FOLK MEDICINE OF THE KARBIS OF ASSAM

DR. INDRANOSHEE DAS

FOLK MEDICINE OF THE KARBIS OF ASSAM

(A STUDY WITH PARTICULAR REFERENCE TO DISEASE AND TREATMENT OF WOMEN)

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DEDICATION

Life is to be lived without excuses and without regrets. It is said that if life throws at you a hundred reasons to worry and fret, one must find a thousand reasons to smile for life must go on....

This is lesson my parents so lovingly taught me and this is what I experienced as the unbroken string in the tribal way of life.

This book is dedicated to my parents. My father late Dhirendra Mohan Das who is no longer with me but whose spirit will live forever in this dedication of mine and my mother Mrs. Lahari Das whose love is the foundation of my existence.

I would also like to thank my guide Dr. Irshad Ali for keeping me on track and for helping me realize that at the end of every night there is light. But for his perseverance, tolerance and kindness my book would not have been possible. This is also for you Sir.

Indranoshee Das

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My parents late. Dhirendra Mohan Das and Mrs. Lahari Das taught me that life is not always a bed of roses. They taught me to take things in my stride and never to give up hope, come what may. I thank both my parents for their priceless contribution in my life.

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Date :

Indranoshee Das, ACS
Administrative Officer
Directorate of Health Services
(Family Welfare)
Govt. of Assam
and
OSD, NRHM, Assam

PREFACE

The Assam Institute of Research for Tribals and Scheduled Castes, Guwahati under the aegis of Ministry of Tribal Affairs, Government of India, have been providing grants-in-aid to authors for publication of books written on different aspects of tribals and scheduled castes. The scheme is known as 'Grants-in-Aids for Literary works for Scheduled Castes and Scheduled Tribes.' The scheme receives very good response from different authors. In fact, it is difficult to accommodate all the authors under the scheme. As a part of this popular scheme, the book titled *"Folk Medicine of the Karbis of Assam by Dr. Indranoshee Das"* has been sponsored by the Institute for publication. It is expected that the readers will receive the book with pleasure. We look forward to comments and suggestions from the readers.

I am grateful to the Ministry of Tribal Affairs, Government of India and Welfare of Plain Tribes and Backward Classes Department, Government of Assam for providing financial assistance for implementation of the scheme.

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(G.C. Kakati)
Director,
Assam Institute of Research for
Tribals and Scheduled Castes,
Guwahati-22

CONTENTS

CHAPTER I

INTRODUCTION

The concept of health among the tribals involves various complexities. It is more functional than biomedical, in that a person is considered healthy unless incapable of doing normal work assigned to that age or sex in their culture. The cause of illness is also attributed to specific acts of commission or omission or in some cases physical factors in the environment. Healing can take place through a herbal preparation or an act of atonement, all advised by folk medicine men. The fact that disease and illness are related to biological and socio-cultural factors and that illness is the socially defined state of health has resulted in the convergence of medical and anthropological interests (Lieban, 1973:1031). The works of Ackerknecht (1942-47), Clements (1932), Evans-Pritchard (1937), Field (1937) Rivers (1924) and Spencer (1941) are some of the important anthropological studies pertaining to health, medicine and treatment.

According to Bhasin and Srivastava (1991:1), "The field medical anthropology started crystallizing in the 60s in this century. In 1963, the term 'medical anthropology' as a specialiszed study within the integrated field of anthropology came into existence." It was in the International Congress of Anthropological and Ethnological Sciences (ICAES), Chicago Congress (1973),that for the first time a number of papers were presented in the section of medical anthropology (Vidyarthi 1979).

Medical Anthropology is a bio-cultural field of study concerned with both the biological and socio-cultural aspects of human behavior and particularly with the ways in which the two interact and have interacted throughout human history to influence health and disease (Foster et. al. 1978:3). As a field of study, it encompasses many areas of concern, diverse approaches and varied perspectives. The study of distribution of illness in society,

of cultural perspectives of disease, of the relationships of treatment and support facilities are all subjects within the domain of medical anthropology. Thus, in reality it deals with the mechanisms provided by society to deal with illness.

Fabrega (1972) has stated a definition of medical anthropology as one that (a) elucidates the factors, mechanisms and processes that play a role or influence the way in which individuals and groups are affected and respond to illness and disease and (b) examine these problems with an emphasis on patterns of behaviour.

Rivers (1924) published an epic making study in the field of medical anthropology entitled *Medicine Magic and Religion.* According to him, indigenous medical practices are rational actions when viewed in the light of prevailing causation belief. His work was prior to the work done by Clements (1932) who classified the concept of disease causation among primitive people into five categories.

Ackerknecht's (1942) work gave the first shaping of medical anthropology as a sub field of the discipline. He presented his theoretical orientations in the following generalizations :

a) The significant unit of study in medical anthropology is not the single trait but the total cultural configuration of the society and the place the medical patterns occupy within the totality.

b) Every medical system is unique.

c) The parts of medical pattern are functionally interrelated, though the degree of functional integration varies from society to society.

d) Primitive medicine is best understood, largely in terms of cultural belief and practices.

e) Primitive medicine is primarily magico-religious utilizing a few rational elements while modern western medicine is predominantly rational and scientific employing a few magic elements.

