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# EDITORIAL

***Advasi*** is the research journal in the field of Anthropology, Cultural and Developmental Studies being published uninterruptedly from the State of Odisha in the post-independence times. Being published since 1955 it incorporates the original articles of reputed anthropologists, sociologists, development practitioners, experts and researchers who have worked and gained knowledge and experience in the field of tribal society culture and development.

This is the 1st Issue of 61st Volume of the Journal that is enriched with 07 articles contributed by fourteen eminent scholars based on their rich experience and sincere efforts. Among these 04 are related to Tribal Health and the remaining 03 concern Tribal Education, Traditional Knowledge and Religious Beliefs.

The credit for the first article titled ***Status of Saora Languages and its Dialectical Variations*** goes to A.B. Ota & P. Patel. They have discussed about the renewed focus on tribal languages, in Indian context, because of The New Education Policy (NEP) 2020 that says the preferred medium of instruction till grade five, possibly Class 8, would be the local language/ mother tongue thereby creating an opportunity to look back to the contextuality of tribal languages and mainstream them. In Odisha many tribal languages exist in unwritten forms which due to several reasons are fading away day by day giving space to dialectical variations. In this context, the paper reflects the status of Saora language and the related dialects through the years of development and change. The paper suggests that in order to understand status of all tribal dialects a comprehensive survey may be taken up towards minimizing confusions over status of languages and reduce the related demo-linguistic complexities.

The second article captioned ***Prevalence and Pattern of Depression among The Juang (PVTG) Adults of Odisha*** contributed by Shilpi Smita Panda, Swagatika Sahoo, Binoy Kumar Kuiti, Kanhu Ch Satapathy, Mitali Chinara and Prasanna Ku. Patradeals with the prevalence rate of depression among the adult Juangs, a PVTG in Keonjhar district of Odisha. Their study has found that moderate depression among Juang was higher in the older age group of females, especially those living in a joint family and are illiterate. However, the depression prevalence was lower among the higher income group and those living in pucca houses.

***Knowledge and Awareness on Menopause among the Munda tribe of Jajpur District, Odisha*** is the third article authored by Lipsa Das and Prasanna Ku. Patra. It evaluates the various demographic and socio-economic parameters such as mean age at menopause, education, occupation etc among the Munda women of Jajpur district of Odisha and their level of knowledge and awareness regarding menopause. The awareness level was found to be very low. Therefore, the authors have emphasized the need for awareness generation and counseling about menopause and its related physical and psychological problems that affects health of Munda women.

The fourth one titled ***Gender and Health Issues among Paudi Bhuyan Women of Angul District of Odisha*** is prepared by Biji Patra. In this paper an attempt has been made to scrutinize different health ailments pertaining to Paudi Bhuyan (PVTGs) women in their reproductive age and discuss how gender disparity exists among them. The paper reflects that there exists petite awareness among the Paudi Bhuyan women regarding health, menstruation, hygiene and such other social-behavioural aspects. These observations may provide an insight into their deficit cognizance about their political emancipation and overall women empowerment.

The fifth article titled ***An Insight into Traditional Health Care Practices among Tai Khamti*** community of Assam is presented by Debismita Bora discusses about the existing health care practices amongst the Tai Khamti tribe of Assam and to assess to what extent their ethno-medicinal practices are in practice and if there is any conscious effort of traditional healers in preserving such a knowledge system.

The sixth one titled ***Protecting Traditional Knowledge Systems and Indigenous People's Rights: Culture in Context*** is authored by Dakshita Chopra. It examines the scope of backing provided to indigenous people's rights through international human rights law. Part I of the paper provides an introduction on how human rights instruments accommodate the rights of indigenous people as well as how their relationship with nation states should be governed as far as traditional knowledge is concerned. Part II deals with a few points of concern that arise in protecting traditional knowledge by strictly adhering to the standard prescribed in international instruments. In conclusion, part III proposes for a sui generis framework that empowers indigenous people while addressing the concerns mentioned in Part II.

The paper presented by Anuja M. Pradhan and titled ***Dying God and Fleeing Ghosts*** is the seventh item of this issue. This thought provoking paper discuses about worship of God as the savior and belief in other super naturals comes out of fear. The Kui people do believe in their perception of God and Ghosts as per knowledge gathered and transmitted from generation to generation. The journey of religion and power though looks parallel but there is reason to believe one leads the other as per proximity to power to rule.

I extend my heartfelt thanks to all the paper contributors without whom this issue of Adivasi could not have seen the light of the day. I also gratefully acknowledge the contribution of our Associate Editor, Shri S.C. Mohanty, Consultant (Research) and our Lead Consultant Dr. Mihir Kumar Jena who have taken all the pains to bring out this issue. It is hoped that the papers contained in this volume will be of great use for the academicians, researchers, planners, administrators and all those who are interested in the subject matter.

**31st July 2021,**
Bhubaneswar

**Prof. (Dr.) A. B. Ota**
Editor

# CONTENTS

# STATUS OF SAORA LANGUAGES AND ITS DIALECTICAL VARIATIONS

**A. B. Ota[1], P. Patel[2]**

## ABSTRACT

*Language is intrinsic to the expression of culture. As a means of communicating values, beliefs and customs, it has an important social function and fosters feelings of group identity and solidarity. It is the means by which culture and its traditions and shared values may be conveyed and preserved. Dialect involves the spelling, sounds, grammar and pronunciation used by a particular group of people and it distinguishes them from other people around them. Different locales have their own languages and, often, their own dialects. Language and dialects preserve the unique cultural elements of a given place.*

*India, with 197 endangered languages, tops the list in UNESCO Atlas of the World's Languages in Danger. Further, 13 of them are classified as critically endangered. The documented languages also include tribal languages. Recently there has been a renewed focus on tribal languages, in Indian context, because of The New Education Policy (NEP) 2020 that says the local language/ mother tongue would be the preferred medium of instruction till grade five, possibly Class 8, thereby creating an opportunity to look back to the contextuality of tribal languages and mainstream them. Thus the importance of tribal language is spelt out implicitly and explicitly.*

*The tribal languages in Odisha are classified under three main groups such as Munda group, Dravidian Group and Indo-Aryan group. The Academy of Tribal Languages and Culture (ATLC) has enlisted 21 languages and 74 dialects used by tribes of Odisha. Many of the tribal languages exist as unwritten languages. Due to several reasons the unwritten tribal languages are fading away day by day, mainly due to invasion by other languages, giving space to dialectical variations.*

*Saora language is one of the prominent languages in tribal Odisha that has been in existence since generations but in the present context it is struggling for official recognition. Census data indicates that, through the decades the percentage of speakers in Savara language has been decreasing and the consequence has been that International Endangered Language Forum included the "Saora" in endangered group of languages. In this context, the paper reflects the status of Saora language and the related dialects through the years of development and change. The paper suggests that in order to understand status of all tribal dialects*

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*a comprehensive survey may be taken up towards minimizing confusions over status of languages and reduce the related demo-linguistic complexities.*

**Key words: Tribal, Saora, Savara, language, dialect, linguistic variations**

## Language and dialect

Language is intrinsic to the expression of culture. As a means of communicating values, beliefs and customs, it has an important social function and fosters feelings of group identity and solidarity. It is the means by which culture and its traditions and shared values may be conveyed and preserved.

Language is the medium to understand ideas and thoughts that may be different from one's own culture; and to learn customs and how people interact in a given society. Language helps preserve cultures, it also allows people to learn about others and spread ideas quickly. The main function of language is its usefulness for the ability to communicate thoughts, ideas, and feelings with others as quickly as possible. Language has informative function i.e. communicating any information; expressive function i.e. express oneself by giving ways to convey feelings, emotions, and attitudes to another person; directive function i.e. ability to tell the self or someone else what to do in any given situation. However, language is often taken for granted and their importance in life skill, particularly in school and in the workplace are to reasonable extent diluted.

The term dialect involves the spelling, sounds, grammar and pronunciation used by a particular group of people and it distinguishes them from other people around them. Dialect is a very powerful and common way of characterization, which elaborates the geographic and social background of any character[3]. Each place on this planet has its own unique traits, culture and customs. In addition, different locales have their own languages and, often, their own dialects. Language and dialects preserve the unique cultural elements of a given place.

Dialects retain identity. Many cultures use different words or pronunciations for the same thing. Unique pronunciations help give a culture its identity. If each language were standardized with the same set of words and pronunciations, cultures would lose their identities. Dialects help spread creativity. The exchange of ideas leads to new ideas, innovations and future ways of thinking. Dialects also increase independence; it is specific to a region or group. Their uniqueness provides the native speaker a sense of independence. Differences enhance cultural diversity and increase independence.

The word "dialect" is typically used in reference to a variation of a language used by a select group of speakers. Certain characteristics[4] such as variations in grammar, vocabulary, prosody, usage patterns; likely will not have its own written literature; likely will not be specific to a state or nation of its own; likely

[3] https://literarydevices.net/dialect/
[4] https://www.thegeogroup.com/translating-language-dialects/

specific to a region; and possibly specific to the social class of speakers; are usually referred to identify a dialect. These are just some of the most common attributes related to what linguists refer to as dialects.

**Tribal languages: Why do they matter?**

India, with 197 endangered languages, tops the list in UNESCO Atlas of the World's Languages in Danger[5]. Further, 13 of them are classified as critically endangered. When a language is lost, cultural tools for encrypting and distributing indigenous information structures among the groups are also lost. The speakers of minority and indigenous languages are devoid of the sense of individuality and recognition when languages spoken by the tribal communities are excluded from mainstream educational discourse. The Constitution allows the Indian States to define their own official language(s) by legislation under these articles. It also emphasized that 'the language(s) chosen by the States need not be one of those listed in the Eighth Schedule'. Article 29(1) provides for safeguarding the rights of linguistic and cultural minorities, which ensures the right of linguistic and cultural minorities to maintain their linguistic and cultural practices. Article 30(1) provides that linguistic and religious groups have the right to establish and administer educational establishments to protect their linguistic and/or cultural heritage. Further, Article 30(2) forbids the State from discrimination against minority educational institutions on the basis that they are under the supervision of linguistic or religious minorities in offering financial assistance. These two broad provisions meant for the protection and promotion of multilingualism is equally applicable to tribal communities. The Official Language Act, 1963, officially established Hindi and English as the languages of the Central Government, thus, allowing States and provinces to use their 'own' languages. However, the re-organization of states based on linguistic cohesiveness had already begun with the formation of Andhra Pradesh in 1953. The inclusion of certain languages in the Schedule VIII further led to the local push-pull of linguistic identities.

Excerpts from Tyagi (2020) provide to understand the policy developments in relation to the tribal languages and their mainstreaming in education system in India, as presented below, that draws contextual relevance.

> The Provincial Education Minister's Conference in 1949 stated that, "The medium of instruction in the junior basic stage must be the mother-tongue of the child and that when the mother-tongue was different from the regional or State language arrangements must be made for instruction in the mother tongue by appointing at least one teacher to teach all the classes, provided there are at-least 40 such pupils in a school."
>
> The 'Three-Language Formula' which was suggested by Central Advisory Board of Education in 1956 was adopted in the Chief Ministers' Conference in 1961. The purpose of Three-Language Formula was to 'promote national integration and equalize the burden of learning

[5] http://www.unesco.org/languages-atlas/

languages on children in Hindi and non-Hindi speaking areas'. The Kothari Commission (1964-66) proposed an 'updated' Three-Language Formula, which acquired widespread acceptance and is the language policy currently in effect in most of India. In 1968, the National Education Strategy recommended the Three-Language Plan to be introduced. As per the policy framework, provision relating to scheduled tribes was not treated as a matter of language or titled bilingual education but instead implemented as follows:

> The socio-cultural milieu of the scheduled tribes and its distinctive characteristics underline the need to develop the curricula and devise instructional materials in the tribal languages at the initial stages, with arrangements for switching over to the regional language.

In 1992, the Three-Language Formula was revised again under the aegis of National Policy on Education.

The New Education Policy (NEP) 2020 among other things says the local language/ mother tongue would be the preferred medium of instruction till grade five, possibly Class 8 (in both public and private schools). 'Since children learn languages most quickly between 2-8 years, and multilingualism has great cognitive benefits for students, children will be immersed in three languages early on, from the Foundational Stage.' The dichotomy drawn between the local language/ mother tongue as the medium of instruction and English as a discipline, if upheld in letter and spirit, has the potential to ensure both the preservation of linguistic pluralism and economic survival of tribal mother tongue speakers.

Broadly two kinds of perspectives are advanced to advocate the use of mother tongues or home languages as media of instruction in early education as well as to encourage linguistic diversity in schools. The first stems from a recognition that mother tongues are not merely speech varieties but are languages that provide social and emotional identity to individuals, express the essence of their cultures, and give them a sense of rootedness (Pattanayak, 1990:ix). Schooling in the language of the child reflects respect for her and an appreciation of her culture. Nambissan (1994) observed that the denial of schooling in the mother tongue to children from tribal communities gives cause for concern in view of the growing volume of research that highlights the crucial role played by languages of the home in processes of early learning. The poor response of tribal children to formal education and their high rates of attrition, especially in the first few years of schooling, assume significance in this context.

The home language of tribal children (as of all children) is integral to their sense of culture, identity, and self-worth. For mother tongue education to become a reality for tribal children, concerted efforts both within and outside the education system are necessary. Along with the policy-makers, academics, researchers, educators and teachers, tribal communities also will have to be involved in order to understand the

linguistic and cultural resources that children bring to school and to identify languages that should initially be used as medium of instruction.

**Classification of languages based upon survey of speakers**

It is in this context, the census survey of 1971 happens to be an important reference that, probably for the first time in census history, brought out certain relevant information to understand the language boundaries and thus has set the stage for furthering studies and research in this direction. More importantly, the said census survey intrinsically provided a prototype for classification of languages based upon the survey of speakers in different languages.

The census report identified 96 languages at all India level and a later analysis provided that out the 96 languages, 50 are written languages while rest 46 languages are unwritten. There is a thin line difference between the written and unwritten languages. The written languages mean a language having script and literature available on that language. On the other hand the unwritten languages mean that such languages are in spoken form without script. The so called unwritten languages, although have not been recognized as constitutional languages, yet have been in use no less significantly compared to the written languages. In matter of fact, the unwritten languages, over the years, have undergone high degree of refinement through native speakers which has been reflected in their oral traditions. That is where the unwritten languages have assumed larger significance and prominence compared to the written languages, although in limited contexts. Considering that both the written and unwritten languages have formed the integral linguistic complexes of India, there is inadequate reflection on status of these languages, the speakers and the extent of use in different domains.

The census of India report of 1971 could identify 96 languages and tried to build a classification of such languages. However, that classification could not be that scientific and could not provide the boundaries or spheres of homogeneity and heterogeneity among languages for which the status of a given language was difficult to assume.

In the context of tribals, it is usually observed that they speak their language at home or within their community and at the same time they also speak other languages in stray admixtures with their own language when speak to public or with other communities. The bilingualism and multilingualism of this sort has evolved through their acculturation, mingling with the market and active participation in formal education. In the spheres of acculturation or while interacting with market the tribals enjoy independence in using their language which is relatively subdued while interacting with formal education. The impact of formal education, in this context, has been realized more on the unwritten languages in which the other tongue reigns supreme over the mother tongue. As a result, unwritten languages are fading away day by day giving space to dialectical variations. Thus, the dialectical variations that we see today are a consequence of fading away of unwritten languages and invasion by other languages. Gradually, it seems, officially backed multilingualism is standing on the grave of the original language.

## Tribes of Odisha and their language-based classification

Odisha occupies a unique position in the ethnographic map of India for having the largest variety of tribal communities. Being one of the fascinating ethnographic States of the country, it has been the homeland of 62 different tribal communities including 13 Particularly Vulnerable Tribal Groups (PVTGs). As per the 2011 census, the Scheduled Tribe population stands at 95 90 756. It accounts for 22.85 percent of the total population of the state and contributes 9.17 percent to the total tribal population of the country. In terms of both Scheduled Tribe communities and PVTGs, Odisha has the highest number amongst all the States, in the entire Country.

The tribes of Odisha are at various stages of socio-economic development. At one extreme are the group which lead a relatively secluded and archaic mode of life keeping their core culture intact while at the other extreme there are communities which are indistinguishable from the general agricultural communities.

## Linguistic classification

The 62 tribes of Odisha have their distinct ethnic identity which is overtly marked in their languages besides many other cultural traits and traditions. Linguistically the tribes of Odisha are broadly classified into three categories, namely (1) Indo-Aryan speakers, (2) Dravidian speakers and (3) Austric speakers. Twenty-six of the tribes are Munda (Austric) speakers, fourteen of them, Dravidian speakers and twenty-two of them, Odia (Indo-Aryan) speakers. The tribal languages are characteristically non-literary. However, in the past few decades, scripts have been devised in Ho, Kui, Santali and Sora languages. Ho (Ho-Chiki) devised by Kol Lako Bodra (Singbhum) is being promoted and propagated by Ho speakers of Bihar and Odisha. A few texts have been published in Ho script. Kui (Kui Lipi Varnamala) devised by Dayanidhi Malik (G. Udaygiri) is in experimental stage. Santali (Ol-Chiki) devised by Pandit Raghunath Murmu (1905-1982) is being used by the Santali speakers and a good number of texts are available in the script. Saora (Soran Sampen) devised by Guru Mangei Gamango (1916-1981) is being used by a section of Saora speakers. At present, most of the scheduled tribes are found to have adopted Odia as their second tongue and thus have become bi-lingual at the minimum. A majority of Bondo Paroja, Didayi, Gadaba, Jatapu, Kondh, Parenga, Paroja, Ho, Kharia, Kolha, Kora, Mirdha, Munda and Saora have, in recent years become tri-lingual and still some others, such as, Banjara, Birhor, Gond, Kisan, Koya, Lodha, Mankidi, Mankirdia, Mirdha, Kuli, Oraon, Santal, have become multi-lingual due to the impact of acculturation, education and modernization.

Whether written language or unwritten, one key aspect of tribal language is that the tribal verbal behaviours are preserved in their languages which are distinctively observed in vocabulary, sound symbolism, grammatical structures or such other aspects.

## Ethno-linguistic Classification of Tribes in Odisha

The tribes of Odisha may be linguistically classified into three groups such as Munda (Austro-Asiatic), Dravidian and Indo-Aryan as presented hereunder.

**Table 1: Inventory of Tribal Languages in Odisha**

| Munda Group | Dravidian Group | Indo-Aryan Group |
|---|---|---|
| Gta (Didayi) | Parji (Dharua) | Desia |
| Gutob (Gadaba) | Koya (Koitor) | Bhuyan |
| Juang | Kui (Kondh-Kutia, Jharnia, Desa, Balaka, Kadraka) | Bhatri |
| Koda (Munda) | Konda/Kubi (Konda Dora) | Jharia |
| Birhor (Mankidia) | Ollari (Gadaba) | Matia |
| Mundari (Mundari/Munda) | Kurukh/Oraon (Oraon) | Kandhan |
| Santali | Gondi (Gond) | Laria |
| Sora (Saora, Lanjia, Juray, Arsi, Kampo, Uria) | Madia (Muria) | Bhulia |
| Gorum (Parenga) | Kuvi (Kondh-Jatapu, Dongria) | Aghria |
| Remo (Bonda) | Pengu (Pengo Kondh) | Kurmi |
| Kharia (Kharia) | Kisan (Mirdha) | Sounti |
| Korwa | | Bathudi |
| Bhumija | | Sadri |
| Ho (Ho/Kolha) | | Binjhia |
| Mahili (Mahali) | | Banjara |
| | | Baiga |
| | | Bhunjia |
| | | Halbi |

## Genetic Relation among languages

The Languages of each group are inter-related both genetically and structurally. They have a common source, common ancestry and cultural heritage. The non-literary Indo Aryan dialects are used by the tribals either as mother tongue or second language. These dialects are based on archaic forms of the modem literary languages and have developed peculiarities in course of time due to convergence of languages belonging to different families, diffusion of linguistic traits across genetic boundaries and hybridization of language as a result of extensive bilingualism or multilingualism. In multi-familial and multi-dialectal situations there has been lot of inter-mixture and mutual borrowing resulting in development of certain common traits among the dialects of divergent origins.

