of indigenous cultural development; and are not explicitly derived from the conceptual framework of modern medicine" (Hughes, 1968 : 99). The traditional medicine as defined by the World Health Organization (WHO) "Sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement of treatment of physical and mental illness" (Srinivasa, 2010 In tribal society, diseases is seen to be caused by the breached of some taboo or by hostile spirits, the ghosts of the death. They believe in the existence of benevolent and malevolent spirit, the former playing a protective role, while the latter are considered to be responsible for causing disease and epidemics. Magico-religious practices are resorted to for the treatment of diseases."


It is a matter of concern that though tribal people usually live close to nature and in and around healthy surroundings of natural environment and they apparently appear to be normally healthy

persons but majority of them need health care of one kind or the other on account of abject poverty, malnutrition, lack of safe drinking water, poor environment, sanitation and hygienic condition etc.

The present study has been carried out among the Rabhas and the Boros or Bodos of undivided Kamrup and Udalguri district of Assam to find out the prevalence and its intensity of practice or use of traditional medicine in the treatment of health ailments of the tribal people. It was also tried to find out the role of the traditional medicine men like Ojajs, Baidhyas, Kabiraj, Shamans in the implementation of traditional practices of medicine as means of health care system among the tribal people.

We are grateful to the Ministry of Tribal Affairs, New Delhi and the WPT & BC Department, Government of Assam for entrusting this Directorate for carrying out research study on traditional medicine practised by the tribal people of undivided Kamrup and Udalguri district of Assam. We offer our thanks to the villagers and respondents, medicine men for extending necessary help, without whose co-operation the project would have not been completed in the specific time frame. I acknowledge, the help and guidance extended in course of the project by Dr. G.C. Sarma Thakur, Ex-Director, Assam Institute of Research for Tribals and Scheduled Castes, Guwahati-22 for providing valuable inputs for the study. I offer my thanks to Birendra Kumar Barman, Assistant Research Officer, Assam Institute of Research for Tribals and Scheduled Castes, Guwahati-22, who was entrusted with the task of conducting this research study. I also offer my thanks to other officers without whose sincere co-operation this study would not have been possible. On the whole, I offer my thanks to the staff of this Directorate for their help and co-operation in conducting the study.

In fine, I offer my gratitude to the people of the areas under study, who extended their unconditional and whole hearted co-operation to make the study to its successful end.



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This is to certify that the Research Study titled as "*Practice of Traditional medicine as a means of health care system prevalent among the Rabhas and Boros of undivided Kamrup and Udalguri district of Assam*" conducted under my direct supervision is found to be correct. I personally and physically verified the data and found to be true.



Certified By: Birendra Kumar Barman  
Designation: Assistant Research Officer

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# CHAPTER- I

## INTRODUCTION

In India there are 664 tribes, some of them living in more than one state, notified as scheduled tribes under Article 342 of the Constitution. As per 1991 Census the Scheduled Tribe population of the country is 67.8 million constituting 8.08 per cent of the total population. These Scheduled Tribes are spread over different states and union territories; but major concentration of their population is found in Central Indian states and the north-Eastern region. Largest number of tribe are in Orissa. Nearly three-fourth of the tribal population of India is spread in eight states of the country viz. Andhra Pradesh, Bihar, Gujarat, Madhya Pradesh, Orissa, Rajasthan, Maharashtra and Himachal Pradesh. The percentage scheduled tribes population accounts for 8.20 of the total population of the country.

North East India, popularly known as *Sat Bhani* (seven sisters), comprises the state of Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Tripura. According to 2001 Census, the total population of the region is around 38.5 million, distributed over an area of 2.6 lakh sq. km. The region is considered as the corridor between India and South-East Asia and has tremendous strategic importance, not only because of its geography, but also because of its history, demography and culture. The region provides shelter to numerous people of various ethnic affiliations having different social structures, cultural heritages and cultural linkages across the international borders. There is a rich assembly of tribal cultures and communities in this rugged expanse of the eastern Himalayas. There are more than 140 major tribal groups in North East India, having quite a good number of sub-tribes. In other words, around one third of the total number of listed tribes for the whole of India are to be found in this region. Assam is having 25 scheduled tribes with 5.93 lakhs households and a total population of 33.08 lakhs indicating 12.41 percentage of the total population of the state. The population of Boro and Rabha tribes as per 2001 census is 13,527,71 and 2,775,17 respectively. The literacy rate as per 2001 census among the Boro and Rabhas is 61.3 and 66.7 respectively. The tribes with diverse origins and rich cultural heritage have been living in various levels of development under different environmental conditions.

Though the traditional outlook, customs, rituals, beliefs, habits and concepts of aetiology, as well as diagnosis and treatment of diseases are changing fast under the impact of ongoing modernisation process, a number of studies carried out in the recent past among various tribal groups of North East India (e.g., among the Boro Kacharis by Guha, 1986 a and b; Idu Mishmis by Dutta Choudhury and Ghosh, 1994; Kaman Misihmis by Baruah, 1984; Koch Rajbongshis-Guha, 1990; Pnars- Bhatta, 1986; Singphos-Dutta Choudhury, 1985 and the Noctes-Kar, 1993; Kar and Gogoi 1993,

1994) reveals that in most of the tribal and rural societies traditional health behaviours not only dominate over the modern ones, but also very often hinder the acceptance of the latter. Most of the people live in isolated high rugged terrain with a low level of technology and subsistence economy. As a result, they are much more dependent on nature. The healing system is thus intimately connected with the cosmos, emic perceptions of different natural phenomena and belief in spirit.

The health of the tribal people has been invariably connected with socio-cultural and magico-religious practices since time immemorial. All tribal people has their own distinctive identity and it is guided by their culture and social ethos. It is a fact that every culture, irrespective of its simplicity and complexity, has its own beliefs and practices concerning diseases. No culture works in a meaningless fashion in its treatment of diseases. Every culture evolves its own system of medicine in order to treat diseases in its own way. This treatment of disease varies from group to group. Their belief in the reference of supernatural agency is particularly strong in the case of their main economic pursuits and in the context of health and disease. The different economic activities are associated with rituals. Similarly, different deities and spirits are connected with various types of diseases. Most of their socio-cultural activities revolve around gods and spirits. They identify the supernatural powers with a group of powerful forces and deities which control and influence the happenings in the community. Thus, they have specific gods for their health and disease, for calamities, for the cattle and so on. All these deities have their own respective departments and areas of influence, effect and control, as well as nature of action. A number of tribal communities of Assam like Dimasas, Karbis, Tiwas, Rabhas, Boros have their own deity known to them and they often offer pujas or prayer to keep their society in peace and trouble free state. They are seen to develop their own ways of propitiation to their deities. Apart from this, they have also developed traditional ways of protecting health against various diseases resulted either by the action of evil spirits or by natural calamities. According to them, some diseases are caused by deities and evil spirits. As a result, they worship them sacrificing birds and animals for their appeasement. Moreover, the traditional methods of curing ailments and diseases by applying wild roots, tubers, herbs and plants etc. are still practised by the people. However, with the establishment modern health institutions such as hospitals, primary health centres and dispensaries, etc. throughout the length and breadth of the country, the tribal people have come forward to avail the benefits offered by these institutions. Of course this does not mean that tribal people have completely given up their traditional practices of curing diseases. As a matter of fact, they happen to practice both traditional and modern medical treatment. Among the tribal society illness and consequent treatment is not always an individual or familial affair, but the decision about the nature of treatment is taken at the community level. In the rural areas, in case of some diseases, not only the diseased person or his/ her family, but the total village community is affected. In such cases all the other families in the village are expected to

observe certain taboos or norms and food habits. The non-observance of such practices often calls for action by the village council. One can not deny the impact of this psychological support in the context of treatment and cure. In some societies, illness may be an individual affair, and the patient may be looked after by the administration (state), while in tribal societies it is a familial or sometimes community affair where necessary action and care is taken by the community as a whole.

It is a matter of concern that though tribal people usually live close to nature and in and around healthy surroundings of natural environment and they apparently appear to be normally healthy persons but majority of them need health care of one kind or the other on account of abject poverty, malnutrition, lack of safe drinking water, poor environment, sanitation and hygienic condition etc.

Due to perhaps their food habits, lack of pure drinking water facilities, maintenance of proper dietary routine tribal people suffer from various types of diseases such as allergy, anaemia, asthma, blood pressure, bronchitis, malaria, skin diseases, cataract, cholera, conjunctivitis, cough, diarrhoea, dysentery, eczema, fever, goitre, headache, itching, leprosy, leucorrhoea, pneumonia, measles, paralysis, rabies, soreness of eyes, tuberculosis and worm infection etc. Very often incidents of death occur among them which raises from tribe to tribe in a different intensity. And significantly, as a measure of their immediate cure or treatment most of the tribal people living in far-flung areas take the aid of local medicine man who are traditionally believed as curator of their life. It is true that some of the common diseases or infection can easily be treated by the traditional medicine man or healing can easily be expected from the traditional medicine man. But certain major multiple infection may not be possible to be treated where extensive blood tests have to be undertaken to diagnose the actual fact of the infection and in such cases there is tremendous possibility of losing the life of a person having affected by any diseases.

Diseases and ill health has been one of the fundamental concerns of man since his emergence on the earth. Every known society has developed its own responses and methods for coping up with diseases and ailments; and eventually a body of its own medical system. "Medicine has been practised one way or another since man became a cultural animal. There is even some evidence that a first-aid technique derives from our primate ancestors..... baboons" (Clune, 1976:5).

Due to belief in supernatural and religion in matters concerning health; the tribals are almost invariably found to respond in *diviners* or *traditional medicine men*, *sorcerers*, *Kabiraj*, *Baidhyas* and *Shamans*. The role of the priests as seen in non-tribal communities for praying to the high gods is rarely seen in the tribal society or communities for the treatment of diseases. Usually the lesser important and inferior deities, spirits, ghosts are appeased and the *shamans* or *Baidhyas* or *Ojhas* are employed for this. Anthropologists have occasionally viewed *shamans* or *Baidhyas* or *Ojhas* as 'holistic' healers who



functions as alternative model for healing to the mechanistic allopathic physician or surgeon who is seen constrained by Cartesian assumptions about the separation of mind and body (Pandian: 1991). It is realised that the shamans play a very crucial role in the society, particularly in carrying on the traditions of the past and in maintaining the social order. Philip Sagant (1996: 361-65) writes, "By encouraging people to make peace with past, the *Shaman* in his own way takes up where political institutions leave off. He has the same goals: to consolidate alliances, to remove obstacles to the creation of the network of social relations; and in order to accomplish this, cause old adversaries to come to terms, deep in their hearts, with conflicting relations, and accept them .... The *Shaman* has a monopoly on the transmission of myths. It is well known that society reproduces itself through this transmission, identical from one generation to the next.... Illness is borne of a breakdown in social order. The *Shaman* guarantees social order"

Practice of traditional medicine or practice of folk medicine among the tribal people is an inherent cultural behaviour. It reflects the traditional expertise and experience in utilizing the maximum environmental resources for the treatment of diseases very commonly affected by the tribal people. It is defined as "those beliefs and practices relating to diseases which are the product of indigenous cultural development; and are not explicitly derived from the conceptual framework of modern medicine" (Hughes, 1968 : 99). The traditional medicine as defined by the World Health Organization (WHO) "Sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement of treatment of physical and mental illness" (Srinivasa, 2010). Etymologically speaking, the term refers to the medicines that are traditionally associated with specific ethnic groups. Thus it can also be conceived of as *Folk medicine, traditional medicine or indigenous medicine* etc. (Mibang and Choudhury, 2003 : 1). The concept of health, diseases, treatment, life and death among the tribes is as varied as their culture. Tribal society is guided by traditionally laid down customary practices to which every members is expected to conform. The fate of the individual and the community depends on their relationship with unseen forces which intervene in human affairs. If men offend them the mystical powers punish by causing sickness, death or other natural calamities. In tribal society, diseases is seen to be caused by the breached of some taboo or by hostile spirits, the ghosts of the death. They believe in the existence of benevolent and malevolent spirit, the former playing a protective role, while the latter are considered to be responsible for causing disease and epidemics. Magico-religious practices are resorted to for the treatment of diseases."

The indigenous medicine or traditional or folk medicine which comprises knowledge system that developed over generation within various communities before the era of modern medicine. The traditional medicine may include formalized aspects of folk medicine i.e. long lasting remedies passed

on and practised by local people. The practice of the indigenous medicine varies from group to group. The World Health Organization has stated that 80 per cent of the world's population depends on traditional medicine for its primary health care and has become indispensable for its survival (Hiremath and Taranath, 2013).

Traditional herbal medicines are naturally occurring, plant-derived substances with minimal or no industrial processing that have been used to treat illness within local or regional healing practices. Traditional herbal medicines are getting significant attention in global health debates. In China, traditional herbal medicine played a prominent role in the strategy to contain and treat severe acute respiratory syndrome (SARS). Eighty per cent of African populations use some form of traditional herbal medicine, and the worldwide annual market for these products approaches US\$ 60 billion.

India is proud to be rich in biodiversity possess about 8 per cent of the estimated biodiversity of the world with around 12600 species. It is one of the 12 mega biodiversity centers with 2 hot spot of biodiversity in the Western Ghats and North-eastern region (Govidasamy Bosco and Arumugam, 2012). It is also rich in ethnic diversity, there are about 67.37 million tribal people belonging to 537 tribal groups living in different geographical locations with various subsistence patterns (Shanmugam, Rajendran and Suresh, 2012).

The health problem of any community are influenced by inter play of various factors including consciousness of the people, socio-cultural, demographic, economic, educational and political factors (Shiva Prasad et. al. 2010). The common beliefs, customs, practices related to health and disease in turn influence the health seeking behaviour of the community. Tribal groups are homogeneous, culturally firm, have developed strong magico-religious health care system and they wish to survive and live in their own way (Basu, 1993). They are seen to develop different means or ways for their immediate treatment of any type of ailments or diseases.

## OBJECTIVES:

- The main objectives of the present study are
- (a) To find out the intensity of utilization of traditional medicine among the Bodos and Rabhas of Udalguri and Undivided Kamrup district'
  - (b) To find out the types of herbs used by the medicine men and their local name, sources of availability.
  - (c) To find out the folk psychology related with the use of traditional medicine.
  - (d) To find out the most widely practised ethno-medicine and its related diseases and its extension of recovery.
  - (e) To find out the classes of family who are fully dependent on ethno-medicine and the responsible factor for their dependency.
  - (f) To find out the people's perception towards modern medical system in terms of their day-to-day treatment of common diseases.

## METHODOLOGY

The present study was carried out for four months, out of which three months were spent for data collection with the help of five numbers of temporary field investigators. The investigators were imparted training for three days in the institute in order to have an idea of systematic approach of data collection. In the last month, collected raw data was analysed, tabulated and finally findings, summery was developed. During field work investigators visited houses of the villagers of remote areas of Rani and Boko development block of Kamrup district dominated by Rabha tribes. Similarly to get the relevant information on the practices of traditional medicine among the Boros two blocks of Udalguri district viz Udalguri and Rowta were selected.

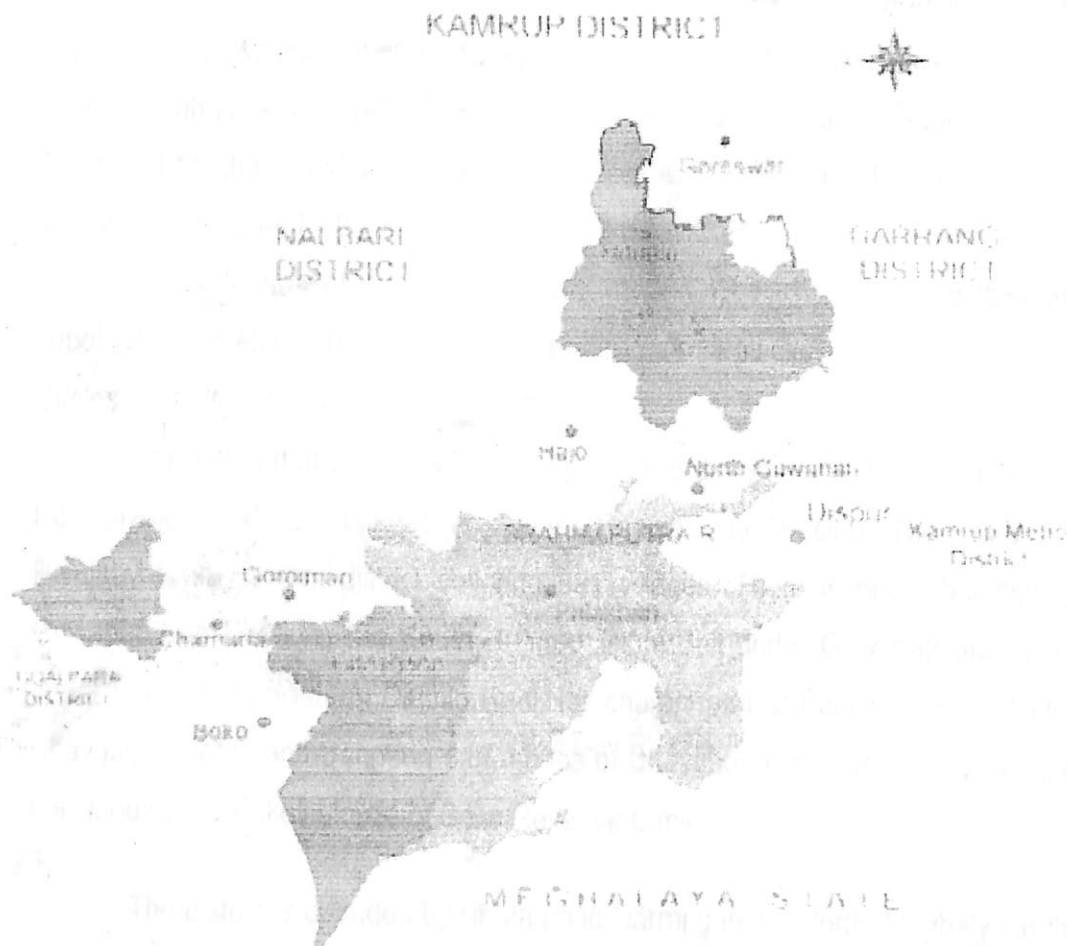
Anthropological tools and techniques such as observation, interview and case study method were adopted for collection of required data. Household schedules were prepared and administered among the thirty numbers of families selected randomly from each village. Ten number of villages from each district were selected for both tribes. The interviews for certain data were conducted among village elderly persons both males and females.

The study was carried out in undivided Kamrup and Udalguri district of Assam. An in depth anthropological field work was conducted among the Rabhas and Boros of undivided Kamrup and Udalguri district to understand their indigenous knowledge on medicinal plants, preparation of medicines and methods of use for curing their various diseases often encountered by them in their day-to-day life. For the present study total 600 households were taken into account and out of which 300 hundred households from Rabhas and 300 hundred households from Boros were taken as sample to collect required data. Including common man, patients and traditional healers had been interviewed. Important photographs of various medicinal plants were taken to get insights views of traditional medicine.

## CHAPTER-II

### DISTRICT PROFILE OF KAMRUP DISTRICT

Kamrup district has been steadily decreasing in size for decades. During British India at some point Kamrup was divided into two big districts for administrative reasons one added to Assam and other to Bengal which includes Cooch Behar and Jalpaiguri. In 1983 Barpeta district was split from Kamrup. Nalbari district was then similarly split off on 14 August 1985. On 3 February 2003 Kamrup Metropolitan district was formed to cover the urban core of the district, and 1 June 2004 saw the formation of Baksa district which was formed from parts of three districts, including Kamrup. The headquarters of district was at Guwahati. The population is rural and suburban with major urban agglomeration in Guwahati, the largest city of region.



## LOCATION

Kamrup District is situated between 25.46 and 26.49 North Latitude and between 90.48 and 91.50 East Longitude. It is a densely populated most old district that reveals numbers of historical waves. Kamrup district comprises two important sub-divisions with having numbers of strategically important cities and towns. There are eleven numbers of revenue circles in the district. The Guwahati city lies in the midst of Kamrup district. The river Brahmaputra is flowing through the city which has increased its economic importance and beautifies its wonderful look. The important rivers of Kamrup district are the Brahmaputra, Puthimari, Bornadi, Borno, Nona, Kulsi, Pagaldia and Kalajal.

Historically, present Assam was referred to as Kamrup in many of the ancient Indian literature. Till the Ahom conquest, Kamrup district was known as Pragjyotispur due to the astrology (Jyotish Shashtra) practices that prevailed in this part of the country. The mythologies of ancient Assam reveal that the word "Kamrup" means the land where 'Kamdev' regained his "Rupa" (form). During Ahom reign, Guwahati became an important strategic point and saw the famous battle of Saraighat between Ahom and Mughals, and since then Guwahati as well as Kamrup district continue to play the Political, Social, Economic and intellectual leadership of the state.

Administratively the district is divided into two subdivisions viz. Guwahati and Rangia. Guwahati subdivision has eight Revenue Circles (Tehsils) with 11 blocks. Rangia subdivision has three Revenue Circles (Tehsils) with four blocks.

The total number of revenue villages in the districts is 991 of which 735 are under Guwahati Sub Division and 256 villages are under Rangia Sub Division. There are a total of 162 Gaon Panchayats in Kamrup district covering 991 villages. There is one tribal belt in the district under Guwahati Sub Division. The South Kamrup Tribal Belt under Guwahati Sub Division covers villages under Bholagaon, Borduar, Dakhin Rani, Ramcharani part of Palasbari Rev. Circle and 41 Villages of Chaygaon Pantan and Bangaon part mouza of Chaygaon Circle and 113 villages under Boko Mouza, Loki Mouza and Bekeli Mouza of Boko Revenue Circle.

The district is bounded by Bhutan and Darrang in the North, Meghalaya in the South, Morigaon district in the East and Goalpara and Nalbari district in the West.

As per the Census data 2001, the demographic profile of the district shows that 34.17 percent of the total rural population in the district belongs to the minority community of which Muslims comprise 93 percent. The population density in the district which stands at 581 percent per sq.km is second

highest in the state and is significantly higher than the state average which stands at 340 persons as per the 2001 census.

#### Total Population Of Kamrup District As Per 2001 Census

Total Persons	Hindu	Muslims	Christians
2522324	1836153	625002	44257

#### Residence

Rural	Hindu	Muslims	Christians
908217	773620	113612	7218
Urban	Hindu	Muslims	Christians
1614107	1062533	511390	37039

#### Source: Census of India, 2001

The population distribution by minority religious groups in the rural areas is shown in the table below. The percentage of total Muslim population in the rural population of Kamrup is estimated to be 31.68 persons. The Muslim population in Kamrup district which was 23.38 percent in 1991 has increased to 24.77 percent in 2001.

Literacy rate of Kamrup district has the third highest literacy rate in the State. It is the only minority identified district in the State which has more than 70 percent literacy rate.

#### Literacy Rate By Sex And Area In Kamrup District As Per 2001

Total Rural and Urban	Total Male	Total Female	Total Rural	Total Male	Total Female	Total Urban	Total Male	Total Female
74.16	81.16	66.31	66.9	75.32	57.86	86.39	90.47	81.46

#### Source: Census of India, 2001

The climate of the district is sub tropical with semi dry in summer and cold in winter. The district falls under Brahmaputra river basin. The district has large reservoir of water resources with the river Brahmaputra and its tributaries of Puthimari, Bornoi, Nona, Kulsu, Pagladiya and Kalajal. The rivers also act as reservoir for fisheries. The district has a total of five registered river fisheries along with 20 registered beel fisheries. The district experiences heavy annual rainfall in the range of 1500 mm to 2600 mm. As the soil in the Eastern Himalayan region is highly susceptible to erosion, top soils of the hills gets washed away and are deposited in lower reaches. Due to rolling nature of the plain especially

towards western part of Guwahati sub-division, some pockets are prone to gully erosion. The natural depressions and low-lying areas are still un-claimed causing water stagnation in most of the eastern part of the valley mainly in Chandrapur block. Construction of farm ponds for storage of excess rainfall and using the same for providing critical irrigation during dry spells with user charges have significant opportunities for creating minor irrigation potential in the district. The district approximately shares six percent of the usable ground water resources in the State of which 18 percent is usable for drinking water purpose. This indicates the necessity for harnessing alternative water use facilities as source of drinking water in the district. The average humidity is 75% and usual maximum temperature records as 38.5 C. to 40 C. while minimum temperature records as 7 degree C. during winter season.