From the above discussion, it is evident that medical beliefs and practices constitute a major element of every culture. All medical systems consists of the following aspects :

a) Knowledge regarding the etiology or causation of disease.

b) Knowledge about the classification of disease (nosology)

c) Nature of treatment (therapeutic treatment)

Medical anthropology is thus the holistic study of health and illness in various cultures and medical systems. These medical systems are multi-functional and are integral parts of cultures. All medical systems have both preventive and curative aspects. Medical anthropology encompasses the medical phenomena as influenced by social and cultural phenomena.

Medical anthropology as the study of human health and disease, health care systems and biocultural adaptation is also highly interdisciplinary linking anthropology to sociology, economics, and geography as well as to medicine, nursing and public health. Since the mid-1960s, medical anthropology has developed three major orientations. Medical ecology views populations as biological as well as cultural units and studies interactions among ecological systems, health, and human evolution. Applied medical anthropology deals with intervention, prevention and policy issues and 'ethnomedicine' focuses on cultural systems of healing and the cognitive parameters of illness. Medical ecology has usually studied isolated populations living in rigorous environments, such as high-altitude, the arctic, and tropical forests, such as the classic works of Chagnon (1992), Neel (1977) on the Yanomamo, Steegmann Jr (1983) etc.

Ethnomedicine has long been recognized as an important field of anthropological research. Ethnomedicine generally referred as 'folk medicine', 'popular medicine', 'popular health culture', 'ethnoiatry' and 'ethnoatrics' primarily aims at exploring the various aspects of folk taxonomy of disease, magico-religious and other therapies, indigenous preventive measures, role of the folk

medicine men and the relationship between medical phenomena and socio-cultural settings. It has been demonstrated by serveral authors (e.g, May 1960 et. al. 1964) that in the process of adaptation and mal adaptation of human groups to their environment, cultural factors play a significant role. The ethnomedical perspective thus focuses on health beliefs and parctices, cultural values and social roles.

According to Hughes (cited in Anderson et. al. 1978), ethnomedicine consists of those beliefs and practices relating to disease that are products of indigenous cultural development and are not explicitly derived from the conceptual framework of modern medicine. A key concept in ethnomedicine is the 'explanatory model' introduced by Kleinman (1980). Explanatory models are notions about the cause of illness, diagnostic criteria and treatment options.

An important facet of anthropological study of medical problems has invariably been the understanding of socio-cultural ideas bout illness, disease and health practices. The studies undertaken by Crombie (1969), Hallowell (1963), Paul (1963) and Polgar (1968) have examined the socio-cultural perceptions of disease and illness as conditioned in different societies. Another emerging concept is that of 'medical pluralism' or the coexistence of a variety of different medical traditions within a given context. This is particularly prevalent in societies where one medical system alone cannot adequately meet the health needs of the entire population. Bhasin (1997), Burghart (1984), Pigg (1995), Reissland et. al.(1989), Welsch (1983) and many such studies have attempted to find out the impact of socio-cultural changes on health related issues. In this context, mention may be made of the studies undertaken by Fogelson (1961), Kiev (1966), Saunders (1958) and Shilon (1965).

The concept of 'illness behavior' is seen explicitly in the works of Blumhagen (1980) Fabrege (1971) Good (1977) Klienman (1980) and Manning et. al. (1977). The concept was largely defined and adopted during the second half of the twentieth century. While much of the early work on illness

behavior was seen in the context of understanding patient help-seeking behavior. Many studies have considered the different perspectives of illness behavior held by individuals and health care practitioners. The differing worldviews of patients and parctitioners are now seen as highly relevant to illness behavior.

The tribals in demographic terms constitute around 8.3 per cent of the total population of India and over 84 million people according to census 2001. One concentration lives in a belt along the Himalayas stretching through Jammu and Kashmir, Himachal Pradesh, and Uttarakhand in the west, to Assam, Meghalaya, Tripura, Arunachal Pradesh, Mizoram, Manipur, and Nagaland in the North East. In the North Eastern states of Aruncahal Pradesh, Meghalaya, Mizoram, and Nagaland, upward of 90 per cent of the population is tribal. However, in the remaining North East states of Assam, Manipur, Sikkim and Tripura, tribal people form between 20 and 30 per cent of the population. They occupy a distinctive position due to various socio-political, cultural, historical and demographic factors. Each tribe has its own distinct tradition of art, culture, dance, music and life styles.

In today's context, it has become imperative to explore the socio-cultural dimensions of tribal health, to understand the efficacy of their treatment, disease causation, religious performances connected with the treatment of diseases and so on. Moreover, the health status of tribal women is an area, which has so far not received adequate attention. Though studies dealing with tribal health, disease, medicine and treatment have been undertaken by a number of scholars, yet information on the health problems of women continues to be scanty.