## Typological Classification

The sixty-two tribes in Odisha use a variety of languages and dialects. However, all of them are not of equal status. This is conceivable from several aspects, such as, numerical strength of the speakers, primitiveness of the tribe, use of own separate script, richness of oral literary tradition, influence of other languages, prevalence of bilingualism, tendency towards Odianization, adaptation of regional Odia dialects at inter-tribal level, etc. Tentative list of languages/ dialects spoken by tribes of Odisha is as follows.

**Table 2: Dialects spoken by Tribes of Odisha**

| Sl. | Tribe | Language | Sl | Dialects | Script | Family |
|---|---|---|---|---|---|---|
| 1 | Bagata | Sadri | 1 | Sadri | | Indo- Aryan |
| 2 | Baiga | | 2 | Baigani | | Indo- Aryan |
| 3 | Banjara | | 3 | Banjari | | Indo- Aryan |
| 4 | Bathudi | | 4 | Bathudi | | Indo- Aryan |
| 5 | Bhottada | | 5 | Bhatri | | Indo- Aryan |
| 6 | Bhuyan | | 6 | Local Odia | | Indo- Aryan |
| | | | 7 | Pauri Bhuiyan | | Indo- Aryan |
| 7 | Bhumia | Desia/Bhumia | 8 | Bhumia | | Indo- Aryan |
| 8 | Bhumij | Bhumij | 9 | Bhumij | Ol Onal | Austric |
| 9 | Bhunjia | Bhunjia | 10 | Laria | | Indo- Aryan |
| 10 | Binjhal | Binjhal | 11 | Binjhwari | | Indo- Aryan |
| 11 | Binjhia | | 12 | Chhatisgarhi | | Indo- Aryan |
| 12 | Birhor | Birhor | 13 | Birhor | | Austric |
| 13 | Bondo Paraja | Remo | 14 | Bonda | | Austric |
| 14 | Chenchu | | 15 | Telugu Dialect | | Dravidian |
| 15 | Dal | | 16 | Kandhan | | Dravidian |
| 16 | Desua Bhumij | | 17 | Odia (Northern) | | Indo- Aryan |
| 17 | Dharua | | 18 | Parji | | Dravidian |
| 18 | Didayi | Gta | 19 | Gta | | Austric |
| 19 | Gadaba | Guttab | 20 | Gutab | | Austric |
| | | | 21 | Ollari | | Dravidian |
| 20 | Gandia | | 22 | Koya | | Dravidian |
| 21 | Ghara | | 23 | Sambalpuri | | Indo- Aryan |
| 22 | Gond | Gondi | 24 | Gondi | | Dravidian |
| | | | 25 | Local Dialects | | Indo- Aryan |
| 23 | Ho | Ho | 26 | Ho, Munda | Warang | Austric |
| 24 | Holva | | 27 | Halvi | | Indo- Aryan |
| 25 | Jatapu | | 28 | Telugu (Odia) | | Dravidian |
| 26 | Juang | Juang | 29 | Thania | | Austric |
| 27 | Kandha Gauda | | 30 | Local Odia dialects | | Indo- Aryan |
| 28 | Kawar | | | Chhatisgarhi | | Indo- Aryan |
| 29 | Kharia | Kharia | 31 | Delki (Khadia) | | Austric |
| | | | 32 | Dudh (Khadia) | | Austric |

| | | | | | | |
|---|---|---|---|---|---|---|
| 30 | Kharwar | | | Chhatisgarhi | | Indo- Aryan |
| 31 | Kondh | Kui | 33 | Kui (Kutia/Jharnia) | | Dravidian |
| | | | 34 | Kui | Kui Lipi | Dravidian |
| | | Kuvi | 35 | Dongria (Kuvi) | | Dravidian |
| | | | 36 | Kubi | | Dravidian |
| | | | 37 | Pengo | | Dravidian |
| | | | 38 | Sodabisia | | Dravidian |
| | | | 39 | Karkapatia | | Dravidian |
| 32 | Kisan | Kisan | 40 | Kunha | | Dravidian |
| 33 | Kol | Ho | 41 | Ho (Tamaria) | | Austric |
| 34 | Kol Lohara | | 42 | Naguri Munda | | Austric |
| 35 | Kolha | | 43 | Ho- Munda | | Austric |
| 36 | Koli, Malhar | | 44 | Local Odia diatect | | Indo- Aryan |
| 37 | Konda Dora | | 45 | Telgu (Kubi Kandh) | | Dravidian |
| 38 | Kora | | 46 | Munda (Kera) | | Austric |
| 39 | Korua | | 47 | Chhatisgarhi Odia | | Indo- Aryan |
| 40 | Kotia | | 48 | Desia | | Indo- Aryan |
| 41 | Koya | Koya | 49 | Koitur | | Dravidian |
| | | | 50 | Gumpa Koya | | Dravidian |
| 42 | Kulis | | 51 | Bhulia | | Indo- Aryan |
| 43 | Lodha | | 52 | Northern Odia | | Indo- Aryan |
| 44 | Madia | | 53 | Koitur Gondi | | Dravidian |
| 45 | Mahali | | 54 | Munda Mahali | | Austric |
| | | | 55 | Santali- Mahali | | Austric |
| 46 | Mankidi | Birhor | 56 | Birhor | | Austric |
| 47 | Mankirdia | Birhor | 57 | Birhor | | Austric |
| 48 | Matia | | 58 | Local Odia | | Indo- Aryan |
| 49 | Mirdha | Kisan | 59 | Kuda | | Dravidian |
| 50 | Munda | Munda | 60 | Hasda Munda | | Austric |
| 51 | Mundari | Mundari | 61 | Mundari | Bani Hisir | Austric |
| 52 | Omanatya | Desia | 62 | Desia | | Indo- Aryan |
| 53 | Oraon | Kurux | 63 | Kurux | Kurux Tod | Dravidian |
| 54 | Parenga | Gorum | 64 | Gorum | | Austric |
| 55 | Paraja | | 65 | Jhodia | | Indo- Aryan |
| | | | 66 | Sodia (Paraja) | | Dravidian |

| | | | | | | |
|---|---|---|---|---|---|---|
| 56 | Pentia | | 67 | Bhatri, Desia | | Indo- Aryan |
| 57 | Rajuar | | 68 | Northen Odia | | Indo- Aryan |
| 58 | Santal | Santali | 69 | Kherwarli | Olchiki | Austric |
| 59 | Saora | Sora | 70 | Arsi | | Austric |
| | | | 71 | Jurai | | Austric |
| | | | 72 | Lanjia | Soran Sompeng | Austric |
| 60 | Shabar, Lodha | | 73 | Local Odia (South) | | Indo- Aryan |
| 61 | Sounti | | 74 | Local Odia | | Indo- Aryan |
| 62 | Tharua | | | Local Odia | | Indo- Aryan |

The Academy of Tribal Languages and Culture (ATLC) has enlisted 21 languages and 74 dialects used by tribes of Odisha. It is however difficult to assume if there would not be any further variation in the number of dialectics based on frequency of the language used. Hence, at this point it would be useful to consider a classification of tribal languages as combinations of major/minor, autonomous/semi-autonomous, pure/pidgin, literary/ordinary and recognisable/ ignorable. For example, if there are two languages such as A and B spoken by a community, then the combinations for A may be major, autonomous, pure, literary, recognizable and in the same manner the combinations for B may be minor, semi-autonomous, pidgin, ordinary and ignorable. There may be different combinations depending on the status of the language in the locality. Given below is the status of different tribal languages in Odisha that may help to better understand and design a proper classification.

(i) Some languages have definite tribal identity e.g. Santali, Bondo, Oraon etc, and some have no particular community affiliation but function at inter-community level as lingua franca. Desia and Sadri languages may be considered as examples.

(ii) Some of the tribes, such as Lodha, Mirdha, Bhumia, Jatapu, Bagata, Pentia, sections of Gond etc. do not have distinctive linguistic identity. They use lingua franca for intra and inter community level communications.

(iii) Some tribes like Mahali, Kondh, Kisan etc. have only dialectal distinction from autonomous languages like Munda-Mahali/Santhali, Kui/Kuvi, Kurukh etc.

(iv) Some of the tribes, belonging to same ethnic groups but living in scattered settlements in different geographical regions, use different languages e.g. Kondh, Saora etc, living elsewhere outside Rayagada, Gajapati, Kandhamal districts use Oriya dialects.

(v) In some cases, the name of the tribe and the name of their languages are different e.g. Dharua speaks Parji,

Kolha speaks Ho, Gadaba speaks Gutob or Ollari, and Kondh speaks Kui or Kuvi or Konda.

(vi) Numerically larger tribes like Kondh, Saora etc, have several subgroups such as Desua, Kutia, Dongaria, Pengo, Jatapu, Kondhs who speaks Kui, Kuvi, Kuwi having dialectical variations which is reflected in their Mutha organization. The Kui of Kandhmal speaks a variety of dialects such as Desa, Kadraka, Balaka, Saraka etc. and similarly the Savara language has varieties of dialects such as Lanjia, Juray, Kampo, Uria, Laria etc., representing their Birinda (extended family).

**The Saora language and dialectical variations**

Saora language is one of the prominent languages in tribal Odisha that has been in existence since generations but in the present context it is striving through for official recognition. The following discussions intend to provide an understanding of the status of the Saora language and the related dialects through the years of development and change. However, before discussing the Saora language and its dialectical issues in detail it is important to give a cursory look at the status of languages in India.

In the case of Savara (the tribe as mentioned in Census of India) there are published literatures like the holy book (Bible) in Roman script, Sora-English Dictionary in Roman script, and Saora Bhasa by Gopinath Mohanty, Saora Bhasa by K.C. Mishra and Saora dictionary by ATLC in Odia script. Besides, the Saora primer and alphabet book by Pundit Managei Gamango are available in their newly invented Soran Sompeng script. In all these published literatures one may observe dialectical variations apart from the different scripts used. These dialectical variations symbolize the languages at source. For example, there are different dialects within Saora language such as Lanjia, Arsi, Jurai, Kampo etc, which represent sub-sections within the Saora community who are also settled in different clusters. Accordingly, if a literature is sourced from Arsi community then it reflects the Arsi dialect. Similarly, if the content is sourced from Kampo community then it followed Kampo dialect. Further, the language used in holy book belongs to Lanjia Saora typical dialect of Serango area. The language used by Mangei Gamango in Saora primer is from Kampo section of Savara of Gunupur. Additionally, the Jurai Sabaros of Ramgiri and Mohana area, Suddha Sabaro of Rayagada area spoke Saora with variations. Allophonic variations are also observed among neo literate and pre literate Saoras. It is due to culture contact and borrowing from other linguistic groups. The Kampo, Lanjia, Jurai, Sudhha, Tankla, Uria, Laria Sabar speaks more or less a mutually intelligible speech. The ethnic distance between these sub-sections may not prove definite about their language autonomy.

Apart from these macro dialectical variations, one may also come across micro-dialectical variations among the Birindas. It appears, the published literatures are not strictly based on an original language but have been developed on different dialects within a language.

As the Saora are one of the oldest known tribes of Odisha, they are widely spread in all the district of Odisha. Their major concentration is spread over Gajapati district, Gunupur subdivision of Rayagada district, Bolangir and Bargarh districts. They are called by various synonyms such as Savara, Sabara, Saora, Sahara, Arsi Saora, Based Saora, Bhima Saora, Jara Savara, Jadu Saora, Jat iSaora, Juari Saora, Kampu Saora, Kampa Saora, Kalaphithia Saora, Kirat Saora, Lanjia Saora, Luara Saora, Laria Savara, Malia Saora, Malla Saora, Raika Saora, Suoda Saora, Patra Saora, Vesu Saora etc. They have their racial affinities to the Proto-Austroloid feature which are dominant among the aborigines of central and Southern India. As per the Census 2011, out of the total population of 534751 a sizable population numbering to 79181 in Rayagada and 148927 in Gajapati district constituted 42.65% of total Saora population of the State. In general, the Saora speak an Austro-Asiatic language under Koraput-Munda Branch whom a section of Saora called Sora. The Census of India refers this language as Savara language. However, particularly excepting Saoras of Gajapati and Rayagada, Saoras of rest of Odisha (57.35%) have adopted regional Odia as their mother tongue.

In Gajapati district and Gunupur sub-Division of Rayagada district there are many sub-sections of Saora i.e. Arsi Saora, Bhimma Saora, Juari Saora, Kampu/ Kapo/Kampa Saora. Lanjia/ Lamba Lanjia Saora/Raika Saora, Sudda Saora, Vesu Saora etc., have their own dialects whereas Saoras of other districts have more or less adopted local dialects. Saoras of Bargarh and Bolangir districts have close affinity with Laria a dialect of Sambalpuri – Chhattisgari Branch.

The Census reports of different decades provide to analyse the numerical strength of Savara language spoken and its bilingual percentage to understand the status of Saora language through the years.

**Table 3: Savara language speakers and bilingual percentage through Census periods**

| Year | Population | Speaker | % of Bilingual |
|---|---|---|---|
| 1971 | 342,757 | 2,22018 | 48.29 |
| 1981 | 370,060 | 2,18,346 | 52.59 |
| 1991 | 403,510 | 2,11,523 | 60.67 |
| 2001 | 473,233 | 1,98,612 | 77.22 |
| 2011 | 534,751 | 1,75,165 | 82.13 |

The data as above indicates that, through the decades the percentage of speakers in Savara language has been decreasing although their population is in increasing trend. There is also clear indication that bilingualism percentage is gradually increasing giving the impression that the mother tongue is being replaced by other tongue which in turn expands the dialectical variations. Considering the consequent erosion of Savara language because of several factors, probably, the International Endangered Language Forum included the "Saora" in endangered group of languages. The numbers of original language speakers during the last four decades are declining whereas other tongue literacy is galloping towards reaching 100% mark.

The constitution of India has provided the rights to conserve all languages. However, not all languages have got constitutional status except only 21 languages. Further, as per provision contained in the Article 345, most of the states have adopted dominant regional languages e.g. Odia for Odisha for official purposes. In the process the languages that have not got constitutional status have been grossly ignored. This results in acquisition of other mainstream languages.

Government of Odisha in School & Mass Education proclaimed language policy by recognizing 21 tribal languages for imparting mother tongue based Multi Lingual Education (MLE)in which the Saora language is included. Except Santali, the other tribal languages have not got constitutional status. Reading and writing materials developed in Saora language are based on Lanjia Saora section concentrated in Gumma and Nuagada Block area of Gajapati district ignoring language spoken by other sections of Saora. It is due to lack of distinctive status of language autonomy.

Early studies attempted to distinguish the dialectical variations of Saoras of different taluk in a broader framework. For example, the dialectical variations noticed among different Saora sub-groups are presented hereunder. The variations are clearly observed in change of words, difference in pronunciation or allophonic variations.

**Table 4: Examples of dialectical variations among Saora sub-groups**

| Phrase | Lanjia | Suddha | Kampo | Juray |
|---|---|---|---|---|
| to pour | Alaba | Latbe | Arubmaba | Lale |
| to bring | Pangaiba | Aiba | Apangaiba | Prang/Pangaiba |
| to scratch | Sirguik | Ghuma | Samatar | Ghuma |
| to uproot | Apiba | Apuiba | Pineti | Apiiba |
| to do | Asabkaba | Sabka | Alumba | Adumba |

## Inventory of Saora Language

An analysis of available published literature on Saora language provides to understand the inventory of the language. The inventory is by and large designed by observation on the phonology and morphology of the said language. The understanding of phonology and morphology would help in analysing the structure and composition of Saora language.

### 1. Phonology:

There are six vowels such as **i, u, e, a, aa, o** in Saora language with their long positional variants. But in case of **'o'** it is aspirated as round **'a'**. All vowels occur initially, medially and finally. There are also 20 consonants such as **p, t, ṭ, c, k, b, d, ḍ (r), j, g, s, m, n, n, ñ, n, l, r** including two semi vowels **w** and **y.** The position of consonants are as follows:

a) All consonants occur initially except **n** and **r**.

b) All consonants occur medially except **ḍ**.

c) All consonants occur finally except **ḍ, k, t, r, ñ, n**

## 2. Morphology

The Saora typology of words are divided into two forms such as simple and derived. The words also follow a linguistic pattern. To understand a Saora word properly one must understand the noun, number, pronoun, verb, etc. The morphology thus can be constructed on the basis of following.

**Noun:** A noun in Saora is defined as a word which can be followed by the post positions and genitival suffix. The post positions and genitival suffix differ from group to group. Gender does not play any important role in morphological constriction.

**Number:** It takes/ n / suffix for singular and / ji / for plural number in general.

**Pronoun:** The forms of Pronouns are as follows:

**Table 5: Example of position and number of Saora affixes**

| Position | Singular | Plural |
|---|---|---|
| 1st | Nyen | anlen |
| 2nd | An | aninji/amoen |
| 3rd | Anin | aninji |

**Verb:** There are two types of verbs in Saora: Finite and non-finite. Structure of finite verbs is as: Person - Number marker + Root + Tense + Aspect + Imperative. From this structure we can get finite verbs in the following manner.

P-N Marker + Root + Tense

P-N Marker + Root + Tense + Aspect

P-N Marker + Root + Imperative

Out of this let us define the variation reflected in Saora Dialects analyzing P-N Marker + Root + Tense as an example

**Root:** to do

**Table 6: Verb structure of different Saora speaking areas**

| Number | Gudari (tub) | Gumma & Rayagada (lum) | Nuagada (lum) | R. Udayagiri (lum) |
|---|---|---|---|---|
| Sing | Tub | lum | lum | Lum |
| Plu | Tub | a + lum | a + lum/ a+ lumlum | a + lumlum/anrey + alumlum |
| Sing | - | tai | tai | - |
| Plu | - | tai | tai | - |
| Sing | Ledlo | Le + daku | reg + daku | anreg |
| Plu | Ledlo+ yon | Le + daku | reg + daku | an + reg |

Thus, the variations reflected in root formation from different Saora area are as below.

**Table 7: Variation in root words in different Saora speaking area**

| Root word | Mohana | Ramgiri | Rayagada | Nuagada | Gunupur | Gumma |
|---|---|---|---|---|---|---|
| to pour | Lalo | alaba | alaba | alaba | arubmara | Latabi |
| to fly | aeyba | ay yba | aeygba | aeyba | aeygba | aegba |
| to cut | gadneti | eba | agba/ganad | agagba | agadba | Agatba |
| To sing | akinba | akinba | akanba | kinaiba | akinba | akinba |

Some examplesof loan words and their modes of aspiration in different Saora speaking area

**Table 8: Variation in loan words in different Saora speaking area**

| Loan word | Mohana | Rayagada | R. Udayagiri | Gumma |
|---|---|---|---|---|
| Bike | patuduban | baiku | bae | bae |
| Patch | sitar | pecha | pecha | pech |
| Pressure | ladalada | pesar | presur | preser |
| Puncture | pangsirli | pansar | pansar | pansar |
| Moped | mope | moped | mope | mope |
| Mobile | mobali | mobail | mobail | mabael |
| Block | blaku | blaka | blak | blaku |
| Seat | trankum | seat | sead | siid |

## Conclusion

The tribal Odisha is in fact represents a micro linguistic area having three different ethnic and linguistic communities live together and use one common language as other tongue at intra-tribe level and other at inter-tribe level or mix up one with the other at both the levels. For finding a clear picture of the situation a survey of the tribal dialects of Odisha is indispensable. It will minimize the confusion over the status of a language and reduce the demo-linguistic complexities and the long array of languages to a manageable sub-group. Once the tribal languages are clearly identified, due attention can be given for awarding language status and expedite use of the languages in different spheres for the conservation of language and dialectics.