Among the 15 agro-climatic regions of the country, categorized/identified on the basis of homogeneity in agro-characteristics, Kamrup falls in the Eastern Himalayan region. This region as a whole has high forest cover and practice of shifting cultivation. Felling of trees in upper reaches/hills and catchments areas of the Eastern Himalayan region has caused denudation and Kamrup district falls under the Lower Brahmaputra Valley zone. Soil structure of the district is mainly alluvial in nature. The result is heavy run-off, massive soil erosion and floods in lower reaches and basins. Large scale floods cause substantial damage to crops in the district.

The total geographical area of Kamrup district is 4,34,500 hectares and net cultivated area is reported has been recorded as 1,81,608 hectares. Total fallow land is 7,110 hectares, while 89,542 hectares is not available for cultivation. There are 15 numbers of tea gardens in Kamrup district and its total area under cultivation is 6,660 hectares. The total forest covered area is 1,16,694 hectares and over all land utilization is 1,304 hectares.

The district has total 58,239 hectares of irrigated land which is done by irrigation channels, deep wells (DTW), lift irrigation and by other means. Although the rural economy of Kamrup district is agrarian in nature however, the tertiary sector is dominant in terms of its income share and employment and livelihood generation. The sector contributes 66 percent of the total income in the Gross District Domestic Product while secondary sector contributes 20 percent. The primary sector contribution is estimated to be 14 percent. The per capita Gross District Domestic Product of Kamrup estimated at Rs.22292 is the highest among the districts of the state. The industrial base of the district is agro based. The district has 676 (23 percent of State total) industrial units registered which comprise of food products and beverages, manufacture of wood and wood products. The district has a total number of 14776 SSI units which is almost 30 percent of the State total. The largest concentration of industry is in and around Guwahati due to availability of various infrastructure facilities and proximity to the main

commercial and trading centres in the N.E. Region. The district is covered under District Rural Industries Project (DRIP) of NABARD from the year 2000- 2001. The main objective of DRIP is to create sustainable employment avenues in rural areas through enhanced credit flow to RNFS with complementary promotional support. The industries having major concentration around Guwahati include engineering, agro based and chemical industries. The forest based industries are concentrated in Palasbari, Sualkuchi, Hajo and North Guwahati. Sualkuchi and North Guwahati are also famous for handloom and handicraft activities. The existing RNFS activities in the district are classified under three broad heads as manufacturing and processing, trade, transport and service. The data from District Industries & Commerce Centre, Kamrup shows the various categories of Industries already set up in district and where high growth potential exist.

The agro-climatic condition of the district is suitable for sericulture. The muga silk of Assam is popular in India and other countries. Since sericulture mainly involves women in rearing and spinning, it has great potential for creating employment opportunities for them. Around 420 villages in the district are involved in sericulture activities.

As per the records of Census of India 2001, the housing types in the district shows that 33 percent live in permanent houses, 35.1 percent live in semi permanent and 31.9 percent occupy temporary houses. In respect of amenities in rural areas, there are facility wise variations. The total number of Census villages in Kamrup district is 1393 as per 2001 Census while total numbers of revenue villages are 991. The total number of inhabited villages in the district stands at 1342. The total population of the villages as per Census 2001 is 1614107. The caste wise distribution of the village population shows that 7.26 percent of the village population belongs to SC while 13.50 percent belong to ST.

The census data in the district reveal that access to safe drinking water is still not available in 3.4 percent villages in the district. The connectivity status of the villages shows that 70 percent of the villages have paved approach road while only 28 percent have P&T facilities.

Kamrup district is thus a most important district of Assam and it occupies a major place in socio-political, socio-economic condition of the state. Since the heart of the state i.e. capital is situated in Guwahati, therefore, it has a special place in the map of the country. Truly speaking, the state administration is fully handled from this district. In one sense Kamrup district may be termed as strategic point not merely for the entire state; but for North East as a whole.



## DISTRICT PROFILE OF UDALGURI DISTRICT

Udalguri is a town and a town area committee and a District in the Indian state of Assam. Earlier, it was a civil sub-division under the erstwhile Darrang district prior to the formation of BTC. But after signing of the Tripartite Peace Agreement on 10th February, 2003 through a Memorandum of Settlement between the Bodo Liberation Tigers, Government of India and the Government of Assam, the Bodoland Territorial Council came into being after amending the Sixth Schedule of the Constitution of India. As a part of the settlement an Autonomous Council called BTAD (Bodoland Territorial Autonomous District) was created and Udalguri is now one of Four Districts under BTAD. It was notified as a district, vide Govt Notification No. GAG (B)-137/2002/Pt/117 dated 30-10-2003 and was formally inaugurated as a district on 14-06-2004.

Udalguri a name itself originated from flora origin. Odal, a tree, +suffix Goor>Guri means roots, surrounding etc., i.e., a place surrounding the Odal tree. Some want to say that the name came to be known with a place centred round a 'Odal tree', while the others are in opinion that the name of the place became Udalguri because there was a hermitage of a sage named Uddalak Muni. But, perhaps it is more appropriate to believe that after the Bodo words 'Ordla' + 'Gundri' the name became Ordlagundri > ordlagundi > Odalguri > Udalguri. Bodo people still pronounce the name as Odalguri. In Bodo language 'Ordla' means wide and spacious and 'Gundri' means powdered object.

The district was bifurcated from erstwhile Darrang district of Assam. After bifurcation and creation as a district Udalguri becomes the head quarter of the district. Udalguri district has a population representing diverse ethnic, religious and linguistic communities which make a rich cultural heritage and social customs. According to historians there existed a route from Udalguri to China and Afghanistan. This route served the purpose of export and import to Assam. In 1982 railways was set up from Tangla to Rangapara. The train had a passage through Udalguri. In the course of time Bodos, Nepalis, Assamese Bengali and North Indian people started migrating to the place. Udalguri had served as the sub divisional headquarter of the erstwhile Darrang district. Udalguri was also one of the districts in the Bodoland Territorial Autonomous District.

Till the middle of the nineteenth century at Udalguri and in the entire district Darrang, there was a large number of Bodo people. According to Upendrachandra Guha in his book " Kacharer Itibritta" (p-53) the total Bodo-kachari population during the purana and middle age, in Darrang was 6,39,000. In 1562 A.D. when Koch King Narnarayan invaded the kingdom of Ahom king Sukhamfa or Khura Raja, with a group of 60,000 soldiers, Sukladhwaj as its commander-in-chief, he encamped at a

place called Tamtumoni in the present Mangaldai su-division where twelve groups of the tribal people submitted to him. In the same sub-division near Bhairabkunda, Naranarayan ordered for the building of a temple of goddess Durga (at Nolkhamara) and a hill fort. The goddess was installed in the temple and a Dachari was made its priest. He further instructed the Meches and the Koches living to the north of the Gosain Kamal Ali to follow their tribal customs. Such acts of Naranarayan were definitely guided by diplomatic motives to search the supports of all the tribes of the reign. (History of Koch kingdom 1515-1615 A.D. Nath, p-55). According to the census report Govt. of Bengal in 1881 the total no of Bodo-Kachari tribal people in Darrang was 69,000 out of which 36,468 were under thana Chatgari and thana Kalaigaon of Mangaldai sub-division. It should be mentioned that in 1835 the total population of Darrang was 89,519 (Asom-Buronji, gait, translated by Senehi Begum, p-260).

In olden days when rivers like Golondi, Khaorong, Doisam, Dhanasiri, etc. were full of water, during the monsoon these rivers overflowed to submerge entire Udalguri area leaving full of sands when they became dry. Witnessing that scene, probably the Bodo people named the place as Odalguri or Udalguri a very vast place full of sands. In the middle of the seventeenth century, a Muslim historian Sihaduddin Taliska, came with Morzomla in Assam, wrote how heavy rainfall was there in those days in Assam. He wrote, there was heavy rainfall even during the winter months. So, from his writing we can very easily assume that how dangerous shapes the rivers look during the rainy seasons. From history we come to know that in the middle of the sixteenth century the torrential river Dhonsiri was flowing very near to Udalguri. The east-west boundaries at Sadhaka, a Chutia king, installed by the Ahom King Suhungmung or Dihingia Raja (1497-1539 A.D.) in portion of Darrang, were in the east Rowta and on the west river Dhonsiri.

From the writings of some scholars, we come to know that from very ancient time, there was route from Udalguri,, Bhairabkunda through the hills Bhutal upto Tibet, China and Afghanistan, Rajmohon Nath in his book- ' The Background of Assamese Culture'(p-14) had mentioned that this route was still in use. Sir Edward Gait has also mentioned this route to be the shortest route from Udalguri to Tibet. (Asom Burnohi, Gait: Assamese p-29). Through this route, things like Endi cloths, Muga silk, gold, rice, iron, buffalo horns, animal skins, lac were exported from Assam and on the other hand, things like elephant tusk, sulphur, kostori, different colours, silver, rock salt, blankets were imported to Assam. The gate of this route at Bhairabkunda was known as Karipara Duar. The Kariapara Duar was under the occupation of Satraja a Bhutia chief. The hills under his control were under that state of Tawang, and Tawang was under Lash. Regarding the Assamese merchants who make export and import of various goods, Dr. Surja Kumar Bhuyan in his book 'Anglo Assamese

Relation 1771-1826' (p-55) writes-"The Assamese carried a considerable commerce with neighboring hill tribes and with Tibet and China. The trade with Tibet amount to Rs.200,00 a year. The exports from Assam were lac, muga silk, endi cloth, dry fish and exports from Bhutan consisted of woolen cloths, gold dust, rock salt, cow tail, musk, Chinese silk. The Assamese used to receive from Tibet smoking pipes of Chinese manufacture, woolens and rock salt. A caravan consisting of nearly 20 men used to meet the Assamese merchants at a place near Chauna, at a distance of two months journey from Lash. The Assamese used to receive from Lasha merchants or Khumpa Bhutias as they were called, silver and gold to value of upwards of 70,000 rupees."

This route was not only very important from the economic point of view but also from the view point of cultural exchange. Buddhist sromons, Nath, Yogi and Tantriks of various times also used this route very frequently. It is not improbable that in 1205/6 A.D., when Mohomad Bin Bokhtiar came through Kamrup to invade China, Tibet and Turkistan he was sure to use this route. Crossing through Kamrup after several days journey, he reached a wide and open place near below the hills inhabited by the tribal people where there was also a big rampart. He met his defeat from them and had to retreat.

We may assume Raonagar as this place rampart, which is situated at a distance of 13 K.m. to the south of the Bhutan hills and 9 k.m. to the west of Udalguri. The ruins of the rampart covering more than 600 bighas of land and ten big and small tanks inside it, are still to be seen to the south of Jkra village. It is to be mentioned that the mention of this rampart is also make in the Padma Purana written by Narayan Deva, a poet laureate of first Dorongi Koch king Balinarayana or Dharamayarayana (1615-1637 A.D.)

In long past, Udalguri meant the consistent of villages like Puronithana, Angragaon and Niz-Udalguri. The present Udalguri town is now situated on the land formed by the deposition of sands by the rivers like Golondi, Khaorong, Daisam, etc. Most probably in long before there was no habitation in the present area of Udalguri. If there was, most of the people left their place for the havoc created by the epidemic diseases like small pox, cholera etc. and also for the frequently occurred heavy flood.

The rivers like Golondi, Khaorong, Doisam etc. had frequently changed their course forming deep and wide swamps. It is known, there was a very great Swamp near present Kathalguri and Nalbari village extending upto Puroi Goraibari village. Now where the Upendranath Brahma guest house is built, from there upto Barpetia pati and Golondihabi village, there was another big swamp known as 'Halflong', because one Nepali people coming from Halflong used to reside on the bank of that beel. Now where Ramkrishna Mission M.E. School is situated from there extending upto present Sapkhaiti

village and kangali bosti here was another great and deep marsh. The marsh was full of poisonous snakes and was known as Sapkhaitibher- marshyland where snakes bite. Present Golma was a spacious place fully covered by the sands of Golondi and Khaorong rivers. Later on when long grasses like 'Kahua, ulu and birina' started growing it became good grazing ground for the Nepali grazers. Both Bolondi and Khaorong rivers were unitedly flowing encircling this grazing ground and why the place became known as Golma the meaning of the word in Nepali language is 'a circular place.'

Exactly from where the outsiders started migrating to Udalguri is not known. It is known that more than hundred years before Maoinashi Chhetry and Chandrabir Chhetry the grandfather of Mr. Chandramohon Chhetry came to Udalguri. Both of them were the first Nepali people who migrated to Udalguri. Most of the Nepali people who came to Udalguri were grazers who tended openly their herd of cows and buffaloes in the vast grazing ground full with thick long grasses. Amongst the some well known grazers of that time, Gokul Dangel lived near present town office, Naropati Dahal lived at the place where there is state Bank, Kripashu Bhandari lived at the place where at present the residence of late Utsale Das is there, Halflong Mohahjan lived at the place where ABSU guest house is there and Jemi Kriki lived in the present Borpetia pati. it is known in 1901 a marwari named Sogonlal Serawgi with his nephew Surajmal Khubchand came at Thana Udalguri village and opened a grocery shop.

During the years 1882-33 the railway was constructed extending from Tangla through Udalguri upto Rangapara. The passenger trains started running from the year 1935. Previously Udalguri Rail station was behind the present Diamond English school. But, probably during the years 1933-34 when Kathalguri and Nalbari villages were washed away by the heavy flood of Golondi river then after the rail station was shifted to its present place. From that time most of the residents of Kathalguri and Nalbari villages left for good to other new places like Bolondihabi, Sapkhaiti, Kapurpura, Badagaon etc. The police station established at Puronithana was shifted to a rented house to the north near Udalguri rail station in 1913. Some of the Bihari coolies who came during the construction of railway had settled at Udalguri for ever. It is known, one of them Babulal was lessee of ganja and opium and his shop was to the south near rail station.

From the first half of the twenty century other Bodos from the west districts like undivided Goalpara and Kamrup started migrated to Udalguri and in after parts of northern Darrang. Amongst them Sombaru Basumatari and Buja Moshahari in 1930, Daso Boro and Dayarani Brahma in 1935, Asina Basumatari in 1936, Magho Basumatari in 1939 along with others came to Udalguri and they went towards the south, because in the north original Dorongi Bodo residential were there.

The migration of some Assamese people from Nalbari, Barpeta began just after the passenger train started running through Udalguri. It is known, one named Ramchandra Petal had opened his grocery shop in 1935 at Thana Udalguri village. During this period most of the places just near to the south of rail station were occupied by the Bihari, Muslims, so people coming from Barpeta at first used to reside at the place nearly a kilometer away towards the south where they started to build their Namghar during the year 1935-36. The prime business of these newly migrated Assamese people was paddy collection from the village with the help of bullock for exportation the villages with help of bullock cart for exportation to other places.

Since 1947, some Bengali Hindu refugees coming from East Pakistan (now Bangladesh) started to settle around the railway station. Amongst them persons like Dr. Profulla Bose, Dr. Ramcharan De played a great role in the field of medical treatment when at that time there was not a single local doctor gradually a neat portion of place around the railway station and to say entire Sapkhaiti Bher area came under the hold of Bengali people who became business tycoons of Udalguri.

The Independent movement of 1942 had a great influence over Udalguri also. On the 8th October a group of 100 congressmen came to Udalguri to arrange a meeting where the congress leaders of Darrang explained about the purpose of the independent movement. They even went upto Badagoan village where they got obstruction from Monia Mahajan and Bhutial Gaonburha by the instigation of Pobitra Das, the then SDO of Mangaldai.

The Block Development Office (community project office) was established in 1952, and the primary health centre was established in 1954. Prior to the establishment of Udalguri Town L.P. School on the 1st October 1950 and Udalguri M.E. School in the year 1953 it may be said that there was educational atmosphere at Udalguri proper. On the other hand prior to that in far off L.P. Schools were established at Bengbari in 1865 and Dowamokha village in 1893. The Middle English School was established at Borigaon village in 1925 and later it was shifted to Harishinga in 1930. It is known that in March 1868 there were 15 schools in Darrang in connection with Church Mission societies of Tezpur. Amongst these one L.P. School was there at Udalguri. It is not known why that school could not last long. Most probably the place of that L.P. School was there where the present Udalguri Mission L.P. School is running. Around Udalguri after the establishment of L.P. School there were Golma L.P. in 1948, Nalbari Govt. J.B. in 1943 and Gema Bogoribari in 1948, Bahinigaon M.V. School in 1949, Gomagaon M.E. in 1951 and Udalguri High School was in 1956 in the same compound of the M.E. School and later they were amalgamated in 1961.

Previously the only source of entertainment for the people of Udalguri area was 'Yatragan' specially during the puja seasons, people irrespective of sex and age from various villages through together to witness Yatragan for the whole night in the open field under temporary pendal covered by banana leaves. Of course, from time to time some enthusiastic people of Udalguri made theatrical performance hiring female artists from

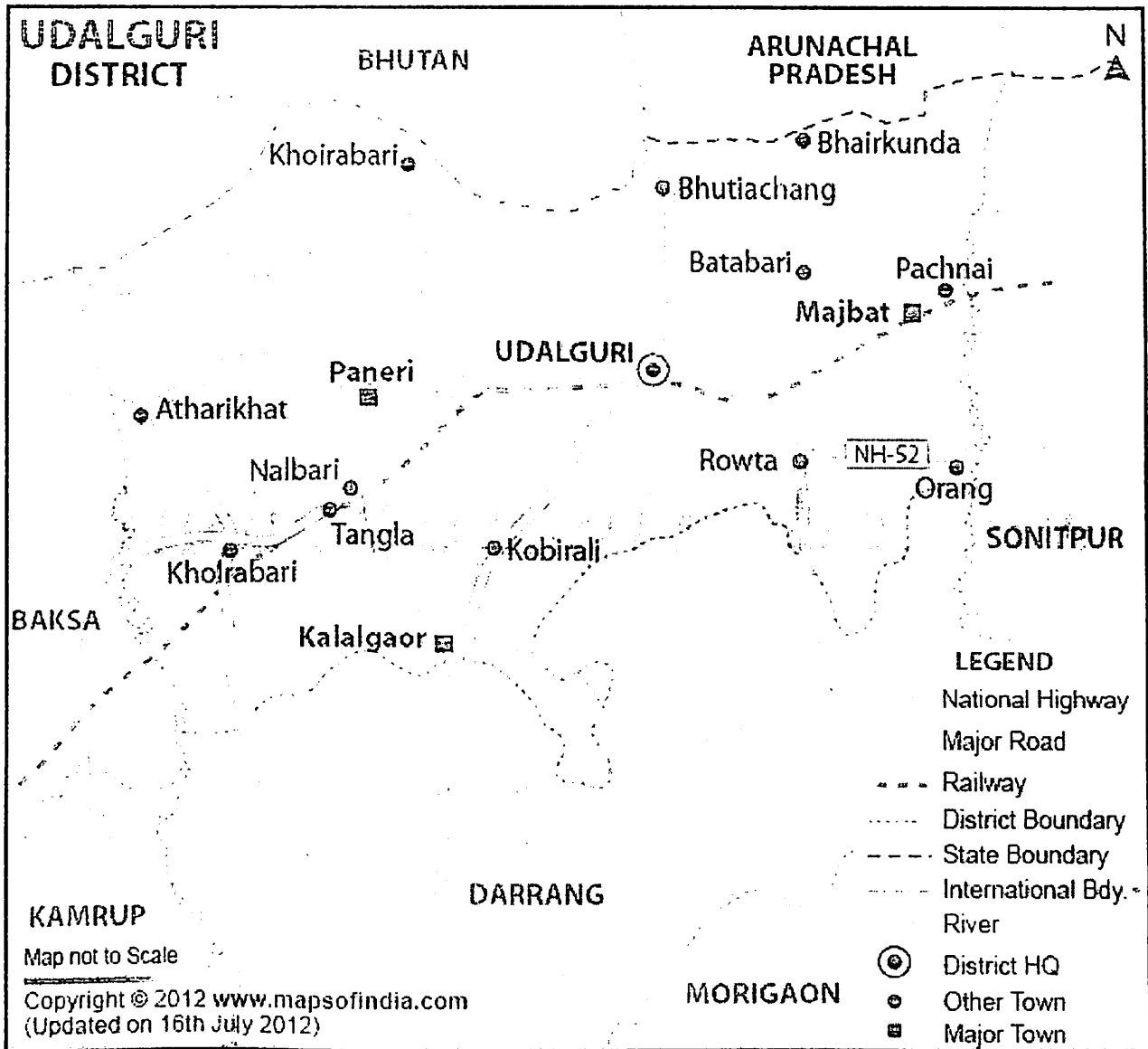
outside the name Bina Das may be mentioned as one of the such female artist. So far it is known , for the first time in 1950 persons like Haragobinda Das, Hemchandra Talukdar and others staged a drama named 'Sech Pataka' written by Uma Sarma.

Bhairabkunda being the gate way of the route leading to Tibet and China, Udalguri became Strategically a very important place from the period of the Chinese aggression of 1962. Thousands of Bhutia refugees from Arunachal Pradesh came down from the hills by the same south through the Kariapara Duar. All market sheds of Udalguri weekly market, even the paddy fields near by were filled up by those refugees. Thousands of plains people fled away on foot from the east by rail road crossing Udalguri daily Paddy fields Gomagaon became full of army bunkers. Trains running towards Rangapara crossing Udalguri were heavily loaded with armaments, tanks and machine guns. People in large groups from villages came daily at Udalguri to witness army personnel, their weapons and refugees. Without having fear in mind for the attack from the Chinese the village people turned Udalguri into a place as if a big fair.

Udalguri is situated at 26.7452 degree north and 92.0962 degree east. The town is located at an elevation of 590 feet. To the south of Udalguri is Darrang district, to the north is Arunachal Pradesh and Bhutan, to the east is Sonitpur district and to the west lies Baksa district.

The main inhabitants of the place are Bodo Kachari, Rabha, Koch Rajbongshis, Assamese, Nepali and tea tribes. The Boros, Rabhas, Koches/ Rajbongshis, Nepalis, Biharis, Tea Tribes and other Castes (Assamese speaking) peoples are the main representative communities of the district. The Bodos represents one of the largest ethnic and linguistic groups of the district. The total population of the district as per 2001 Census is 7,56,671, where male population stands 3,87,566 and female population stands 3,69,105 respectively. The total urban population is 33,125 and rural population is 7,23,546. As per 2001 Census total st population is 2,42,686 and SC population is 31,015. Literacy rate as per 2001 Census is 34% and as of 2011 Census of India the population of Udalguri is 832,769. The average literacy rate is 66.6%. Udalguri district has 802 numbers of villages with 6 numbers of police stations along with 8 numbers of out posts. There are 25 numbers of tea gardens in

the district. Udalguri district has two sub0division and 9 numbers of revenue circles with 11numbers of development blocks



Out of the total Udalguri population for 2011 census, 4.52 percent lives in urban regions of district. In total 37,574 people lives in urban areas of which males are 19,175 and females are 18,399. Sex Ratio in urban region of Udalguri district is 960 as per 2011 census data. Similarly child sex ratio in Udalguri district was 994 in 2011 census. Child population (0-6) in urban region was 3,621 of which males and females were 1,816 and 1,805. This child population figure of Udalguri district is 9.47 % of total urban population. Average literacy rate in Udalguri district as per census 2011 is 85.14 % of which males and

females are 89.08 % and 81.03 % literates respectively. In actual number 28,909 people are literate in urban region of which males and females are 15,463 and 13,446 respectively.

As per 2011 census, 95.48 % population of Udalguri districts lives in rural areas of villages. The total Udalguri district population living in rural areas is 794,094 of which males and females are 402,442 and 391,652 respectively. In rural areas of Udalguri district, sex ratio is 973 females per 1000 males. If child sex ratio data of Udalguri district is considered, figure is 972 girls per 1000 boys. Child population in the age 0-6 is 109,653 in rural areas of which males were 55,594 and females were 54,059. The child population comprises 13.81 % of total rural population of Udalguri district. Literacy rate in rural areas of Udalguri district is 64.43 % as per census data 2011. Gender wise, male and female literacy stood at 71.75 and 56.92 percent respectively. In total, 441,017 people were literate of which males and females were 248,863 and 192,154 respectively. All details regarding Udalguri District have been processed by us after receiving from Govt. of India. We are not responsible for errors to population census details of Udalguri District

Udalguri has a sub tropical humid climatic condition. The region maintains temperate and moderate climate throughout the year. During summer the humidity level is high. During winters the temperature remains pleasant. Monsoons are characterized by heavy rainfall and thunderstorm. The area also faces flood due to heavy rainfall.