There are only a few studies on the status of tribal women in India (Mann 1987 Singh et. al 1988 Chauhan 1990). Thus the study of tribal women cannot be ignored. It becomes important because the problems of tribal women differ from a particular area to another area owing to their geographical location, historical background and the processes of social change (ibid). For this, there is a need for proper understanding of their problems specific

to time and place so that relevant development programmes can be made and implemented. According to Singh (1988) there is a greater need for undertaking a region-specific study of the status and role of tribal women which alone can generate data that will make planning for their welfare more meaningful and effective.

Women's health and nutritional status are inextricably related to social, cultural, and economic factors that influence all aspects of their lives, and it has consequences not only for the women themselves but also for the well-being of their children (particularly females), the functioning of households, and the distribution of resources.

Women in India, especially in tribal areas, are expected to perform a variety of strenuous tasks within the household, on family lands, and in some regions, for wages. These occupations often have serious consequences for undernourished females who may be required to carry heavy loads or to adopt unnatural postures for prolonged periods. Another problem is exposure to heavy smoke from kitchen fires, which causes a variety of respiratory problems.

In today's world, women not only look after the household chores but also work thereby combining the role of a 'homemaker' with that of a 'bread earner'. As a result, overwork and stress have affected their health. Cultural norms also affect women's health. Traditional practices and social conventions regarding early age at marriage, values attached to fertility and the sex of the child, customs associated with pregnancy have implications for health problems of women. Because of various discriminatory practices and a strong preference for male children in many parts of the world, women are exposed to severe malnutrition. But they are less often taken for treatment to hospitals and therefore succumb to their illness due to starvation as well as neglect. Knowledge about family planning methods is low in most of the rural and tribal villages in India. All these factors have necessitated the understanding of various facets of tribal life, which hitherto has been neglected. Hence, it has become

esential to study the socio-cultural aspects of tribal health and to explore the different factors of hindrances in the acceptance of modern helth practices by the tribals.

Women and children constitute a marginalized section within tribal communities. Women face difficulties in discussing their health problems with doctors, most of whom are men. As a result, even minor health problems, which could be easily treated in the initial stages, assume chronic and serious proportions.

Heavy workload and poor nutrition make matters worse for women. The low literacy rate amongst girls and early marriages are other issues, which need to be addressed. Health issues affecting children are also a cause for concern. All these factors have a bearing on the health and well being of women and children. Due to the predominantly patriarchal order, women are confined within an a oppressive environment. Differences are frequently noted between health and nutritional status of men and women. Nutritional surveys have indicated high rates of inadequacies among females as compared to males. Female infants and children are subject to neglect in respect of nutrition and health care. Statistics from Primary Health Centres show that adult women do not generally take treatment from them. Maternal mortality continues to be very high.

The tribal women occupy an important place in the socio-economic structure in their society. The Dhebar Commission Report (1961) mentions that the tribal women is not drudge or a beast of burden, rather she is found to be exercising a relatively free and firm hand in all aspects related to her social life unlike in non-tribal societies.

North East India comprising the states of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura is a region of wide ethnic diversity. This vast region (255,083 sq km) has a total population of 32.3 million is distributed through a large number of tribal and non-tribal ethnic groups inhabiting both plains and hill areas of the region. In Assam alone there are 23 tribal groups.

The need for undertaking specific studies dealing with tribal health, disease, medicine and treatment cannot be overemphasized. As pointed out earlier, the tribals in India occupy a specific position because of various reasons. Chaudhuri (1986) has pointed out that tribal health problems need special attention primarily, for two reasons. Firstly, the tribals being backward need special attention. Secondly, because of the uneven growth of population of tribal communities. In the case of certain tribal communities, their survival has been threatened by declining population growth. This declining trend of population growth among them may be due to low fertility or high morbidity or both, which are influenced to a great extent by the socio-cultural factors including the health practices of the people concerned. Hence it is important, as Chaudhuri (1986 and 1990) has stated, to study the socio-cultural, environmental and the related dimensions of tribal health. Apart from the academic importance, such studies will be immensely helpful to administrators and planners in their formulation of policies and planning for tribal welfare.

Every known society has developed methods for coping with disease and illness and thus created various sorts of medical parctices and medicines. The health of any individual is always threatened by the dangers of injury and disease and these always result in some form of cultural responses. In small-scale societies often there is an almost complete lack of effective prophylactic and therapeutic measures. The promotion of health and attempts to cure illness belong to the domain of beliefs and rituals and they play a vital role in every culture, especially in their relation to the observances of social rules and moral codes. The beliefs and practices concerning diseases, their treatment and perceptions of health vary from group to group depending on the nature of culture.

Geographical environment plays a vital role in conditioning the culture of a given area and in shaping the ethos, customs, behaviour and thought of the people. All cultures have their distinctive ways of perceiving the surrounding environment. Such perceptions are reflected in the beliefs and customs of the people.