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# PREVALENCE AND PATTERN OF DEPRESSION AMONG THE JUANG (PVTG) ADULTS OF ODISHA

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## ABSTRACT

*Depression as a form of mental illness has become a major health issue in the global, national and local context. The present study aims to discuss the prevalence rate of depression among the adults in Juang community, a PVTG in Keonjhar, Odisha using Beck Depression Inventory (BDI-II) as a tool. The primary data was collected through field study from 82 respondents through structured interview schedule. The findings of the study reveal that 36.6% of the participants suffered from moderate depression, 28.0% from minimal depression, 24.4% suffered from mild depression and 11% from severe depression. Moderate depression among Juang was higher in the older age group of females, especially those living in a joint family and are illiterate. However, the depression prevalence was lower among the higher income group and those living in pucca houses.*

**Keywords: BDI-II, Depression, Juang, Keonjhar, PVTG**

## Introduction

India is home to second largest tribal population in the world with 645 tribal groups constituting 8.6% of the country's total population (Census Report, 2011). Odisha has the third highest tribal population in the country consisting of 62 Scheduled Tribes, out of which 13 have been designated as Particularly Vulnerable Tribal Groups (PVTG). The tribal communities and PVTG in particular are highly prone to diseases and illness compounded with poverty, illiteracy and ignorance about the illness. According to Global Health Watch (2005), tribals have reported higher rates of mental illness including alcoholism, substance abuse, depression and suicide due to the process of modernization and destruction of traditional social structure.

Mental illness accounts for 12% of the global burden of diseases (World Health Organization, 2017). Mental illness is related with high levels of stigma,

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disability and discrimination (Trani *et al.*, 2015). Mental illness mostly remains underreported and fail to receive medical help and care due to the prevailing social stigmas. Mental illness ranges from mild anxiety to severe forms of behavioural disorders (Sahithya and Reddy, 2018).

Depression as a form of mental illness has become a major health issue in the global, national and local context. Depression is characterized by persistent feeling of sadness and lack of interest in activities which one normally enjoyed, and accompanied by an inability to carry out routine activities for at least two weeks. There is also experiencing of loss of energy, changes in appetite, and sleeping pattern, anxiety, reduced level of concentration, indecisiveness, tiredness and fatigue, worthlessness, guilt feelings, hopelessness and suicidal thoughts. Based on the number and severity of symptoms a depressive episode is categorized as mild, moderate and severe and treatment is given based on the level of depression (WHO, 2017).

Globally around 264 million people from all ages suffer from depression disorders (Ritchie and Roser, 2018). Depression is predicted to be the second leading cause of disability world wide by 2020 according to the estimates of the global burden of diseases (Bohra, Srivastava and Bhatia, 2015). Depression is associated with high rates of suicide. Nearly 50% of the individuals who committed suicide were diagnosed with depression (Reddy, 2010). The report on Global Burden of Diseases 2017 estimated 45.7 million people as suffering from depressive disorders with women being more affected than men in India (Sagar *et al.*, 2020). According to the National Mental Health Report (2015-16) survey, the prevalence of current depressive disorder was 2.7% while the lifetime depressive disorder is 5.2%. Depression is found more among females (3.00%), elder age group above 40 years (3.5 %) and those residing in the urban areas (5.2%) (Arvind *et al.*, 2019). The prevalence of moderate to severe depression was found to be higher among the elderly population in India, but the symptoms are often neglected and remain untreated as they coincide with other aging issues (Sinha *et al.*, 2013; Chauhan *et al.*, 2016).

In India, the lack of adequate resources, lack of awareness among people on mental health issues create obstacles for patients suffering from mental illness to seek care from the health care providers (Khandelwal *et al.* 2004). Nearly 15% of the adults in India who are identified with depressive disorders symptoms seek medical help (Roberts *et al.* 2020). Mental health has been incorporated in the primary care as an effort to reduce the burden but only 10% of the rural population has access to mental health care (Khandelwal *et al.* 2004). A study from rural community of Madhya Pradesh discussed that depressive disorder symptoms are recognised as tension and stress interlinked with the poor social and economic conditions which couldn't be solved by medical treatment (Roberts *et al.* 2020). The proper training of the village level workers (VLW) could be useful for identifying and assisting people with depression in rural areas (Paudel *et al.* 2014). Among the *Idu Mishmi* tribe in Arunachal Pradesh, suicide attempt (14.22%) was higher than the urban population and females were more

vulnerable (8.26%) reported depression and (6.42%) reported anxiety syndrome (Singh *et al.*, 2013). Tribal women from Jharkhand suffered higher level of moderate to severe depression in comparison to the non-tribal women because they had to balance both household chores and labour work outside homes (Singh and Dewan, 2018).

The present paper aims to discuss the prevalence rate of depression among adult population in Juang tribe, a Particularly Vulnerable Tribal Group (PVTG) in Odisha and assess its relationship with the socio-economic indicators using the Beck Depression Inventory -II (BDI-II) scale.

## Materials and Methods

### A. Area and People

The study area was selected based on two criteria: (i) Lower socio-economic indicators and (ii) Tribal dominated area. The Global Burden of Diseases Report (2017) stated that Odisha has higher prevalence of depression among the group of states with low Socio-Demographic Index (Sagar *et al.*, 2018). Odisha constitutes 22.85% of tribal population consisting of 62 Scheduled Tribes out of which 13 are PVTGs (Mohapatra, 2011). Juang are one of the PVTG of Odisha located in Keonjhar and Dhenkanal districts. The study was conducted in Keonjhar district located at the North Western part of Odisha. Out of 18.02 lakh population in Keonjhar, 8.19 lakh belong to Scheduled Tribes. Among them 49.57% are males and 50.43% females (Census Report, 2011). In Keonjhar, the Juang community are mostly concentrated in Banspal, Telkoi, Ghatagaon and Harichandanpur blocks. The study was conducted in three villages: Ghungi, Kundhei and Tala Kansa of Kodiposa Gram Panchayat in Banspal block based on higher population of Juang in the villages.

The semi-isolated habitat, distinct cultural traits and socio-economic backwardness identifies the Juang as a PVTG in Odisha. The word Juang connotes as Sons of Man (Ota et al. 2008). The community is believed to have emerged from Gonasika hills near river Baitarani in Keonjhar. In course of time, they have migrated to Angul and Dhenkanal. The Juang live in a nuclear family with husband, wife and unmarried children. The patrilineal, patrilocal and patriarchal system is prevalent among the Juang. Previously, the Juang in Keonjhar practised shifting cultivation (Ray, 1975). But now they are practising settled cultivation and also work as farm labourers.

### B. Tools and Techniques

A cross-sectional study was conducted in January 2020 in three villages of Banspal block in Keonjhar district in Odisha to explore the prevalence of depression and its relationship with the socio-economic indicators among the adult population (> 18 years of age). The respondents for the study are selected based on the age criterion and their informed consent. Thus, in total 82 respondents agreed to interact on the assessment of their mental health.

The data for the study was collected from personal interviews by trained field investigators through a pre-tested structured interview schedule. The

interview schedule was divided into two parts: the first part consisted of the basic socio-economic and demographic information and the second part comprised of questions on depression. For the data related to depression, the Beck Depression Inventory -II (BDI-II) was adopted and translated into *Odia* language. BDI-II is a 21 item self-reporting instrument which assesses the range of symptoms of depression (Beck, Steer and Brown, 1996). Each of the 21 questions has responses scored with value from 0 to 3. The BDI-II included 21 components: sadness, pessimism, past failures, loss of pleasure, guilty feelings, punishment feelings, self-dislike, self-criticalness, suicidal thoughts, crying, agitation, loss of interest, indecisiveness, worthlessness, loss of energy, changes in sleeping patterns, irritability, changes in appetite, concentration difficulty, tiredness and fatigue and loss of interest in sex. The BDI-II defines the depression severity in four levels: Minimal Depression (0-13), Mild Depression (14-19), Moderate Depression (20-28) and Severe Depression (29-63) (Beck *et al.*,1996).

The data was analysed using SPSS-16 version software. Only descriptive statistics and frequency tables were used for indicating the prevalence of depression and its relationship with the socio-economic indicators. In the present study, participant's age was divided into three groups with their age distribution in percentile ($<25^{th}$, $25^{th}$-$75^{th}$, $>75^{th}$). The Per Capita Monthly Income (PCMI) was calculated from the monthly income and number of family members. Two income groups: Below Poverty Line and Above Poverty Line were classified based on the PCMI of Rs 876.42 in rural areas of Odisha as per the Tendulkar Committee Report.

## Findings

### A. Socio-economic Profile of the Respondents

Table 1.1 discusses the socio-economic indicators of the respondents in the study area. The study included respondents from the age range of 18 to 75 years and they were divided into three groups. Out of the total respondents, 36.6% were between 26-39 years of age, 32.9% were in the 40 and above age group and 30.5% belonged to below 25 age group. The study included 69.5% females and 30.5% males. Most of the respondents (69.5%) were from Kundhei village, 18.3% were from Tala Kansa village and 12.2% were from Ghungi village in the study area. Majority of the respondents (68.5%) were from nuclear family and remaining 31.7% lived in a joint family. About 58.5% of the respondents lived in a small family having one to five members in a family while 41.5 % lived in a larger family having more than five members. Nearly 54.9% of the respondents worked as agricultural labourer, cultivator, non-agricultural wage labourer and other sectors, while 45.1% of the respondents were non-earning including housewives, students, elderly and unemployed. About 25.6% of the respondents had attained primary or secondary level education whereas 74.4% had not received any formal education. Nearly 73.17% of the respondents were from the Below Poverty Line (BPL) category having PCMI below Rs 876.42, while 26.83% belonged to Above Poverty Line (APL) category earning more than Rs 876.42 in a month. About 87.8% of the respondents lived in a mixed house type with the walls as pucca and the roof as kuccha and 12.2% stayed in a pucca house.

**Table 1.1: Socio-economic Profile of the Respondents in the Study Area (N=82)**

| Socio-economic Indicators | Subgroups | N (%) |
|---|---|---|
| **Age group** | ≤ 25 years | 25 (30.5) |
| | 26-39 years | 30 (36.6) |
| | ≥40 years | 27 (32.9) |
| **Sex** | Male | 25 (30.5) |
| | Female | 57 (69.5) |
| **Village name** | Ghungi | 10 (12.2) |
| | Kundhei | 57 (69.5) |
| | Tala Kansa | 15 (18.3) |
| **Family Type** | Nuclear Family | 56 (68.5) |
| | Joint Family | 26 (31.7) |
| **Family size** | ≤ 5 members | 48 (58.5) |
| | ≥6 members | 34 (41.5) |
| **Occupation** | Non-Earning | 37 (45.1) |
| | Earning | 45 (54.9) |
| **Education status** | Illiterate | 61 (74.4) |
| | Literate | 21 (25.6) |
| **Per-capital Monthly Income** | BPL | 60 (73.17) |
| | APL | 22 (26.83) |
| **House type** | Mixed | 72 (87.8) |
| | Pucca | 10 (12.2) |

Source: Field Study, 2020

## B. Prevalence of Depression among Juang Adults

In the study, 36.6% of the respondents had moderate depression, 28.0% had minimal depression, 24.4% suffered from mild depression and 11% from severe depression. Table 1.2 presents the prevalence of depression among Juang adult population with various social and economic indicators. Minimal depression was high (44%) among the respondents below 25 years age, while it was 23% among the respondents belonging to 26-39 years age group, and among those above 40 years it was 18.52%. Among the middle age group (26-39) years, 40% suffered from mild depression. The respondents above 40 years of age reported more of moderate depression (48.15%). Severe depression (18.52%) was relatively more among the respondents who were above 40 years. Male respondents reported to have more of minimal depression (40%) than females (22.81%). Female respondents suffered more from moderate depression (38.60%) as compared to male respondents (32%).

Prevalence of minimal depression (30.36%) was high among those respondents who were living in a nuclear family, while moderate depression (50%) was high among those living in a joint family system. Respondents living in a smaller family of 5 or less members suffered equally from moderate (30.36%) and minimal depression (30.36%). While

respondents living in a larger family unit having more than 6 members suffered more from moderate depression (50%).

Among the respondents who have attained formal schooling and education, minimal depression (38.1%) was more prevalent. While among those respondents who have not attained any formal education moderate depression (37.7%) was higher. They also faced more of severe depression (13.11%) than the literates. In terms of occupation and depression, moderate depression was higher among earning individuals (35.56%) and non-earning individuals (37.84%) as against other forms of depression, while severe depression (15.56%) was more among the earners than the non- earners (5.41%).

In terms of house type, respondents living in mixed houses (33.33%) as well as in pucca houses (60%) reported more of moderate depression. On the basis of monthly income, moderate depression (54.5%) was higher among the APL category, while respondents from BPL category suffered more from minimal depression (33.33%).

**Table 1.2: Prevalence of Depression based on Socio-economic indicators**

| Socio-economic Indicators | | BDI Category | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Minimal Depression (0-13) | | Mild Depression (14-19) | | Moderate Depression (20-28) | | Severe Depression (29-63) | | |
| | | N | % | N | % | N | % | N | % | |
| Age group | ≤ 25 years | 11 | 44.00 | 4 | 16.00 | 8 | 32.00 | 2 | 8.00 | 25 |
| | 26-39 years | 7 | 23.33 | 12 | 40.00 | 9 | 30.00 | 2 | 6.67 | 30 |
| | ≥ 40 years | 5 | 18.52 | 4 | 14.81 | 13 | 48.15 | 5 | 18.52 | 27 |
| Sex | Male | 10 | 40.00 | 4 | 16.00 | 8 | 32.00 | 3 | 12.00 | 25 |
| | Female | 13 | 22.81 | 16 | 28.07 | 22 | 38.60 | 6 | 10.53 | 57 |
| Family type | Nuclear | 17 | 30.36 | 16 | 28.57 | 17 | 30.36 | 6 | 10.71 | 56 |
| | Joint | 6 | 23.08 | 4 | 15.38 | 13 | 50.00 | 3 | 11.54 | 26 |
| Family size | ≤ 5 members | 14 | 29.17 | 15 | 31.25 | 13 | 27.08 | 6 | 12.50 | 48 |
| | ≥ 6 members | 9 | 26.47 | 5 | 14.71 | 17 | 50.00 | 3 | 8.82 | 34 |
| Education | Illiterate | 15 | 24.59 | 15 | 24.59 | 23 | 37.70 | 8 | 13.11 | 61 |
| | Literate | 8 | 38.10 | 5 | 23.81 | 7 | 33.33 | 1 | 4.76 | 21 |
| Occupation | Non-Earning | 12 | 32.43 | 9 | 24.32 | 14 | 37.84 | 2 | 5.41 | 37 |
| | Earning | 11 | 24.44 | 11 | 24.44 | 16 | 35.56 | 7 | 15.56 | 45 |
| House type | Mixed | 22 | 30.56 | 18 | 25.00 | 24 | 33.33 | 8 | 11.11 | 72 |
| | Pucca | 1 | 10.00 | 2 | 20.00 | 6 | 60.00 | 1 | 10.00 | 10 |
| Per capita Monthly Income | BPL | 20 | 33.33 | 15 | 25.0 | 18 | 30.0 | 7 | 11.7 | 60 |
| | APL | 3 | 13.6 | 5 | 22.7 | 12 | 54.5 | 2 | 9.1 | 22 |

## Discussion

The BDI-II scale reported majority of the individuals (36.6%) in the study had symptoms of moderate depression. Earlier studies have also acknowledged the prevalence of moderate depression to be higher among general population (Aherne *et al.*, 2017). Moderate depression was found among the study population. Severe form of depression was not much present among them. The present study reported higher prevalence of moderate depression (48.15%) and severe depression (18.52%) among the older age group (above 40 years) than the younger (below 25 years) and middle-aged group (26-39 years) (Table 1.2). The results in the study has been confirmed by the similar prevalence of depression in urban and rural areas in India. A study in Delhi among the elderly population above 60 years in urban area using BDI-II as a tool reported 19.94% of depression among elderly (Singh and Mishra, 2009). BDI-II was mostly used in urban setting. Few studies in rural settings using other scales reported depression prevalence to be higher among the elderly age group. In rural village of Andhra Pradesh, depression rate among elderly was 44.7% (Bodhare *et al.*, 2013), in Tamil Nadu depression rate among elderly population was 57.3% (Sinha *et al.*, 2013). The WHO (2001) has identified factors behind the increasing depression among the older population as the susceptibility of chronic diseases, limitation on daily activities, personality traits, life events including separation, isolation, divorce and lack of social support.

Moderate depression was reported more among females (38.60 %) than males (table1.2).The greater prevalence of depression among women is related to the reproductive years in the women's life which includes menstrual cycles, pregnancy and menopause leading to hormonal, psychological and neurological changes in women (Grigoriadis & Robinson, 2007). A previous study in Jharkhand has reported higher prevalence of moderate to severe depression (71%) among tribal women due to diverse economic and domestic responsibilities they undertake in their life (Singh and Dewan, 2018).

Moderate depression (50%) was reported to be higher among respondents living in joint family while minimal depression (30.36%) was more among nuclear family (table 1.2). Previous studies had contradictory results showing depression was higher among individuals living in a nuclear family due to the reduced social support system after breakdown from the joint family (Kalita *et al.*, 2017). Among the Juang, the nuclear family has been a prototype so the joint family system with larger members staying together the economic pressure would be more on the earning individuals which led to more depression than those staying in a nuclear family.

Among the respondents who were illiterate, moderate depression (37.70%) was higher than those who were literate. A study in Uttarakhand in India indicated that the persons with low level of education had higher prevalence of depression (15.6%) as compared to the literate population (Mathias *et al.,* 2015). There was no difference found in the prevalence of moderate depression among earning and non-earning

population in the study (table 1.2). Both the categories suffered more from moderate depression. The previous studies revealed some contrasting findings that non-workers were more prone to depression than the workers (Shidhaye, Gangale and Patel, 2016; Arvind *et al.*, 2019).

Previous studies have reported that lower income group are more prone to depression (Patel *et al.,* 2018; Arvind *et al.,* 2019). While the findings of the present study were contradictory. Among the Juang, the higher income group and persons living in the pucca houses reported higher rate of moderate depression (table 1.2).

## Conclusion

The present study indicated moderate depression among Juang to be higher in the older age group, among females, and among those living in a joint family and illiterate; while the depression prevalence was lower among the higher income group and those living in pucca houses. The transformation of the subsistence tribal economy into market economy, the changes in the cultural aspect and lifestyle due to the several factors have led the tribals to face the crisis of integration. This has reportedly affected the mental well-being of the tribals. The study is limited in scope because of the smaller sample size and its specificity to one tribal group and geographical locale. Also, the use of a single tool BDI-II excludes few traits of depression which other scales might capture. Thus, there is a need for an extensive study on the mental health and well-being of the tribals particularly the PVTG by using BDI-II and other scales of depression.