The economy of Udalguri is dependent on agriculture. Cottage and small scale industry also contributes to the economy other than agriculture.

Udalguri is also well connected with Guwahati, Tezpur and Mangaldai. Udalguri is situated at 14 km away from Rowta which is connected with NH52. Udalguri is 60 km away from Mangaldai, 90 km from Tezpur and 120 km away from Guwahati. Buses are available at regular intervals from Udalguri to any of these places. Connectivity is good and one can travel from Guwahati to Rowta in Guwahati-Tezpur Bus and take a cab/auto from Rowta to Udalguri. Also direct buses are available from ASTC Bus stand, Machkhowa, Guwahati.



## CHAPTER-III

### A BRIEF PROFILE OF THE RABHAS

Rabha is a remarkable Scheduled Tribe community of Assam. The language/dialect spoken by the Rabha people is also of the same name. In Assam, the Rabhas live mostly in Goalpara, Udalguri and Kamrup districts. In West Bengal, Rabha people mainly live in Jalpaiguri district and Cooch Behar district. Moreover, almost, 70 per cent of them live in Jalpaiguri district.. The whole area of Eastern and Western Dooars, may be termed as the cradle land of the Rabhas. The Rabhas refer to themselves as Koch and assert a connection to the historical Koch Kingdom.

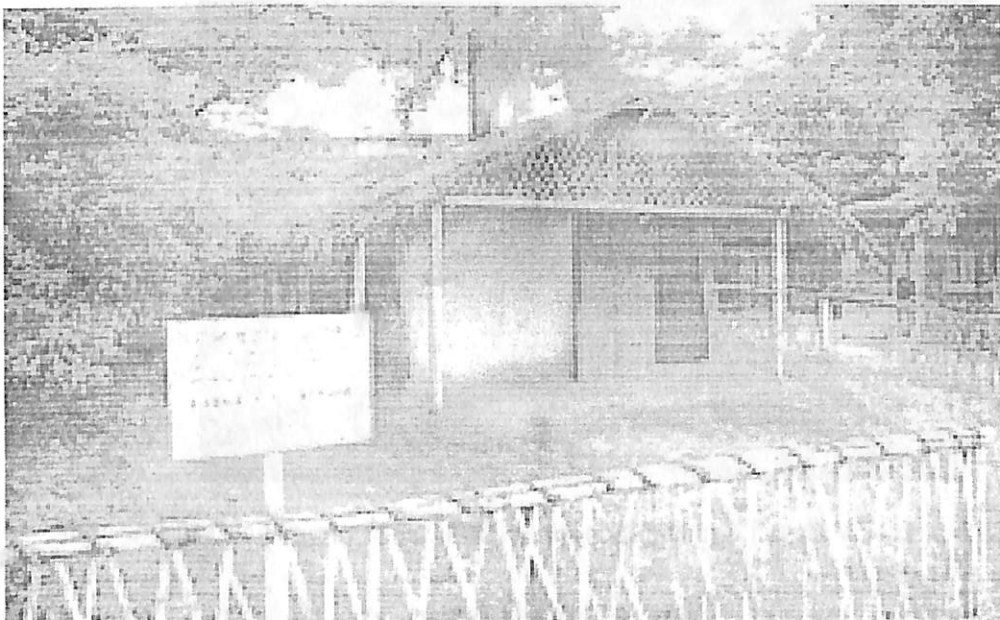


A Rabha Gentleman, In Front Of His House In A Forest Village, Rani.

The Rabhas belong to the Indo Mongoloid group of people and have similarities with other members of Bodo group such as Garos, Kachari, Mech, Koch, Hajong and others. Most of the Rabhas of Dooars refer to themselves as Rabha, but some of them often declare themselves as *Kocha*. According to Dr. Francis Buchanan-Hamilton, the aspects of socio-religious and material life of the

Rabhas have similarities with those of the Pani-Koch. E. Dalton on the other hand, argues that the Rabhas and the Hajongs are the branches of Kachari race and connected with the Garo. According to B.H. Hodgson the Rabhas belong to the Great Bodo or Mech. Pani-Koch and the Rabhas have the same lineage and the latter has their connection with the Garo. A playfair (1909) also has pointed out some linguistic and cultural similarities between the Rabhas and the Garos. He also remarks that there exists a striking linguistic affinity between the A'Tong language and the Rangdania (Rabha) dialects. This led him to think that, at some point of time they lived in contact with each other.

The Rabhas of West Bengal and Assam generally speak the local Bengali and Assamese dialects. The Rabhas who live in the forest villages and in Goalpara district have retained their original Rabha dialect to a great extent. The Rabha dialect, as stated by George Abraham Grierson, belongs to Bodo group of languages of Assam-Burmese branch.



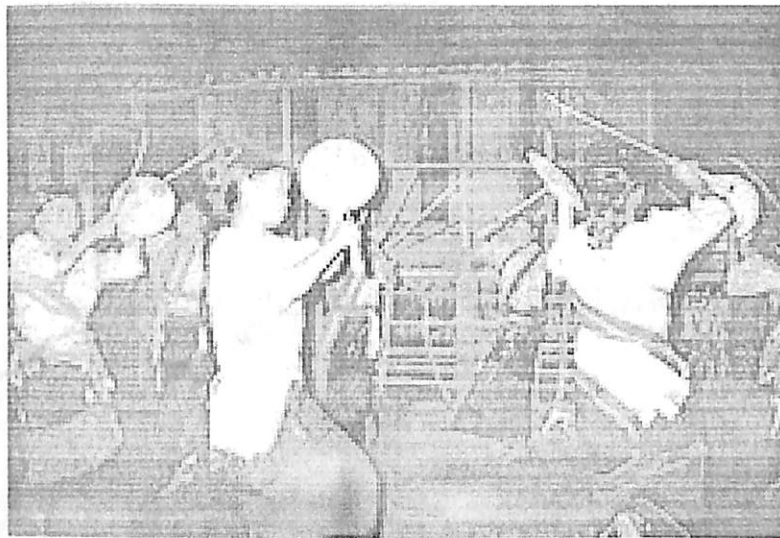
**A Traditional Rabha House**

The traditional economy of the Rabhas in general, is based on agriculture, forest based activities and weaving. In the past, the Rabhas used to practice shifting cultivation.

They continued to cultivate the land with Gogo or bill-hook. Later they took up the job of settled cultivation and started cultivation with plough. Besides cultivation, hunting was also an old practice of Rabha people. Weaving was a traditional occupation of the Rabha women.

Rabhas, who once used to live in the forest and practice shifting cultivation, were deprived of their rights to the forest by the colonial rulers, since the formation of forest department, banning on shifting cultivation and demarcation of forest boundaries. Consequently, with the colonial land settlement system, most of the displaced Rabhas either adopted settled cultivation as sharecroppers or took refuge in the forest villages as plantation labours. After independence, Indian Government more or less continued the same colonial system of forest management, where the communities like Rabhas could not regain their rights to the forest.

Today, one finds Rabhas in diverse occupations from forest workers and cultivators to all modern occupations like school teachers and government office bearers etc., though their number in white-collar jobs would not be very high.



Rabha Girl Are Dancing In Their Traditional Costumes In A Forest Village In Rani.

Rabha people traditionally practice a few animistic rituals. However, today they more often follow a faith, which is a blend of some Hindu and a few animistic rituals. There are considerable differences in ritual practices among forest Rabhas who still live in the forest villages and the Rabhas that live in the villages as cultivators. The forest Rabhas follow traditional animistic practices tinged with some rituals of mainstream Hinduism. On the other hand village Rabhas have merged with local Hindus as far as their religious practices are concerned. Rabha people's religious world is pervaded with various spirits and natural objects. The main deity of the Rabhas is called *Rishi*. *Rishi*, for the forest Rabhas as well as village Rabhas, is a male deity. He is also known as *Mahakal*. Forest Rabhas worship him in all important social and religious ceremonies.

In addition, there are the deities *Rungtuk* and *Basek*, represented by two earthen pots of rice placed on the northern side of the store. These two deities are considered as the daughters of *Rishi* or *Mahakal*. *Rungtuk* and *Basek* are household deities and considered as the deities of wealth like the Hindu Goddess Lakshmi. The *Rungtuk* and *basek*, are inherited by the heiress of the family. Their traditional priest *deosi*, counts the auspicious day for the foundation of these deities. The room where they are kept is occupied by the head of the family. The deities do not have any idols. A red coloured earthen pitcher filled with rice represents the deity *Rungtuk*. An egg is kept on the neck of the pitcher.

Like in most tribal communities, dances and music play an important part in the lives of the Rabhas. After every ritual they perform various dances to ingratiate their deities. Most of the Rabha women can both sing and dance.

Like most tribal dances, those of the Rabhas are connected to some daily agrarian activity. They have a unique dance form named "Nakchung Reni" to celebrate fishing in the forest rivulets. Rabha women of all ages take part in this dance whole-heartedly.

## A BRIEF PROFILE OF BORO KACHARI



The Bodo-Kacharis of Assam is a branch of the Great Bodo Group of the Indo-Mongoloid family and falls within the Assam-Burmese linguistic section. As an ethnic group their identity is not uniform. Different names are used to designate them. In Bengal and in the lower ranges of the Himalayas coming within the territory of Nepal, they are known as Meches. In upper Assam they are identified as Sonowal and Thengal Kachari, while in the western Assam they are more popularly known as Boro or Boro-Kachari. In the southern districts of North Cachar and Cachar they are designated as Dimasa and Barmans respectively.

The total population of the tribe in Assam is 13,52,771 as per 2001 census which shares the 5.07 percent of the total state population. The total literacy rate of the Bodos as per 2001 census is 61.3 percentage. The male and female literacy rate is 71.4 and 51.1 respectively. They are largely concentrated in the districts of Kokrajhar, Bongaogaon, Chirang, Nalbari, Un-Divided Kamrup, Darrang, Udalguri, Sonitpur, some parts of Lakhimpur, Golaghat, parts of Karbi Anglong district like Langhin division, Howraghat, Baithalangu and other interior parts of the district. They are characteristically Mongoloid in appearance.

According to Endle, the origin of the Kachari race is still very largely a matter of conjecture and inference in the absence of anything entitled to be regarded as authentic history. However on the basis of the Mongolian affinities of the Kacharis, he would point out to Tibet and China as the original home of the race ('The Kacharis'-P3. 1975 reprint). In this context Dr. Bhuyan observes that there is bound to be diversity of opinion regarding their Pre-Assam habitat as contemplated by some authorities to be in Tibet and China ('Kachari Buranji' (Ed)-P XIX-1951. Whatever be their Pre-Assam habitat, it has now been established that they are the original autochthones of Assam and the later immigrants than the Aryans. This fact has been corroborated by K. L. Barua in his 'Early History of Kamrupa' wherein he states that after the arrival of the Aryans into the Indian soil, hordes of later Mongolian poured through the north-east corner. These later Mongolians were described to be the Kiratas in the Mahabharata and other Hindu scriptures like 'Kalika Puran' and 'Yoginitantra'. He goes on observing further that, during the time of the Mahabharata war or even earlier, the Bodo-tribes constituted the bulk of the population of the Assam Valley, northern and eastern Bengal and the surrounding and intervening Hills (P-14, 1966)

The greatest contribution of the Indo-Mongoloid people who made a 'reservoir' in Assam is that they brought into N. E. India, the technique of food production by plant cultivation and

domestication of animals. They are in all likelihood the first cultivators of rice in India. They introduced for the first time in India the art of rearing silk worm as well spinning and weaving of silk clothes<sup>1</sup>.

As per Robert Shafers classifications, the Boro (Bodo) language belongs to the western branch of Barish section under Baric Division of the Sino-Tibetan family. Grierson in his 'Linguistic Survey of India' describes the Boro or the Boro-Kacharis as a member of the Boro (Bodo) sub-section under the Assam Burma Group of the Tibeto Burmann Branch of Sino-Tibetan or Tibeto-Chinese speech family. On the basis of these two authorities Dr. P C. Bhatta in one of his articles 'A few elements of the Indo-Mongoloid Boro Culture' says- 'the Boro language of Assam has atleast four clear cut dialectal areas with sufficient number of dialectal variations ; these may be called north-western, south-western, north-central and southern dialect areas with phonological, morphological and glossarial differences'. The Boro speech areas in Assam extends intermittingly from the western border of Goalpara district to the eastern boundary of Dibrugarh district. The total Bodo speakers in Assam account for 5,09,006 as per 1971 census and besides Assam where majority of the Bodo speaking people live, the Bodo speech area includes Tripura, the Garo Hills of the Meghalaya and certain other parts on the north-east India<sup>10</sup>. In this context it may be mentioned here that although the Boro language has no script of its own, it has been introduced as medium of instruction, in the Primary level in the Boro predominant areas of Kokrajhar District. with effect from 1963. Subsequently Boro medium of instruction was introduced first in the Secondary Schools of Kokrajhar with effect from September 1968. It has now gone up to degree and post graduate level. Devanagari script is now being used for the Boro language with effect from April 1975. The Boro language has since been declared as an associate official language by an Ordinance issued on 28th December, 1984.

The mode of living of the Boro-Kacharis in compact villages and putting barriers all around the homestead is a common sight to see. This speaks of their sense of privacy and esthetic beauty in putting up a residential house. Rev. S. Endle on this account gives a vivid description- "One prominent feature in the typical Kachari village cannot fail to strike the attention of any casual visitor at first sight. Each house with its granary and other outbuildings is surrounded by a ditch and fence, the latter is usually made of *ekra* reed, jungle grass or split bamboo, etc. The ditch, some three or four feet in depth, surrounds Pie whole home stead, the earth taken from it being thrown up on the inner side, i.e., that nearest to the dwelling house ; and on the earth-works, some two or three feet in height, so thrown up are

firmly inserted the reeds or split-bamboo work forming the fence itself, this later often inclining outwards at a very obtuse angle ; so that the ditch and fence are not easily surmounted from the outside by the would be intruders" ('The Kaharis', PP 11-12, reprint 1975). This type of semi-fort like residential complexes have also been adopted specially by the Rabhas of south-Goalpara and this trend of identical constructions must have gone to them from the neighbouring Bodo-Kacharis.

Their livelihood pattern is characterised by preponderance of agricultural occupation. In fact it is a way of life. They practise both Ahu and Sali paddy and very much prone to the adoption of improved techniques in production process. Their indigenous devices for preserving seeds and digging dongs and canals are widely acclaimed. The Bodos are especially skilful in the construction of irrigation canals and earthwork embankments for diverting water from river beds into their rice-fields : and their efforts in this direction are very largely aided by their closely clannish organisation. Whenever the rainfall threatens to be below the average, the village headman with his associated elders fixes on the spot whence water is to be brought from the nearest river to the rice fields. At this spot very rude and primitive shelters of jungle grass, etc. are put up: and here all the manhood strength of the village, each man armed with hoe, dao etc, are compelled to take up their abode until the necessary work has been fully carried out.

During the early part of this century, the social culture of the Kachari tribe was blessed by such virtues like honesty, truthfulness, straight-forwardness and a general trustworthiness-as witnessed by Endle in his monumental work already referred to (P 2, 1975). But with the passage of time, things have somewhat changed bringing new complexities unknown or unheard before. The improvement of communication, general mobility and intercourse with the people all around have brought some psychological and attitudinal change of all sections of people. To meet this changing situations of life, necessity has arisen to frame some local laws on the basis of customs and traditions as prevailing in the society. Thus the locally codified customary usages and practises of the Boro societies came to be followed after approval from the zonal council composed of adjacent villages. These local laws are known as 'Pandulipis' as they are in manuscripts and hardly printed. Since these are not co-ordinated homogenous sets of laws, they differ in content and application from area to area. However the basic issues pertaining to inheritance of property, succession to office of socio-religious and socio-political nature and liability of atonement on committing unnatural and unsocial offences are more or less identical.

According to these customary laws the line of descent is traced through the father who is the head of the family. All the male members of a family enjoy the equal right, unless one goes out of the family during the lifetime of his father with the intention of living separately from the bonds of the joint family. The eldest male member assumes the charge of the household on the death of the father and discharges his responsibilities in consultation with his mother. The family debt if any is

dischargeable from the income of the family and on the event of dissolution of the joint family, the unmarried brothers get double of the family property than the married brothers. The eldest male member also gets a preferential share in view of his assumption of family liability and other social responsibilities. The Boro-Kachari society prescribes atonement proceedings for purification of misdeeds. The 'Douri' an assistant to the village priest ('Oja') usually conducts the atonement proceedings. He is elected on the general consensus of all the villagers on the basis of his character and ability to guide socio-religious rites. The 'Douri' and the village headman have a distinct place of honour in the estimation of the Boro-Kachari people.

Sri Narzi has spoken about two important institutions in the spheres of customary laws, known as 'Hadengoura' and Hachung-Goura<sup>2</sup>. The former being akin to a judgeship with jurisdiction over twelve adjoining villages and the latter with jurisdiction in each such twelve villages, as the subordinate institution to help the 'Hadengoura'. However, the more common institution in the Boro villages is the village council. The decision of these councils are binding and only men of character and social status generally preside over them. In their social outlook the Boro-Kacharis are more prone to democratic norms. They never practice any differentiation in the matter of establishing social hierarchy. The Gaonburah (village headman) and his assistant the 'Halmazi' (courier or errands) organize village level social works. The 'Douri' (Deuri) beside presiding over other religious rites also guides the atonement proceedings whenever so required. All these social appointments are open to all provided the persons to be selected are capable of discharging public responsibilities. The clan structure of the Boro-Kacharis though essentially reminds about their traditional division of labour yet, in the present day context such divisions are no longer recognised. A clan is known by them as 'An'. There are as many as 23 Aries, namely-Swargiari, Basumatary, Mosahari, Khangkhlari, Doimari, Narzari, Gayari, Mahilari, Ouari, Jojoari, Ishari, Kahari, Sibiugari, Sibiziari/Babaiari, Biug-biuari, Gaujierari, Fadangari, Samphrangari/Ivlao-Marari, Ramsari, Kherkatari, Thaletari and Borogaori.

The religious philosophy of the Boro-Kachari tribe centers round the super power of 'Bathou Barai' or 'Khorla Barai Maharaja' which is analogous to 'Sibrai' or Siva of the Hindu Trinity. The Sizu plant (*Euphorbia Splendens*) is regarded as representing the 'Bathou'-the supreme deity of adoration. Therefore, every traditional Boro-Kachari household is seen planting a 'sizu' tree along with a sapling of 'jatrasa' and a 'tulsi' in the northern corner of their courtyard. Next to Bathou, 'Mainao' (Also called 'Buli Bun') is worshipped as the goddess of wealth. Besides these two primary deities, the Boro-Kacharis worship many other gods and goddesses comprising Agraug, Khoila,



Khaji, Rajkhandra, Rajputhur, Bura Ali, Ali Bura, Asu Mainao, Sali Mainao, Bagraja, Basumatari and Choudri (Brahma 1983). Some of these deities (better known as 'Madai') are benevolent and some are malevolent. The malevolent deities are regarded as the originator of all ills including natural calamities and for their propitiation sacrifices and offering of rice beer are invariably necessary.

But the religious belief of the traditional Boro-Kacharis differ substantially with that of the 'Brahmas' who institute 'Hom'Yojna' before the sacred fire in all socio-religious obligations following the tenets preached by Guru Kalicharan Brahma. This section (i.e. the Brahmas) practise Vedic rites like other Hindus and do not resort to appeasement of gods and goddesses by sacrificing pigs and fowls and also by offering rice-beer. But culturally both the sections do not differ from each other.

By far the most important occasion of merry-making in the social life of the Boro-Kacharis is the celebration of 'Baisagu' in the month of Baisakh (Mid April). It is also known as 'Bishu' (or 'Bihu' in Assamese). They celebrate two other 'Bihus' known as 'Domashi' (Bhogali Bihu), and 'Katrigacha' (Kangali Bihu) but none of them are so important from the point of view of merriment than the one that comes on the last day of the month of Chaitra. The supreme diety "Bathou" is also worshipped on this day by offering him Chicken and rice beer. The programme of merriment like community singing and dancing continues till the seventh day of the month since the day of beginning.

In the Baishagu dance there is no bar of age or of sex to join in their respective groups. The traditional musical instruments that are used in this dance festival are 'Kham' (Madal), 'Jotha' (Manjari), 'Khawbang' (Tal), 'Gogona' 'Silphuri' (Flute). etc. etc. During the currency of the Baishagu festival the Boro-Kacharis observe certain taboos, which include prohibition of entry into the household granary, disposal of any property by way of sale, husking paddy or rice, etc. etc. It is also customary at the close of the Baishagu festival to offer community prayer at a particular place of the village called 'Gajasali' which is intended to get themselves immunized from the possible acts of omissions and commissions during the days of merriment in the 'Baishagu'. In the northern belt of old Kamrup and Darrang a special festival is instituted after about a month since Baishagu which is known as 'Fushihaba' or 'Putuli Haba'-A symbolic folk marriage of Siva with Parvati in the form of Raona-Raoni. The ritualistic part of this festival unfolds at the legendary saga of their history.

The institution of 'Kherai'-a religious annual community festival of the tribe. To some it is a national festival of the community. It is intended to propitiate "Bathow" or 'Sibrai'-the chief deity of adoration of the Boro-Kacharis along with 'Mainao' (the Goddess of harvests) and host of other Gods and Goddesses. 'Bathow' according to them represents the five basic elements called 'Panchabhut'

(viz—earth, air, water ether and fire) out of which has emerged the human body and for that matter the entire universe) and the propitiation to this deity is therefore, held to be on this basic philosophical idea.

In creating a festive mood of much gaiety and merriment, the 'Bagrumba' dance has a special attraction for the Boro-Kachari girls. This is an occasion when only girls can take part. It is instituted just after completion of the plantation work presumably to assuage the pains of hard labour involved in it. The girls make their graceful debut in natural surroundings by wearing traditional costumes specially woven by themselves for the purpose which bear testimony to their inherent skill in textile workmanship and artistic manoeuvre of colour and shade.

The Boro-Kachari Society has been found to be strictly following the rule of clan exogamy in their marital relationship till the recent past. But the rigidity is gradually on the way to dilution. Marriage among the traditional Boro-Kacharis is like a civil contract unlike the status of a sacrament in other Hindu marriage alliances. The usual practice of contacting a marriage is by negotiation (Hathachuni). But marriage by servitude ('Chawdang-Jagarnay') and widow remarriage ('Dhoka') do often take place. In a marriage by servitude, the would be groom is to render physical labour usually for a period of one year but the period may be extended depending on the degree of satisfaction of the would-be father-in-law. In recent years, the general tendency prevailing in the Boro-Kachari society is not to encourage this type of marriage. In the widow remarriage, the widower must cut off his all patrilineal relationship and induct himself to the 'an' (clan) of the widow. There is another type of marriage known as 'Khar' Chanai'. Here the girl goes voluntarily to a man with the intention of putting up with him as husband and wife and when this unceremonious union is sanctified subsequently in a marriage it is known as Kharchanai marriage' (Narri, 1966).

The Boro-Kachari society is primarily monogamous. There is no bar in contacting a junior levirate marriage i.e. the younger brother marrying the wife of his elder brother on the event of his (elder brother's) death. But in no case senior levirate marriage can take place.

Cross-cousin marriage (MBD/FSD) is allowed in the Boro-Kachari society. The practice of parallel cousin marriage is however, not obsolete altogether. It may be mentioned here that as there is no class or clan distinction among the Boro-Kachari society, the question of judging social status of the would-be partners never arises. In other words hypergamy has no place in the Boro-Kachari society.

The idea of procuring a bride either by servitude or by elopement has in recent years come to be regarded as contemptuous. Therefore, negotiation marriage ('Hathachuni') has become the normal social custom: The system of demanding bride price is still prevalent but in the higher echelon of the society, it is practically non-existent. There is however a system under which the co-villagers of the bride may prefer a claim to a certain amount called 'Malsa'. This amount when realised is deposited in the village fund to be spent for social purposes. But this amount is liable to be called back by the family of the groom, should the girl on the event of her becoming a widow, prefer to go back to her father's home for ever, leaving all claims on her husband's property.