This is further reflected in the use of natural resources in day-to-day life and in the treatment of disease and illness.

The environment of the forest also plays a pivotal role with regard to health and nutrition of the rural inhabitants including tribals. These people are mostly dependent on their forests and rely heavily on various medicinal plants available in the forest for treatment of disease and illness.

The present book deals with the concepts of health and illness. It covers various aspects of the traditional beliefs and practices concerning medical system as well as the degree of acceptability of modern medicine by the Karbis with special reference to women and their health status. With a view to achieving the primary objectives, the following aspects have been taken into consideration :

i. The native concept of health and illness,

ii. treatment according to the traditional beliefs and practices with special regard to disease, causation and their curative measures,

iii. domestic remedies and herbal medicine,

iv. access to and the utilization or modern medical services as well as the traditional practices,

v. medical biographies of woman concerning gynecological problems and their cure.

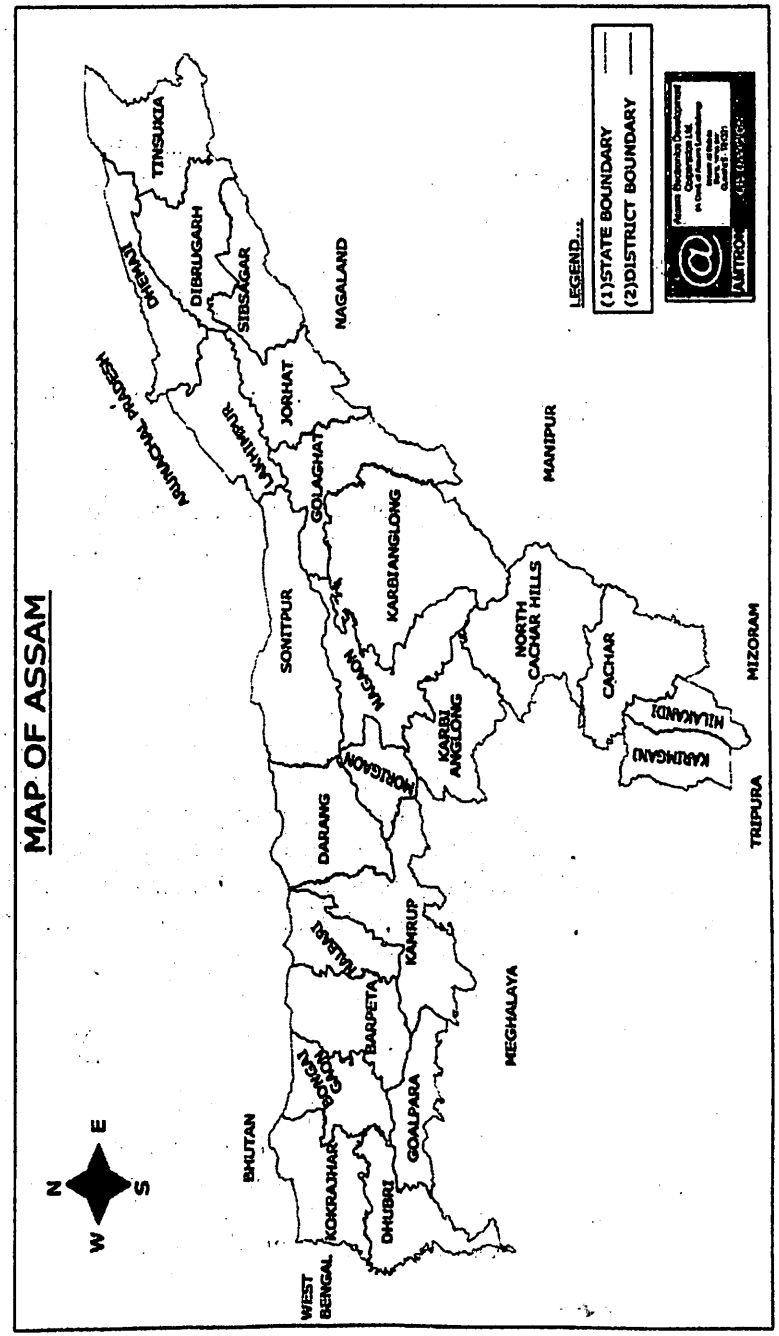
vi. role of the female specialist who deal with gynecological and other health problems. For these specialists, who are all women as men are excluded from taking up this role, we proposed the term 'ethnogynecologists' by which we mean the local practitioner specializing in the treatment and care of gynecological disorder. Such indigenous knowledge may be called 'ethnogynaecology'. We are not presuming that ethnogyanecology is a static body of concept and practices. Rather, it changes over time and in interaction with modern medicine.

The present study has been confined to the investigation

of indigenous medical features of the hill and plain Karbis of Assam with particular reference to women's disease and illness.