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# KNOWLEDGE AND AWARENESS ON MENOPAUSE AMONG THE MUNDA TRIBE OF JAJPUR DISTRICT, ODISHA

**Lipsa Das[1] and Prasanna Kumar Patra[2]**

## ABSTRACT

*The present study was carried out among the Munda women from Jajpur district of Odisha. Out of the total sample of 308 women, only 44 women attained menopause. The study aimed at evaluating the various demographic and socio-economic parameters such as mean age at menopause, education, occupation etc among the women and the level of knowledge and awareness regarding menopause among the participants. According to the participants, in the present community, some women have attained natural menopause and some women have experienced menopause by the side effects of allopathic medicine or through surgical menopause. Besides that, some women have also attained menopause by taking traditional medicine. In order to have a better understanding on the issue of menopause and about its associated factors, some case studies have been carried out by interviewing relevant women who experienced such kind of issues as well as the traditional healers who gave medicine to them. This community based cross-sectional study was conducted on four groups of menopausal women, on the basis of their menopausal age ranging between 30-40 years (n=7), 41-45 years (n=20), 46-50 years (n=12) and those who attained menopause artificially indifferent age groups (n=5). A schedule-questionnaire was used to collect information on demographic variables. The mean age at menopause is found to be 43.13 years. The most frequent menopausal symptoms were muscles and joint pain(4.54%), hot flushes(45.45%),night sweating(40.90%), depression(50%),forgetfulness(63.63%), poor concentration(36.36%), tension(52.27%), numbness of extremity (43.18%),sleep disturbance (25%), increased urine frequency(15.90%) etc. The awareness level was found to be very low, 70% women perceive menopause as an aging process, whereas 8% consider it as a disease. Therefore, there is a need for awareness generation and counselling about menopause andits related physical and psychological problems that affects health of Munda women.*

**Keywords: Munda,menopause, menopausal symptoms, knowledge and awareness**

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**Introduction**

The permanent cessation of menstruation is called menopause. It is a natural phenomenon which is experienced by all the women in their life span. Most of the women are not aware about menopause, so, they perceive it as a disease (Nusrat etal., 2007; Borker etal., 2013), but, some consider menopause as a stage of life, not a disease (Ilankon etal., 2021; Satpathy, 2016). It isestimated that the population of India will be about 1.4 billon, people over 60 years will be 173 million and the menopausal population 103 million by 2026 (Mishra et al., 2018). Due to increase in life expectancy and growing menopausal population in India, there is a need for proper understanding of issues relating to menopause and awareness regarding how to deal with it. The ages at menopause varies from population to population as well as between different ethnic groups living within the same geographical habitat (Talwar and Pande, 2004). Studies have demonstrated that residential and literacy status, husbands' awareness, age at menarche, age at first conception, duration of breast feeding etc. affect age at menopause (Dasgupta et al. 2015, Dasgupta and Ray 2009). The age at natural menopause among the women of India is below 50 years (Ganapathy and Furaikh, 2018; Pallikadavata et al., 2016, Satpathy, 2016; Mahajan et al., 2012).

Menopause is an important stage of women's life, because the menopausal women suffer from both physical and psychological problems. According to Satpathy (2016), due to lack of knowledge and awareness, the women are under stress during their post-menopausal period. Due to hormonal changes, the women suffer from physical and psychological problems such as hot flushes, night sweating, sleep disturbances, poor concentration, irritability, dizziness, headache, breast pain etc. (Sharma et al., 2007; Mishra et al., 2018). Early age at menarche and early age at last conception shows high frequency of hot flushes (Dasgupta et al., 2015). Middle–aged menopausal women experience more physical and psychological symptoms (Kasikrishnaraja et al., 2017; Senthilvel et al., 2018). The age at menopause is also found to be influenced by diet and nutrition (Sapre and Thakur, 2014). Women of vegetarian diet attain early age natural menopause than non-vegetarian diet women (Dunnaram et al., 2018; Sapre and Thakur, 2014). Study shows (Gabriel et al., 2015) a low-fat vegetarian diet, high in fruits, vegetables, protein, dairy products and regular physical activity reduces menopausal symptoms. Whereas, some studies (Ranasinghe et al., 2017; Unni, 2010) reveal inadequate nutritional intake and poor physical activity increases health risk of menopausal women. According to Satpathy(2016) the knowledge and awareness regarding menopause and its associate problems are very little, so it needs proper education and counselling. Similar findings have been reported by other researchers (Chinthura and Sethu, 2017; Borkeretal., 2013; Pathak et al., 2017) and they have concluded that adequate knowledge and positive attitude towards menopause, through education, is important to cope with the physical and psychological changes that occur during post menopause. In this context, the present study aims to assess the knowledge and awareness regarding

menopause and its associated symptoms among the menopausal women of Munda community of Jajpur.

## Methodology

The present study is based on data collected through both primary and secondary sources. The first phase of fieldwork was conducted for one-month duration i.e., from June 2018 to July 2018. The second phase was for four months i.e., September to December 2018 and the subsequent phase of fieldwork was conducted in the month of October 2019. Through the phases of fieldwork, attempt has been made to collect data from married women of Munda community of Kalinganagar covering rehabilitated and native villages such as Gobarghati, Sansilo, Purunapani, Golakpur, Barpal, Haridabahali Upper, Haridabahali lower and Palaskhali in Sukinda block of Jajpur district of Odisha. In the present study, a total of 44 menopausal women were enrolled and they were distributed in the age groups ranging between30-40 years (n=7), 41-45 years (n=20), 46-50 years (n=12) and premature/surgical/artificial menopause with different age groups (n=5). The study was conducted by personal interviews and by using pre-tested schedule questionnaire covering all the 44 menopausal women. Along with that data was collected on socio-demographic status such as educational background and occupation; reproductive history like age at menarche, age at menopause and physical and psychological symptoms experienced by the respondents using relevant tools and techniques. Case study method has also been used for comprehensive understanding about traditional method of attaining menopause as well the reasons behind it. The primary data was coded and statistically analysed. During analysis, descriptive statistics and crosstab have been applied for calculation of frequency and mean. For correlation, bivariate comparison is used. Menopausal problems have been considered as dependant variable and the factors on which it depends are considered independent variables. Education is significantly associated with menopause. After analysis the result has been compared with other sources of secondary data.

## Results And Discussion

**Table 1. General demographic characteristics of participants**

| General Characteristics | No. of Participants | Percentage |
|---|---|---|
| Age Range | | |
| 30-40 | 7 | 15.90 |
| 41-45 | 20 | 45.45 |
| 46-50 | 12 | 27.27 |
| 26-45(Premature/Surgical/Artificial Menopause) | 5 | 11.36 |
| Marital status | 44 | 100 |
| Married | 23 | 52.27 |
| Widow | 21 | 47.72 |
| Educational Status | | |

| | | |
|---|---|---|
| Illiterate | 42 | 95.45 |
| Primary (1-5) | 2 | 4.54 |
| Middle(6-7) | 0 | 0 |
| High School(8-10) | 0 | 0 |
| College | 0 | 0 |
| Occupation | | |
| Agricultural daily labourer and daily wage labourer | 28 | 63.63 |
| Housewife | 14 | 31.81 |
| Service | 0 | 0 |
| Business | 1 | 2.27 |
| Cook | 1 | 2.27 |

Table 1 represents the demographic profile of studied population. It also reveals the age at menopause, their marital status, occupational and educational qualifications. It reveals that out of the total menopausal women 52.27 women were married and 47.72 percent women were widow. As many as 95.45 percent women are illiterate, and only 4.54percent women have completed primary education. While 63.63 percent women are work as agricultural and daily wage laborer, 31.81 percent women engage in daily household chores like typical housewife. Women with occupations like working as cook or doing petty business make 2.27 percent each and none of the respondents have any regular employment. It has been observed that 45.45percent of women of the studied population experienced menopause in between 41-45 age.While the premature/ surgical/ un-natural/artificial menopause accounts for 11.36 percent, natural menopause in the age group of 30-40 and 40-50 was found out to be 15.90 percent and 11.36 percent respectively.

**Table 2. Mean age at menopause among the Munda women**

| Age at menopause | Mean | N |
|---|---|---|
| 30-40 | 36.42 | 7 |
| 41-45 | 44.1 | 20 |
| 46-50 | 47.83 | 12 |
| Premature/ Surgical/ Artificial menopause | 37.4 | 5 |

**Table 3. Symptoms experienced among the menopausal women**

| Symptom | Number | % |
|---|---|---|
| Hot flushes | 20 | 45.45 |
| Night sweating | 18 | 40.90 |
| Uterine prolapsed | 3 | 6.81 |
| Vaginal atrophy | 0 | 0 |
| Dizziness | 18 | 40.90 |
| Rapid heart beat | 14 | 31.81 |

| | | |
|---|---|---|
| Numbness of extremities | 19 | 43.18 |
| Tiredness | 20 | 45.45 |
| Irritability | 12 | 27.27 |
| Headache | 8 | 18.18 |
| Sleep disturbance | 11 | 25.0 |
| Pressure in tightness in the body | 17 | 38.63 |
| Muscle and joint pain | 24 | 54.54 |
| Faint | 1 | 2.27 |
| Breast pain | 14 | 31.81 |
| Depression | 22 | 50.0 |
| Tension | 23 | 52.27 |
| Forgetfulness | 28 | 63.63 |
| Poor concentration/ disorientation | 16 | 36.36 |
| Dysuria | 2 | 4.54 |
| Increased urine frequency | 7 | 15.90 |
| Urine leak during cough and laugh | 8 | 18.18 |
| Post-menopausal bleeding | 2 | 4.54 |
| Fracture | 0 | 0 |
| Loss of sexual desire | 2 | 4.54 |

Table 3 shows the different physical and psychological problems experienced by the women after menopause. The most common problems of menopause experienced was hot flushes in case of 45.45 percent followed by night sweating 40.90 percent, depression 50% percent, forgetfulness 63.63 percent, poor concentration/ disorientation 36.36 percent, tension 52.27 percent, extreme numbness 43.18 percent, sleep disturbance 25 percent, irritability 27.27 percent and increased urine frequency 15.90 percent etc. As many as 54.54 percent women reported muscles and joint pain followed by breast pain 31.81 percent, dizziness 40.90 percent, headache 18.18 percent, pressure in tightness in the body 38.63 percent, rapid heartbeat 31.81 percent, tiredness 45.45 percent and urine leak during cough and laugh. Other symptoms include fainting in case of 2.27 percent, post-menopausal bleeding in case of 4.54 percent, loss of sexual desire in case of 4.54 percent and prolapsed uterine in case of 6.81 percent and 4.54 percent women reported dysuria.

**Table 4. Understanding about menopause among the Munda women**

| Age at menopause | Understanding about menopause | | | | |
|---|---|---|---|---|---|
| | Disease | Aging process | Natural process | Do not know | Total |
| 30-40 | 3(6.81%) | 3(6.81%) | 1(2.27%) | 0(0.0) | 7(15.90%) |
| 41-45 | 2(4.54%) | 16(36.36%) | 1(2.27%) | 1(2.27%) | 20(45.45%) |
| 46-50 | 2(4.54%) | 9(20.45%) | 0(0.0) | 1(2.27%) | 12(27.27%) |
| Forcefully | 1(2.27%) | 3(6.81%) | 1(2.27%) | 0(0.0) | 5(11.36%) |
| Total | 8(18.18%) | 31(70.45%) | 3(6.81%) | 2(4.54%) | 44(100%) |

Table 4 shows understanding about menopause among the participants. It is observed that 18.18 percent women think menopause is a disease, while 70.45 percent women perceive it as an aging process, 6.81 percent women opined that menopause is a natural process and 4.54 percent women do not have any idea about menopause.

**Table 5. Perception on menopause**

| Age at menopause | Perception | | | Total |
|---|---|---|---|---|
| | Good | Bad | Neutral | |
| 30-40 | 1(2.27%) | 2(4.54%) | 4(9.09%) | 7(15.90%) |
| 41-45 | 8(18.18%) | 4(9.09%) | 8(18.18%) | 20(45.45%) |
| 46-50 | 2(4.54%) | 2(4.54%) | 8(18.18%) | 12(27.27%) |
| Force fully | 2(4.54%) | 1(2.27%) | 2(4.54%) | 5(11.36%) |
| Total | 13(29.54%) | 9(20.45%) | 22(50%) | 44 (100%) |

The table 5 presents the perception of participant women on menopause. According to the data, 29.54 percent women feel it is good, 20.45 percent women perceive it as bad and 50 percent women felt it natural and hence remained neutral.

**Table 6. Perception on positive side of menopause**

| Age at Menopause | Perception on positive side of menopause | | | | | Total |
|---|---|---|---|---|---|---|
| | No comment | Freedom from menstrual cycle | Freedom from pregnancy | Freedom from religious restriction | Freedom from menstruation and pregnancy | |
| 30-40 | 3(6.81%) | 3(6.81%) | 1(2.27%) | 0(0.0) | 0(0.0) | 7(15.90%) |
| 41-45 | 10(22.72%) | 8(18.18%) | 1(2.27%) | 1(2.27%) | 0(0.0) | 20(45.45%) |
| 46-50 | 5(11.36%) | 7(15.90%) | 0(0.0) | 0(0.0) | 0(0.0) | 12(27.27%) |
| Force fully | 2(4.54%) | 2(4.54%) | 0(0.0) | 1(2.27%) | 0(0.0) | 5(11.36%) |
| Total | 20(45.45%) | 20(45.45%) | 2(4.54%) | 2(4.54%) | 0(0.0) | 44 (100%) |

Table-6 provides to understand the perception of participant women on positive sides of menopause. While 45.45 percent women responded that menopause is good because it ends the menstrual cycle,4.54 percent feel positive that the risk of pregnancy ends with menopause, 4.54 percent feel relieved from religious restrictions, and 45.45 percent women reserved their opinion.

**Table 7. Perception on negative side of menopause**

| Age at meno-pause | Probable negative reason for having menopause | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|
| | No comment | Onset of aging process | Post-menopausal problems | Debility | Post meno-pausal problem and debility | All | Debility and loss of sexual desire | |
| 30-40 | 4(9.09%) | 0(0.0) | 1(2.27%) | 0(0.0) | 1(2.27%) | 1(2.27%) | 0(0.0) | 7(15.9%) |
| 41-45 | 10(22.72) | 1(2.27) | 6(13.63) | 1(2.27) | 2(4.54) | 0(0.0) | 0(0.0) | 20(45.45) |
| 46-50 | 5(11.36) | 1(2.27) | 0(0.0) | 6(13.63) | 0(0.0) | 0(0.0) | 0(0.0) | 12(27.27) |
| Force fully | 1(2.27) | 0(0.0) | 2(4.54) | 0(0.0) | 0(0.0) | 1(2.27) | 1(2.27) | 5(11.36) |
| Total | 20(45.45) | 2(4.54) | 9(20.45) | 7(15.90) | 3(6.81) | 2(4.54) | 1(2.27) | 44(100.0) |

Table 7 provides to understand why and how participant women perceived the negative side of menopause. While 20.45 percent perceive that menopause is bad because it comes with its typical health problems, 4.5 percent see it as onset of ageing process. As many as 45.45 percent women did not say anything and reserved their opinion, 15.90 percent women perceived debility as consequence of menopause, and 6.81 percent women feel it bad because it comes with post menopausal problems as well as debility. As per data 4.54 percent women find the negative side of menopause citing all the above problems while only 2.27 percent women see the negative sides with debility and loss of desire for sex.

## Factors associated with forceful menopause/artificial menopause through medication

Some women in the present community forcefully/ artificially attain menopause by taking traditional medicine from the local healer/*ojha*. The reason can be understood through the following opinions given by the women:

Case-1: Jema Samad, aged about 45years, an illiterate woman of Gobarghati colony is a housewife belonging to an economically very poor extended family stated thus *"I had menopause few years back induced bytraditional medicine administered by my husband who is a local healer and called Ojha. He told me that 'our children have grown up. If you take this medicine then you will attain pregnancy any further. I am the 2nd wife of my husband and he is also my 2nd husband. He has a son from his 1st wife and I have 3 children from him. I was only 38 only years old when my menarche stopped permanently by the traditional medicine my husband provided. I have not experienced any physiological problems after having menopause."*

Case-2: Jabana Barla is a 45 years illiterate woman. She lives in a nuclear family in Gobarghati colony. Her husband is unemployed and she is a home maker. Her economic condition is very poor. She experienced menopauseat the age of 40.

As she stated *"My children are grown up now and we did not want any more children. So, we (husband and wife) decided to take medicine from the healer of our colony to stop my menstrual cycle".*

Case -3: Biren Sundhi is an illiterate widow woman of Gobarghati colony. She is 50 years old. She lives in a joint family having good economic condition. After the death of her husband, she worked as a daily wage labourer but after displacement she has no work to do. According to her *"I attained menopause at the age of 38 years. I became a widow at a very early age and my children have grown up in the meanwhile. I took traditional medicines from the healer of our colony and consequently, menopause happened."*

Case-4: This situation has also been faced by another 48 years Munda woman, named Hira Barla of Gobarghati colony. She has also taken traditional medicine to stop her menstruation after the death of her husband. *"After the death of my husband, I decided to stop my menstruation by taking traditional medicine."*

**Understanding about menopause**

Many women do not have adequate awareness and understanding on menopause. After menopause they experienced symptoms of uneasiness and complicacy for which most of them considered it a disease and hence carried negative feeling for menopause.

Case -5: Tulasi Pingua is an illiterate woman of of 36 years living in Haridabahali village and working as agricultural labour. Her husband Raju Pingua is also illiterate and works as a daily wage labourer. As per her *"I had menopause at a very early age of 26years. Once I suffered from Malaria. I took medicines from the nearest hospital for the same. After few days I had monthly cycle but the bleeding continued for about 2 months with black discharge, and then it stopped permanently. As I was just 26 years old, so I told my husband to take me to the hospital, but he did not take it seriously, so I could not get any treatment. I am unhappy because this disease (menopause) is making me weak. I am experiencing night sweating and hot flushes which is creating sleeping disturbances. God knows when this disease will be cured."*

Case-6: Lina Samad is a 50 years old woman of Gobarghati colony. She lives in a joint family. Her husband is a retired employee. Lina is illiterate and home maker with good economic status.As she stated, *"After having menopause, I am suffering from Kidney problem as well as from high blood pressure. I get pain throughout the body but get severe pain in my knee, elbow and waist. It makes me weak. My menstruation stopped 7 years ago, after that one by one all these problems have come up. I cannot sleep properly at night. I am unable to work."*

Case-7: Jema Gagarai is a 43 years old widow of Gobarghati colony living with her children. She has got education upto primary level and is relatively well economically. As she observed, "*After menopause I am suffering from depression, night sweating, hot flushes during night causing sleep disturbance. I am unable to feel the taste of food. My urine turned to red colour. I feel severe itching in vaginal area with bad odour. Also, I am having heavy white discharge. So, most of the time it creates irritation for me. I took Ashokarista (medicine) for few days but did not find any results. I urinate frequently and it is difficult for me to*

*control. I feel embarrassed when urine leaks during laughing in front of my friends or family members."*

Case-8: Mani Chataraged about 33 years is an illiterate agricultural labour who lives in a nuclear family having 2 children in Haridabahali village. Her husband is educated till high school level and doing a job. As she stated her experience and worries, *"Few years back, I had suffered from severe stomach pain. My uterus came outside(uterus prolapse). So, I went to Sukinda hospital. The doctor removed my uterus (Pilarahibaghara) through operation. After operation the doctor gave me medicines for 3 months. Most of the time I am suffering from headache, breast pain, joint pain, numbness, night sweating, hot flushes etc. I have only one son and one daughter. I am concerned about them because as I had menopause in very early age of 29 and I can never become pregnant again. If my children become fatally ill what shall I do?"*

**Traditional method used to attain menopause**

In order to understand the constitution of traditional medicine to stop menstrual period and the method of administration to attain menopause, a traditional healer was interviewed and the response is presented below.