In regard to births, the traditional Boro-Kacharis have no ritualistic rites to perform unlike the orthodox Hindus. However the family makes an offering to the household deities by sacrificing a cock or a hen in the occasion. It is also a prevailing custom among the Boro-Kacharis to entertain the midwives in a feast within a reasonable time who attend the mother during her confinement. In case the baby is not surviving, the mother can discharge her obligation by simply entertaining them with rice-beer and fried chickens.

The Boro-Kacharis practise both cremation and burial. But cremation has come to be the normal practice in these days.. It may be mentioned here that the Boro-Kacharis believe that human beings cannot escape destiny and destiny is guided by one's own action ('Karma'). They also believe in transmigration of the soul. The soul of the dead persons may enter into any body according to the 'Karma' done in the previous birth (Brahma, 1981).

It is customary for the members attending a funeral procession to take bath on their return home and drink 'santijal' (Sanctified water) followed by mastication of a little amount of 'sokota' (a bitter tasting dried leafy substance) ostensibly to carry the idea that from that day onward the relationship with the dead is finally severed. This is immediately followed by rice-beer drinking in honour of the dead. On the tenth day from the day on which death occurs, the first phase of the funeral rites begins, which is termed as 'Dasa' or "Dahar", but the final sradha ceremony is held either on the day 12th or on the 13th day or long thereafter, depending on the pecuniary condition of the household.

## CHAPTER- IV

### DATA ANALYSIS OF RABHA INHABITAT VILLAGES UNDER STUDY

**TABLE: 1**

**SHOWING THE SETTLEMENT PATTERN OF THE VILLAGE UNDER STUDY**

Type of Settlement	No. of Villages	%	Remarks
Agglomerated	3	30	Study was conducted among three hundred households of Rabha tribe covering ten numbers of both revenue and forest villages of Rani and Boko tribal development blocks of Kamrup district
Dispersed	2	20	
Isolated	-	-	
Linear	5	50	

The settlement pattern of the 10 nos. of studied villages show a preponderance of linear trend with 50% of the villages in that category. There are 30% agglomerated villages and rest 20% villages fall under dispersed category. The details are shown in the above table.

**TABLE: 2**

**SHOWING THE CONDITION OF ROAD WITHIN THE VILLAGE UNDER STUDY**

Condition of road	Number of village	%	Remarks
Foot tract	4	40	Most of the villages are located average 10 km away from main PWD road. During summer the roads become dirty due to heavy land erosion and some roads are submerged by rain water resulting disturbance to the villagers.
Katcha fair weather road	2	20	
Katcha all weather motor-able road	1	10	
Gravelled road	3	30	
Others			

As regards condition of the roads, most of the villages are located at an average distance of 10 kms away from the main roads. During summer the roads become muddy and some of the village roads are submerged by rain water. It is ironical that in spite of so many welfare schemes implemented for the development of Tribals, the Rabhas of 40% villages use foot tract to contact the outside world.

Thirty percent villages have gravelled roads and 20% villages have katcha fair weather roads while one(10%) village has katcha all weather motor able roads.

**TABLE: 3**

**SHOWING THE COMMUNICATION FACILITIES OWNED BY THE VILLAGES UNDER STUDY**

Means of communication available	No. of Families	%	Remarks
Television	189	63	Out of three hundred households, modern communication facilities occupy a significant place, although they are lagging behind from transportation point of view.
Radio			
News paper	21	7	
Mobile	223	74.33	

Out of three hundred households, modern amenities like TVs and Radios are found in 189(63%) households. As many as 74.33% households possess mobile sets where as only 7% households possess news papers indicating a trend towards consumerism items.

**TABLE: 4**

**SHOWING THE MEDICAL FACILITIES AVAILABLE UNDER STUDY VILLAGES**

Medical facility available	No. of facilities	Remarks
Sub centre	2	There is no such remarkable health facilities within the study villages except the numbers shown in this table, where no doctors or sisters/nurses are seen available at the time of their needs. Traditional health centre is though not available; yet traditional medicine men is still rendering their valuable health services in their immediate needs.
Primary health centre	1	
Community health centre	1	
Govt. Hospital	-	
Private clinic	-	
Private hospital	-	
Other traditional health centre	-	

Health facilities in the surveyed villages are far from adequate as there are only 2 medical sub-centre, one primary health centre and one community health centre. It is observed that the medical centres are mostly functioning with doctors/nurses who visit the centres irregularly. The villagers are compelled to take help from local medicine men.

TABLE: 5

SHOWING THE TYPE OF HOUSES IN THE STUDY VILLAGE UNDER STUDY

Type of houses	No. of Houses	%
R.C.C Houses	-	-
Pucca Assam type Houses	66	22
Kaccha Assam type Houses	132	44
Thatched roofed bamboo Houses	102	34

Majority 132 (44%) of the villages have katcha Assam type houses. There are 102(34%) families having thatched bamboo houses of temporary nature. Only 22% houses are pucca Assam type.

TABLE: 6

## SHOWING THE DRINKING WATER FACILITIES AVAILABLE IN THE STUDY VILLAGE

Drinking water facility	No. of Families	%
Pond	7	2.33
Well	129	43
River	87	29
Stream	34	11.33
Tube well	43	14.33
Govt. Water supply scheme	-	-

As regards drinking water supply, the villages depend mostly on wells. Thus 129 (43%) families have wells. It is not understood why Govt. water supply schemes has not been extended to those Rabha villages. The villagers still use water from pond (2.33%) river (29%) and stream (11.33%) the water of which is not pure. However the richer families have bored tube wells and percentage of such families is 14.33 .

TABLE: 7

## SHOWING THE AGE &amp; SEX DISTRIBUTION OF THE POPULATION UNDER STUDY

Age group	Male	%	Female	%	Male and Female Total	%
>1-5	68	22.67	53	17.66	121	8.16
6-10	77	25.67	41	13.66	118	7.96
11-15	78	26	63	21	141	9.51
16-20	82	27.33	43	14.33	125	41.67
21-25	98	32.67	72	24	170	8.43
26-30	69	23	53	17.67	122	8.23
31-35	86	28.66	66	22	152	10.25
36-40	78	26	69	23	147	9.92
41-45	63	21	41	13.67	104	7.01
46-50	44	14.67	33	11	77	5.19
51-55	52	17.33	49	16.33	101	6.81
56-60	62	20.66	52	17.33	114	7.69
61+	21	7	32	10.67	53	3.57
Total	878	59.24	604	40.76	1482	100

In respect of age and sex distribution of the population under study it is observed that highest numbers fall in the age group 21-25 years, male 98 and female 72 and male female together 170. The next highest age group 31-35 years have 152, male 86, female 66. There only 147 persons, male 78 and female 69 in the next age group of 36-40 years. Persons in the age group 61+ are few, male 21 and female 7. Out of 1482 persons in the studied villages the females constitute 40.76% while males contribute 59.24.

TABLE: 8

TABLE SHOWING THE EDUCATIONAL QUALIFICATION OF THE POPULATION UNDER STUDY

Category of Education	Male	%	Female	%
I - IV	102	6.88	105	7.08
V - VII	99	6.68	88	5.93
VIII - X	63	4.25	39	2.63
HSLC	53	3.57	29	1.96
HSSLC	37	2.49	18	1.21
GRADUATE	11	0.74	2	
POST GRADUATE	3	0.20	-	-
ILLITERATE	510	34.41	323	21.79

The data on educational qualification of the population under study indicated that in class I-IV member of females is slightly more i.e. 105 against male educational standard in that category which is 102. Except class I-IV, females are lagging behind in other standards from class V onwards to post graduate level. The drop out is more among female students due to various reasons such as poverty, parents unwillingness, work pressure at home, non-availability of educational environment etc. . There are only 29 HSLC passed female students against 53 male students. In HSSLC standard the numbers of female student are 18 against male students of 37. There are only 2 female graduates against 11 male graduates. Similarly in post graduate standard there is no female student while there are 3 post graduates among males. It is somewhat encouraging to note that numbers of illiterate are less among female than males i.e. 323 for female against 310 males.



TABLE: 9

## SHOWING THE OCCUPATIONAL PATTERN OF THE STUDY POPULATION

Type of Occupation	Male	%	Female	%	Total Male & Female	%
Agriculture	293	33.37	71	11.75	364	24.56
Labour	32	3.64	5	0.82	37	2.49
Business	63	7.17	11	1.82	74	4.99
Private service	7	0.79	2	0.33	9	0.60
Govt. service	12	1.37	3	0.49	15	1.01
Privately owned business	71	8.08	73	12.08	144	9.71
House wives	-	-	97	16.05	97	6.54
Students	301	34.28	268	44.37	569	38.39
Dependent	99	11.27	74	12.25	173	11.67

Major populations of the surveyed villages are engaged in cultivation. Out of 878 male persons 293 (33.37%) persons depend mainly on agriculture. Although generally women folk contribute considerably towards agricultural activities yet 71 (11.75%) female practice agriculture as sole occupation. The tribal women are coming out to search for new avenues like business and there are 73 (12.08%) females in private business against 71 (8.08%) males. In private service there are 2 (0.33%) females against 7 (0.79%). The women folk are not interested to serve as labourer. While there are 32 (3.64%) male labourers, the numbers of female labourers is only 5(0.82%). There are 97 (16.05%) house wives in the surveyed villages.

Overall percentage of male and female persons engaged in agriculture is 24.56, in labour 2.49, in business 4.99, in private service 0.60, in Govt. service 1.01, in privately owned business 9.71 and in house wives 6.54.

TABLE: 10

SHOWING THE ANNUAL HOUSEHOLD INCOME OF THE STUDY POPULATION

Annual income	Number of families	%
Rs.10,000- Rs.20,000	101	33.66
Rs.21,000- Rs.40,000	149	49.66
Rs.41,000- Rs.60,000	31	10.33
Rs.61,000- Rs.80,000	11	3.66
Rs.81,000- Rs.1,00,000	5	1.66
Rs.1,00,000+	3	1

The annual household income study showed that majority 7.49 (49.66%) households earn Rs.21,000/- to Rs.46,000/- per year followed by 101 (33.66%) households with annual income in the range of Rs.10,000/- to Rs.20,000/- p.a. The annual income of 31 (10.33%) households is Rs.41,000/- to Rs.60,000/-. There are only 11 (3.66%) households who earn Rs.61,000/- to Rs.80,000/- p.a. The richer sections among the Rabhas are few in numbers. Only 5 (1.66%) families are in a position to earn Rs.81,000/- to Rs.1,00,000 p.a. There are a microscopic three numbers of families having annual income of Rs.1,00,000/- p.a. and above.

TABLE: 11

SHOWING THE NUMBER OF PEOPLE HAVING FAITH IN THE EXISTENCE OF EVIL SPIRIT OR GHOST

Existence of Evil Spirit	No. of Male	%	No. of Female	%	Remarks
Totally	79	31.6	87	34.8	To get information for this particular question total 250 numbers of individuals were personally interviewed from both sexes dividing the total number equally, i.e. 125 individuals from each group.
Partially	33	13.2	21	8.4	
Do not know	13	5.2	17	6.8	

The magico-religious beliefs among the Rabhas are visible, where the data on evil spirits indicate that 79 (31.6%) male members are 87 (34.8%) female members believe in the existence of evil spirits totally. While 33(13.2%) males and 21 (8.4%) females have the same belief particularly. There

are fence sitters who preferred not to comment among male 13(5.2%) and females 17(6.8%) did not know about existence of evil spirits.

TABLE: 12

SHOWING THE CASES OF DEATHS OCCURED DURING THE PERIOD FROM 1<sup>ST</sup> JULY, 2012-30<sup>TH</sup> JUNE, 2013 AMONG THE RABHAS

Name of the Disease	Male	%	Female	%
Common fever	-		-	
Cholera	-			
Malaria	-		2	0.13
Jaundice	3	0.20	1	0.06
Diarrhoea	1	0.06	2	0.13
Dysentery	1	0.06	-	
Cold & cough	-	-	-	-
Kalazar	-	-	-	-
Respiratory diseases	-	-	-	-
Small pox	-	-	-	-
T.B	1	0.06		
Death Occurred due to Accident	3	0.20	-	-
Pregnancy related death	-	-	2	0.13
Total	9	0.60	7	0.47

The survey conducted among the Rabha villages during July 2011 to June 2013 regarding death cases due to various diseases shows that 9 (0.60%) males and 7 (0.47%) females lost their lives from Jaundice and other diseases. Among males 3(0.20%) persons died due to Jaundice , one each (0.60%) died due to Diarrhoea, Dysentery and T.B. and 3 (0.20%) died due to accidents. Among the females 2

(0.30%) each died due to Malaria, Diarrhoea and pregnancy related matter while 1 (0.60%) women died of Jaundice.

**TABLE: 13**

**SHOWING THE NUMBER OF FAMILIES TAKING OTHER MEDICAL TREATMENT DURING MAJOR HEALTH PROBLEMS**

Type of Treatment	No. of Families	%
Allopathic	168	56
Homeopathic	64	21.33
Unani	-	-
Ayurvedic	72	24

Although the villagers generally prefer traditional medicine, they also do not neglect Allopathic medicine. It is observed that during major health problems 168 (56%) families took help from Allopathic medicine, 64 (21.33%) families took Homeopathic medicine and 72 (24%) families took Ayurvedic medicine.

**TABLE: 14**

**SHOWING THE NUMBER OF HOUSEHOLDS USING BOTH TRADITIONAL & MODERN TREATMENTS**

Type of Treatment	Number of Households	%
Using both Type	187	62.33
Using Traditional Medicine	32	10.67
Using Modern Medicine	81	27

There are 187 (62.33%) families in the village who use both traditional and modern medicines. Modern medicine users, however, are small. Only 81 (27%) families depend solely on modern medicine while 32 (10.67%) families preferred traditional medicine only.

TABLE: 15

SHOWING THE NUMBER OF HOUSE WIVES USING TRADITIONAL MEDICINE FOR MINOR TREATMENTS IN THEIR DAY-TO-DAY LIFE

Number of House Wives Using Traditional Medicines	%	Name of the Common Diseases Where House Wives make use of Traditional Medicine
69	71.13	Cold and cough, Ear pain, Any joint pain occurs due to minor injury, Indigestion, Loose Motion, Common Fever, Jaundice, Dead-ache, Urinary problem, Stomach disorder, Burn etc. Out of 97 housewives 69 nos. of women answered this question positively.

Survey was conducted among 97 house wives regarding use of traditional medicine for common diseases such as cold and cough, ear pain, indigestion, loose motion, common fever, jaundice, burn injury, head ace etc. and it was found that 69 (71.13%) house wives used traditional medicine to cure the common diseases.

TABLE: 16

SHOWING THE CASES OF COMMON DISEASES OCCURRED AMONG THE VILLAGERS DURING THE YEAR 2012-2013

Most Commonly Occurred Diseases	Number of Cases	%
Fever	75	5.06
Cold & cough	43	2.90
Jaundice	21	1.41
Diarrhoea	12	0.80
Dysentry	7	0.47
Any other	33	2.23

Among the Rabhas the most commonly occurred disease is fever (5.06%), followed by cough and cold 43 (2.90%) cases, there are 21 cases (1.41%) of jaundice and 12 (0.80%) cases of diarrhoea , 7 (0.47%) cases of dysentery. Besides there are other cases numbering 33 (2.23%).



TABLE: 17

SHOWING THE NUMBER OF PEOPLE STILL CONSIDERING THE TRADITIONAL MEDICINE HAVING RELEVANCE IN THE MODERN SOCIETY

Number of people considering the traditional medicine having relevance	No. of people Considering the traditional medicine having great relevance in the modern society				No. of people having less consideration on traditional medicine			
	Male	%	Female	%	Male	%	Female	%
	765	51.61	598	40.35	113	7.62	6	0.40

There are sizable male and female Rabhas who still believe in the efficiency and efficacy of traditional medicine. Among males 765 (51.61%) and among females 598 (40.35%) believe that traditional medicine has relevance in modern society. On the contrary there are 113 (7.62%) males and 6 (0.40%) females who consider less effectiveness in traditional medicine.

TABLE: 18

SHOWING THE CONSUMPTION HABITS OF THE RABHAS UNDER STUDY

Name food items	Type of consumption					
	Every day	Every alternative day	Twice in a week	Thrice in a week	More than thrice on a week	Sometimes
Milk	21 (7%)	-	33 (11%)	45 (15%)	29 (9.67%)	172 (57.33%)
Curd	-	-	-	-	-	263 (87.66%)
Rooti / Puri	-	-	-	-	-	87 (29%)
Rice	300 (100%)	-	-	-	-	-
Meat	27 (9%)	87 (29%)	128 (42.67%)	25 (8.33%)	33 (11%)	-
Fish	196 (65.33%)	58 (19.33)	36 (12%)	10 (3.33%)	-	-
Egg	123 (41%)	29 (9.67%)	60 (20%)	39 (13%)	49 (16.33%)	-

Regarding consumption habit, 100% Rabha people eat rice which is their staple food. Fish is take by 196 (65.33% persons daily, 58 (19.33%) on every alternate days, 36 (12%) persons on twice in a week and 10 (3.33%) thrice in a week.

Habit of consumption meat is limited to 9% persons daily, 29% persons every alternate day, 42.67% persons twice in a week, 8.33% persons thrice in a week and 11% persons more than thrice in a week.

Rooti/Puri is taken by the people sometimes 87 (27%) while 263 (87.66%) persons take curd sometimes only.

Formerly the Rabhas did not prefer milk as rice beer and milk do not go together. But today the habit of taking milk is gradually becoming popular as 172 (57.33%) persons take milk sometimes, 21 (7%) take daily, 33 (11%) take milk twice in a week, 45 (15%) thrice in a week and 29 (9.67%) more than thrice in a week. Egg habit in the daily menu is limited to 41% persons, 9.67% persons take egg every alternate day, 20% persons take twice a week, 13% persons thrice a week and 16.33% persons take more than thrice a week.

**TABLE: 19**

**SHOWING THE MONTHLY EXPENDITURE PATTERN OF THE RABHAS**

Name of the Items	Monthly Expenditure Pattern	No. Of Families	%
Rice,	Rs.100/- - Rs.1000/-	-	
	Rs.1100/ - Rs.2000/-	30	10
Vegetables,	Rs.2100/ - Rs.3000/-	83	27.67
	Rs.3100/ - Rs.4000/-	92	30.67
Non-vegetables,	Rs.4100/ - Rs5000/-	42	14
	Rs.6100/ - Rs10,000/-	53	17.67
Drinks			

Regarding monthly expenditure it is found that 92 (30.67%) families spend Rs.3100/- to 4000/- p.m. on vegetables and another 83 (27.67%) families spend Rs2100/- to 3000/- on vegetables. 42 (14%) families spend Rs.4100/- to 5000/- on non-vegetables. Another 53 (17.67%) families spend Rs.6100/- to 10,000/- on non-vegetable items. Only 30 (10%) families spend Rs.1100/- to 2000/- on rice. It is revealed that the richer Rabha families spend sizable amount Rs.11,000/- on drinks.



TABLE: 20

## SHOWING OTHER EXPENDITURE OF THE RABHAS

Name of the Items	Monthly Expenditure Pattern	No. Of Families	%
Electricity,	Rs.100/- - Rs.1000/-	121	40.33
Entertainment,	Rs.1100/ - Rs.2000/-	78	26
Mobile,	Rs.2100/ - Rs.3000/-	43	14.33
News paper/Magazine,	Rs.3100/ - Rs.4000/-	31	10.33
College/School fee,	Rs.4100/ - Rs5000/-	11	3.67
Clothing,	Rs.6100/ - Rs10,000/-	16	5.33
Medicine,	Rs.11000/+	-	
Social Visit Etc.			

In respect of other expenditures, 121 (40.33%) families spend Rs.100/- to Rs.1000/- p.a. and in mobile phones 78 (26%) families spend Rs.1000/- to Rs.2000/-. In newspaper, magazine etc. 43 families spend Rs.2100/- to 3000/-. There are sizable expenditures on education of the school and college group students and 31 (10.33%) families spend Rs.3100/- to 4000/-. Expenditures on clothing are also negligible as 11 (3.67%) families incur expenditures ranging from Rs.6100/- to Rs.10000/- p.a. Quite a big amount of money i.e. Rs.11,000/- p.a. is spent on social visit also.

TABLE: 21

## SHOWING THE NO. OF FAMILIES USING TRADITIONAL MEDICINE FOR THEIR HEALTH CARE AMONG 300 HOUSEHOLDS UNDER STUDY

System of Medicine Used	No. Of Families	%
Traditional Medicine	161	53.67
Modern Medicine	37	12.33
Both Traditional and Modern Medicine	102	34

An intensive study regarding use of traditional and modern medicine on 300 households was conducted and it was found that 161 (53.76%) households were using traditional medicine, 37 (12.33%) households were using modern medicine and 102 (34%) households were using both traditional and modern medicines.

TABLE: 22

SHOWING THE PREVAILING BELIEF SYSTEM ON SPRIT/GHOST OR OTHER FACTORS AS THE CAUSE OF DISEASES UNDER STUDY

Diseases caused by	No. Of individuals	%	Remarks
Evil Spirit or Ghost	78	26	<i>Total-300 adult individuals were personally interviewed to know their personal views.</i>
Due to wrath of God	43	14.33	
Due to contact with bed/polluted air	29	9.67	
Due to breached of taboo	21	7	
Due to lack of proper nutrients or vitamin	18	6	
Due to act of medicine men	23	7.67	
Due to non-fulfillment of god's aspiration like puja	37	12.33	
Due to natural factors	51	17	

The belief on spirits causing diseases is rampant among the Rabhas as it was reflected in the sample study on 300 individuals. It was found that 78 (26%) individuals believe in existence of spirits and ghosts who bring diseases, 43 (14.33%) individuals believe that diseases and even death are caused due to wrath of God. Diseases may occur due to bad or polluted air and it is opined by 29 (9.67%) individuals. The Rabhas have tremendous fear towards breaching of the prevailing social taboos which may bring disaster to the individuals. This was revealed by 21 (7%) individuals. The lack of proper nutrient vitamins, may cause disease which was testified by 18 (6%) individuals under study. The medicine man, not only cures ailment but he also can do harm by contagious magic and 23 (7.67%) individuals believe this. This tribal people offer pujas to the presiding deities regularly. If,

however the regularity is broken, fury of deity may befall on the individuals or families. This was revealed by 37 (12.33%) informants. Natural factors are responsible for certain diseases, thus observed by 51 (17%) individuals.

TABLE: 23

SHOWING THE LIST OF DISEASES ALONG WITH THE MEDICINES USED AND RECOVERY TIME AMONG THE RABHA COMMUNITY

Name of the Disease	Traditional Medicine Used	No. of Families using Traditional Medicine	Parts of Medicine Used	Recovery Time	Dosages
Common fever	Tulsi, Masala Bori, Chirata etc.	271 (90%)	Juice of Tulsi leaves and Chirata, Masala Bori	Within three days	Three times daily
Cholera	Chirata, Pine apple, Leaves of Guava, Leaves of Bhekuri tita etc.	278 (92%)	Juice of tender part of Pine apple leave, Guava leave	Within two days	Tree to four times daily
Malaria	Neem,	34 (12%)	Leaves are given	One week	Two times daily
Jaundice	<i>Cuswta reflexa</i> Roxb. Cuscutoceoe Swarnolota <i>Acacia famesiana</i> (L.) Willd. Mimosoceoe		Bark of Bakul tree is boiled and one cup is given to the patient	Within one week	Two times daily
Diarrhoea	Chirata, Pine apple, Leaves of Guava, Leaves of Bhekuri tita etc.	45 (15%)	Juice of tender part of pine apple leave, Guava leave	Within two days	Tree to four times daily
Dysentery	Chirata, Pine apple, Leaves of Guava, Leaves of Bhekuri tita etc.	73 (24.33%)	Juice of tender part of pine apple leave, Guava leave	Within two days	Tree to four times daily
Cold & cough	Ginger, Black paper, Jarema flower	242 (80%)	Putting it with red tea	Within a week	Tree to four times daily
High blood pressure	<i>Citrus aurantifolia</i> swing. <i>Rulaceae thaisamicri</i> Fruit, Nephapho ( <i>Clerodendrum colebrookianum</i> )	300 (100%)	Fruit juice is applied on the skull. Juice of leaves is consumed	Two days	Two times daily

The Rabhas use various traditional medicines to cure their illness. The effectiveness of such medicines is also ensured within a specific period. For example for common fever, natural medicine like Tulsi leaves, Masala bori and Chirata juices (*Swertia chirata* Buch-Hem) are taken three times a day and recovery is ensured within three days. As many as 27 (90%) families use these ingredients to cure

common fever. To cure cholera leaves of pine apple Guava, Chirata, (*Swertia chirata* Buch-Hem). Bhekuri tita (*Clerodendron viscosum* Linn) are thrashed and the juice is taken three to four times daily curing patients within two days. This method of treatment was applied by 278 (92%) families of the surveyed populations. Juice of Neem leaves were used by 34 (12%) families two times daily to cure malaria and within one week the patient got relief.