The primary objective of the present study is to understand the indigenous concepts of health and illness as conditioned by the social, psychological and environmental situation among the Karbis with special reference to women. Attempt has been made in this study to collect information on the curative measures adopted by the Karbis with reference to disease causation and on domestic remedies and herbal medicine commonly used by the Karbis for treatment. The study endeavors to examine the access to and the utilization of modern medical services available to the Karbis inhabitng the study areas in the hills and the plains. One of the major objectives of the present study has been to examine the perceptions of reproductive health, female illness, disease and gynaecological problems. The present study attempts to understand and explore the traditional health seeking behavior of Karbi women. In order to have a comparative and comprehensive understanding of the problem, the same study group has been chosen from both hill and plain settings of Karbi Anglong and Kamrup Districts of Assam. (Map 1)

In the present study, some important aspects have been taken into consideration. One such aspect has been to understand and identify the cause of illness as perceived by the people and how they are linked with the nature of treatment as adopted by the people. Rites, rituals, ethos, beliefs and practices occupy a pivotal place in the life of the Karbis. Also in the present study, a number of socio-cultural and environmental issues related to health have been taken into consideratin. An understanding of the various traditional religious practices and beliefs is necessary because the association between supernatural powers and disease is intricately related. As against this backdrop, investigation has been made regarding the role and position of the ethnomedical



specialists like the folk medicine men, priests, diviners, herbal specialists, etc.

One of the objectives of the study of illness behavior has always been to understand the 'insiders view' regarding disease and illness. The general pattern of acceptance of different types of treatment and healing options among the Karbis has been taken into consideration in the present study. Also in tribal societies, disease and treatment can never be studied in isolation from the environment. Attention has been paid to understand the nature of relationships between health care parctices, treatment and environment. Also, the interactional pattern of traditional and modern system of medicine has been another area of investigation. In this regard, attempt has been made to find out the general pattern of acceptance of the different types of treatment and healing options. Besides, attempt has been made in the present study to find out ways in which the Karbis have used different plants having medicinal value in traditional treatment practices.

The present study is primarily exploratory in nature. As pointed out, the primary objective of the present study has been to understand the indigenous concepts of health and illness among the Karbis with focus on female health problems. The same tribe Karbi has been studied from two different geographical locations to reflect the changes in socio-cultural settings, economy, associated beliefs and health practices, etc. In Kamrup District, the Karbis live among a vast majority of Assamese settlements whereas the Karbi Anglong District is overwhelmingly inhabited by the Karbis. As a matter of fact, the rules differ from one place to the other. The basic differences among the Karbis inhabiting the hills and the plains have resulted in the emergence of variations with regard to their beliefs, customs, practices and perceptions regarding health and treatment of disease. With a view to finding out possible answers to such variations, data from the same tribe Karbi have been collected and analyzed from two districts of the state.

CHAPTER II

THE KARBIS : AN ETHNOGRAPHIC PROFILE

The Karbis mentioned as the 'Mikirs' in the Constitution Order, Govt. of India, constitute an important ethnic group in the hill areas of Assam (Bordoloi et. al. 1987:52). They are one of the most numerous and homogenous of the many Tibeto-Burman communities inhabiting Assam, (Lyall, 1908:1). However, nowadays instead of 'Mikir' they call themselves Karbi and sometimes Arleng which literally means a man. The origin of the word Mikir is not known. Some eminent writers believe that the name Mikir was given to them by the Assamese. Racially they belong to the Mongoloid group and linguistically to the Tibeto-Burman. The Mikir language is their mother tongue.

The name Karbi comes from the latter half of the word *tbakarkabi* meaning offerings of sacrifices at the beginning of worship of god, marriage ceremony, harvesting of crops and birth of a child. The word ultimately got transformed into 'Karbi' omitting *tha* and ki. (Das, 1978:73).

According to another legendary source, the term Mikir originated from the word *mengkiri* meaning carrier of cats as they used to carry cats and later from *mengkiri* the people were called *Mikirs* (Baruah : 1990, 3).

Another group of people are of the opinion that 'Mikir' means hill people and others say it is a derivative of the Assamese word Mitir meaning friend.

Though the Karbis do not like themselves to be called as Mikirs even today the term Mikir is used to a great extend. The Karbis are combination of four smaller group each of which is ideally endogamous. These groups are : Chingthong, Ronghang, Amri and Dumrali. They have a number of patrilineal clans. The traditional Karbi religion had a belief in a supreme deity, *(Barithe.* At present time some Karbis claim themselves to be Hindu, some have been converted to Christianity and very few adhere

to the traditional religion.

Although at present, they are found to inhabit in the Karbi Anglong District, nevertheless, some Karbi inhabited pockets are found in the North Cachar Hills, Kamrup, Morigaon, Nagaon and Sonitpur Districts also.

According to Charles Lyall (1908),the Karbis inhabit in greatest strength in Karbi Anglong Hills called after them, the isolated mountainous block, which fills the triangle between the Brahmaputra on the North, the Dhansiri valley on the East and the Kopili on the West. The greatest bulk however remains a hill tribe occupying the forest-clad slopes of Assam.