Case -9: Lutu Samad, the traditional healer of Gobarghati colony is about 55 years in age is a very conservative person. When approached, he was quite reluctant to share his method of treatment with the belief that if his knowledge gets exposed then he might not get patients for treatment and so would not be able to earn from the practice. However, after several interactions and trust building, he agreed to divulge information on the medicine, method of administration and related matters. According to him, "*I cured many patients suffering from different problems like infertility, menopause, still birth, skin disease, jaundice, irregular menstrual cycle, abortion, fever etc. I also treat people inflicted by evil spirit or ghost. I can give guarantee that the medicine which I give is 100% effective. If you take it then you can never become mother in your whole life. In order to make this medicine, I to go to the forest in search of elephant placenta. After finding the placenta, I bring it to my home and keep it under sunlight for drying. Then I store it for future use. When a patient comes to me to stop her menstruation cycle, I collect red banana root. Then I take small part of the dried elephant placenta and add red banana root, little water to it, then pestle the materials to make a paste. Then I give the paste to the patient and advise her to take 1 teaspoon, early morning before food for 3 days. When we were living in our village it was easy to collect those things but here (rehabilitation colony) it becomes very difficult to collect these things. Most of the time the Placenta is not available."*

**Discussion**

Most of the women (95.45) in this study are illiterate and very few of them have got primary education. The mean age at menopause is found to be 4313, which almost coincides with the findings by Satpathy, 2016 (44.8) and Dasgupta et al., 2015 (44.87). In this community, early menopause is a normal occurrence. The reason for relatively low menopausal age may be due to low socio-economic condition, malnutrition, consumption of alcohol, tobacco and other environmental factors. Interestingly, this community also

submits to induced menopause effected by traditional medicine got from the local healer/*ojha*.

Early marriage is very common among the male and female Munda living in Sukinda area of Jajpur district. They prefer to give birth to number of children for strengthening their household income in due course. Because of attaining early parenthood, the children become adults when the parents are still with reproductive ability. So, in this situation, many Munda consider that it would be embarrassing to have a child when they already have children who are grown up or at marriageable age. So, the couple prefers to stop menstruation artificially, when their last child attains the age of 4-5. Another reason is, if the husband dies early, then the wife prefers to get menopause artificially in order to sabotage her desire for second marriage and to take care of her children. Further, having not attained menopause, if such women indulge in a relation and in the process get pregnant then the community will outcast for adultery. So, they consider menopause as preferred solution to get rid of any such problems and hence they go for traditional medicine from the local healer. The case studies cited earlier attests this observation.

The participant women hardly have any awareness and knowledge on menopause which is a natural phenomenon. As many as 70.45 percent women observed it as an aging process, 6.81 percent women think it as a natural process and 4.54 percent women do not have an idea about menopause. This may be due to their low level of education, inadequate exposure to health facilities and healthcare functionaries. Further their work occupation, as 63 percent work as agriculture labour, limits their exposure reasonably. In the present study, half of the participants did not express their opinion on menopause, whereas 29.54 percent of the studied population shows positive attitude towards menopause and 20.45 percent shows negative attitude. As many as 45.45 % of the respondents welcomed menopause just to get free from menstruation, whereas, more than 35% women considered menopause is bad or harmful because of the physical and psychological impact on health it brings with. As such, post-menopausal complicacies not only characterized with general debility but also impact them psychologically.

Due to hormonal changes, the women suffer from various physical and psychological problems. It is a very complex process of change that occurs in the biological structure of women, accompanied by a variety of psychological events. The most prevalent symptoms experienced by the women were (Table3) muscles and joint pain (4.54%), hot flushes (45.45%), night sweating (40.90%), depression(50%), forgetfulness(63.63%), poor concentration (36.36%), tension (52.27%), numbness of extremity (43.18%), sleep disturbance (25%), increased urine frequency (15.90%) etc. Similar studies done by other researchers (Hamid et al., 2014; Satpathy, 2016; Sultan et al., 2017; Madhukumar et al., Mishra et al., 2012; etc), indicates variation in the

common menopausal problems in India and abroad. The studies further indicate that menopausal symptoms are more in the middle age groups and the middle –aged menopausal women experienced more physical and psychological symptoms (Kasikrishnaraja et al., 2017; Senthilvel et al., 2018).

## Conclusion

The present study indicates that the Munda women have low level of awareness and knowledge regarding menopause. Most of the respondents do not know about menopause and its associated symptoms and problems. Lack of education and awareness influence their attitude and health seeking behaviour related to menopause. Hence, there is need for raising their knowledge and awareness on menopause and change their attitude. Further, there is a need to train the frontline health workers to discuss, educate and counsel the menopausal women about the risk and its impact on their health so that, it will be helpful for the women, not only to accept menopause but also manage it towards improving their quality of life.

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# GENDER AND HEALTH ISSUES AMONG PAUDI BHUYAN WOMEN OF ANGUL DISTRICT OF ODISHA

**Biji Patra**[1]

## ABSTRACT

*The paper has made an attempt to scrutinize different health ailments pertaining to PaudiBhuyan (PVTGs) women in their reproductive age and discuss how gender disparity exists among them. It sheds light on the exploitation arising partly due to gendered roles which is an inherent characteristic of a patriarchal society and examines how it is responsible for creating a rift between the tribal people and locals which resulted in their social and political exclusion. The primary cause among these tribal folks for their obnoxious state is the poor nexus of the government service providers with them and lack of understanding and awareness about health programmes and policies. This paper has attempted to map the role of PaudiBhuyan women in decision making at the domestic level and to look into the ways how they contribute to the family income. The observations made in the paper is on the basis of an ethnographic study that followed relevant methods to collect data. Both qualitative and quantitative techniques were used. Content analysis was done to analyze qualitative data and quantitative data, and tabulation was done manually.*

*The women category among the PaudiBhuyan is considered impeccable for household chores and is not only subjugated at the domestic front but suffer exclusion and discrimination at social, political and economic domain too. The paper reflects that there exists petite awareness among the PaudiBhuyanwomen regarding health, menstruation, hygiene and such other social-behaviouralaspects. The observationsmay provide an insight into their deficit cognizance about their political emancipation and overall women empowerment.*

**Key Words : Paudi Bhuyan, gender, health, women empowerment**

## Introduction

Development seems to be a buzzword today. Every human activity is measured in terms of growth and development. But development ceases to lose its meaning if it is not inclusive. Therefore, in the late 90's inclusiveness was envisaged as an inherent feature of all developmental policies across nations. Addressing to the needs of vast population has always been a challenge for India. But the disparities tend to be wider making the disadvantaged section more vulnerable.

[1] Independent Consultant

For a developing country like India, it is a mandate to have equitable and inclusive strategy of development and this cannot be envisaged without promoting the livelihood of the lowest in this category. The lowest in the category are the Scheduled Tribe (ST) populations who comprise 8.6 percent of the total population and are not included even in the social strata (Census, 2011).

Scheduled tribes are often conflated as Scheduled Castes in the developmental literature but they are completely different social entities. The former does not strictly fall within the caste hierarchy, and have distinct cultural and religious practices and social mores. The major difference between the development status of scheduled castes and scheduled tribes (Adivasi) is that while the former lived among but were segregated socially and ritually from the mainstream and upper caste groups; the latter were isolated physically and hence socially (Beteille,1991). They live in forests and hill tracts and are scattered across India. In the contemporary period, there has been change in their livelihood pattern and they portray a diluted picture of social, cultural, political and economic life.

India is home to one of the largest concentrations of indigenous people after Africa. Among them, in Odisha, 13 have been listed under Particularly Vulnerable Tribal Groups (PVTG) out of 62 tribal groups (Census, 2011). Paudi Bhuyan is one among the designated PVTG in Odisha. The word Bhuyan is derived from the Sanskrit word 'bhumi' meaning land and therefore the Bhuyans hold the view that they are born out of mother earth and became Bhumiputra meaning son of the soil (Roy,1953). They are found in Sundergarh, Keonjhar, Deogarh and its adjoining districtsand beyond the state boundary in Bihar and Jharkhand. The Bhuyans are organized under Pirhas (*pirha* meaning original dwelling place) and the study was conducted in one of the Bhuyan Pirhas of Keonjhar district of Odisha. The Timi village (15 kms. from Pallahara) in Sreegarh Panchayat of Pallahara block was chosen for the study because it is having a significant homogenous population of Paudi Bhuyans. The striking aspect is that though PBDA (Paudi Bhuyan Development Agency) is working since 1978 in Jamardihi which is 30kms from Sreegarh Panchayat has become ineffective in transforming their lives. Pallahara block is a Non-ITDA (Integrated Tribal Development Agency) area and encompasses a considerable portion of various tribal populations. Mega industrial set ups like National Thermal Power Corporation (NTPC) and Mahanadi Coalfields Limited (MCL) are also located contiguous to the Paudi Bhuyan habitats in the district.

## Health: A global concern

Health has always remained an area to be pondered upon. Health comprises of a holistic approach of physical, mental and social well-being of an individual and not merely absence of any disease or infirmity (WHO). But this definition in Indian context is yet to be envisaged.Henk Bekedam, WHO representative to India, on the occasion of World Food Safety Day, said that, "we know that nation needs healthy population to prosper. Stepping up investment in public health care is pivotal to sustaining India's economic growth. Investing in health is investing in India's growth story" (The Indian

Express, 2016[2]). Perhaps the investment of India on health sector is abysmally low as compared to other developed nation which is evident in India's GDP investment amounting to 4 percent of India's GDP.

As per the Economic Survey 2015-2016, the expenditure by government (central and state governments combined) on health as percentage of GDP was 1.3 percent.The country's public spending on health is "little over" 1 per cent of GDP (The Economic Survey, 2016).Health, being a state subject; the central government supplements the efforts of the state governments through financial assistance. The delivery of essential services such as health and education, which are predominantly the domain of state governments, remains "impaired". The allocation of funds for health sector is based inter-alia on the availability of resources and competing claims for them. An increased growth rate of the economy generates increased resources for funding the health sector. The funds allocated to the state for enhancing the health sector is properly not utilized which results in out of pocket expenditure. The out-of-pocket expenses (OPE) in India on healthcare by its citizens is amongst the highest in the world.

As Parson wrote in the Social System, extremely low level of health, too high incidence of illness is dysfunctional. To him, health must not be seen as a social process rather bad health should be comprehended about functioning of society. He values health as a social commodity, a dire requirement for individual achievement and smooth functioning of society (Parson 1951:430).

Thus, health does not function independent of society and both influence each other in multi-dimensional ways. Foucault conceives of the body as an object of knowledge and a target for exercising power and he tries to explore the ways in which the body is rendered passive and productive (Foucault,1979). Many scholars have opined that rural area women possess poor awareness about health practices and health education should be provided to them by conducting camps and rural stay programmes to improve their level.

**Gender: A convention or an aberration**

Women are considered an ideal image that can never do wrong and their activities are always monitored. Violence against women is as old as patriarchy. The more the government talks *ad nausem* about inclusive growth and financial inclusion the more it excludes the contributors of women to the economy and society. Traditional patriarchy has structured our worldviews and mindsets, our social and cultural world on the basis of domination of women and denial of their rights and equality (Shiva, 2014). Gender manifests itself through institutionalized social structure and stereotyped gender roles in this arena as well. Women are a disadvantaged section in Indian context in comparison to their male counterparts due to the patriarchal society.

With descending mortality rates and accentuating GDP rates, India is striving towards carving its own niche on global platform. Although there has been improvement in various developmental index but the crude scenario presents a different picture. Tribal society as a whole

[2] December 11, 2016 indianexpress.com

represents unique arrangement. Their contribution in development does not merely imply integration into mainstream but to ensure that human rights and human potential receive desirable attention.

Desai (1978) views tribal problem essentially as an economic-political one. To him, solution of tribal problem demands reconstruction of a new social order. New social order will protect both tribal and non-tribal population from exploitation and will abolish exploitation. He criticizes superficial and uncoordinated nature of aids granted by successive government in every plan period. The vision of new social order emphasizes eradication of caste system in society which is based on the notion of purity and pollution. It dehumanizes potential of an individual and such is also the case among tribes. They become victim to this social custom as they suffer from many social prejudice and bigotry. Aids granted by government are used by officials and authorities for their vested interest and tribal people become an object of exploitation.

Kamla Bhasin[3], a noted social activist quotes "women are the last colony". By colony she refers to a place or person whose resources you exploit, exploit labor and reproductive power.She highlights that religion becomes a shield to justify patriarchy (The Hindu, 2013). Vandana Shiva (2005) discusses the impact of women by what she calls world's violent economic order. In Earth Democracy, Shiva opines that "gender equity requires seeing women in their full humanity- as producers and creators, as custodians of culture, as political decision makers, as spiritual beings. She views major obstacles facing women and indigenous people have their association with patriarchy and colonialism. This has turned down women and nature into passive things, which can be used and exploited for controlled and uncontrolled desires of men". To her, the economic model focusing on growth myopically begins with violence against women by discounting their contribution to the economy. Even though women play a vital role in sustenance of economy, but a patriarchal economy defines economy to be a market place and treat their work to be no-work.

Maria Mies mentioned that women in the third world countries are symmetrically excluded from the fruitful and creative sectors of the economy. To her, patriarchy is found in social relation of production. The vital basis of patriarchal exploitation is the sexual division of labor which she calls-"man-the hunter model". She further argues that women work should be reintegrated into workforce because work undertaken by women is symmetrically downgraded, ignored or seen as a leisure time (Krul, 2013).

**Social exclusion and tribe**

The term social exclusion was developed by Rene Lenoir which had its origin in France during 1970s when the Republican Party was in full swing during economic crisis (Bhalla and Lapeyre, 1997:414). Social exclusion refers of the process of alienating or excluding people from the fruits of development on the basis of caste, religion, language, race or any physical attributes and social construction. Tribal people are autochthonous who are already secluded

[3] Quoted by Harsh Mander in The last colony. the hindu.com 1 December 2012

not only in terms of their habitat, language or cultural pattern but in the course of protecting and sustaining their own cultural identity. The perception of the tribal folks has in many regions undergone considerable vagaries but there is huge proportion among them who adhere to their unique traditional and cultural affiliations resulting in heterogeneous amalgamation of cultural attributes. However, the PVTGs are insensitive to this entire process of social change and are least developed in terms of social hierarchy and recipients of developmental aids. Being an excluded category, they suffer from social constraint which is malignant in nature. Economic deprivation affects them but social exclusion impedes them. Similarly, the Paudi Bhuyan women are subservient to their male equivalents.

## Women in Development

With the enactment of National Policy for Empowerment of Women in 2001 which laid emphasis on significant contribution of women by enhancing their lives through interventions and policy implementation. There have been significant strides in the Indian economy but the persisting socio-economic problems continue to hinder gender equality and holistic development of women. The dynamics of rapidly growing global scenario have ushered in new facets giving rise complex socio-cultural challenges to women with deep rooted belief on gender roles (National Policy of Women Draft, 2016). Several paradoxical instances have been observed in last few years. The acknowledgment of gender rights and equality is juxtaposed against increasing forms of violence such as rape, dowry, trafficking etc; increasing market opportunities witnessed weak bargaining power and low job contour. But when it comes to tribal women, they are even more badly off. The mounting differences in several socio-economic and demographic indicators between tribe's and rest of the population India depict a peripheral, marginalized and exploited condition of the tribals. Indian government implemented certain novel initiatives for tribal communities to enhance their condition in order to assimilate them into mainstream society and by removing exclusion. However, the development projects have achieved limited so far because of the critical failure to comprehend the distinctive characteristics of the tribal areas and scheduled tribes(ibid). The pathetic situation of the tribal folk is vivid from their health and human development indicators which are even lower than the national average (Sarkar, et.al. 2006; Bala & Thiru Selvakumar 2009; Subramanian, et.al 2006). Economic growth has intensified the tribal exploitation and marginalization through mineral extraction from tribal habitats. Sustainable tribal livelihood is under stress due to exploitation of the physical environment by global and local market forces (Meher, 2009).

## Health care provisions in India

Health services in India and other countries show large variations. While India stands for preventive and curative health care, America boots for comprehensive health care[4] services. The most controversial Obama care seeks to expand and improve access to health care and curbs spending through regulation of taxes.

[4] The Affordable Care Act which was nicknamed as "Obama care" in U.S. (2010) was designed to increase health insurance quality and affordability, lower uninsured rate by expanding insurance cover and reduce cost of healthcare.

**Table 1. Health indicators of some Indian states**

| State | Life expectancy | Neo-natal mortality | Infant mortality | U5 mortality | Total fertility rate | Underweight children(%) |
|---|---|---|---|---|---|---|
| Andhra Pradesh | 65.53 | 40.3 | 49 | 63.2 | 1.8 | 42.7 |
| Assam | 57.9 | 45.5 | 61 | 85 | 2.6 | 46.5 |
| Bihar | 60.8 | 39.8 | 52 | 84.8 | 3.9 | 55.6 |
| Gujarat | 63.4 | 33.5 | 48 | 60.9 | 2.5 | 51.7 |
| Haryana | 65.2 | 23.6 | 51 | 52.3 | 2.5 | 45.7 |
| Jammu & Kashmir | 61.3 | 19.6 | 49 | 54.6 | 3.4 | 48.8 |
| Karnataka | 64.5 | 28.9 | 41 | 54.7 | 2.0 | 24.5 |
| Kerala | 73.5 | 11.5 | 12 | 16.3 | 1.7 | 50 |
| Madhya Pradesh | 56.9 | 44.9 | 67 | 94.2 | 3.3 | 46.3 |
| Maharashtra | 66.2 | 31.8 | 31 | 46.7 | 2.8 | 45 |
| Odisha | 58.5 | 45.4 | 67 | 93.8 | 2.7 | 36.7 |
| Punjab | 68.5 | 28.8 | 38 | 52.8 | 1.9 | 43.7 |
| Tamil Nadu | 65.2 | 19.5 | 28 | 35.5 | 1.7 | 30.9 |
| Uttar Pradesh | 59.1 | 47.6 | 67 | 96.4 | 4.2 | 56.8 |
| West Bengal | 63.9 | 37.6 | 33 | 59.6 | 1.9 | 44.6 |

Source: - Indian Health Statistics Report 2012

The above table shows performance of the different states in socio-economic parameters. It presents a miserable and tragic picture of Odisha in almost all the parameters. Almost all the southern states showed better performance with Kerala topping the chart. The infant mortality rate is highest in Odisha and U5 (under five) mortality rate is equally high that draws a serious inquiry into the matter.

**Table 2. Selected health indicator among countries**

| Indicators | India | China | Brazil | Sri Lanka | Thailand | US | Canada | Australia |
|---|---|---|---|---|---|---|---|---|
| IMR | 50 | 17 | 17 | 13 | 12 | 7 | 5 | 4 |
| U5MR | 66 | 19 | 21 | 16 | 13 | 7 | 6 | 5 |
| Fully immunized (%) | 66 | 95 | 99 | 99 | 98 | 100 | 100 | 100 |
| Health Expenditure as % of GDP | 4.2 | 4.3 | 8.4 | 4.1 | 4.1 | 9.7 | 13.8 | 15.7 |

Source: WHO Report 2011

The table shows a sharp difference between India and other countries' performance on various indices of development and shows that India's performance is very poor. While US, Canada and Australia have already attained complete immunization, India has still a way to go. India performed miserable in infant mortality rate (IMR) and under-five mortality rate (U5MR) in comparison to other countries.

## Health among Paudi Bhuyan

Health as a component is affected by number of factors like sanitation facilities; drinking water; nutritional food intake;

availability, accessibility and affordability to health care services; adequate housing; protection against environmental hazards etc. But their economic incompetence and social deprivation makes them more vulnerable and list them in disadvantaged category. Their notion of disease still follows traditional method of treatment and they believe it is due to the wrath of their village deity[5]. Traditional method of treatment deals the disease with a touch of magic and mysticism and lacks scientific approach for which it is criticized. The health culture among them does not change so easily. Even with health care facility in close proximity, they prefer their traditional methods of treatment. The subordinate status of women in society affects their health causing reproductive problems like premature nuptials, unplanned pregnancies, miscarriages, abortion and multiple conceptions. Their misery continues with lack of adequate nourishment and limited opportunity to relax. The most prominent disease in the area is Malaria, Cholera, Typhoid, and diarrhea. The major reason for these was identified to be unhygienic living conditions and unclean water.