To cure Jaundice, bark of Bakul tree (*Custota Reflexa* Roxb) is boiled in water and the patient takes the juice twice daily and gets relief within one week.

To cure Diarrhoea 45 (15%) informants replied that traditional medicines used to cure cholera are also taken. The cure is ensured within two days after taking the juice three to four times daily.

For curing dysentery same treatment like diarrhoea is undertaken 73 (24.33%) informants replied to the question.

Ginger and Black pepper putting with tea taken three to four times daily cures cold and flu within a week.

For high blood pressure disease *Citrusaurantifolia* swing, *Rulacea thaisamicri* fruit juice is applied in the head twice daily and patient gets relief within two days.

TABLE: 24

**LIST OF MEDICINAL PLANTS USED FOR CURING MAJOR AILMENTS BY THE RABHA TRIBE:  
PLANTS' NAME FAMILY VERNACULAR PARTS USED DISEASES METHOD OF PREPARATION**

Sl. No.	Name of Diseases	Traditional Medicine and Its uses
1.	Jaundice	<i>Acacia famesiana</i> , Willd. Mimosocee Bokul Bark 1 cup of bark-boiled water is given orally in empty stomach. <i>Averrhoa carambola</i> l. <i>Averrhoaceae</i> Kamranga Fruit is prescribed for treatment of Jaundice.
2.	High blood pressure	<i>Allium sativum</i> l. liliaceae Shyamhrangufu 1 cup of boiled water of leaf is (Burm. f.) Wall. given to drink in high blood pressure. <i>Andrographis paniwlata</i> <i>Acanthaceae</i> Chirola leaf High blood pressure. <i>Clitorea tematea</i> l. <i>Papillioocee</i> Aporojito leaf juice is applied in the skull in high blood pressure.
3.	Diabetes	<i>Annona squamosa</i> l. <i>Annonaceae</i> Ala Bark is given orally once in a day in empty stomach that cures Diabetes.
4.	Abdomen pain and urine infection	<i>Richardia Scabra</i> l. <i>Rubiaceae</i> Khongkhrairegu shoot paste is applied externally on the place of infection for curing of the diseases.

TABLE-25

SHOWING THE NUMBER OF MALES (RABHA) INDICATING THEIR FIRST AND SECOND CHOICE OF MEDICINE FOR TREATMENT

First Choice No. of Individuals										Remarks
Traditional Medicine		Modern (Allopathic Medicine)		Ayurvedic Medicine		Homeopathic Medicine		Others		
No. of males	%	No. of males	%	No. of males	%	No. of males	%	No. of males	%	
51	34	73	48.66	19	12.66	7	4.66	-	-	To know the priority of choice of medicine 150 males were interviewed personally and expressed the views as shown in the table.
Second Choice No. of Individuals										
Traditional Medicine		Modern (Allopathic Medicine)		Ayurvedic Medicine		Homeopathic Medicine		Others		
No. of males	%	No. of males	%	No. of males	%	No. of males	%	No. of males	%	
19	12.66	57	38	68	45.33	6	4	-	-	

Regarding first and second choice of medicine it was seen that modern Allopathic medicine became the first choice for 73 (48.66%) males followed by traditional medicines as first choice by 51 (12.66%) males while 7 (4.66%) males gave first choice to Homeopathic medicine.

It may be noted that to know the priority of medicines 150 male adults were interviewed.

As regards second choice Ayurvedic medicine is prescribed by 68 (45.33%) male persons followed by Allopathic medicine as second choice by 57 (38%) males. Traditional medicine gets the second choice from 19 (12.66%) males and Homeopathic medicine is given second preference by 6(4%) males.

TABLE-26

**SHOWING THE NUMBER OF FEMALES (RABHA) INDICATING THEIR FIRST AND SECOND CHOICE OF MEDICINE FOR THEIR TREATMENT**

First Choice No. of Individuals										Remarks
Traditional Medicine		Modern (Allopathic Medicine)		Ayurvedic Medicine		Homeopathic Medicine		Others		
No. of females	%	No. of females	%	No. of females	%	No. of females	%	No. of females	%	
74	49	32	21.33	38	5.33	6	4	-	-	To know the priority of choice of medicine 150 females were interviewed personally and expressed the views as shown in the table
Second Choice No. of Individuals										
Traditional Medicine		Modern (Allopathic Medicine)		Ayurvedic Medicine		Homeopathic Medicine		Others		
No. of females	%	No. of females	%	No. of females	%	No. of females	%	No. of females	%	
9	6	77	51.33	51	34	13	8.66	-	-	

To know the first and second choice of medicine, 150 females were interviewed and it was found that 74 (49%) females preferred traditional medicine as first choice followed by 38 (25.5%) females giving first choice to Ayurvedic medicine. The females however, did not choose Allopathic medicine as first choice as only 32 (21.33%) females preferred Allopathic medicine. Homeopathic gets preference as first choice with 6 (4%) females only.

In respect o second choice 77 (51.33%) females, however gave the preference to Allopathic medicine followed by 51 (34%) females giving second choice to Ayurvedic. 13 (8.66%) females gave second choice to Homeopathic medicine and a mere 9 (6%) females preferred traditional medicine as second choice.

TABLE-27

SHOWING THE COMMONLY OCCURRED INCIDENTS (AILMENTS) FOR WHICH THE RABHA VILLAGERS VISIT OR TAKE THE HELP OF TRADITIONAL MEDICINE MEN LIKE BEZ, KABIRAJ, VAIDHYAS ETC.

Visiting Persons	Name of Commonly Occurred Incidents (Ailments)	No. and % of the Respondents	Remarks
Traditional Medicine Men, Bez, Kabiraj, Baidhyas	Common fever/flu/cough	213 (71%)	<i>To know the practical situation of the villagers under study this particular question was asked to all the heads of the three hundred households and answers were reflected in the manner as shown in the table.</i>
	Abnormal behaviour/mental illness	95 (31.66%)	
	Body ache/Headache	79 (26.33%)	
	Pain occurred due to unknown reason/small injuries	56 (18.66%)	
	Abnormal death of baby	23 (7.66%)	
	Action of evil eye/ghost	174 (58%)	
	Problem of stomach disorder, gas.	31 (10.33%)	
	Painful discharge of urine	231 (77%)	
	Hernia	67 (22.33%)	
	Pregnancy related problems	23 (7.66%)	
	To get rid of the wrath of evil eye/evil spirit/ghost	168 (56%)	
	To inhibit the action of evil eye at the time of marriage or other religious observance	287 (95.66%)	
	Snake Bite	300 (100%)	

Data taken from 300 heads of households regarding the actual position of traditional medicine adopted by the people indicated that for getting relief from common fever, flu, cough 213(71%) informants approached medicine men. To get relief from evil action of evil eye, ghost 174 (58%) heads of households reported that the patients used to consult Bez. For painful discharge of urine 231 (77%) persons consulted medicine men. 95 (31.66%) respondents approached medicine men and Bez to seek advice and treatment for abnormal behaviour/ mental illness. The medicine men cured 79 (26.33%) informants body ache and head ache. For pain due to unknown reason or injury, the medicine

men and Ojhas were approached by 56 (18.66%) informants. The Ojhas could find out the cause of abnormal death of babies of 23 (7.66%) persons interviewed. Kabiraj and Baidhyas could cure stomach disorder & gas of 31 (10.33%) informants. 67 (23.33%) informants consulted Kabiraj/ Ojhas for Hernia disease while 23 (7.66%) heads of households approached Ojha to get relief from pregnancy related problems. In order to avert the wrath of evil eye and evil spirit 168 (56%) informants got necessary advice from the Ojhas. In the tribal areas marriages are sometimes influenced adversely by the enemies of the couple in order to fulfil grudge. In such cases the Ojha only can control the situation 287 (95.66%) informants reported like this. The medicine man and Ojha can cure snake bite as reported by 300 (110%) informants.

## DATA ANALYSIS OF THE BOROS INHABITED VILLAGES UNDER STUDY

TABLE: 1

TABLE SHOWING THE SETTLEMENT PATTERN OF THE VILLAGE UNDER STUDY

Type of Settlement	No. of Villages	%	Remarks
Agglomerated	-	-	Study was conducted among three hundred households of Boro tribe covering ten numbers of revenue villages of Udalguri tribal development blocks of Udalguri district
Dispersed	3	30	
Isolated	-	-	
Linear	7	70	

The settlement pattern of the studied villages show that a preponderance of linear type. Out of 10 villages 7 villages fall under this category. Rest 3 villages are dispersed.



TABLE: 2

SHOWING THE CONDITION OF ROAD WITHIN THE VILLAGE UNDER STUDY

Condition of road	Number of village	%	Remarks
Foot tract	-	-	Most of the villages are located within the range of 12 km away from main PWD road. More or less the roads are motorable.
Katcha fair weather road	2	20	
Katcha all weather motorable road	3	30	
Graveled road	5	50	
Others			

As regards the condition of roads within the villages, it is found that 50% villages have gravelled roads while 30% villages have katcha all weather motor-able roads and 20% villages have katcha fair weather roads. The most common medium of communication is bicycle or rickshaw.

TABLE: 3

SHOWING THE COMMUNICATION FACILITIES OWNED BY THE VILLAGES UNDER STUDY

Means of communication available	No. of Families	%	Remarks
Television Radio	289	96	Out of three hundred households, modern communication facilities occupy a significant place, although they are lagging behind from transportation point of view
News paper	87	29	
Mobile	297	99.33	

Although the villages are located in far flung areas modern mass communication facilities like TV, Radio Newspapers, Mobile phones are available for the Boro families. Thus 96% of the families possess TV and radio, while 99.33% families possess mobile phones and 29% families possess newspapers.

TABLE: 4

## SHOWING THE MEDICAL FACILITIES AVAILABLE UNDER STUDY VILLAGES

Medical facility available	No. of facilities	Remarks
Sub centre	2	<p>The health facilities within the study villages is available; but required health service provider is insufficient. The Govt. Hospital located at about 8 km away from the villages fulfil the immediate needs of the people.</p> <p>Traditional health centre is available; where traditional medicine men is still rendering their valuable health services in their immediate needs.</p>
Primary health centre	1	
Community health centre	-	
Govt. Hospital	1	
Private clinic	1	
Private hospital	-	
Other Traditional health Centre	1	

It is noticed that medical sub-centres are available for 2 villages while primary health centres, Govt. hospital, private clinic and other traditional health centre are available in 1 village each. The field study indicated that the Govt. Hospital located at a distance of 8 km provides necessary medical facilities. The service of health workers however deserves improvement. The tribal medicine men are practicing side by side with the modern medicinal practice.

TABLE: 5

## SHOWING THE TYPE OF HOUSES IN THE STUDY VILLAGE UNDER STUDY

Type of houses	No. of Houses	%
R.C.C Houses	-	-
Pucca Assam type Houses	102	34
Kaccha Assam type Houses	132	44
Thatched roofed bamboo Houses	66	22

The villages under study have three type of houses viz. Pucca Assam type, Katcha Assam type and thatched roofed houses and majority 44% houses come under Katcha AT houses followed by 34% Pucca At houses and 22% thatched roofed bamboo houses.

TABLE: 6

## SHOWING THE FACILITIES OF DRINKING WATER AVAILABLE IN THE STUDY VILLAGE

Drinking water facility	No. of Families	%
Pond	-	-
Well	187	62.33
River	-	-
Stream	-	-
Tube well	80	26.67
Govt. Water supply scheme	33	11

As regards drinking water facility majority 62.33% villages depend upon wells, 26.67% villages depend upon tube wells and 11% villages are having Govt. pipe water schemes.

TABLE: 7

## SHOWING THE AGE &amp; SEX DISTRIBUTION OF THE POPULATION UNDER STUDY

Age group	Male	%	Female	%	Male and Female Total	%
>1-5	51	3.77	43	3.18	94	6.95
6-10	87	6.43	60	4.44	147	10.87
11-15	61	4.51	56	4.14	117	8.65
16-20	49	3.62	63	4.65	112	8.28
21-25	77	5.69	53	3.92	130	9.61
26-30	34	2.51	43	3.18	77	5.69
31-35	63	4.65	56	4.14	119	8.80
36-40	64	4.73	47	3.47	111	8.21
41-45	55	4.06	39	2.88	94	6.95
46-50	41	3.03	34	2.51	75	5.54
51-55	56	4.14	41	3.03	97	7.17
56-60	67	4.95	46	3.40	113	8.35
61+	23	1.70	43	3.18	66	4.88
Total	728	53.85	624	46.15	1352	100

The age and sex distribution of the population of the studies villages indicate that major male persons 6.43% fall in the age category 6-10 years while the major female persons 4.65% fall in the age

category 16-20 years. The lowest male persons 34 (2.51%) are found in the age group 26-30 years while the lowest female persons 34 (2.51%) are in the age category 46-50 years. Taking male female together highest persons 147 (10.87%) fall in age group 6-10 years while lowest persons 66 (4.88%) come in the category 61+ years.

**TABLE: 8**

**SHOWING THE EDUCATIONAL QUALIFICATION OF THE POPULATION UNDER STUDY**

Category of Education	Male	%	Female	%
I - IV	78	5.76	108	7.99
V - VII	56	4.14	110	8.13
VIII - X	101	7.47	68	5.02
HSLC	89	6.58	45	3.32
HSSLC	67	4.95	23	1.70
GRADUATE	21	1.55	4	0.29
POST GRADUATE	12	0.88	2	0.14
ILLITERATE	304	22.48	264	19.52

As regards educational qualification highest male persons 101 (7.47%) come in the class VIII-X standard while the highest female persons 110(8.13%) fall in the class V-VII standard. Female educated persons were more in class I-IV and V-VII the percentage being 7.99 and 8.13 respectively. But in the other standards from class VIII to post graduate the females are lagging behind males. Graduates among female are only 4 (0.29%) against male graduates of 21 (1.55%). Similarly post graduates are much less among females. There are 2 female post graduates against 12 male post graduates.

However one redeeming feature is that illiterate persons among females are less 19.52% against male illiterates of 22.48%.

TABLE: 9

TABLE SHOWING THE OCCUPATIONAL PATTERN OF THE STUDY POPULATION

Type of Occupation	Male	%	Female	%	Total Male & Female	%
Agriculture	204	15.09	97	7.14	301	22.26
Labour	12	0.89	23	1.70	35	2.58
Business	27	1.99	47	3.47	74	5.47
Private service	11	0.81	6	0.44	17	1.25
Govt. service	33	2.44	3	0.22	36	2.66
Privately owned business	23	1.70	7	0.52	30	2.21
House wives	-	-	198	14.64	-	14.64
Students	245	18.12	134	9.91	379	28.03
Dependent	173	12.79	109	8.06	282	20.85

Leaving aside the 379 (28.03%) students and 282(20.85%) dependents, in the male female category. The occupational pattern of the population of the surveyed villages indicate preponderance of agriculture as the main occupation, the percentage being 22.26 in the male female ratio category. If we consider housewives as occupations, the females have a high 14.64% persons in the category. Except this highest 97 (7.14%) females are engaged in agricultural activities. Similarly highest 204 (15.09%) males are engaged in agricultural activities. Wage earners are more among females. There are 23 (1.70%) female wage earners against 12(0.89%) male wage earners. No more females are busy in household affairs exclusively and they are coming forward to accept business activities casting off the traditional shyness. There are 47(3.47%) females in business against 27(1.99%) males. In Govt. service, however only 3 (0.22%) females are engaged against 33(2.44%) males.

TABLE: 10

## SHOWING THE ANNUAL HOUSEHOLD INCOME OF THE STUDY POPULATION

Annual income	Number of families	%
Rs.10,000- Rs.20,000	104	34.66
Rs.21,000- Rs.40,000	116	38.67
Rs.41,000- Rs.60,000	44	14.67
Rs.61,000- Rs.80,000	22	7.33
Rs.81,000- Rs.1,00000	8	2.67
Rs.1,00000+	6	2

In respect of annual income of the studied families it is seen that majority 116 (38.67%) families earn Rs.21,000/- to Rs.40,000/- each p.a. 104 (34.66%) families earn Rs.10,000/- to Rs.20,000/- each per year. In the annual income slab of Rs.41,000/- to R.60,000/- there are 44 (14.67%) families are in the income slab of Rs.61,000/- to 80,000/- there are 22 (7.33%) families each. In the highest income slab of Rs.81,000/- to 1,00,000/- and Rs.1,00,000/- and above there are 8(2.67%0 and 6(2%) families respectively.

TABLE: 11

## SHOWING THE NUMBER OF PEOPLE HAVING FAITH IN THE EXISTENCE OF EVIL SPIRIT OR GHOST

Existence of Evil Spirit	No. of Male	%	No. of Female	%	Remarks
Totally	69	55.2	97	77.6	To get information for this particular question total 250 numbers of individuals were personally interviewed from both sexes dividing the total number equally, i.e. 125 individuals from each group.
Partially	40	32	18	14.4	
Do not know	16	12.8	10	8	

Magico-religious beliefs are rampant among most of the tribes. Out of 250 persons (125 male and 125 female) interviewed 69 (55.2%) males and 97 (77.6%) females believe in the existence of evil spirits in Toto. While 40 (32%) males and 18 (14.4%) females believe partially about existence of evil spirits. In the do not known category there are 12.8% male ad 8% female.

TABLE: 12

SHOWING THE CASES OF DEATHS OCCURED DURING THE PERIOD FROM 1<sup>ST</sup> JULY, 2012-30<sup>TH</sup> JUNE, 2013 AMONG THE RABHAS

Name of the Disease	Male	%	Female	%	Total Male & Female	%
Common fever	-		-			
Cholera	-		-			
Malaria	3	12.5	4	16.66	7	29.17
Jaundice	2	8.33	3	12.5	5	20.83
Diarrhoea	1	4.16	1	4.16	2	8.33
Dysentery	-	-	-	-	-	-
Cold & cough	-	-	-	-	-	-
Kalazar	-	-	-	-	-	-
Respiratory diseases	-	-	-	-	-	-
Small pox	-	-	-	-	-	-
T.B	-	-	-	-	-	-
Death Occurred due to Accident	7	29.16	-	-	7	29.16
Pregnancy related death	-	-	3	12.5	3	12.5
Total	13	54.16	11	45.83	24	100

Survey was done regarding cases of deaths occurred during July 2012- to June 2013 among the Boros and it was found that accident deaths occurred more 7(29.16%) among females while there was no such case among males. Malaria, Jaundice and Diarrhoea death cases were found among both males and females. There were 3 deaths from Malaria among males and 4 deaths among females during a year. Again there were 2 death cases from Jaundice among males and 3 deaths cases among females in the said period. There were 1 death cases each among males and females from Diarrhoea.

Among the females there were 3 (12.5%) pregnancy related death cases during the period. Thus out of 24 cases of death 13 deaths took place among males and 11 among females.

**TABLE: 13**

**SHOWING THE NUMBER OF FAMILIES TAKING OTHER MEDICAL TREATMENT DURING MAJOR HEALTH PROBLEMS**

Type of Treatment	No. of Families	%
Allopathic	231	77
Homeopathic	21	7
Unani	-	-
Ayurvedic	48	16

As regards treatment of the ailments 23 families (77%) depended upon allopathic medicine while 21(7%) families depended upon homeopathic and 48 (16%) families took recourse to ayurvedic medicine.

**TABLE: 14**

**SHOWING THE NUMBER OF HOUSEHOLDS USING BOTH TRADITIONAL & MODERN TREATMENTS**

Type of Treatment	Number of Households	%
Using both Type	231	77
Using Traditional Medicine	23	7.66
Using Modern Medicine	46	15.33

It was also found that 231 (77%) families depended upon both traditional and modern medicine and 23 (7.66%) families used only traditional medicine. There were 46 (15.33%) families who used only modern medicine.



TABLE: 15

SHOWING THE NUMBER OF HOUSE WIVES USING TRADITIONAL MEDICINE FOR MINOR TREATMENTS IN THEIR DAY-TO-DAY LIFE

Number of House Wives Using Traditional Medicines	%	Name of the Common Diseases Where House Wives make use of Traditional Medicine
32	16.16	Cold and cough, Ear pain, Any joint pain occurs due to minor injury, Indigestion, Loose Motion, Common Fever, Jaundice, Dead-ache, Urinary problem, Stomach disorder, Burn etc. Out of 198 housewives personally interviewed, only 32 nos. of women were reported positively for this question.

In case of common diseases like cold and cough, ear pain, joint pain due to injury, indigestion, loose motion, common fever, stomach disorder 198 women were interviewed to find out whether they used traditional medicine and it was found that only 32 (16.16%) respondents replied in positive.

TABLE: 16

SHOWING THE CASES OF COMMON DISEASES OCCURED AMONG THE VILLAGERS DURING THE YEAR 2012-2013

Most Commonly Occurred Diseases	Number of Cases	%
Fever	82	6.06
Cold & cough	32	2.36
Jaundice	10	0.73
Diarrhoea	17	1.25
Dyscentry	9	0.66
Any other	24	1.77

The commonly occurred diseases during 2012-13 were fever, cold and cough, jaundice, diarrhoea, dysentery among the families under survey. Fever is the most commonly occurred disease among the families, numbering 82(6.06%) cold and cough followed with 2.36%, diarrhoea with 1.25%,

TABLE: 18

TABLE SHOWING THE CONSUMPTION HABITS OF THE BOROS UNDER STUDY

Name food items	Type of consumption and No. of Families and Their %					
	Every day	Every alternative day	Twice in a week	Thrice in a week	More than thrice on a week	Sometimes
Milk	94 (31.33%)	-	13 (4.33%)	4 (1.33%)	7 (2.33%)	182 (60.66%)
Curd	-	-	-	-	-	43 (14.33%)
Rooti / Puri	-	-	-	-	-	21 (7%)
Rice	300 (100%)	-	-	-	-	-
Meat	17 (5.66%)	78 (26%)	97 (32.33%)	117 (39%)	79 (26.33%)	-
Fish	145 (48.33%)	103 (34.33%)	17 (5.66%)	23 (7.66%)	12 (4%)	-
Egg	12 (4%)	45 (15%)	79 (26.33%)	69 (23%)	79 (26.33%)	16 (5.33%)

The consumption habit of the Boros varies from every day to every alternate day to twice in a week or thrice in a week. It also varies more than thrice in a week sometimes. Among the every day items rice occupies prime place (100%) followed by fish (48.33%), milk (31.33%), meat (5.66%) and egg (4%). Meat, fish and egg are taken every alternate day. The same items in varied amounts are taken twice in a week. Milk is also taken twice in a week. The consumption items more or less in thrice in a week and more than thrice in a week. Bit milk, curd, rooti/puri are taken sometimes.

TABLE: 19  
SHOWING THE MONTHLY EXPENDITURE PATTERN OF THE BOROS

Name of the Items	Monthly Expenditure Pattern	No. Of Families	%
Rice, Vegetables, Non-vegetables, Drinks	Rs.100/- - Rs.1000/-	-	-
	Rs.1100/ - Rs.2000/-	12	3.66
	Rs.2100/ - Rs.3000/-	27	9
	Rs.3100/ - Rs.4000/-	93	31
	Rs.4100/ - Rs5000/-	89	29.66
	Rs.6100/ - Rs10,000/-	45	15
	Rs.11000/+	34	11.33

As regards monthly expenditure pattern, there are 34(11.33%) families who spend an amount of Rs.11,000/- monthly. 89 (29.66%) families spend monthly Rs.4100/- to 5000/-, 45 (15%) families spend Rs.6100/- to 10,000/- per month, 93 (31%) families spend Rs.3100/- to Rs4000/- per month, 27 (9%) families spend Rs.2100/- to Rs.3000/- and 12 (3.66%) families spend Rs.1100/- to Rs.2000/- per month. The expenditure are incurred in rice, vegetables, non vegetarian items and drinks.