From the point of view of habitation, the Karbis are divided into three groups namely 'Chinthong', 'Ronghang' and 'Amri'. These groups are otherwise known as Chinthong, Nilip-Ronghang and Amri Marlong. Those who live in the plains districts are called 'Dumrali'.

EARLY HISTORY

Racially the Karbis belong to the Mongoloid group and linguistically they belong to the Tibeto-Burman group. The original home of the various people speaking Tibeto-Burman languages was in western China near the Yang-Tee-Kiang and the Hwang-ho rivers and from these places they went down the courses of the Brahmaputra, the Chindwin and the Irrawaddy and entered India and Burma. The Karbis, along with others entered Assam from Central Asia in one of the waves of migration. But, it is very difficult to trace the history of the early settlement of the Karbis bereft of any written documents and other evidence like archaeological remains, etc. Of course, in the old chronicles and histories, occasional references here and there were made to the people of this group. But from these references also it is very difficult to trace the chronological events of the Karbis.

The origin of the Karbis is often debated, but the majority opines that they are of Tibeto-Mongoloid group who migrated from South-East Asia. Sir Charles Lyall (1908) in his book, The

Mikirs said that they are a race keeping in liaison with the Nagas and the Kuki-Chin as intermediaries who resided in the Arakan Ranges. Sir Grierson in his report of the Linguistics Survey of India, Vol. 3, Part 2 regarded them as an intermediate group between the Bodos and western Nagas. Their complexion is yellowish brown. The men are comparatively tall, the average height being 5 ft. 4 inches. Their facial hair is scanty, a very thin growth is found over upper lip of men. They are hardy and laborious.

According to mythological legends, they are the descendents of Bali, the king as mentioned in the Ramayana. The ancestral forefathers are said to have assisted Rama in the battle against Ravana. The songs of Ramayana are still sung by the Karbis on festive occasion on three days called Chabin alun and it is the only hill tribe in the entire North East India that Ramayana gains more popularity in a systematic manner.

TRADITIONAL INSTITUTIONS

The Karbis, like other tribes, have some traditional institutions, which have been continuing from time immemorial. While some of the institutions are socio-political in nature, some are of economic character. Some of these institutions have proven outdated in the modern context and some are still continuing withstanding the wear and tear of time. Some of such institutions are as follows :

Village Council : *Me*

The traditional village council of the Karbis is called *me* and this council is composed of all the elderly male members of the village. The council is persided by the *sarthe* or *gaonbura*, the village headman. All the village disputes which are not of very grave or serious nature are settled by it. The *me* plays an important role in regulating the social, economic and religious life of the village. However, the *me* has lost its original footing in the present context. Now, people prefer to go to the law courts

instead of referring the disputes to the village council.

Bachelors' Dormitory : *Farla (Jirkedam)*

The bachelors' dormitory of the Karbis, which is variously known as the *terang ahem, terang hangbar, farla,* but more popular as *jirkedam*. In the plains area of the Karbi Anglong District where there are no bachelors' dormitories, the *risomar* or the youth club, serves more or less the same purpose although the functionaries are different. The *jirkedam* was originally designed to include males only but now the females are also accompanied although they do not occupy any office of consequence.

The *farla* or *jirkedam* has 10 nos. of office bearers like *kleng serpo* (king), *klengdum* (chief minister), *suderkethe* (commander), *sudersu* (prince designate), *barlanpo* (surveyor), *motan are* and *motan arbe* (guides), *chengbruk are* and *chengbruk arbe* (small drum beaters), *than are* and *than arbe* (covenors) *me apai* (fire keeper) and *lang apai* (water keeper).

The domitory is generally constructed in a central place of the village with locally available construction materials. This traditional institution is, however, gradually dying as it fails to withstand the onslaught of rapid changes brought about by development activities including the spread of education. But, the spirit of offering a helping hand to the needy by the youths of a Karbi village has not yet been eroded by the absence of the building of the bachelors' dormitory.

SOCIAL LIFE

CLANS AND MARRIAGE

The Karbis have five clans called kur. These are *Terang*, Teron, *Enghee. Ingti* and *Timung*. Each of the five clans has a number of sub-clans. While *Enghee* and *Timung* have 30(thirry) sub-clans each, *Terang* and *Teron* have six sub-clans each and

the remaining clan *Ingti* has only four sub-clans. These clans are completely exogamous and marriage between a boy and a girl belonging to the same clan can never take place since the children of the same clan are considered as brothers and sisters. Violation of this customary law obviously leads to ex-communication of the couple involved. Even in the cremation ground called *tipit* or *thiri*, area is kept demarcated for each clan. Although all the five clans are socially equal, *Ingti* being a priestly clan was supposed to have a higher status in former times. Unlike the Hindu caste system, all the *kurs* are equal to one another.