**Menstruation: A Taboo**

Menstruation as a process is considered as impure and unhygienic among the Paudi Bhuyan. They have taboos related to the cycle like any other communities. Although they celebrate the onset of menstrual cycle but in due passage, the girls maintain seclusion and avoids touching anyone. The women are supposed to keep it a secret from men as they find it embarrassing and utter shame. This has a derogatory impact on girls and women, especially on their personality development. Onset of menstruation is considered crucial as it marks the way for pregnancy. It was observed that there is no use of sanitary napkins and contraceptives among them although it is available in their primary health center (PHC). Using contraceptives among them is a sin as they believe it will affect their health and will be something against the god's will. Women in the Paudi Bhuyan family have completely no voice in deciding about pregnancy related issues. Being a patriarchal and patrilineal tribal group there was a preference for male child. The Mamata scheme provides Rs.5000 in four installments to every mother in case of 2 live births but there is no fixity for number of births of children in case of Paudi Bhuyan. Pregnancy is never treated with care and support and so there is no need for any ante- natal care (ANC). It was seen that 79.84 percent girls and women used cotton cloth for menstrual cycle, 20.51 percent used sanitary napkins and only 7.69 percent were aware of menstruation before puberty. They do not show any enthusiasm in availing the facilities and asserting their rights.

**Status of Paudi Bhuyan women in Timi village**

The status of women is better in tribal community in contrastwith Hindu society. Women are greatly revered and accredited higher status as compared to men. North-

[5] *Bisiri thakura;* the goddess is worshipped in some form or other in different seasons and is highly revered by the Paudi Bhuyans

eastern tribal society is matriarchal and matrilineal whereas tribes from central India are patriarchal and patrilineal. But every tribal society exhibit different social convention and customary laws. Ambedkar's concern for women as a dominated class is reflected in the mechanism of 'surplus women' by practicing sati, enforcing widow remarriage that led to debasement of personality, social and human rights of women in India (Ramjas, 2002). Hence women were subjected to violence in all grounds. But their society has undergone a substantial change after interaction in their vicinity. Subsequently they have emulated certain socio-cultural practices keeping their beliefs intact.

The major source of income for the Paudi Bhuyan is from agriculture followed by labor work, business and livestock. It was observed that the man used to work for a payment of Rs.170 per day and women were being paid Rs.150 per day which is actually fixed at Rs. 260 per day by the government. This shows their lack of awareness and exploitation by local contractors. Although they were unable to estimate their monthly income and expenditure it was assumed to be below Rs. 5000. In fact, the labor work is not done regularly. Turner develops Foucault's analysis of regulation and monitoring of individual bodies and claims that modern societies have become somatic; the body has become central field of political and cultural activity (Turner 1992; 13). This explains how they are exploited and segregated from communal life. The political atmosphere in the village was at its peak. Men would also dictate in deciding whom their wife would vote considering the post and person contesting for elections. Elections are considered crucial as it would be economically productive. By far there never has been a single woman contesting in elections and the village people (both male and female) were considered vote banks because people reap all benefits from them due to their ignorance and poverty. Women in the village were busy in their daily life as they had to work in fields, assist their husband in agricultural work and look after family and children apart from doing other household chores. The Paudi Bhuyan women are usually found indulged in various activities like poultry, agriculture, beedi making, collecting honey, blue collar jobs (working in schools for preparing mid-day meal, helper in Anganwadi Centre) and in making *badi* and *papad*. The study shows that despite there is an overall development in the lives of people, yet the economic situation is still not advanced.

Education is an essential aspect of social change. It was noticed that education is neglected among the Pauri Bhuyan. Among 46 students registered in schools, only 18 were attending out of them 7 were girls. This shows how education among girls is neglected in the village. There were higher dropouts in girls after attainment of puberty from Class VII onwards and boy's dropout because they do not find it interesting and productive.

## Paudi Bhuyan women in political sphere

The opinion of the Paudi Bhuyan women was insignificant in political field too. Elections among the Bhuyan is seen as a money yielding process where they could make some money from the candidates contesting in the polls. By far, there have

not been single woman candidate representing their village or Paudi Bhuyan community. This shows their lack of interest and dominance of their husband in decision pertaining to political rights of the women. Even voting a particular candidate has to be decided by husband or eldest male member of the family. Politics is considered completely a domain of men and women participation is condemned being a weak candidate. Paudi Bhuyans fall prey to fraudulent activities and political gimmick due to ignorance, lack of interest and socio-economic condition. Even after implementation of 50 percent of reservation of seats for women in Panchayat, there seem to be lack of women emancipation in the village.

Social and economic deprivation and exploitation can be addressed through political emancipation of women. Empowerment sounds vague when the tribal masses do not know how to ascertain their entitlements and stand for their rights. The perception of Paudi women needs to be changed towards social dogmas and the way it fetters the self-esteem of an individual or a community as a whole. Political space not only confers opportunity for rendering services to society but it serves as a strong and decisive instrument for articulating one's opinion and thoughts and education is the only medium through which social change could be envisaged. Participation in political field gives women a chance to express their interest and the power for decision making process becomes independent. This will boost the self-esteem and confidence of the tribal people.

## Conclusion

In 2017 the Central government announced the National Health Policy which aims at spending 2.5 percent of GDP with an assurance for health for all and moving away from sick care to wellness. It guarantees health care services to all Indian citizens, particularly the underprivileged. But it remains a distant dream with IMR and U5MR showing higher rate in Odisha than the national average. Maintenance of mothers for pre-natal and post-natal care is significant because it would help in building good health of children. Paudi Bhuyan in Timi village experience relative inaccessibility by ambulance and one has to access the village by crossing a stream. Health for the Paudis is not a major concern as they believe ill-health is due to the wrath of their village deity if they forget to worship in different seasons. They still give preference to traditional method of treatment to scientific treatment. The first dominant theme that emerged from this is that the women were seen as procreators. The common-sense acceptance was that women were seen significant in their social roles as mothers. It continues to cast women as biological and social reproducers. There exists a belief that women are supposed to give minimum 4-6 birth as the entire village has experienced a high degree of child and infant mortality. The exploitation by medical practitioners and local people incurs heavy expenditure for which they tend to refuse to go to hospital. Teenage girls become victims of malnourishment and anemia due to irregular pregnancies, unhygienic deliveries and many more. Low social status among the Paudi Bhuyan paralyzes

the need to go for health check-ups. Prenatal and postnatal care is not much prevalent as pregnancy is apprehended to be a normal situation and does not demand special care or attention.

The contribution of women in the Paudi Bhuyan society is neglected and denies recognition due to the patriarchal values entrenched in them. On the other hand, it is widely acknowledged that women are vital human infrastructure and their economic, social and political empowerment would hasten the pace of development. Hence, larger attention is required to enhance the quality of life, empowerment, gender equity and inclusive development for Paudi Bhuyan women.

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# AN INSIGHT INTO TRADITIONAL HEALTH CARE PRACTICES AMONG *TAI KHAMTI* COMMUNITY OF ASSAM

**Debismita Bora**[1]

## ABSTRACT

*India has vast cultural diversity. There are variations among different ethno-cultural groups in termsof language, culture, food habits, belief system, customs, traditions, and traditional knowledge systems, health care practices andsuch. Though the process of modernization and socio-cultural interfaces amongst different communities has resulted varied changes in different aspects of their life, it seems to have relatively much lesser impact amongst the tribal communities (Adivasis), precisely because of their relative isolation from other communities and autonomous characteristics. Health care practices are one such area where different tribal communities have conceptualized their health and wellbeing, disease and symptoms in their culturally appropriated ways.*

*Northeastern India is home tomany ethnic tribes who enrich the cultural landscape of this region with diversities.Tai Khamtiis one such tribal community, mostly inhabiting Assam, who have rich tradition of health care practices. Their ethno-medicinal practices are also popular among the neighboring communities. However, due to increasing influence and popularity of modern health care system the importance of theirethno-medicinal system has been declining. Due to lack of proper documentation and inadequate transmissionof knowledge across generations this rich knowledge system is facing serious challenges for its survival and thereby deprive the community of a cheap, locally available andnature-based health care system. The present study is an attempt to understand the existing health care practices amongst the Tai Khamti and to assess to what extent their ethno-medicinal practices are in practice and if there is any conscious effort of traditional healers in preserving such a knowledge system.*

**Keywords: Ethno-medicinal Practices, Health Care Practices, Local Health Traditions, Tai Khamti**

## Context

World Health Organisation-WHO (1948, 2002, 2013) defines health as: "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". However, many experts consider that the environmental factors, behavioural factors and age-oldtraditional healthcare systems have serious bearing on tribal health. WHO further envisages that 'the highest attainable standard of health as a fundamental right of every humanbeing'.WHO's Alma Ata

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declaration of the 1978 on primary health care advocates 'health for all', with focus on community participation, community needs and proprieties- their values and vision for health care system that is seen as the guiding principles of achieving health for all. But even after more than four decades of such declaration indigenous health care system has not got adequate attention or recognition in India. Traditional health care is understood with variety of terminologies such as local health traditions (LHTs), ethno-medicine, ethno-medicinal practices, traditional /indigenous medicine, local healing practices, and indigenous health practices etc. in the literature of anthropology, sociology, and public health. In the Government of India in its official documents of AYUSH uses the term 'local health traditions'. The National Rural Health Mission (now renamed as National Health Mission) talks about 'mainstreaming of AYUSH and revitalization of local health traditions' and towards that have devised institutional mechanisms and have engaged AYUSH doctors. In actual practice, sincere efforts for promoting LHTs is almost non-existent.

## Classification of Health System in India

For all practical purposes the health system in India has been divided into two systems- codified and non-codified (Unnikrishnan et al, 2010).

**Codified Health Services System:** It follows the western medicine/allopathic/ biomedicine flow of health care services, which is basically structured including institutions, hierarchy, scientific research, trained health care practitioners and recognized bodies and documentation of health services. There are other codified systems in AYUSH to incorporate established systems of Ayurveda, Unani and Tibetan Medicine.

**Non-Codified Health System:** It includes folk medicines and lesser-known healthcare practices that have not been properly codified as such knowledge systems exist as oral lore passing down from generation to generation and have been in practice with wide acceptance at community level. This system is based on the epistemology and ontology of the health services which sees the practice of trial and error. Folk medicinal practices have evolved through decades by the communities that utilize locally available, easily accessible and cost-effectiveherbal and non-herbal products from immediate ecosystem. Folk medicine is recognized under non codified health system. The folk medicine is also known as ethnomedicine, traditional medicine, indigenous medicines etc.

## Ethno medicine

The practice of ethno medicine/ traditional medicine by different ethnic groups to cure disease and ailments bear a testimony to the existence of indigenous knowledge systems. Such knowledge is by and large transmitted orally from generation to generation and is seldom, if ever, documented. According to Foster and Anderson (1978), 'ethnomedicine denotes the totality of health knowledge, values, beliefs, skills and practices of indigenous people, including all the clinical and non-clinical activities that relate to their health needs'. Hughes (1968) refers to ethnomedicine as 'those beliefs and practices relating to disease

which are products of indigenous cultural development and are not explicitly derived from the conceptual framework modern medicine'.

Thus, ethnomedicine/traditional medicine refers to wide range of healthcare systems/ structures, practices, beliefs, and therapeutic techniques that arise from indigenous cultural development. Traditional medicine is also taken to mean the study of these systems and techniques more so from the sense of placing them into an anthropological context rather than evaluating their effectiveness using the scientific method. Either way, such healthcare systems don't necessarily follow the structure of modern or western medicine. Instead, these healthcare practices are based on the unique culture that has arisen from native/ indigenous people.

**Tai Khamti community of Assam**

In Northeast, the *Tai* is one of the major tribes. *Tai* people are culturally similar to some other tribes they are primarily identified through their language. They are distributed in mainland South East Asia particularly in Thailand, Vietnam, and Myanmar etc. In India, the Northeast Region is the home for the Tai Community (Terweil, 1980). Within the community there are sub groups like *Tai Khamti*, Tai Ahom, Tai Phake, Tai Khamyang, and Tai Turung. In Assam *Tai Khamti* is one of the smaller tribal communities with about 60,000 population. The name 'Khamti' means 'a land of full gold' where 'kham' means gold and 'Ti' means place. The Khamti people follow Buddhism and are believer of the Hinyan sect of Buddhism. Every village possesses a monastery (Vihar) headed by a Monk (Bhante). In Assam Khamti inhabit in the district of Lakhimpur, Tinsukia, Dhemaji, and Cachar districts. Historians say that the Khamti migrated to India from the Irrawaddy valley, Myanmar, in 1751. There are various classes among the Khamtis viz Luk-Khun, Lung- King, Khong-yek, Khong-lung etc. On the socio-political angle, the Khamtis are divided into two groups as Lu- kam, and Nuk Tai. The Khamtis who migrated into Assam belonged to all the seven principalities of Khamti- Long. The various sub groups of Khamtis are- Namsoom, Mongpong, Simit, Manlong, Longkeng, Manchuj, Khankew, Mannoi, Mannow etc. As they are of Tai origin Tai Mongoloid features are found in them like other section of Tai or Shans.

Generally, the houses of the Khamtis are built on elevated platforms several feet above the ground (as a flood resilient housing structure) which is called Changgharand is similar to the housing architecture of Mishingtribe. The platforms are normally made of bamboos. The Khamti people have their own language and script known as "Lik Tai". Sangken is the main festival of the Khamti Community. Their major occupation is agriculture. They speak Khamti as well as Assamese language. Ethnomedicinal practices are quite prevalent among community.

**Traditional health practices among the Tai Khamti**

*Tai Khamti* community in Assam is well known for their rich knowledge and practice on a range of herbal remedies sourced from local ecosystem. Their accumulated wealth of medicinal knowledge is based on knowledge on

plants passed down through generations by oral traditions and some through Tai Buddhist literature. Some remedies are reported to have high ethnomedicinal value, especially for their efficacy in curing diseases and ailments like jaundice, diarrhea, piles, bone fracture, dog bites etc. Often, they complement magico-religious and spiritual treatment along with other prescribed remedies. Their tradition of ethnomedicinal practices is as old as their identity and over the years the same has been strengthened through their mode and means of interaction with the nature. However, with rising popularity of modern health care and other established medical systems along with spread of education that ensures seemingly quick recovery, significant impact has been made ontraditional health carepractices causing their erosion, especially among the tribal communities who used to depend more on their age-oldtraditional health care system. Nevertheless, ethnomedicinal practices among the community are prevailing to a great extent. In this context, the author conducted empirical studies on their existing communities through interactions with traditional healers.

The *Tai Khamti* ethnomedicinal knowledge can be broadly divided into two types (i) Material Medicine that is used for the treatment of diseases caused by pathogens and natural agencies and (ii) Magico- religious and spiritual remedy i.e., treatment of diseases caused by supernatural factors, as believed by them.

(i) **Material Medicine**

Some of the herbal medicines used to cure diseases are listed below (English and vernacular language is used). The medicine used and the procedure followed in the treatment has been described.

**Bone fracture**: For the bone fracture they use leaves, stem and root of herbs likeYalung, Pongthot, Chingchiri, Yapet, and Yahep in *Tai Khamti* language. In case of a bone fracture, the preparation out of the herbs is administered in three phases. The first dose is administered by taking the pestled plant products on a banana leaf that is tied over the fractured portion and left as such for three to five days depending on severity. The plaster thus made is supported with bamboo sticks tied over the plaster in a manner so that the plaster is held in place and the affected portion is not disturbed by body movement. The same procedure is repeated three times with re-plastering of the affected part at an interval of three to five days. However, depending upon the severity of the fracture treatment is repeated for relatively longer time.

In case, there is fracture with injury causing external and internal bleeding and blood clotting then about 200 gms of devil's backbone plant (Harjura root), 100 gms of plai (moranada) and 25 gms of black pepper seeds are grated properly and boiled in a liter of water. The decoction is filtered after cooling and administered 3 cups daily. This is used as a sort of antibiotic to cure internal bleeding.

**Bronchial Asthma (Ha-Pani)**: Juice extract of Rossary Basil (Kola Tulokhi) and Dragon's tree (Jomlakhuti) leaves is administered 3 times a day.

**Dog Bite**: For dog bite Pepper Cocoyam and Elephant's Ear plant is used. In some cases, root extract of cane (jati bet) is mixed with cow milk and sugar, and the

preparation is administered in empty stomach in the morning for three days to cure the patient from the complicacies.

**Dysentery:** Dried root of GuttiferaeBor (Thekera), peel of pomegranate and one dried Chebulic Myrobalans (Hilikha) is crushed and grated properly and dipped in hot water for 10-15 minutes. Thereafter, the mixture is taken out and consumed at any time of the day for 3-4 days.

**Eye Infection**: Flower extract of damask rose (rongagulap) along with saliva is applied to the infected eye early in the morning to reduce reddening due to infection.

**Fever with cold**: A decoction called *jall* is prepared by boiling ginger, black pepper, mustard, fit weed (Mandhania), clove, garlic with water. The *jall* is taken generally before the meal. Leaf juice of spearmint (poduna) mixed with water is taken orally. Crushed leaf paste of Aloe Vera is applied on the forehead.

**High Blood Pressure**: To relieve blood pressure4-5 cloves of garlic isprescribed to be taken regularly with meal. Tender leaves of glory flower (Nefafu) with 3-4 pieces of garlic wrapped in a banana leaf is roasted on fire and taken in empty stomach.

**Piles**: Tree barks of Amala and Hog plum (Amora) are finely cut into small pieces and then boiled in water. The patients are advised to drink the water till they get relief. The root of red water-lily is dried over the fire place and grinded to make powder. The powdered rootstock is applied in the affected area for 6-7 days. Resin of Lakoocha (Dohacahli) is mixed with crushed leaves of Indian Pennywort (Manimuni) and roasted snakehead fish (Goroi fish). Three tablets are prepared from the mixture and are taken one by one at any time of the day for fast relief from piles.

**Jaundice:** Fruit juice of mango is taken orally with milk twice a day. Leaf juice of sprout leaf plant (Dooportenga) is administered orally. Fresh fruits of Carambola (kordoi) are crushed to extract the juice and taken with water. Leaf paste of Pigeon pea (Arhardal) is dipped in 0.250 liter of water for an hour. The infusion is then filtered and taken orally in empty stomach early in the morning.

**Cough**: Leaves of Sacred Basil (Kola Tulokhi- black *tulsi*) and Dragon's tree (jomlakhuti) leaves is grated to make a paste that is administered three times a day.

**Gynecological Disorders**: Root paste of Indian night shade (*TitaBhekuri*) mixed with little amount of black pepper seed powder is prescribed to be taken three times a day to treat irregular menstruation. Juice extracts of *dhopattita* (Verbenaceae) root and Loranthus ( *Roghu- mola*) leaf is administered two times a day in empty stomach to heal painful menstruation. Flower juice of Hibiscus is given if delay is observed in attaining puberty.

The above is some of the herbal remedies prescribed by Tai traditional medicinemen against the particular diseases or ailments. However, the medicine men follow certain rules and regulation at the time of plucking the leaves of the herbs as well as they chant certain *Mantras* while preparing the medicines. It is believed that chanting of mantras increases the efficacy of the medicine for which ordinarily people restrain from plucking or exploiting the

leaves or plant parts, for applying *mantra* is the specialty of the medicine man. The *Mantras* are in Tai language, some of them are orally transmitted from one generation to other as they can only pronounce the language but fail to write properly. They have a belief that some of the ethnomedicine practitioners get dictations from their supreme god about the remedy and the names of the herbs in their dreams. The healers believe that unless the herbs are used carefully with chanting appropriate *mantra,* they might act negative instead of healing the ailments. According to the medicine men they refer to some of the *Mantras* and treatment procedures mentioned in their religious book *Tripitak*.