**TABLE: 20**  
**SHOWING OTHER EXPENDITURE OF THE BOROS**

Name of the Items	Monthly Expenditure Pattern	No. Of Families	%
Electricity,	Rs.100/- - Rs.1000/-	35	11.66
Entertainment,	Rs.1100/ - Rs.2000/-	89	29
Mobile,	Rs.2100/ - Rs.3000/-	37	12.33
News paper/Magazine,	Rs.3100/ - Rs.4000/-	87	29
College/School fee,	Rs.4100/ - Rs5000/-	23	7.66
Clothing,	Rs.6100/ - Rs10,000/-	26	8.66
Medicine,	Rs.11000/+	3	1
Social Visit Etc.			

Expenditures on other items such as electricity, entertainments, mobile phones, new papers, magazine, college and school fees, clothing, medicine, social visit are also not negligible, as 3(1%) families spend an amount of Rs.11000/- monthly on these items. There are 26 (8.66%) families who spend Rs.6100/- to Rs.10,000/-. But majority 89 (29%) families spend moderate amount of Rs.2100/- to Rs.3000/- per month on other expenditures. 87 (29%) families spend Rs.3100/- to Rs.4000/- per month. There are poorer families numbering 35 (11.66%) who spend Rs.100/- to Rs.1000/- per month on other expenditures.

**TABLE: 21**  
**SHOWING THE NO. OF FAMILIES USING TRADITIONAL MEDICINE FOR THEIR HEALTH CARE**  
**AMONG 300 HOUSEHOLDS UNDER STUDY**

System of Medicine Used	No. Of Families	%
Traditional Medicine	97	32.33
Modern Medicine	88	29.34
Both Traditional and Modern Medicine	115	38.33

It has been observed that the Boros prefer both traditional and modern medicine as out of 300 families 115 (38.33%) families use both types of medicine. Modern medicine is used by 88 (29.34%) families while traditional medicine is still used by 97 (32.33%) families.

**TABLE: 22**  
**SHOWING THE PREVAILING BELIEF SYSTEM ON SPRIT/GHOST OR OTHER FACTORS AS THE**  
**CAUSE OF DISEASES UNDER STUDY**

Diseases caused by	No. Of individuals	%	Remarks
Evil Spirit or Ghost	66	22	<b>Total-300 adult individuals were personally interviewed to know their personal views.</b>
Due to wrath of God	19	6.33	
Due to contact with bed/polluted air	71	23.66	
Due to breached of taboo	34	11.33	
Due to lack of proper nutrients or vitamin	60	20	
Due to act of medicine men	33	11	
Due to non-fulfilment of God's aspiration like puja	8	2.66	
Due to natural factors	9	3	

Information was gathered from 300 adult individuals regarding belief system on spirits/ ghost and other evil elements as cause factor of diseases and it was found that 23.66% of the informants thought diseases are caused mainly due to contact with polluted air. Next highest individuals constituting 22% were of the opinion that evil spirits/ ghosts bring diseases. Due to lack of proper nutrients/vitamins was thought to be reason of diseases by 20% of the informants. Another 11.33% individuals opined that diseases occur due to breach of taboos and prevailing norms in the society. Wrath of God was the cause of diseases for 6.33% informants. The medicine men not only cures diseases but he plays a catalytic role in creating diseases. This was opined by 11% of the individuals. The tribal people generally offer pujas to their deities regularly but if due to reasons beyond control they often forget to offer pujas to the presiding deities and God's fury then brings diseases to the families. Thus relied by 2.66% of the studied individuals 3% informants also thought that natural factors are responsible for disease.

**TABLE: 23**  
**SHOWING THE LIST OF DISEASES ALONG WITH THE MEDICINES USED AND RECOVERY TIME**  
**AMONG THE STUDY COMMUNITY**

Name of the Disease	Traditional Medicine Used	No. of Families using Traditional Medicine	Parts of Medicine Used	Recovery Time	Dosages
Common fever	Tulsi, Masala Bori, Sirata etc.	271 (90%)	Juice of tulsi leaves and Sirata, Masala Bori	Within three days	Three times daily
Cholera	Cirata, Pine apple, Leaves of Guava, Leaves of Bhakuri tita etc.	278 (92%)	Juice of tender part of pine apple leave, Guava leave	Within two days	Tree to four times daily
Malaria	Neem,	34 (12%)	Juice of Neem leaves are given	One week	Two times daily
Jaundice	Leaves of Naga Mah: <i>Cajanus cajan</i> (L) Millsp	278 (92%)	Leaves juice of <i>Cajanus cajan</i> (L) Millsp are given	One week	Thrice daily
Diarrhoea	Cirata, Pine apple, Leaves of Guava, Leaves of Bhakuri tita etc.	45 (15%)	Juice of tender part of pine apple leave, Guava leave	Within two days	Tree to four times daily

The commonly experienced diseases among the Bodos are common fever, cholera, malaria, jaundice and diarrhoea and to cure the diseases the people use various traditional medicines. Tulsi (*Ocimum sanctum* Linn.) masala bari, Chirata (*Swertia chirata* Buch-Hem) etc are used to cure common fever by 271(90%) families. The mixture of these ingredients is taken three times daily and the patient recovers within three days.

For cholera juices of Chirata (*Swertia chirata* Buch-Hem), pine apple, leaves of guava (*Psidium guajava* Lin.) leaves of Bhekuri tita (*Clerodendron viscosum* Linn) are taken three to four times daily. This was observed by 278(92%) families. The patient gets relief within two days.

To cure malaria, Neem (*Clerodendron viscosum* Linn) is used by 34(12%) families leaves are thrashed and taken twice ensuring relief within a week.

For diarrhoea the same ingredients used for relieving cholera are taken. 45(15%) families replied that if the mixture is taken three to four times daily the sufferer gets relief from the ailment within two days.

The same ingredients used to cure cholera are also used to cure dysentery by 73(24.33%) families. The juice is taken three to four times a day and the patient gets relief within two days.

To get relief from cough and cold, Masala bori is used by 267(89%) of the families. The ingredients is boiled in water for 10 to 15 minutes and taken in small cup twice daily. The cure is ensured within three days.

TABLE-24

SHOWING THE NUMBER OF MALES (BORO) INDICATING THEIR FIRST AND SECOND CHOICE OF MEDICINE FOR TREATMENT

First Choice No. of Individuals										Remarks
Traditional Medicine		Modern (Allopathic Medicine)		Ayurvedic Medicine		Homeopathic Medicine		Others		
No. of males	%	No. of males	%	No. of males	%	No. of males	%	No. of males	%	
44	29.33	67	44.66	21	14	13	8.66	5	3.33	
Second Choice No. of Individuals										
Traditional Medicine		Modern (Allopathic Medicine)		Ayurvedic Medicine		Homeopathic Medicine		Others		
No. of males	%	No. of males	%	No. of males	%	No. of males	%	No. of males	%	
17	11.33	51	34	71	47.33	11	7.33	-	-	

To know the priority of choice of medicine 150 males were interviewed personally and expressed the views as shown in the table.

As regards first choice of medicine for treatment of diseases out of 150 male persons, 44(29.33%) prefers traditional medicine, 21(14%) persons prefer Ayurvedic, 13(8.66%) homeopathic and 67(44.66%) prefer allopathic medicine. Thus allopathic medicine enters into the tribal healing practices considerably owing largely to various health schemes of Govt.

In the second choice the informants showed a tendency towards Ayurvedic medicine where 71(47.33%) individuals preferred this type of medicine. It is followed by Ayurvedic medicine as second choice with 51 (34%) individuals. In the second choice, the traditional medicine gets third position with 17 (11.33%) individuals while homeopathic gets fourth position with 11(7.33%) individuals.

TABLE-25

SHOWING THE NUMBER OF FEMALES (BORO) INDICATING THEIR FIRST AND SECOND CHOICE OF MEDICINE FOR THEIR TREATMENT

FIRST CHOICE NO. OF INDIVIDUALS										Remarks
Traditional Medicine		Modern (Allopathic Medicine)		Ayurvedic Medicine		Homeopathic Medicine		Others		
No. of females	%	No. of females	%	No. of females	%	No. of females	%	No. of females	%	
63	42	58	38.66	23	15.33	6	4	-	-	To know the priority of choice of medicine 150 females were interviewed personally and expressed the views as shown in the table
SECOND CHOICE NO. OF INDIVIDUALS										
Traditional Medicine		Modern (Allopathic Medicine)		Ayurvedic Medicine		Homeopathic Medicine		Others		
No. of females	%	No. of females	%	No. of females	%	No. of females	%	No. of females	%	
41	27.33	83	55.33	23	15.33	3	2	-	-	

In case of females, where 150 cases were studied, the first choice went to traditional medicine with 63 (42%) individuals which was followed by allopathic medicine with 58 (38.66%) individuals. 23 (15.33%) females showed preference as first choice to Ayurvedic medicine while 6(4%) women preferred homeopathic medicine as first choice.

Among the women folk, allopathic medicine got second choice with 83(53.33%) persons which is followed by traditional medicine by 41 (27.33%) individuals. Next second choice preferred by 23 (15.33%) females to Ayurvedic medicine while 3(2%) women preferred homeopathic as second choice.

Here also it is seen that allopathic medicine is gaining among the tribal women.

TABLE-26

TABLE SHOWING THE COMMONLY OCCURRED INCIDENTS (AILMENTS) FOR WHICH THE BORO VILLAGERS VISIT OR TAKE THE HELP OF TRADITIONAL MEDICINE MEN, BEZ, KABIRAJ, VAIDHYAS ETC.

Visiting Persons	Name of Commonly Occurred Incidents (Ailments)	No. and % of the Respondents	Remarks
Traditional Medicine Men, Bez, Kabiraj, Vaidhyas	Common fever/flu/cough	149 (49.66%)	<i>To know the practical situation of the villagers under study this particular question was asked to all the heads of the three hundred households and answers were reflected in the manner as shown in the table.</i>
	Abnormal behaviour/mental illness	158 (52.66%)	
	Body ache/Headache	121 (40.33%)	
	Pain occurred due to unknown reason/small injuries	233 (77.66%)	
	Abnormal death of baby	13 (4.33%)	
	Action of evil eye/ghost	131 (43.66%)	
	Problem of stomach disorder, gas.	23 (7.66%)	
	Painful discharge of urine	201 (67%)	
	Hernia	279 (93%)	
	Pregnancy related problems	65 (21.66%)	
	To get rid of the wrath of evil eye/evil spirit/ghost	87 (29%)	
	To inhibit the action of evil eye at the time of marriage or other religious observance	15 (5%)	
	Snake Bite	167 (55.66%)	



Among the women folk, allopathic medicine got second choice with 83(53.33%) persons which is followed by traditional medicine by 41 (27.33%) individuals. Next second choice preferred by 23 (15.33%) females to Ayurvedic medicine while 3(2%) women preferred homeopathic as second choice.

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Snake Bite	167 (55.66%)		

The tribal villagers had a catholic belief on traditionalism and the treatment of diseases too has been, by and large, with help from traditional medicine. In the instant study out of 300 informants majority 233 (77.66%) approached medicine men, Kabiraj, Vaidyas, Bez for curing pain due to unknown reason or small injuries. 158 (52.66%) individuals approached the local medicine men for abnormal behaviour and mental illness, 149 (49.66%) individuals for common fever /flu /cough etc. For body ache 121 (40.33%) individuals consulted medicine men like Kabiraj and Bez. Another 131 (43.66%) approached medicine men for getting relief from evil design of ghosts/ evil eye.

Hernia appeared to be most common disease among the Boros that testified by the study where 279 (93%) individuals used to take advice from medicine men, Ojhas etc.

For pregnancy related problems 65 (21.66%) persons consulted medicine men and Bez. In order to get relief from painful discharge of urine, 201 (67%) individuals took medicine men from Bez while 87 (29%) persons approached medicine men for averting the evil effects of evil spirits. There were 167 (55.66%) persons who took help from Ojhas for snake bite problems. For pregnancy related problems 65 (21.66%) approached medicine men.

**DISEASES AND TRADITIONAL MEDICINE USED BY THE BOROS:**

SL. NO.	NAME OF THE DISEASES	NAME OF TRADITIONAL MEDICINE AND ITS USES
1.	Head-Ache	The ingredients of Pergulariadaemia: Forskchiov Linn., or vela plant (veli flower) should be mixed with dried ginger (locally known as haijeng) ( <i>Zingiber officinale</i> ) and the mixture is boiled in hot water. They belief that when it is consumed two times daily by a sufferer he will feel free from head-ache.
2.	Stomach-Ache	Stomach-ache can be treated by consuming two tea-spoon full of juice of the soft part of pine apple leaf or tender leaf of guava with a little bit of salt two times daily.
3.	Snake-Bite	Snake bite is usually treated by chanting mantras or incantations by the <i>Ojhas</i> available within the communities. The intensity of pain is measured by consuming hot green chilly. If the victim feels less hot then it is considered as poisonous bite or vice-versa. Sometimes stem of tender Thacho ( <i>Colocasia esculenta-Arum</i> ) is given to crash by the victim's feet. If he can easily crash the stem then it is considered as non-poisonous snake's bite or vice versa.
4.	Scorpion Sting	Latex and shoots of <i>Calotropis gigantea.</i> , is put in hot water and inhale the steam that comes out. This kind of treatment acts as an antidote to the sting of a scorpion.
5.	Lactation	<i>Euphorbia thymefolia</i> which can be found around lakes and towns increases lactation of milk. Leaves of this plant taken three times a day helps a lot.
6.	Jaundice	Crush the fruits of the Keelanelli plant ( <i>Phyllanthus amarus</i> : Hepatoprotective Plant) and eat the mixture with goat's milk for the cure of jaundice.
7.	Dog-Bite (Hydrophobia)	When the latex that is obtained from a Jack fruit tree ( <i>Artocarpus heterophyllus</i> ) is taken in three times a day, hydrophobia can be cured. This medicine is anti-rabies in nature.
8.	Wound	Wounds that are caused by falling can be cured by the application of the juice that is obtained from a paste of well-grind ( <i>Tridax procumbens</i> ) and turmeric (locally known as Haldhewai) and its leaves.

SL. NO.	NAME OF THE DISEASES	NAME OF TRADITIONAL MEDICINE AND ITS USES
9.	Bone Fracture	Get the leaves of the plant that is exclusively used for setting right fractured bones. Grind them along with the albumin of the eggs of a local hen and pure turmeric (locally known as Haldhewai) ( <i>Curcuma longa</i> ) to paste form and apply it on the affected part and bandage it for a cure.
10.	Giddiness	Crush the seeds of the <i>Aegle marmelos</i> which is available in forest areas and apply them on the forehead for immediate relief from giddiness.
11.	Pelvic Pain	Apply the gum of the plant named <i>Terminaha arjuna</i> (Arjun tree) on the affected part for quick relief from pelvic pain
12.	Vitamizer	The tubers of plant named <i>Crateva religiosa</i> if consumes in large quantities it gives energy and provides nutritional value. It has been using as Vitamizer traditionally.
13.	For curing of wounds	Pluck the leaves of the plant <i>Trigonopleura malayana</i> and mix them with turmeric powder ( <i>Curcuma longa</i> ) (locally known as Haldhawai) and grind them to paste. Apply the paste on the wound.
14.	Dandruff (Ufi)	Dandruff can be cured by using alkali prepared from ash of banana plant. It is used as shampoo.
15.	Heat in the body of Women	When a paste of <i>Cuminum cyminum</i> -Cumin, <i>Borassus flabellifer</i> , White crystals of Sugarcane is prepared and eaten the heat of body of women can be cured.
16.	Puss oozing from the Ear	Take the Outer Egg Shell of a local-hen and grind it to the texture of sandal wood paste ( <i>Santalum album</i> ) and mix it with lemon ( <i>Citrus acida</i> ) juice. Put a few drops into the ear for three days for relieving the ear pain and arresting the oozing of puss from the ear.
17.	Indigestion	For problems relating to indigestion powder both <i>Acorus calamus</i> and <i>sukku</i> ( <i>Zingiber officinales</i> ) and mix them with water. At least half-a-tumbler of drink wills produces the desired effect on the patient.

SL. NO.	NAME OF THE DISEASES	NAME OF TRADITIONAL MEDICINE AND ITS USES
18.	Menstrual Problems	Crush (Koravi leaves) and Thacho ( <i>Colocasia esculenta</i> – Arum) with Sunflower Plant ( <i>Helianthus annuus</i> ) and drink the mixture along with water. The disease can be cured. Besides, crush the bark of a 100 year old Neem tree ( <i>Azadirachta indica</i> ). Soak it in water and mix it with seeragam ( <i>Cuminum cyminum</i> ) and drink with water.
19.	Small pox and chicken pox	Take the Fiber of Turmeric ( <i>Curcuma longa</i> ), leaves of neem tree ( <i>Azadirachta indica</i> ) crush and soak them. Apply the paste on the disease affected parts. Allow the smearing to stay for half-a-day and then have a bath. The disease can be cured.
20.	Phobia and panic	Take Veppam Thazhai <i>Azadirachta Indica</i> , <i>Alangium salvifolium</i> and <i>Calotropis gigantea</i> each a bunch and sweep on the affected person. The affected person will be cured of his/ her panic. This kind of treatment is part of faith-healing.
21.	Biting of scorpion and snake bite	For the cure, the sweeping of leaves as prescribed above will help a lot.
22.	Heat in the body	A drink of goat's milk will reduce the heat in the body

## CHAPTER-V

### FINDINGS OF THE STUDY OF BORO PEOPLE

Traditional health care system among the Boros can be studied in the prevailing religious beliefs and practices prevalent among the Boros as medicine men, Ojhas, Kabiraj and rituals play significant role in curing diseases. The benevolent and malevolent spirits also play part in causing diseases and curing patients. Of late due to openness of the hitherto closed tribal societies and spread of education and consequent growth of awareness modern medicine has penetrated into the tribal villages. In this backdrop let us discuss about the healing system of the Bodos vis-à-vis the traditional medicinal practices.

Among the Boros, magic co-religious beliefs are rampant and the study shows that 55.2% males and 77.6% females believe in the existence of spirits in toto. However 32% males and 14.4% females believe in spirits partially. The in depth study conducted for a period from July 2012 to June 2013 showed that accident case deaths are more among males (29.16%) while there was no accident case of death of females. Malaria, diarrhoea, jaundice are the major killers among both male and female. For example there were 3 death cases of malaria among males as four (4) cases of death due to malaria among females. In the relevant period of study there were 2 death cases from jaundice among males and 3 death cases of jaundice among females. Diarrhoea death cases are however less. As the study period showed one death case of male and one death case of female.

Pregnancy related deaths also took place in that period and three women died due to pregnancy related disease. In the study period of one year there were in total 24 death cases, 13 male and 11 female.

Modernization has penetrated into the far flung Boro villages and due to spread of education, and various health related welfare schemes as well as nearness to modern growth centres the people have accepted the modern allopathic treatment by 77% families. Dependence upon homeopathic medicine is less (7%) while Ayurvedic medicine has not lost ground as 16% families still depend upon it.

The traditional medicine is still popular among the people and 77% families take this medicine along with modern medicine. However 7.66% families use only traditional medicine and 15.33% use only modern medicine.

Use of traditional medicine common diseases like cold, cough, ear pain, joint pain, indigestion, loose motion, common fever etc. diseases is gradually coming down as out of 198 interviewed women 16.16% women recorded use of traditional medicine for such ailments.

During 2012-13 fever was the most commonly occurred disease in the villages, the percentage being 6.06, cold and cough followed with 2.36%, diarrhoea with 1.25%, jaundice with 0.73% and dysentery with 0.66% in the studied area. It is found that 31.95% male and 30.39% believe in the relevance of traditional medicine.

Belief on ghosts and evil spirits as cause factors of disease is seen as 22% of the informants out of 300 opined that spirits and ghosts cause diseases. 23.66% of the informants believe that polluted air causes diseases. Lack of proper nutrients/vitamins also may cause diseases observed by 20% of the informants. Another 11.33% informants, reported that diseases occur due to breach of taboos and prevailing norms of the society. Similarly wrath of God is also a cause of diseases (6.33%).

Very often the rural medicine men plays dual role of curing and creating diseases too as 11% of the informants told that people desiring to harm enemies apply medicine collected from medicine men or Ojhas. The tribal people if due to reasons beyond their control, or due to pressures of work they may forget to offer pujas to the deities with God's fury bring diseases to the default families. This was reported by 2.66% individuals. Natural factors are also believed to be responsible for diseases.

The Boros use variety of leaves, herbs as traditional medicine. Tulsi (basil), Masala bori, Chirata are used to cure common fever. As many as 90% members believed the efficiency of these ingredients.

To cure diarrhoea, dysentery, cholera the villages use juices of Chirata, soft leaves of pine apple, leaves of guava, Bhekuri tita. Similarly to cure malaria juices of Neem leaves are taken twice daily for a week.

The Masala bori, an indigenous medicine is used to cure cough and cold. Groups of 150 male and 150 female were selected for interview and they were asked to give first choice and second choice of medicines. Among the males, the first choice was allopathic medicine (44.66%). In the second choice the informants showed Ayurvedic medicine.

Among the females the first choice went to traditional medicine (41%) and allopathic medicine got second choice (55.33%).

The overall picture went in favour of allopathic medicine. The reason behind this preference was spread of education, Governments health welfare schemes and impact of urbanization.

The villagers have had a catholic adherence to traditional medicine as traditions still die hard. Besides traditional medicine is cheaper and can be obtained without undergoing troubles to visit doctors of health centre private clinic located in towns. In the present study out of 300 informants 233 (77.66%) approached Kabiraj, medicine men, Ojhas and Bez for curing various ailments, abnormal behaviour, mental illness etc. The most common disease among the Bodos i.e. hernia is treated by local medicine men are approached when pregnancy is delayed. Other diseases like painful discharge of urine, evil effects of spirits and ghosts are treated by the Ojhas. The Ojhas also cure patients of snake bite.

## FINDINGS OF THE STUDY OF RABHA PEOPLE

Traditional health care system among the Rabha centres around catholicity of belief upon traditional healers like medicine men, Ojhas, Kabiraj, Bez as well as rituals observed to appease the presiding deities. Among the Rabhas benevolent and malevolent spirits also play significant role in causing diseases and curing patients.

The data indicates that 31.6% male and 34.8% female believe in the existence of evil spirits totally while 13.3% males and 8.4% females believe partially.

The intensive study conducted in the Rabha villages during July 2012 to June 2013 regarding death cases due to various diseases shows that 0.60% males and 0.47% females lost their lives from jaundice and other diseases. Among males 0.20% persons died of jaundice and one each (0.60%), died from diarrhoea, dysentery and T.B. Besides there were 0.20% accident deaths. Among females 2 (0.13%) each died due to malaria, diarrhoea and pregnancy related cases while one (0.66%) women died of Jaundice.

Although the villagers generally prefer traditional medicine, they do not neglect allopathic, homeopathic and Ayurvedic medicines as 56% families took allopathic medicines, 21.22% families took homeopathic medicines and 24% families took Ayurvedic medicines. A few decades back allopathic, homeopathic and such other medicines were not easily available. Neither the villagers were aware of efficiency of modern medicines. Of late modern medicine, doctors, Asha Karmis, health guide etc are serving the rural people and people preferred to switch over to modern medicines. Spread of literacy is another contributory factor in this regard.

Interview taken among 300 families regarding preference of medicines in their diseases, 62.33% families reported that they use both traditional and modern medicines. At first they try traditional medicine and when the same does not work, the families take modern medicines. Modern medicine users are therefore small in numbers as 27% families use only modern medicine.



The in depth survey among 9% house wives indicate a preference for traditional medicine, the percentage of such house wives being 71.13. For common diseases such as cold and cough, ear pain, joint pain, indigestion, loose motion, common fever, jaundice, head ace, burn injury etc. traditional medicines are used.

The commonly occurred diseases among the Rabhas are fever (5.06%) followed by cough and cold (2.90%), jaundice (1.41%), Diarrhoea (0.80%), Dysentery (0.47%). Besides there are other small disease numbering 33 (2.23%).

Regarding relevance of traditional medicine in the fast changing tribal milieu of present day situation 51.61% males and 40.35% females opined that the traditional medicine has not lost ground. However 7.62% males and 0.40% females consider lesser effectiveness in traditional medicine.