Although, monogamy is the prevailing practice, there is no bar to polygamy and the cases of polygamy are very rare. Cross-cousin marriage is a preferential one. Like many other tribal societies, the Karbis do not have the system of bride price. After marriage, the wife continues to use the surname of her father. But the children assume the title of their father. Thus, the Karbis follow the patriarchal system of family structure. Marriage within the same *kur* is prohibited and is considered a serious social taboo. The different forms of marriage are prescribed by the Karbis :

1. *Kubia* or *Pisokeme* : In this form of marriage, the groom after marriage stays in the household of the girl. This is not a preferential form of marriage practiced among the Karbis.
2. *Areng* : The most popular form of marriage among the hill Karbis is *areng*. After marriage, the girl stays with her husband or his family. *Arak* is the custom in which the groom as a mark of respect to his parents in law offers them two bottles of wine. On the following morning of the nuptial night, a ritual is performed wherein gods *Hemphu* (Shiva), *Mukrang* (Brahma) and goddess *Rasniah* (Durga) are worshipped.
3. *Karbjui* : *Karbjui* in Karbi words denotes marriage by elopement. This type of marriage is extremely popular among them.

FAMILY STRUCTURE

The Karbi follow the patriarchal system of family structure and as such the father is the head of the family and his authority is undisputed. The line of descent is traced through the male members only. The head of the family, his wife, their children, the unmarried brothers and sisters constitute the family. The brothers start living separately as soon as they get married. A Karbi family, therefore, is a unitary one. Joint family system is also still prevalent to a very limited extent.

RULES OF DESCENT

... The Karbi society is patrilineal and segmented. Patrilineal descent is important in determining the social identity of a person, inheritance, prohibitions and prescriptions pertaining to the choice of marriage partners. The society as a whole is divided into clans, subclans, and lineages, whose members reckon their presumed kinship and common ancestry through the paternal line only. Five primary patrilineal sections or patriclans (*kur*) are further subdivided into more than 80 sub-clans or *patrilineages*.

Karbi language does not makes a real distinction between different levels of segmentation : subclans and patrilineages are only called *kur-so* (small *kur*). Individuals of both sexes use their clan name as patronyms in administrative documents, hence their number is very limited. A gender suffix -(*Pi*) is added to clan names patronyms when applied to woman (such as in *Phangcho-pi* applied to a girl or women of the *Phangcho* clan). A very interesting feature prevalent among the Karbis is that daughters retain their clan's name even after marriage. A married woman continues to bear her father's patronym.

EXOGAMY

The Karbi clans (*kur*) have been strictly exogamous groups and still seem to be so. They are the effective divisions of the society, the sub clan and kindred being of secondary importance. Sexual or marital union between people belonging to the same clan is considered incestuous as they are considered as siblings, and any violation of this rule may lead to public banishment.

Interestingly, a man and a woman will be regarded as brothers and sisters even if their mother's clan is same, though they might belong to different clans. Hence they cannot marry each other. This rule, however, does not apply to partners whose paternal grandmothers (father's mothers) are of the same clan.

RULES OF INHERITANCE

The basic rule of inheritance is that all immovable property (land and houses) as well as family artifacts are to be distributed among a man's sons, whereas all the jewelry is passed down from mother to daughters and shared equally among them. Cash is divided among both sons and daughters. Generally all sons get equal share of the parental property, except for ritual artifacts of the household which are inherited by the eldest son alone.

RELIGION

From the point of view of religion the Karbis can be regarded as animists. Hinduism in its crude form finds manifestation in their worships of gods, goddesses and deities. They believe in the immortality of the soul, life hereafter and reincarnation. *Arnam sansar* recho or god almighty is considered to be the creator of this universe. Among the innumerable deities, some are considered to be benevolent and some malevolent. Each disease is associated with a presiding deity. *Hemphu* and Mukrang are two benevolent household gods.

Hemphu is considered as the Lord and is usually venerated in houses. A sacrifice can be offered to him at any time of the year, in the form of a pig, goat or fowl.

Peng is usually offered a goat. *Mukrang* is a household god and is offered a fowl or goat. *Rit Anglong* is considered as the lord of mountains and worshipped by the villagers for the prosperity of their jbum fields. He is venerated in the fields and is offered a goat or fowl. *Arnam Kethe* is a household god and his offerings include a pig.

The Karbis believe that in every natural phenomenon, a deity resides such as in mountains, deep pools, in rivers, trees boulders, etc. The villagers believe that if these local deities are

not propitiated disease will befall or there will be misfortune in the crops. Name of gods associated with this type of fear are *Borkomola, Dhigol-thengia, Kuber, Borkhal (Bor-big, Khal-Pool)*

Borkomola, Kuber, Borkhal and Dhigol-thengia are offered a cock sacrifice. Whenever a person meets a deity on his way to the jhum field, he shivers. This gives an indication that the sacrifice should be performed.

Nature worship is thus an important aspect of Karbi religion. The Karbis believe in a plurality of gods. The innumerable gods are worshipped in different ways and in different times.