### (ii) Magico- religious and Spiritual Practices

Many diseases are believed to have been inflicted by supernatural agencies. The same diseases as mentioned earlier and many others if persists for longer duration with complicacies despite administration of prescribed medicines then they are attributed to magico-religious reasons. The traditional practitioners are well versed in identifying the cause of the affliction and thus provide treatment following magico-religious practices as they find appropriate. Sometimes ethnomedicine is administered with magico-religious and supernatural practices. Given below are some of the belief systems regarding cause of a disease for which magico-religious practices are followed.

**Influence of Evil spirit (Bhut/ Khetorloga)**: The *Tai Khamti* people generally believe that the world is full of various types of malevolent spirits who may be living on trees, in air, in water and on roadsides who inflict diseases among people. These malevolent spirits are treated with chanting of *mantras* to a thick cord made out of red, white and black color strings. After the process, the amulet is given to the patient to wear around the patient's neck or on the left hand above the elbow or around the waist.

**Influence of Evil Eyes (Mukh- loga):** The Tai people also believe in the presence of evils in persons and that some people possess evil powers. If such persons put evil look or glance at someone or throws a curse with evil motives, it may cause illness in the form of indigestion, incessant vomiting, diarrhoea, fever etc. Generally, the small children easily become the victims of such persons. Here the patient is administered water treated with magical hymns by the medicine men. This practice is called *Pani Jora.* The patient drinks half of the water and the rest is rubbed on him/her starting from head and reaching to the toe.

**Curse for a sin/ fault committed (Dukhloga):** Sometimes diseases like allergy, chickenpox, paralysis etc are believed to be caused as punishment from the almighty or by some deities for a sin committed by individual himself/herself or by his/her family members. For allergy, prescribed medicine is taken with a glass of water treated with *mantras* by medicine men. While chanting the *mantra*, the medicine man dips his right-hand index finger in it. The afflicted person is advised for drinking 3 sips of water and the rest is rubbed over the patient's body. Besides, certain elaborate religious performances or rituals are conducted that includes offerings to the deities, arranging feast for

the *Bhante* and taking blessings etc. in order to get relief from the suffering.

The*Tai Khamti* medicine men have invaluable repository of knowledge on ethnomedicine for which they are considered to be one of the most knowledgeable and expert service providers in the field of ethnomedicine in Assam. The *Tai Khamti*s have immense faith in their traditional medicinal practices. The healers do not ascribe the ethnomedicinal practices as their source of livelihood rather they consider it as their duty to provide service to people attributed as service to God. They consider ethnomedicines are effective as it doesn't have any side effects and hardly cost anything because the healers do not demand fees or charges for the treatment they provide. Khamti people also consider the ethnomedicine pure as it directly comes directly from the nature.

## CASE STUDIES

To have deeper insights into the ethnomedicine practices and the life of traditional healers two case studies taken from Bor Khamti Village of Assam have been presented below.

**Case I:** *K Mangpang (Name changed) aged about 61 years belongs to the Tai Khamti community, in Bor Khamti Gaon, Narayanpur. He is the head of the village (Gaon Burha). Having retired from services in Army, he lives with his wife and three sons. He is a practitioner of ethnomedicine. In his family ethnomedicine practice is a hereditary tradition. Despite being exposed to modern care health care system for long time while serving in the Indian Army, he is a staunch believer in the effectiveness of their ethnomedicinal system and practices it with all diligence. Out of the practice he does not earn much, as his basic objective is to serve the community. He happily accepts whatever people pay in lieu of the treatment he provides. In most of the cases patients pay only 10 rupees, sometime 20 rupees to a maximum of 100 rupees. However, he has fixed a price for treatment of bone fractures which is rupees 300 for three days of treatment. Normally he prescribes remedies to cure the diseases like cold and fever, injury, fracture, dysentery, dog bites, moghaulua, Alukhuni (stomach pain). He gets the traditional medicines materials from the reserve forests of Narayanpur and some of them are borrowed from the forest of Arunachal Pradesh but most of them are available at his garden. According to him his younger son is interested in this field of ethnomedicine practices. K. Manpangis consciously transferring his knowledge to his son by taking him along to the places in forests to collect the herbal medicine. It is during collection of herbal medicines he teaches his son about the efficacy of the plant and applicability to diseases and ailments.*

**Case II:** *Nangthesa Mangpang (Name Changed) is a 95 years Khamti woman, who never went to school. She is the oldest ethnomedicine practitioner of the Bor Khamti Village. She has three sons, seven grandsons and granddaughters. She learnt the ethnomedicine practices from her husband, father and other relatives. There are no fix rates for her treatment; she accepts whatever people willingly pay. According to het she is able to meet her monthly expenses by practicing ethnomedicine; also, she gets old age pension from the government. Her average monthly income is 700- 1000 rupees. She has got expertise in curing Dog bite, Gastric, Cold/ fever, Cat scratches, Jaundice, Liver disease etc. For the treatments she uses different types of herbs, among them some of them are grown in her own garden. For her old age she is not able to collect materials for medicine from forest for which one of her grandsons is guided and mentored by her to collect the required materials from forest of Assam and Arunachal Pradesh. At her village younger generation still prefer the*

*ethnomedicine. For preservation of their ethnomedicine culture and the mantras, she trained her grandsons for the practices right since their childhood. According to her documentation of their traditional healing practices is necessary, else a precious system will be lost.*

## The Decline of Traditional health practices among Tai Khamtis

Despite growing popularity of modern health care system and easy availability of modern medicines, though their ethnomedicines and practices are in vogue, its propagation and popularity is undoubtedly eroding. The younger generation, by virtue of their exposure to outer world and modern education, are getting attracted to modern health care systems. Some of the reasons of declining interest in ethnomedicines is lack of patronization and lack of interest among the younger generation to learn and practice. Very less written record or documents on the traditional medicines and practices are available among the Khamtis in Tai language which all are not able to follow. In some cases, with death of the aged traditional healers the knowledge also dies. The process of modernization and urbanization has taken its own toll in eroding the traditional knowledge system.

## Conclusion

In the rural areas of Assam or for that matter any part of India both religious and non-religious healing methods are widely-practiced. Most of these practices are serving the needs of primary healthcare among the majority of population, where modern health facilities are not available and or the treatment is expensive. People with low socio-economic and educational backgrounds are more likely to seek help from traditional healers than opting for modern health care. It is fact that ethnomedicines being practiced by large number small ethnic communities have not been documented systematically in our country. They have immense potential to be effective and easy to access health care system with a growing business prospective and professionalism. Despite having good number of relevant and reputed research and academic institutions in the country, yet initiatives for research, documentation, propagation of ethnomedicines have remained inadequate. The traditional healers may be encouraged with incentives for cooperating in research and documentation so that the system is streamlined in a scientific manner.

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# PROTECTING TRADITIONAL KNOWLEDGE SYSTEMS AND INDIGENOUS PEOPLE'S RIGHTS: *CULTURE IN CONTEXT*

**Dakshita Chopra**[1]

## ABSTRACT

*The World Intellectual Property Organization (WIPO) has delineated two motivations for protecting traditional knowledge in the realm of Intellectual Property (IP) – positive and negative protection. While the former is concerned with a positive affirmation of IP rights to protect traditional knowledge, the latter just precludes third parties from asserting their rights and appropriating the traditional knowledge. While guaranteeing defensive protection is in principle agreed to by most countries, they are yet to go the extra mile and give positive protection through IP laws to indigenous people's rights.*

*Traditional Knowledge finds a place for itself in human rights law by virtue of it being equated with a cultural right. In recent times, there have been proponents of bolstering and shielding traditional knowledge through various international human rights obligations. Human rights as given in various international instruments such as the Universal Declaration of Human Rights (UDHR), International Covenant on Civil and Political Rights (ICCPR) and ICESCR are the most plausible and practical route for traditional knowledge protection.*

*This paper examines the scope of backing provided to indigenous people's rights through international human rights law. Part I provides an introduction on how human rights instruments accommodate the rights of indigenous people as well as how their relationship with nation states should be governed as far as traditional knowledge is concerned. Part II deals with a few points of concern that arise in protecting traditional knowledge by strictly adhering to the standard prescribed in international instruments. Towards a conclusion, part III proposes for a sui generis framework that empowers indigenous people while addressing the concerns mentioned in Part II.*

**Key Words: Indigenous People, Traditional Knowledge, Intellectual Property, Human Rights, Culture**

## Introduction

The term Traditional Knowledge has no particular definition. Broadly, it encompasses those traditional practices that are integral to the cultures of communities that are local or indigenous and have been developed over the years. These practices give birth to knowledge that is dissipated among the society and

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forms a part of its value system. It consists of teachings, customs and wisdom that is passed on across generations (McClellan, 2001). As a result, traditional knowledge contributes immensely to intellectual conceptions even for the mainstreamed communities. Even though authors of intellectual conceptions in general are granted protection by the intellectual property rights regime, creators of traditional knowledge are left vulnerable. According to Haughen (2005), the World Intellectual Property Organization (WIPO) has delineated two motivations for protecting Traditional Knowledge (TK) in the realm of Intellectual Property (IP) – positive and negative protection. While the former is concerned with a positive affirmation of IP rights to protect traditional knowledge, the latter just precludes third parties from asserting their rights and appropriating the traditional knowledge. While guaranteeing defensive protection is in principle agreed to by most countries, they are yet to go the extra mile and give positive protection through IP laws to indigenous people's rights. Additionally, owing to the fact that traditional knowledge is usually held collectively and that creations of such a nature are unknown in the intellectual property world, it is difficult for traditional knowledge to be given a place in the existing IP rights regime. Consequently, there is a demand for an alternative system of protection for traditional knowledge. In the recent times, there have been proponents of bolstering and shielding traditional knowledge through various international human rights obligations (Hossain, 2012). In furtherance of the same, some scholars have made a case for recognizing intellectual property as a human right, especially on a reading of Article 15 of the ICESCR[2] that talks about the rights accruing to an individual through his literary or artistic creation Coombe, 1998). However, through its General Comment No. 17 in 2005, the ICESCR has clarified that IP rights cannot be equated with human rights under this instrument as Article 15 draws its backing from the inherent dignity and worth of all persons rather than IP rights[3]. Since it has been established that human rights under the ICESCR and IP rights are separate from each other, traditional knowledge cannot be afforded protection through the intellectual property regime by way of asserting it as a human right. Consequently, standalone human rights as given in various international instruments such as the Universal Declaration of Human Rights (UDHR), International Covenant on Civil and Political Rights (ICCPR) and ICESCR are the most plausible and practical route for traditional knowledge protection.

This paper examines the scope of backing provided to indigenous people's rights through international human rights law. Part I provides an introduction on how human rights instruments accommodate

2 Article 15 (1), International Convention on Economic, Social and Cultural Rights, 1976,
"1. The States Parties to the present Covenant recognize the right of everyone: (a) To take part in cultural life; (b) To enjoy the benefits of scientific progress and its applications; (c) To benefit from the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author."3

3 ICESCR General Comment No. 17, E/C/12/GC/17, January 12, 2006.

the rights of indigenous people as well as how their relationship with nation states should be governed as far as traditional knowledge is concerned. Part II deals with a few points of concern that arise in protecting traditional knowledge by strictly adhering to the standard prescribed in international instruments. Towards a conclusion, part III proposes for a sui generis framework that empowers indigenous people while addressing the concerns mentioned in Part II.

## Part - I

### Traditional Knowledge Protection through International Human Rights Instruments

It is difficult for traditional knowledge to be accommodated within the framework of Intellectual Property Rights, the reason being that the standards and criteria set for IP protection are high and difficult, which is not compatible with the nature of traditional knowledge that is created by locals and indigenous people (Hossain, 2012). However, traditional knowledge shares a very intricate link with the human rights as have been enshrined in various human rights instruments. The most crucial contribution in protecting traditional knowledge through the human rights framework has been made by UDHR, ICCPR and ICESCR.

The UDHR came into force in December 1948 and laid down a uniform standard of achievement that should be achieved by countries and their citizens. Article 27[4] is noteworthy in the specific context of traditional knowledge, even though it has not been explicitly mentioned. It recognizes the culture life of peoples and when it involves the production of something artistic, the community has a right to own those intellectual works as human rights. The ICCPR and the ICESCR find their backing in the UDHR, mirroring Article 27[5] and Article 15 respectively.

Haughen (2005) notes that while the words "shall not be denied" in Article 27 of the ICCPR give passive protection, there are other phrases within the article that are of particular importance, the most important one being "enjoy your own culture". Considering that Article 27 refers to "their culture", it concerns itself majorly with that of particular communities. For instance, for some indigenous communities there may be plants that serve the dual purpose of being eaten as food but also being sacred along with being medicinal. For such people who depend on their natural surrounding for survival, the abilities and expertise pertaining to such a plant and the plant itself have to be taken as an

[4] Article 27, The Universal Declaration of Human Rights, 1948,

"1. Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits; 2. Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author".

[5] Article 27, International Convention on Civil and Political Rights, 1976,

"In those States in which ethnic, religious or linguistic minorities exist, persons belonging to such minorities shall not be denied the right, in community with the other members of their group, to enjoy their own culture, to profess and practise their own religion, or to use their own language."

imperative for them to enjoy their culture. This analysis of Article 27 is reaffirmed if read with Article 2.1 of the instrument that imposes a positive obligation on the States even if Article 27 is worded negatively.

In this background of the ICCPR, it becomes pertinent to explore whether there could be a situation wherein the failure of the State in giving adequate defensive or positive protection gives rise to a scenario where the right of enjoyment of "culture" as provided for in Article 27 is hampered. In order to obtain more information to answer this question, Article 15.1 (c) of the ICESCR may be examined. It grants protection to any moral or material interest that may vest in the creations of the author[6]. This particular provision is given in the only portion of the ICESCR that gives recognition to cultural human rights. The specific head of rights granted to the author under Article 15.1 (c) derives inspiration from moral rights and to a lesser degree from copyrights (Swamy, 2014). Further, according to him, it is undisputed that this Article was only meant to grant protection to individual authors considering that the paragraph contains the word "he". However, there has been an evolution of the understanding of the eligibility criteria for IP protection, which presently goes beyond individual protection. As a result, it cannot be deduced that minorities and peoples are excluded from the ambit of Article 15.1(c), especially in the light of ICESCR- Article 15.1(c), Article 27 of ICCPR and Article 27 of UDHR. When these provisions are given a joint reading, they can be reasonably interpreted to mean that minorities and communities in general should have the right to gain from their intellectual creations by virtue of material or moral interests vesting in these creations. Thus, there is sufficient protection given to TK under human rights instruments. However, their stipulations cannot be taken as an absolute standard of protecting granting indigenous people unfettered rights in lieu of certain loose ends that we are confronted with from the language of the Articles.

## Part - II

## Protection of Traditional Knowledge through Human Rights: A Double-Edged Sword?

Traditional Knowledge finds a place for itself in human rights law by virtue of it being equated with a cultural right. Be that as it may, there are certain vital conflicts that confront the goals advocated under the heading of cultural rights. The assertion by indigenous people of protection of their cultural heritage as well their right to enjoy a healthy environment might clash with other people's propagation of their right to be involved in and to gain from the advancement being made in science and other fields (Aide and Ross, 2001). Further, time and again, the Committee on Economic, Social and Cultural Rights has reminded nations about having a State policy that promotes the progress of science in manner that is advantageous to the welfare of the people. In its directives, the Committee urges the States to report not just the actions taken for encouraging the

[6] Article 15 (1), International Convention on Economic, Social and Cultural Rights, 1976

propagation of scientific and technological progress but also the actions taken to preclude its citizens from using this development in a way that is against the enjoyment of basic human rights, which include life, freedom and privacy.

While considering this conflict in the rights of people to enjoy their culture, a question arises as to what the word "culture" exactly means. It has been given a liberal interpretation by some, including within it, rituals, beliefs etc. of a specific community which have been passed down across generations. Francesco Capotorti, a former United Nations Special Rapporteur has been a supporter of this wide definition given to culture. As per him, "culture" is broad enough to encompass eating habits, art, music, morals, types of houses and books in addition to traditions, customs and rituals[7]. In General Comment 23, the Human Rights Committee has concluded that culture can come alive in various forms, such as how land resources are used for living by certain communities, which gains particular importance in the context of indigenous people as majority of them depend on land for traditional activities.[8]

Stephen Huedman, an anthropologist with extensive experience in Latin America observed that community economies are those which are only partly integrated with market economies and administered by communal values of sharing, exchange and the preservation of social unity. In community economies all innovations have a cultural bent. They are the output of the community that has been derived from the conduct of trial and error in order to cater to mutual needs of people. It is the holding of common land, shared material knowledge, forefathers and customs that the community treasures and that is its main source of maintaining a culture. This culture is a product of previous innovations and the basis for giving rise to new ones (Guadman, 1996).

Some scholars, like Michael Brown do not agree with the wide meaning ascribed to "culture" and believe that contours of its scope cannot be fixed in such a manner, calling it over-simplified. There is an over-simplification of not what can be considered culture but also specifically of the boundaries between the cultures of dominant and indigenous people. If it is said that dominant communities borrow knowledge and practices from indigenous people, the same hold true with indigenous communities as well with their knowledge consisting of elements shared among different cultures and information that is learnt from colonists and other traders (Brown, 1998). Further, according to Agrawal (1996) it is impossible to draw strict lines of differentiation between mainstream knowledge and indigenous traditional knowledge as individuals all over the world are exposed to both, and utilize them in their daily life in conjunction. Even though modern social science admits to the fact that information is exchanged between peoples as well as the nature of cultural hybridity in innovations, legal scholars are inclined towards demarcating knowledge systems and fix unnatural boundaries among cultures.

[7] UN Doc.E/NC.3/Sub.3/385/Rev.1, 100-101.
[8] CCPR/D/22/Rev.2/Add.6

In this context, it may be construed that by adhering to such rigid cultural boundaries while given protection to traditional knowledge through human rights, cultural evolution can be threatened by endangering the free flow of information and ideas. Certain commentators on the crusade of safeguarding traditional knowledge by including it within cultural rights have disclaimed that doing so may imperil other more crucial human rights like speech, access to a robust public domain etc., which are all imperatives in a democracy (Brown, 1998).

Article 15 of the ICESCR mandates not only the conservation but also the development and dissemination of science and culture. Especially when it concerns traditional knowledge, dissemination will run the risk of blurring the lines to some degree. A certain degree of osmosis is inevitable and it is anticipated that while something will be lost in translation, something will also be gained. By asserting cultural rights in traditional knowledge, thus directing it to be protected, antiquity of such knowledge is presumed, i.e., the knowledge has been passed down untouched and untarnished. However, the moment the right to dissemination and the right of every individual to enjoy the knowledge is asserted, a huge pressure is put on the States without any checks and balances to ensure that dissemination does not come with the obvious collateral cost of what comes in the wake of osmosis. Thus, the sanctity of the antique work of indigenous people will in some way be compromised.

## Part - III

## Conclusion-A Framework for Protection of Traditional Knowledge

The word 'traditional' in the term traditional knowledge indicates the flow of information through a cultural continuum. There is no necessary implication of tradition being static and archaic[9]. While this knowledge is cultural, it is also contextual. In saying so, the assumption is not that all traditional knowledge is characterized by such a quality, but to say that strict adherence to the human rights provisions for protecting this knowledge, in so far as they are based on strict conceptual distinctions as mentioned above, might not be ideal for protecting knowledge that differs across generations. While it can be safely asserted that indigenous communities have the right to document, circulate and register their innovations among their own kind of communities, such a right cannot be at the cost of free flow of knowledge, cross cultural reciprocity and the right to enjoy a healthy environment (Coombe, 1998). Therefore, this right does not come unfettered, as knowledge that is susceptible to constant change cannot be shielded by freezing it in writing. The introduction of a new framework of rights for indigenous people will need to have relevant limitations in case it has to be truly in sync with the human rights regime.