Household wise study of 300 households showed that 52.67% households use traditional medicine and only 12.33% households used modern medicine. There were however 34% households who used both types of medicine.

Individual wise data were collected regarding causes of disease and 300 adult individuals were interviewed and 26% individuals believe that spirits and ghosts cause diseases while 14.33% individuals believe that fury of God due to non observance of regular puja causes disease, even deaths. 9.67% individuals feel that bad air/pollution create diseases. Breach of taboo(7%), lack of proper nutrients (6%) also are causes of diseases. Another 7.67% informants believe that contagious magic applied factors are also responsible for diseases (17%).

The Rabhas apply various traditional medicines to cure their illness. The effectiveness of such medicines is ensured within a specific period. To cure fever Tulsi leaves (basil), masala bori and Chirata juices are taken three times a day and recovery is ensured within three days. As many as 271 (90%) studied families use these natural medicines to cure fever. To cure cholera leaves of pine apple, guava, Chirata, Bhekuri tita are thrashed and the juice is taken by patients three to four times daily ensuring relief within two days. 92% of the families used this medicine. Juices of Neem leaves are taken twice daily by malaria effected persons and the patients gets relief in a week's time. The Rabhas use bark of Bakul tree (*Cuswta Reflexa Roxb*) to cure jaundice. The barks are boiled in water and the patient takes the juice twice daily. After one week the patient is cured.

Similarly traditional medicine used to cure cholera is also taken by diarrhoea and dysentery patients. Ginger and black pepper boiled with tea leaves in a pot and juice is given to patient suffering from cold and cough. The patient gets relief within a week.

To cure high blood pressure Citrusauran Tifolia Swing, Rulaceae Thaisamicri fruit juice is applied in the head twice daily and the patient gets relief within two days.

In order to ascertain first and second choice of medicine, interview was taken from 150 males and 150 females and it was found that out of 150 males 73(48.66%) persons returned allopathic medicine as first choice. Traditional medicine was shown as first choice by 34%,

As regards second choice Ayurvedic medicine scored the highest percentage of 45.33 followed by allopathic medicine with 38%. The traditional medicine was returned by only 12.66% as second choice males.

Out of 150 females interviewed 74 (49%) gave first choice to traditional medicine. The allopathic medicine scored only 21.33% as first choice. However in the second choice the 51.33% female informants returned traditional medicine as second choice.

Data were also collected from 300 heads of households to know the actual position of traditional medicine among the Rabhas. It was found that traditional medicine have had a firm ground among the Rabhas. To get relief from cough and cold 71% informants approached medicine men. The local Bez cured affected persons of evil eye/ ghosts (58%). To get relief from painful discharge of urine 77% informants approached medicine men. Again minor ailments like head ace, body ace were treated by medicine men (26.33%). The medicine men and Bez cured abnormal behaviour (31.66%). In fine all ailments such as injury due to unknown reasons, abnormal death of babies, stomach disorder, hernia, wrath of evil eye and evil spirits, snake bite, evil affected couple during marriage etc. are treated by medicine men, Bez and Kabiraj.

Thus traditional medicine is scrupulously used by the Rabhas in a big way. Of late, however, due to urbanization and implementation of Governmental health welfare schemes, as well as spread of education, the people are switched over to alternative medicines such as allopathic, Ayurvedic and homeopathic medicine. The cost effectiveness of traditional medicine and availability of immediate advice from local medicine men are the plus factors for continuation of traditional medicine in a big way.

## CHAPTER- VI

### CONCLUSION

The practice of traditional medicine as a means of health care among the Bodos and Rabhas, two plains tribes of Assam could be viewed in largely in the context of their magi co religious beliefs and practices. The study covered 10 villages with 300 households each from both the tribal communities having population of 1352, male 728, female 624 from Boros and 1482 population, male 878, female 604 from Rabhas.

It is observed that during a year (July 2012 to June 2013) there were 24 cases of death, 13 males and 11 females, due to accidents, malaria, jaundice and diarrhoea and pregnancy related cases among the Bodos. Similarly, during the period under reference there were 16 death cases, 9 male and 7 female from the said diseases among the Rabhas.

The people of both the tribes used mainly allopathic medicine to treat serious disease. Today both the tribes use modern and traditional medicines but preference is given to traditional medicine. The commonly occurred diseases among Bodos and Rabhas are fever, cough and cold, jaundice, diarrhoea, dysentery and malaria.

Regarding relevance of traditional medicine in the fast changing 21<sup>st</sup> century, the people belonging to both Bodo and Rabha tribes feel that there is relevance of traditional medicine as dependence on other medicines like Allopathic, Ayurvedic or Homeopathic has certain limitations in the context of existing socio economic status of the people. The people still believe in the existence of spirits, ghosts and evil designs of enemies which could be controlled by traditional medical practices. Besides there are certain taboos, the breach of which create diseases. The Gods fury and consequent disease could be remedied only by local medicine men and Ojha or Bez. It is futile to ask the tribal people to abandon such healing practices as traditional bound Bodos and Rabhas have adopted it through generations. Even today the villagers use juices of Chirata, soft leaves of pine apple, leaves of guava, Bhekuri tita to cure cholera, diarrhoea, dysentery and jaundice. Small pox, measles are cured by using Neem leaves. It is interesting to note that every elderly people of the communities possesses the knowledge of healing with the above ingredients particularly 'Masala Bori'. Perhaps for this reason the female persons of the Bodos gave first choice to traditional medicine while treating patients. Similarly the Rabha women also gave first preference to traditional medicine. The interviews of selected adults, house wives opined that traditional medicine has a strong case in the healing practices. However in the second choice Allopathic medicine comes to the reckoning as effective healing method.

Of late Govt. health welfare schemes have been implemented in the villages under study. Primary Health Centres are located in most of the villages or near to the villages. In all the villages there ASHA Karmis. Health providers are also appointed. Although Govt. hospitals are located beyond 5 km in most cases, due to improvement of transport and communication the people take serious cases to the hospitals. Besides various welfare schemes undertaken by WPT & BC Department, Govt. of Assam, the IAY, Antodaya Midday Meal, MGNREGA, ASHA workers, Rajib Gandhi Rural Electrification Scheme, National Rural Health Mission etc. have contributed largely towards removal of old stereotyped think ups and it is observed from the study of special groups and selected individual groups that modern medicines has also gaining ground among the people. Most of the informants use traditional and modern medicines. Yet till towards traditional medicine is seen. For instance out of 300 selected individuals from Bodo villages who were interviewed to show preference for medicine in various ailments 233(77.66%) returned traditional medicine to cure Hernia which is common among Boros.

Same is the case for the Rabhas. Out of 300 selected households for interview 161(67%) households preferred traditional medicine, 37(12.33%) households for modern medicine and 102 (34%) households used both modern and traditional medicine.

Thus the study showed a preference for traditional medicine, while at the same time emphasized the essentiality of modern medicine. A close alliance is noticed between traditional and modern medicine. Although relegated to the third preference, Ayurvedic, Homeopathic medicines are also holding reasonable place in the healing practices of the Bodos and Rabhas. What emerges from the study is that due to cost effectiveness of traditional medicine and due to largely to the belief system based on traditional medicine since the days of their fore fathers, the tribal people could not shed their attachment to the medicine men, Kabiraj and Bez who till the openness of the society were treated like saviours of the society in the time of distress. We therefore suggest that a scientific study of the indigenous medicine should be undertaken along with the encouraging the people to use modern medicine. A sizable population of the Boros and Rabhas constitute BPL category and one of the main reasons for popularity of traditional medicine is poverty. Illiterate is still continuing although some improvements have definitely been made as shown in the analysis part. More pragmatic development schemes based on house o house need based study is the need of the hour.

## CHAPTER- VII

### SUGGESTIONS

1. Health care with traditional medicine is ingrained in the socio-economic life of the tribals over the generations and the same should be encouraged while at the same time modern medicine should be introduced for serious and prolonged cases of diseases. Herbal medicine is gaining popularity today.
2. Very often the poor tribals resort to traditional medicine prescribed by medicine men due to poor economic condition of the tribals , thereby depriving them to the benefits of modern medicine. Sincere efforts should be made to improve the poverty condition.
3. Illiteracy is still rampant and the illiterate persons do not realize the efficiency of modern medicine. More efforts should be made to bring the illiterates to the educational institutions.
4. Scientific research should be made on the ingredients of traditional medicine.
5. Hygienic condition in the tribal areas deserves attention.
6. Due to lack of good roads and transport facilities the people become hesitant to bring patients to the PHCs or hospital. Poor condition of road has been reflected in the table stated above where 20% villages have katcha fair weather roads.
7. Water borne diseases like jaundice are common in the tribal areas as supply water is not available for all the villages. Stress should be given to provide safe drinking water to the villages. It has been observed that quite a good number of villages use water from rivers and streams.

## CHAPTER- VIII

### APPENDIX

**GOVERNMENT OF ASSAM**  
**ASSAM INSTITUTE OF RESEARCH FOR TRIBALS AND SCHEDULED CASTES:**  
**JAWAHARNAGAR, KHANAPARA, GUWAHATI-22**

Research Study on "Practice of Traditional medicine as a means of health care system prevalent among the Bodos and Rabhas of undivided Kamrup and Udalguri district of Assam."

#### VILLAGE SCHEDULE

##### **1. General Information:**

- (i) Name of the informant:-
- (ii) Age:-
- (iii) Sex:-
- (iv) Education:-
- (v) Occupation:-
- (vi) Name of the village:-
- (vii) Name of the Gaon Panchayat:-
- (viii) Police station:-
- (ix) Block:-
- (x) Sub-Division:-
- (xi) District:-
- (xii) Total number of households:-
- (xiii) Total number of Tribal households:-
- (xiv) Total population:-  
(a) Males:-  
(b) Females:-
- (xv) Total Tribal population:-  
(a) Males:-  
(b) Females:-
- (xvi) Name of the Tribes living in the village:-

**2. Topography:- (Use tick mark wherever necessary)**

- (i) Hilly            (ii) Undulating    (iii) Purely Plain

**3. Settlement Pattern:- (Use tick mark wherever necessary)**

- (i) Agglomerated        (ii) Dispersed    (iii) Isolated    (iv) Others (Pl. mention)

**4. Type of (tribal) houses:-**

- (i) No. of R.C.C. Houses:-  
(ii) No. of Pucca Assam type houses:-  
(iii) No. of Kutcha Assam type houses:-  
(iv) No. of Thatched Roofed Bamboo made houses:-  
(v) Others (Please specify):-

**5. Cropping Pattern:-**

- (i) Major crops grown:- (Mention the names)

(ii) Rabi:-

(iii) Kharif:-

(iv) All seasoned:-

**6. Transportation and communication facilities:-**

**(a) Distance of the village from:-**

- (i) Nearest motorable road:-  
(ii) Nearest transport station:-  
(iii) Nearest railway station:-

**(b) Condition of the road within the village:-**

- (i) Foot Tract  
(ii) Katcha, Fair Weather Motorable Road  
(iii) Katcha, All Weather Motorable Road

(iv) Gravelled Road

(v) Other( Specify)

**(c) Mode of conveyance (Use tick mark wherever necessary)**

(i) Govt Bus

(ii) Hired Vehicle

(iii) By-cycle

(iv) Buses run by private party.

(v) Tempo/Trekker/Rickshawa/Auto-Rickshawa etc.

**(7) Other means of mass communication available:**

(i) Television

(ii) Radio

(iii) News Paper

(iv) Library

(v) Community Centre

(vi) Telephone facility

(vii) Others (Specify)

**(8) Civic facilities:**

(i) Marketing facilities within/outside the village. Yes/No.

Distance from the village if outside:

(ii) Police Station. Distance from the village if outside:

(iii) Drinking water facilities.

a) Pond, b) Well, c) River, d) Stream, e) Tube Well, f) Reservoir, g) Govt. Water Supply Scheme

(iv) Banking facilities within the village. Yes/No.

(v) Electricity. Yes/No.



**(vi) Medical facilities available.**

Sl. No.	Health Facilities	Nos.	Distance from the village
1	Sub Centre		
2	Primary Health Centre		
3	Community Health Centre		
4	Govt. Hospital		
5	Private Clinic		
6	Private Hospital		
7	Other Traditional Health Centre		

**9) Availability of Health Provider in the Village.**

- (i) Private Doctor.
- (ii) Village medicine man.
- (iii) Traditional birth attendant.
- (iv) Mobile health unit.
- (v) Kabiraj/Magical man/Other

**10) Whether the village has been affected by any type of epidemic during the year?**

Yes/No. Please mention the year.

**11) No. of Traditional medicine men available within the village?**

- i) Male, .....Nos. ii) Female .....Nos. iii) Professional .....Nos.
- iv) Non Professional .....Nos.
- v) Approximate age of the male medicine men, .....yrs.
- vi) Approximate age of the female medicine men, .....yrs.

**12) Sources of medicine.**

- i) Collects from nearby forest, ii) Cultivate in their garden, iii) Purchase from market, iv) Any other source please specify.

13) Is there any families having adopted child?

Yes/No.

a) If 'Yes' No. of such family.

b) How many of them do have male/ female adopted child? Specify the nos. for both cases.

14) Is there any society (secret) of medicine men?

Yes/No.

15) Do you have cordial relation with medicine men?

Yes/No.

Remarks: .....

Data Collected by: .....

Date: .....

## GOVERNMENT OF ASSAM

### ASSAM INSTITUTE OF RESEARCH FOR TRIBALS AND SCHEDULED CASTES: JAWAHARNAGAR, KHANAPARA, GUWAHATI-22

Research Study on "Practice of Traditional medicine as a means of health care system prevalent among the Bodos and Rabhas of undivided Kamrup and Udalguri district of Assam."

#### HOUSEHOLD SCHEDULE

1. Name of the informant:-

2. Age:-

3. Sex:-

4. Education:-

5. Occupation:-

6. Community:-

7. Religion:-

8. Name of the village:-

9. District:-

10. Family size: (Start with the head of the family)

Sl. No.	Sex	Age	Education	Occupation	Relation with the HOF	Remarks
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

11. Annual Income of the family from all sources:- ( Approximate in Rs.)

12. Daily consumption pattern:- (a) Breakfast at ..... am. (b) Lunch at .....pm.  
(c) Dinner at .....pm. (d) Tea (Frequency):-

13. Name of items (foods) consume as....

(a) Breakfast.....

(b) Lunch .....

(c) Dinner .....

14. Weekly consumption (food habits) pattern:-

Sl. No.	Name of the food items	No. of times (Daily)	Weekly
1.	Milk		
2.	Curd		
3.	Rooti/Pori		
4.	Rice		
5.	Meat		
6.	Fish		
7.	Egg		

15. Monthly budget (expenditure pattern) of the family:-

Sl. No.	Name of the items involved expenditure	Monthly Expenditure in Rs.
1.	Essential food items	
2.	Vegetables	
3.	Non vegetable items	
4.	Transportation/communication	
5.	Electricity	
6.	Entertainment like Dish TV, Cable Charges etc.	
7.	Mobile	
8.	News Papers/ Magazines	
9.	College/Schools expenditure for children	
10.	Clothing	
11.	Expenditure related to health (like medicine)	
12.	Expenditure associated with social visit	
13.	Any other (Please specify)	

16. How do you define health or How do you view about health? (Clearly note the view)

.....  
.....  
.....  
.....

17. How do you define disease or How do you view about disease? (Clearly note the view)

.....  
.....  
.....  
.....

18. Do you have belief on evil spirit or spirit? Yes/No.

(a) If 'yes' how do you feel it's existence?

.....  
.....  
.....  
.....

(b) According to you, is there any classification of diseases? Yes/No.

If 'Yes' do you think that diseases are caused by-

(i) Exclusively by supernatural powers like spirits and ghosts.

(ii) Magical means like Sorcery and witchcraft.

(iii) Natural means.

(iv) All means stated above.

(c) What do you mean by supernatural being?

(i) It is a traditional god/deity/non-human being usually resides in a place considered to be sacred by the villagers.

(ii) It is a non living objects which are not visible, but actions are visible having their own residence unknown to us.

(d) Do you believe the effect of magical powers that do harm to the people of your locality?

Yes/No.

(e) Do you think that magical powers means intrusion of foreign into human body by a Shaman or Ojhas or magical man? Yes/No.

(f) How do the magical man do harm to the people? They do harm the people by

(i) Intruding the action of evil-eye or witchcraft.

(ii) Applying mantras (black magic) in the name of the victims.

(iii) Putting certain objects like telismats, amulets etc. to the person concern.

19. Do you think that evil spirits may play a detrimental role in human health? Yes/No.

(a) If 'yes' in what form does it occur in human health?

.....  
.....  
.....  
.....

(b) How do you treat an individual when he/she suffers from the wrath of spirit?

.....  
.....  
.....  
.....

20. How do define traditional medicine or ethno-medicine? (Clearly note the statement)

.....  
.....  
.....  
.....  
.....

21. Do you have belief on traditional medicine? Yes/No.

(a) Is there any classification of traditional medicine? Yes/No

22. Usually how do you make use of traditional medicine? Self/Medicine man.

(a) If 'self' how do you use it?

.....  
.....  
.....  
.....  
.....

(b) If 'medicine man' how do they use it?

.....  
 .....  
 .....  
 .....

(c) Is there any traditional man in your society/ Yes/No.

(i) If 'yes' mention their name.

.....  
 .....  
 .....  
 .....

(ii) What are the local medicines that the medicine man makes use for the treatment of diseases?

(iii) Do they use locally available herbs? Yes/No.

If 'Yes' state briefly as per the following chart.

Botanical Name	Local Name	Parts Used	Methods of use	Type of diseases	Prescribed Doses	Recovery Time
		1.Roots 2.Barks 3.Stems 4.Leaves 5.Floral Parts				

(iv) Sources of collection.

23. Do the medicine men undertake any type of minor surgery? Yes/No.

(i) If 'Yes' in which cases minor surgery is undertaken? (State briefly)

24. Do the medicine men practice mantras to heal diseases?

or

25. Do the medicine men apply any religious practices to heal ailment? Yes/No.

If 'Yes' what type of practices do they use to the ailment? (State briefly)

.....  
.....  
.....  
.....  
.....  
.....

26. Do the medicine man demands any money or remuneration for their service? Yes/No.

If 'Yes' how much?

27. Where cash or kind?

28. What are common diseases usually occur in your village?

(a)(i) Common fever/Headache (ii)Cholera, (iii) Malaria, (iv) Jaundice, (v) Diarrhoea, (vi) Dysentery, (vii) Cold & Cough, (viii) Kala Azar, (ix) Respiratory Diseases, (x) Small Pox, (xi) T.B. (xi) Hepatitis-B, xii) Any other communicable diseases, (xiii) Any other (Please specify).

(b) Usually what type of traditional medicine do your wife practice in your family when some of your family member suffers from any type of minor ailments?( Please give name of diseases and medicine used)



29. Is there any mortality in your village during last year? ( From 1st July, 2012 to 30th June, 2013)

(i) If 'Yes' please mention number, age, sex and cause of death. Please tick the no. of causes in appropriate column for the causes stated below:

**Cases of Deaths may be due to:-**

- (i) Common fever, (ii) Cholera, (iii) Malaria, (iv) Jaundice, (v) Diarrhoea, (vi) Dysentery, (vii) Cold & Cough, (viii) Kala Azar, (ix) Respiratory Diseases, (x) Small Pox, (xi) T.B. (xii) Hepatitis-B, (xiii) Any other communicable diseases, (xiv) Any other (Please specify).

Sl. No.	Cause of Death	Age	Sex	Treatment Taken or Not	Whether modern/Traditional	No of Deaths	Whether hospitalised or Not	Remarks
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

30) Other than traditional medicine, do you take help of modern (Allopathic) medicine?

Yes/No.

31) In which circumstances? (State briefly)

32) What do you do in case of major health problems? (State briefly)

33) What do you do in case of pregnant women? Give a brief note

.....  
.....  
.....

34) How do you define or what do you think about a mentally (ill) disorder person? (Tick only)

i) A mentally disorder or ill occurs to a person due to lack of nutritional deficiency or vitamin deficiency.

ii) It occurs due to evil eye.

iii) It occurs due to wrath of God or non observance of certain spiritual life.

iv) It is an inherent problem occurs due to co-genital problems.

v) It occurs due the evil intrusion of magical men.

v) Any other. ( specify)

35) Which are the diseases considered by the people of your community as manifestation of sins or sins committed by himself or his forefathers? Give the names of such diseases.

i) ii) iii)

iv) v) vi)

36) Do you think this medicine have still relevance in your society? Yes/No.

37) Is there any organizations (Govt. or Private) who encourages the practice of traditional medicine?  
Yes/No.

If 'Yes' please mention the names of such organization.

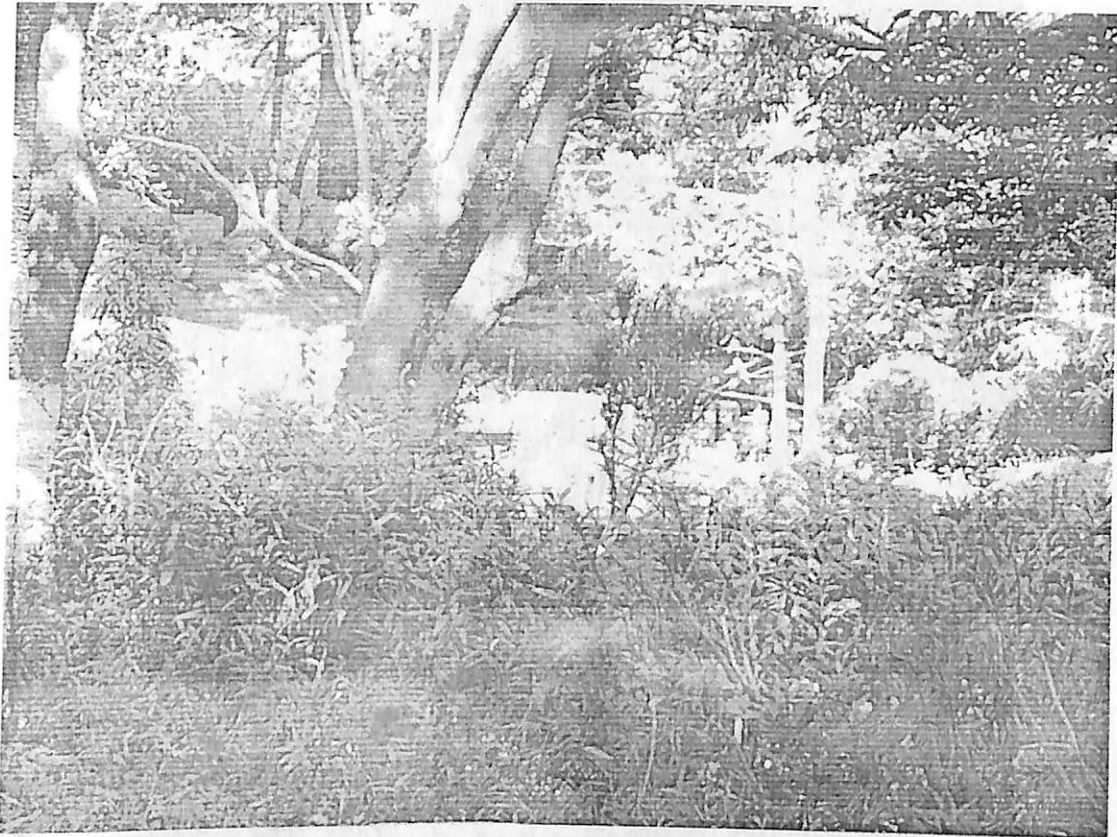
38) What is the role of Govt. doctors/hospitals in rendering health services in your village?

39) Are there any incidences of death that occur due to traditional treatment? Yes/No.