This new framework of rights that is being suggested will be balanced between the unrestrained publishing of traditional knowledge which runs the risk of

[9] General Comment No. 23(6) of the HRC, UN Doc. A/48/10,108-110

indigenous people not getting the fruit of their labour on one hand and on the other hand not publishing at all so that they can preserve their future patent right, and in the process keeping the useful information from people who really require it. An effective means of attaining this balance is by implementing the 'Prior Informed Consent' (PIC) procedures, which ensures that relevant information out of traditional knowledge is disseminated without being misappropriated by the indigenous people. PIC as a concept is not new to international law. It is present in the Convention relating to the Movement and Disposal of Hazardous Wastes (1989) as well as in the Convention on Biological Diversity. The International Guide to the Convention on Biological Diversity has defined PIC as consent provided by the person who holds the genetic resource on the basis of information given by the future user before this consent is granted. This nature of consent gives the information holder the right to give access but also more importantly, to demand how exactly this information will be used, and understand the consequences of access (Glowka, 1994). PIC has frequently been used to structure and enhance research agreements, in creating codes of ethics as well as in indigenous people's conventions.[10] In the UNDP Consultation related to Indigenous People that took place in 1995, it was proposed by the participants that States should be urged to protect traditional knowledge and other indigenous resources by institutionalizing PIC procedures (Posey & Duttfield, 1996).

An example of PIC implementation can be found in Article 8 of the Convention of Biological Diversity that mandates every State to encourage the use of traditional knowledge but only after those that hold this knowledge have "approved" and are "involved" in such use.[11] 'Approval' in this Article indicates elements of consent, acquiescence and sanction by indigenous communities prior to information that is held by them being used. Not only does approval give them the authorization to consent but also the right to decline as well as lay down certain conditions for applying and using their knowledge. 'Involvement' indicates active participation of these people in laying down the course of how their knowledge would be applied. It implies something more than just being informed (Anuradha, 1997). Thus, employing such a standard while dealing with traditional knowledge would allow access while preventing indiscriminate access. It will also make sure that free flow of information is not hampered and that no rigid lines are drawn between the cultures of communities.

In order for Prior Informed Procedures (approval and involvement of indigenous people) being implemented while spreading traditional knowledge, an enabling body can be instituted to supervise this execution. Such a body could take assistance from organizations like the Honeybee Network, which has been involved in documenting and disseminating traditional practices and inventions for almost two decades. They

[10] Article 15 (1), International Convention on Economic, Social and Cultural Rights, 1976

[11] Article 8 (j), Convention on Biological Diversity, 1993,

have interacted personally with farmers in over 2000 villages in various states of India such as Gujarat, Madhya Pradesh and Haryana amongst others. Their database of inventions and creations includes those that have originated in neighboring Indian countries, some countries in South America as well as some in South East Asia. This extensive documentation and network of creators served to be a decentralized method for publishing crucial knowledge to communities, including other indigenous communities. To resolve the dilemma surrounding whether the information claimed to be theirs by some indigenous communities actually forms a part of *their* culture, the enabling body can consider factors such as the tentative period of origin of this traditional knowledge, the history of the indigenous community's exposure to other people and their communication with other peoples. While it is agreed that there is fluidity in exchange of information in our environment, a particular piece of knowledge/information has to have a definitive origin.

Therefore, the arguments underlined in this Article suggest that traditional knowledge is a product of collective entitlement and has a close connection with the idea of 'culture'. In so far as traditional knowledge gives rise to creative productions, it also embodies interests that are material as well as moral. These rights to enjoy culture and material and moral interests are protecting by various instruments in the human rights regime. The human rights route of protecting traditional knowledge would necessarily require the creation of a sui generis framework that would be influenced by international instruments but at the same time be effective and sustainable in the long run, while taking into consideration certain limitations that an absolute adherence to implementing 'cultural rights' might have.

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# DYING GOD AND FLEEING GHOSTS

**Anuja Mohan Pradhan** [1]

## ABSTRACT

*The human mind worhips a God as the savior and also believes in other supernaturals out of fear. The Kui people do believe in their perception of God and Ghosts as per knowledge gathered and transmitted from generation to generation. The journey of religion and power though looks parallel but there is reason to believe one leads the other as per proximity to power to rule.*

**Keywords : Kui culture, Gods, Ghosts, Kuidina, World view.**

Man worshipped God out of fear. The extremes of manifested nature and the inability of humans to control the natural forces at the instant rather led to submission as a meek way of survival. The refuge to a super force was considered a shield from its wrath as well as other counterparts. This submission over a period of time continues to condense into belief, faith and with development of ritualistic SOP (Standard Operating Procedures) structured into a religion. Religion formed belief system extending from immediate spot, locality to heaven and nether world. The realm of religion also required an administrator or reigning deity as Zeus to sky, Neptune to sea and Osiris to the dead. In the distant parts of world there are multiple counterparts in number of faiths, sects and religions. The greatest contribution of religion in a broader sense is the regulation of conduct by setting up codes of "Dos" & "Don'ts". In the initial days these set of Rules were for protection of benefits of community which later on became tools of manifested interest. Religion thus perpetuated a specific way of life by assigning various roles to the individuals in society at different place or time. Thus religion formed the axioms of culture which later on got nicknamed as Vedic culture, animism, catholic, orthodox and so on.

Gradually, the religion combined with culture created a banner called identity. Identity is more of distinction than a similarity. As the weather and climate is assumed as part of natural forces, the religion started to fix a certain dress, behavior, food habit, hierarchy as inbuilt spares of identity. The colours of cloths, wearing of threads, style of beard and hair, scepters and flags, buildings and architecture are but loud propagators of identity rooted in a religion. On continuation of the advocacy of the tenants of religion, a class of priests either assigned by rotation or succession was created in almost all the religions. This class of worshippers, placing themselves

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only next to God even rose above the sword and rules for benefit of community re-casted into words of exclusion in forms of taboos, caste and other nefarious systems. This class, assuming as status of honour became the approvers of divinity, gatekeepers of heaven, rescuer from dungeon and communicator to the supreme power. Further, to weld up a running relationship of powerful coalition, they even resorted to deification of humans in authority like Pharoahs are descendants of Sun God in Egypt, Rani Gundicha became of aunt of Lord Jagannath, and so on. This excessiveness of domination in the name of God and religion gave birth to many reform movements in different parts of the world. However, the pace of religion was not uniform throughout the world. Some religions made incursions into soul, heaven, rebirth and salvation where as other religions were denigrated as hedonism, orthodox, animism, pagan and barbarous. Small identities well labeled as tribal religions and sects have their distinct belief, world view, set of Gods, demi-gods and rituals. It will not be out of place to mention that people believe in a hoard of ghosts and super naturals along with array of Gods. They are often restricted to a geo-spatial limitation. Kui culture is one of such identities among the galaxy of lesser religions.

## II

Ghosts have been a fascinating subject all over the world. The uncertainty of meeting a ghost vis-à-vis circulation of hundreds of account in stories, books, movies and serials in TV channels never let people forget the ghosts. In almost all languages the word ghost has been part of vocabulary and character in folk tales. The ghost is called Phi in Thai, Yurei in Japanese, Gui in Chinese, Deyyam in Telegu, Sŏns in Mongolian, Spook in Afrikans, Akh in Egyptian Arabic, Jin in Urdu, Dey in Tamil, Geist in German and Pretam in Malayalam. Such ghosts are spread from dusky rural countryside to white house. Then it is quite natural to find ghosts and ghost stories among Kui people. What makes the ghosts interesting is, they are, like gods are broadly divided into benevolent and malevolent. They are also equally feared and revered. The story tellers can raise goose bump in children while telling the stories and the people carry those images in mind well beyond their adulthood. With declining inter-generation transfer of language, the ghosts will disappear from neo-language talk, slang and stories. Even a Google or YouTube search can draw tens of "most haunted" places from around the world, thus a small description of ghosts believed in Kui culture bears a justified relevance.

1. Peederanga: They are the dead ancestors who are ranked next to Gods. The family members after death are invited to stay in family and offered food, sacrifices and things of their choice. They are even reported to be talking in groups by lighting fire in dead hours at the funeral place. People say, women who die having small children often visit their houses to see their children. People say they have listened thumping sound of stick if the deceased old man or woman used to walk with a stick.

2. Sadu Guteni (Sadu means hearth in Kui): Precisely the ghost of hearth. This ghost loves to stay in the warmth

of hearth used for cooking food in inner room. Kui people have at least two hearths, one in the inner home and one in the courtyard or in their outer room. They consider the kitchen room *(baja idu)* so sacred that the ladies do not enter without taking bath. Traditionally the room has cooking pots and large rice storing pots (Kiska Teki). The Sadu Guteni guards sanctity of hearth and people offer food in her name. It is said she will torment (scratch) children who sleep without taking food at night. She can attack if someone tries to defile the holy kitchen.

3. Baagolangaa: Baagolangaa is the ghost of persons who died of tiger attack. Their presence is felt by their loud hooting sound. The picturisation goes that such a ghost rides a tiger. So when people see a tiger crossing path especially in a full moon night, they expect the Baagolangaa nearby. Also those who commit suicide by hanging also said to be walking by dragging the branch they hanged themselves.

4. Ekagodi: Ekagodi is a ghost of peculiar description. He is a dwarf man with a lame leg. Yet he is very swift to climb trees and can camflouge in the forest. He carries a tiny axe. This tiny axe is used as a metaphor in Kui language. He is the herdsman looking after wild life. So, if he does not wish then it is not possible to get a game in hunting. So, when people used to go for hunting, they do so after a libation of *mohua* liquor in the name of Ekagodi.

5. Siluguni: Earlier there was no medical facilities to assist child birth. So if any woman died during child birth and not cremated immediately she became a Siluguni. Such ghosts were noticed mostly at water sources or streams washing clothes. The sound of smashing clothes can be heard from far and people passing by are very much scared. She has long unkempt hair and long fingernails and has eyes around her head. It is said that the Siluguni even chases people and asks them to take care of her child. The weakness of the Siluguni is that she cannot climb a tree. So, it is cautioned to all to climb the nearest tree when chased by a Siluguni.

With the advent of electricity and education, the darkness of streets and mind are quite receding. It is not a fact that the urban people do not believe the existence of ghosts. There are tens of movies where the ghost plays the central part in the story. Thanks to improvement of medical facilities, ladies are not turning into Silugunis. But it has been a synonym for woman who is a ruffian and quarrelsome. The ghosts rule in general psyche of people in Kui culture and that is not uncommon.

The experience of supernatural beings has gathered lot of elements being spread from mouth to mouth. This has given birth to children stories, antidote from witch doctors and even accusation of witches leading to banishment from village or even killing. Thanks to spread of education, scientific thinking and spread of light that the ghosts are fleeing. But the age-old belief still emits smoke when someone is accused of witch-craft or sorcery.

## III

The Kui speaking people of Eastern ghats and the table land above the coastal plains of East, predominantly the Khonds and

other indigenous people in the region follow an established belief system with distinct pantheon of Gods; their rituals and festivals dedicated to Gods and world view. Their myths of origin attributes them as the first humans on earth created directly by God, not by evolution. The human species or any man or woman in Kui culture has never been elevated to the level of deification. Whatever they get after their toil on earth, they consider it a "boon from Gods or ancestors" and they have to be obedient to the directions of Gods, received through events or dreams.

In Kui culture people believe in Gods. The creator God Bura Penu created the earth and there are myths how the swamp-like earth was solidified and that ultimately sanctifies the *meriah* sacrifice. The Gods are assigned with specific supernatural powers portfolios.

In brief, the Kui culture has a beautiful view towards the world at large. Everything happens by the will of God. So the important events in community life, birth, marriage and death are to be observed with a series of rituals. They consider the body *(gandi)* and the soul *(jiu)* as separate entities. The birth of child is combination of these two. The soul is born as part of a God's spirit or a dead ancestor. Therefore, during the time of natal purification ceremony, a village god man (*Dishari* or *Kuta Gatanju*) is invited to perform a ritual to identify the spirit or soul that has descended in to the new born child. This ritual is performed for both male and female child.

In Kui culture Gods are always around the people. So, as symbol of gratitude they offer their first morsel of food, libation of sago palm *todi* (*saartaa kaalu*) or *mohua* liquor (*irpi kaalu*), newly harvested crops to Gods. Before starting any auspicious or new work they pray and invoke Gods and dead ancestors for their blessings. The Gods of Kui culture reside in natural abodes like mountain, river, water source, sacred graves and the like. Kui people are worshippers of nature and hold nature as their *Lamar*, the mother. Next to Gods, the dead ancestors are held with high reverence. The dead ancestors are considered to be "living with them" and are the guardians of family and livestock. So, in every auspicious occasion they are invoked. After death of a person in family, the corpse is cremated by burning. (In villages, where firewood is not available, these are buried). On the day of purification (*suddhi* or *sudya*) the male family members go to the burnt pyre and invite the dead spirit to come home. A symbolic spider from the pyre is searched and taken home live by covering a new cloth. The spider in placed in the *sanctum sanctorum* in inner chamber of the house of ancestors invoked by name. Even if the names are not known, food in seven *saal* leaves is offered to ancestors of seven generations. One leaf ($8^{th}$) of food is kept separately for the ancestors who died of unnatural death like lightening, drowning or wild animal attack. Traditionally, there is no ritual like emersion of bones or ash at any holy place like Puri, Gaya or Shivsagar which are associated with Hindu rituals.

In Kui language there is no word for "Religion". Kui religious practice has been named as nature worship, Animism, other religion etc. from time to time. Kui religious practices have been enriched by hymns, myths and folktales. The hymns are mostly invocations of Gods. Those hymns till date are in form of oral

literature being transmitted from generation to generation. Those hymns consist of how the earth came to origin, how God distributed various grain seeds etc. The invocation hymns contain a list of places of reverence from near and far. It has been verified that invoker does not have any geographical knowledge of such far places that he sings. Hardly the Hindu places of worship of far and near figure in those hymns. So they indicate a route of migration[2] over a period of history.

Kui religion has a pantheon of Gods. It is quite difficult to get an exact number. The Gods broadly can be divided into two categories, namely regularly worshipped and occasionally worshipped. The regularly worshipped Gods are worshipped very often and invoked on rituals for a benevolent cause. Malevolent spirits who have been also appended a "God" status were generally the tormentors who caused loss of life, cattle, riches, or health of people in a small or pandemic level. To ward off the evil influence of these gods, they are to be appeased with rituals and sacrifices of fowl, goat, pig or even a cow or buffalo. Some of the benevolent gods are :

Bura penu :- The Creator, the God of light.

Tana penu/Jakeri penu :- The earth goddess in whose honour *meriah* sacrifice was being performed.

Soru penu :- The God of Mountains.

Bela penu :- The Sun God, God of Justice.

Loha penu :- The Iron God, symbolized by iron arrow, iron bow and axe who is worshipped to cause rain.

Bardi *(barri)* penu :- God of sacrificial spot. Where the remnants of *meriah* were buried.

Budeli penu :- The God of Hunting. Worshipped before going for hunting.

Siru/Suga penu :- God of Water Source.

*Sandi penu* :- God of village boarder or the Guarding God.

The tormenting Gods or Gods causing suffering are as the following :

Kama penu/Budima/Dumaledi :- Goddess of Small Pox.

Darni penu :-"To represent Jakeri pen-nga (plural), the local deity, they fix three or four stones, and near to these they place dressed dolls, artificial figures of birds on sticks. In the beginning of anything or any particular occasion, they call for the Jani, and slaying fowls and hogs, they bring liquor on making *baji* (feast), eat.[3]"

Mauli *:* Mauli are also said to be evil spirits who can possess (marry) one person and that person with due propitiation can direct them to cause harm to certain person(s).

1. Kodinga mauli – causing leprosy
2. Bandra Mauli/ Ruja :- causing cholera
3. Keeli Mauli :- causing small pox
4. Kama Mauli :- causing smallpox
5. Baango Mauli :- can cause less foliage of crops, fall of flowers before

[2] Pradhan, Anuja Mohan, Myth and Migration: Rewriting the Historiography of Kuidina, *Adivasi,* June 2013

[3] MJLS, 1837, P-41

pollination, especially in Pigeon Pea in swidden cultivation. So He is worshipped in 3 occasions in a crop season.

Despite the wide pantheon of Gods, the influence of Gods of Kui culture started to wane with advent of outsiders, beginning from the Britishers, missionaries and lastly the Hindu traders settling in the hills. British administration banned their practice of *meriah* and freed the *meriahs*. The missionaries started to teach them of "Real God" and "how to be happy after death" and age old practices were termed uncivilized and barbaric. Christianity also brought educational institutions. Administration and missionary activities went in complementing each other. The Kui people saw Gods have their permanent establishments of churches and temples upcoming in their vicinity. The census conducted by Government termed them as animist, aboriginals, Hindu, other religion etc from time to time.

Perhaps, the tribes and non-tribal people of Kuidina[4] were, without their knowledge and an option were named as Hindus. Though the blanket Sanatan Dharm encompasses all the tribals as "aadi" "mul" i.e. the root or raw form of Hinduism, the Hindu gods, rituals and world view is slowly engulfing the Kui culture. They have an education that seldom speaks about their own culture. Now after penetration of monastic Hinduism and some temple sites linking back to Ramayan age, every house wall hangs one or more picture of Hindu/Christian Gods. But Hindus do not adopt any God of Kui culture. The political-administrative conversion from animism to Hinduism does not carry any cultural trait or value of Kui culture.

Under the blanket of Hinduism the tribal culture have expressed their suffocation and vent for an identity with their own religion name and flag. The demand for separate religion code for all tribal religion in ensuing 2021 census has underlined the issues of tribal religion vis-à-vis Hindu religion. The demand of separate code, duly supported by the popularly elected state government of Jharkhand, namely "Sarna Dharm" has made ripples in remote corners of Odisha and Kui people are not any more alien to this issue. While looking through a sociology point of view some pertinent questions have come to the fore :-

(i) Is the demand for a separate religion identity has any social relevance or is a political re-orientation?

(ii) Will it act as a uniting force for the "mulnivasis" across the circles of tribe, caste and backwardness?

(iii) Is the freedom to practice any religion of one's choice, without any external persuasion, will also be available to non-Sarna people?

(iv) In context of Kui people, what will be the administrative structure of Kui religion to count or enroll the people in the religion as self-assumed as by Viswa Hindu Parishad and Churches for Hinduism and Christianity respectively?

[4] Kuidina refers to the cultural area of Kui language speaking people which is far beyond the present administrative unit of Kandhamal District.

(v) In the past, Kuidina has witnessed unprecedented bloodshed to which a religious cause was also assigned. The government has played fire-fighting role even to the extent of appeasement. Since, the current central government which has been influenced by Hindutwa, will it take a liberal view to allow the popular demand and ensure equal opportunities to people that enjoy reservation under Hindu, Buddhist and Sikh category?

(vi) The educated Kui people, would they like to restore the abandoned rituals, practices where they have, to a great extent have changed their occupation, food, dress and language?

(vii) Perhaps, the Gods of Kui culture will be in a very interesting position. Every religion has a set of Gods unless it is monotheistic. Even monotheistic religions have trilogy, angels, arch-angels, messengers and the like. Most of the Kui Gods have been pushed into oblivion due to the factors discussed in preceding paragraphs. Will the adoption of "Sarna Model" bring any new places of worship to Kui religion or the existing places of reverence will have a facelift? As the oral hymns require a written form for passing knowledge to posterity, will it similarly give birth to visual images and sculptured statues to perpetuate into a monastic or temple based religion?

Answer to the above questions will in due course change the contemporary thinking on Kui culture. The land of Kuidina has been made a laboratory of religious experiment for last two centuries. The conversion of people from animism to Hinduism, Hinduism to Christianity and Christianity to Hinduism has never been a easy transition. The winds of change from Hinduism to Animism are gathering pace. How it would be to witness replacing a God from this same mind of the people with similar power and desires for betterment of life and life thereafter.

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