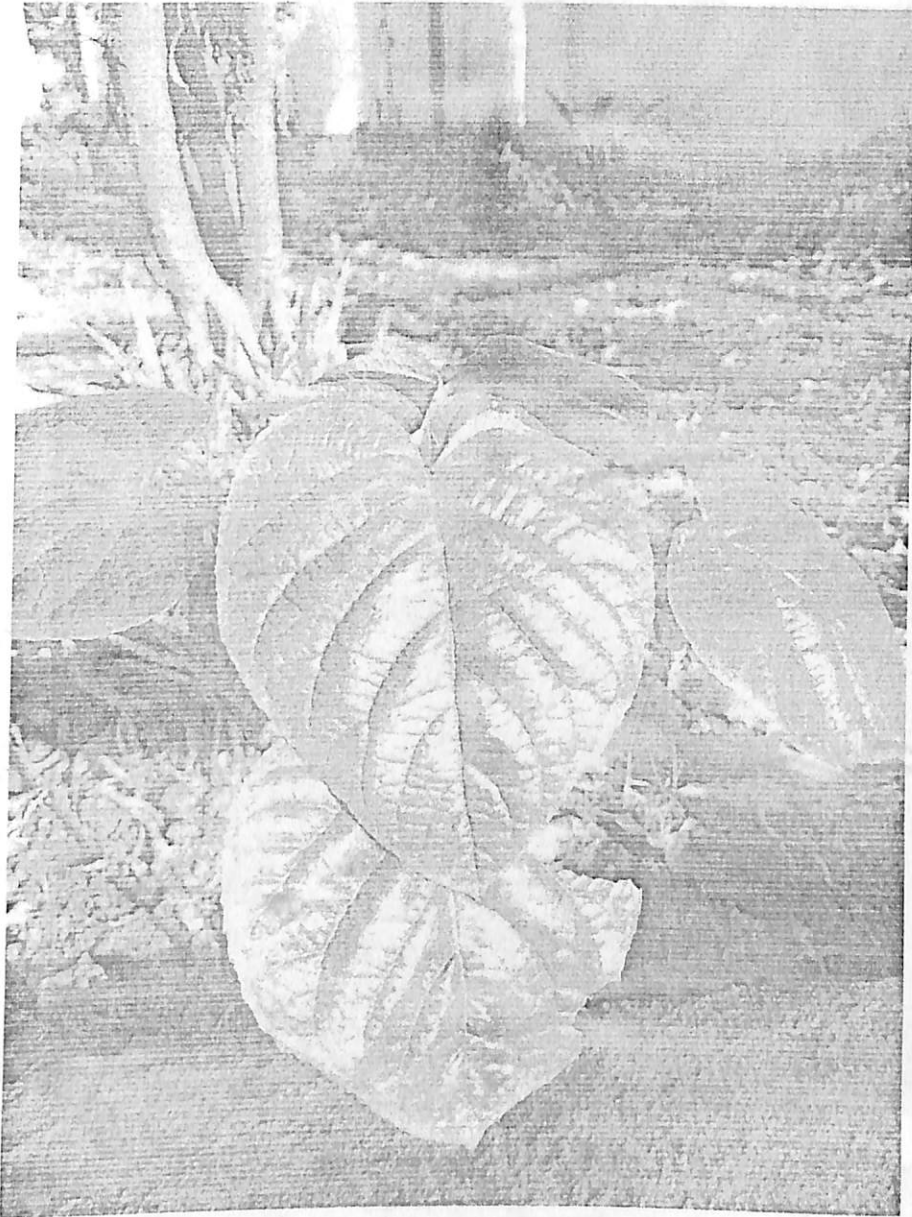
If 'Yes' mention the nos. of death and causes.

40) What are the common ailments treated by purely magical means? (Clearly mention the names and the material used)

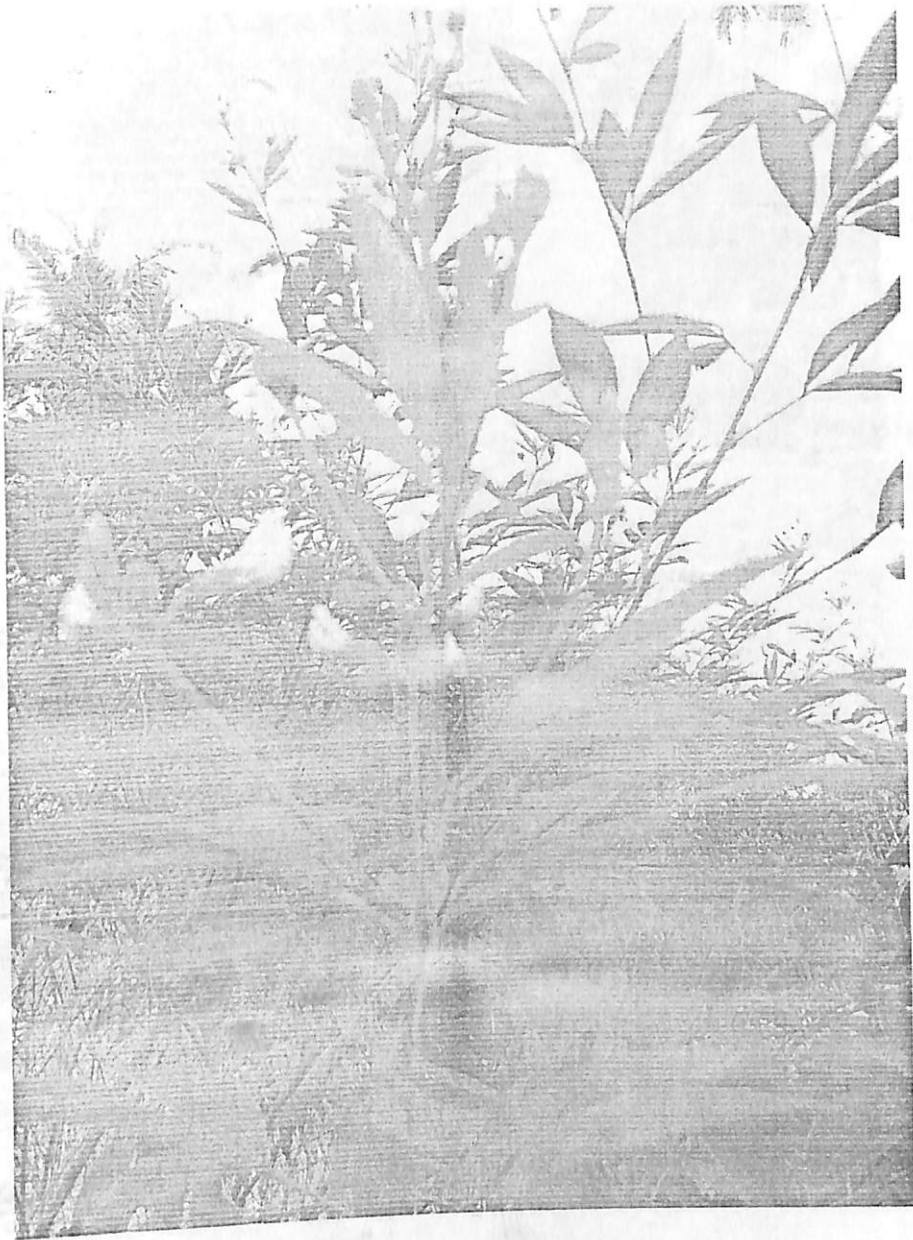
Collected by: ..... Date: .....



*Justicia simplex* Linn. (Local name in Rabha: Jatra siddhi plant)



*Clerodendrum colebrookianum* Walp.(Nephapho)



*Cajanus cajan* (L) Millsp (Naga Mah)



*Clerodendron viscosum* Linn ( Local name in Rabha: Bhekuri tita)



*Bryophyllum pinnatum* Roxb. (Local name in Rabha: Pate gaja)



*Bryophyllum pinnatum* Roxb. (Local name in Boro: Sring Sring Khala)





*Tagetes patula* Lin. (Local name in Boro: Gendhaful dongphang)

*Averrhoa carambola* Linn. (Local name in Boro: Khordoi fitnai dongphang)





*Artocarpus heterophyllus* Lamk. (Local name in Boro: Khanthal dongphang)



*Swertia chirata* Buch-Hem. (Local name in Boro: Chirata)



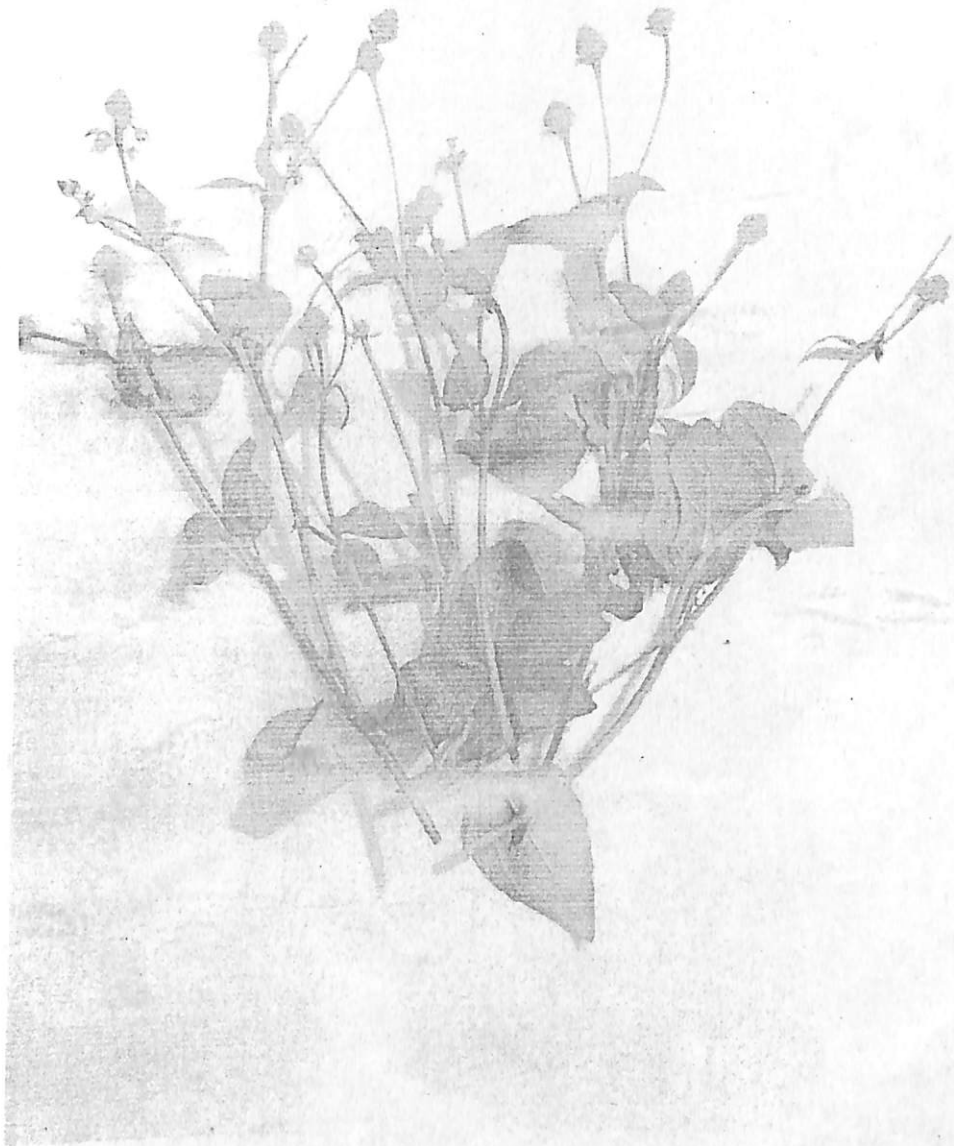
*Psidium guajava* Lin. (Local name in Boro: Sufari dongphang)



*Dryopteris filix-mas* (Local name in Boro: Dhengkhiya phagla dongphang)

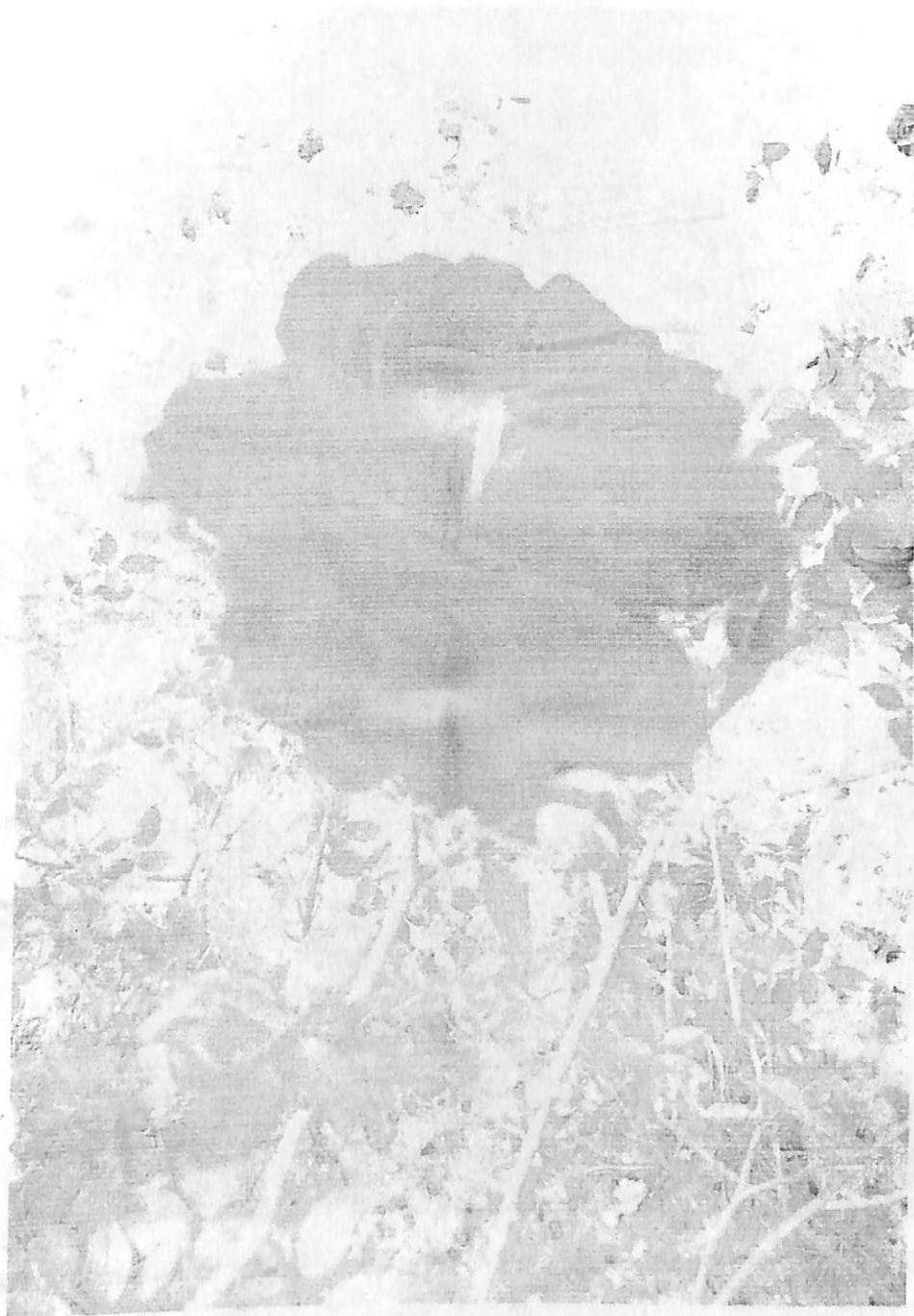


*Ocimum sanctum* Linn. (Local name in Boro: Thulansi dongphang)



*Spilanthes acmella* Linn. (Local name in Boro: Jarema dongphang)





*Rosa kordesii* Linn (Local name in Boro: Golap bibar)



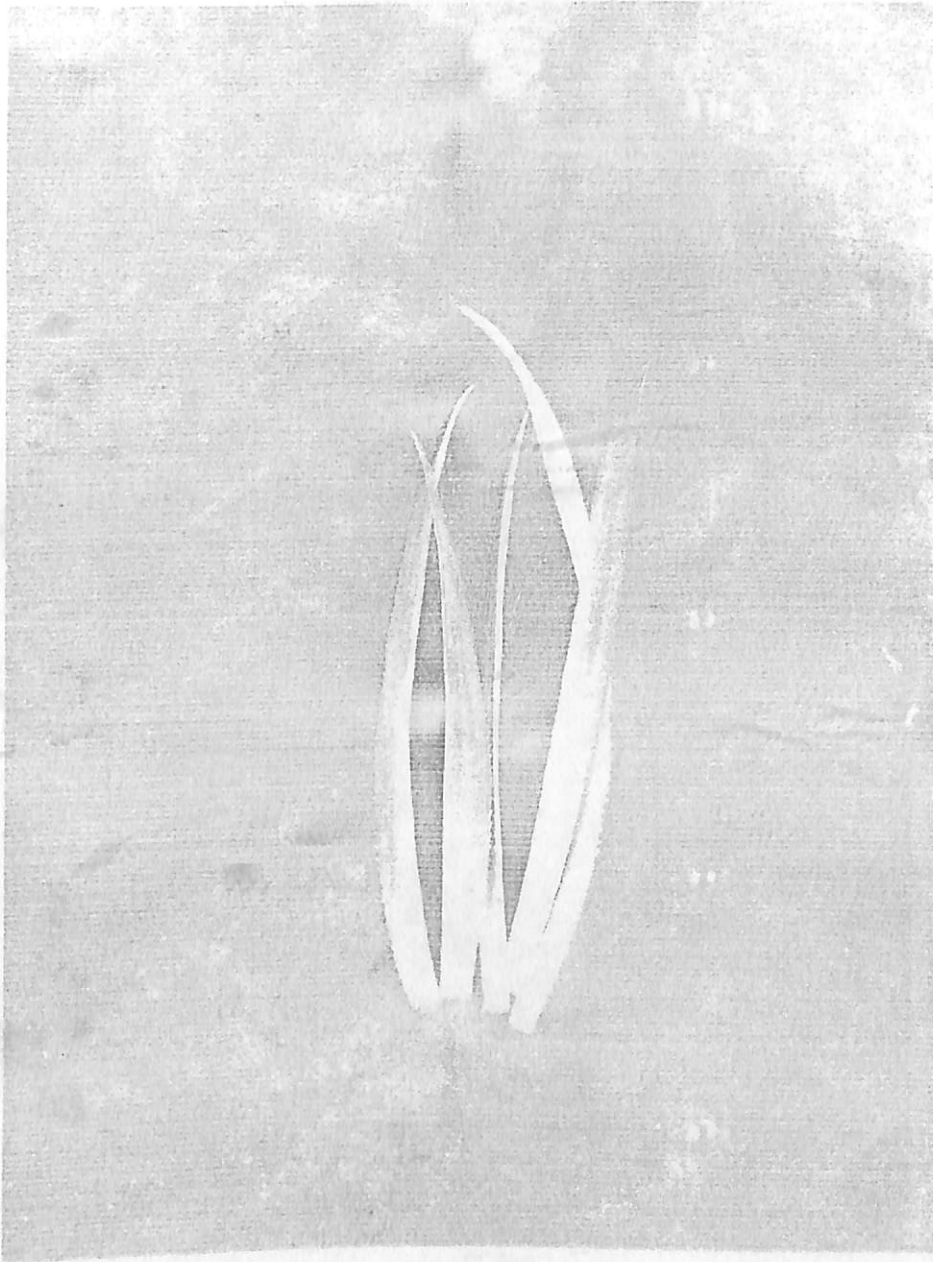
*Azadirachta indica* A. Juss (Local name in Boro/Rabha: Neem dongphang/ gash)



*Leucas plukenetii* (Roth) Spreng (Local name in Rabha: Durun ful)



*Crinum asiaticum* Lin. (Local Name in Boro: Konari)



*Ananus comosus* Lin. (Local name in Boro: Anarash bilai)

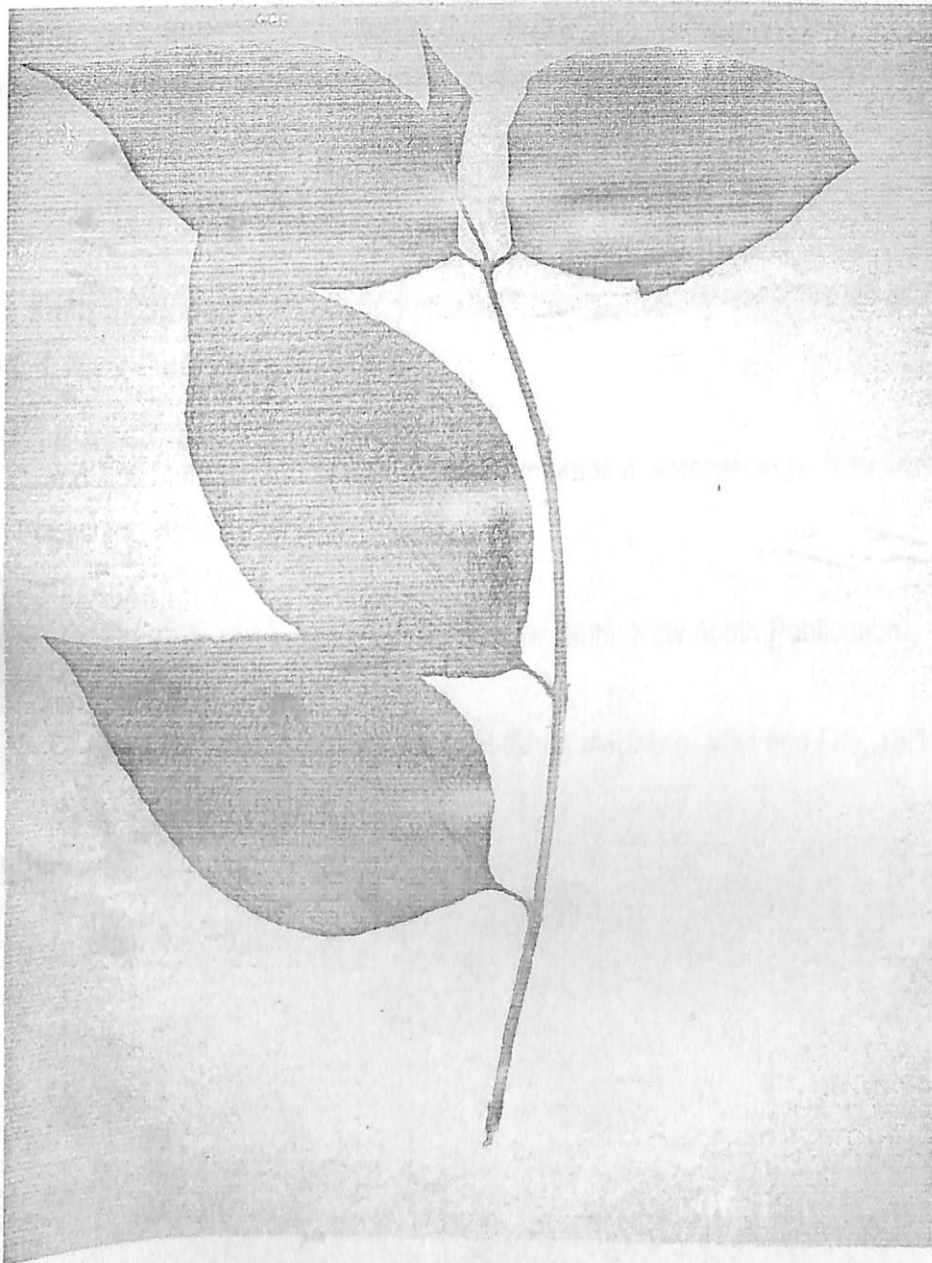


*Punica granatum* Linn. (Pomegranate) (Local name in Boro: Dalim dongphang)



*Eupatorium odoratum* Lin (Local name in Rabha: Jarmoni gash)

BIBLIOGRAPHY



*Eupatorium odoratum* Lin (Local name in Rabha: Miskuri gash)



## BILIOGRAPHY

1. Banerji, D. (1982), Poverty Class and Health Culture, Prachi Publication, New Delhi.
2. Bordoloi, B.N., G.C. Sharma Thakur and M.C., Saikia (1987), Tribes of Assam, T.R.I.Popular Series, Part-I, Tribal Research institute, Assam, Guwahati.
2. Burman, J.JRoy, (2003), Tribal Medicine, Mittal Pblcation, New Delhi.
4. Ganguly, K.K. (2002), Health and Culture of a Metropolitan Resettlement: Issues and Challenges, Rajat Publication: New Delhi.
5. Joshi, P.C. and Anil Mahajan (ed.) (1990), Studies in Medical Anthropology, New Delhi: Reliance Publishing House.
6. Kakar, D.N., (1977), Folk and Modern Medicine, New Delhi: New Asian Publication.
7. Khan, C.G. and Md. Arif Ali (1992), Relevance of Ethno medicine. *Man and Life*, 18:11