Dehal kasir dos or the *Dehal puja* is celebrated every year in the month of *Fagun* (February 15-March 15). All the neighbouring Karbi villages join together to perform this ritual. The socio-clutural and socio-religious diversity of the Karbis is reflected in this ritual (Kathar, 1998:8). *Dehal puja* is performed for the welfare of the village, for the good health of the villagers and for a good harvest. Contributions for *Dehal puja* come from different villages. In this ritual, offerings are made to various gods and deities.

Preparations for the ritual start one month ahead. Different officials are deputed for the smooth functioning of the ritual. These are :

1. *Talukdar.* one who collects rice and *hor* (rice beer) from every household.
2. *Beo fak kabisar abang :* one who arranges fowls, pigs and goats for sacrifice.
3. *Tang poisa kabisar abang :* Collects money from different households of the village.
4. *Ilong kidom :* one who collects firewood and banana leaves from the forest.
5. *Tholi klfangthir abong :* arranges the place for the ritual, cleans the pathway and clears the jungle.
6. *Gendha or hathari :* one who holds the pig or goat to be sacrificed with a rope.

On the day of the ritual, a *Kathar* or *Deori* (priest) performs a ritual in one of the houses of the village. The items

used for the ritual include *hor* (rice beer), betel nuts, flowers and baisel leaves. The *Deori* dips the baisel leaves in a small pot of water, chants incantation and prays for the welfare of the villagers. This is followed by a sacrifice. After the sacrifice people gather at one place for the feast. The meat of the sacrificed animal is cooked by the women folk of the village. People then dance together in rhythmic movements. Apart from thse rituals, the Hindu Karbis also celebrate *Holi, Diwali* and other Hindu festivals.

FESTIVALS

Among the festivals observed by the Karbis, mention may be made of the *Chojun puja or Swarak puja, Rongker; Chokk-eroi, Hacha-kekan, Chomangkan,* etc.

The spot for *Chojun puja* or *Swarak puja* is generally selected near the house of the family which wishes to perform the puja. The deities in this festival are *Barithe, Shar Arnam, Arni* and the devil *Hii-i* and other smaller gods. *Hemphu,* the greatest God of the Karbis is also propitiated. The ritual is performed for the welfare of the family.

The *Rongker* is the annual festival of the Karbis which is observed once a year by each individual village. There is no specific time for the observance of the festival. Different villages may observe this festival at different times. The observance of the festival depends entirely on the convenience of the villagers concerned. In order to meet the expenses of the rituals, conected with the festival, the whole village contributes in cash and kind. Sometimes subscription and donation are also collected from the neighbouring villages. It is worth mentioning that the worship of different deiteis, during the *Rongker* may vary according to the locality. The *Rongker* is observed in order to appease the local deities, associated with the welfare of the villages, and also to get rid of all evil happenings.

Rongker is performed at the beginning of the new year by propitiating the different gods and goddesses for the well being of the entire village. All the elderly male people of the

village worship the deities so that with their blessings, the people of the village can be free from diseases, natural calamities during the year and the families can have a good harvest. Women are not allowed to enter into the worship arena.

There is another kind of *Rongker* performed in a greater scale. This type of Rongker, which is performed at the beginning of every five years, is called *Wofong Rongker*. This *Woxong Rongker* is performed for the well-being of all the people of the villages that fall within the jurisdiction of a *mouza* (a revenue administrative region consisting of a number of revenue villages). Each revenue village is represented by the village headman and a number of village elders (males only) in the performance of the *Wofong Rongker*. While the *Rongker* performed for a village is only of one day's duration, the *Woforng Rongker* continues for two days.

Sokk-erroi festival is observed when the paddy field is ripened to the fullest extent. The ripened paddy is cut and taken to a place specially cleared in the field. Then the paddy is dehusked on the floor and the paddy is collected. A large number of young men go and collect paddy in bags and carry it home. *Sok-erroi* means the carrying of the paddy from the field. In the festival, one person is selected as the leader who provides the leadership in dancing and singing. He is called *lunse.*

Hacha-kekan festival is associated with the after harvest rejoicings. Hence it is to be assumed that the *Hacha-kekan* is secular in its activities and differs substantially from *Rongker* because, the latter needs the propitiation of Gods.

Although, the Karbis perform the funeral ceremony at the time of the cremation of the deceased, they also perform the death ceremony called *Chomangkan* at a later date for the eternal peace of the deceased. It is the most elaborate and expensive socio-religious ceremony of the Karbis that continues for four days and four nights. The ceremony does not require any formal invitation and all are welcome to it. In spite of the sad undertone, it is the proud day for the family and they welcome all with great warmth. They come in batches and everyone

carries a symbolical rod with 5 (five) branches and at the end of each branch, there is a wooden bird, which is called in Karbi *vo-rali*. The whole rod is called *Jambili athan*. This is the symbolical representation of the tribe and it is also the symbol of clan unity.

The Karbis have no idols, shrines or temples. But they believe in a form of fetish locally known as *bor*. These are pieces of stone or metal by keeping which they become rich (Lyall, 1908:30). Among the innumerable deities, some are considered to be benevolent and some malevolent. The Karbis propitiate them by sacrificing pigs, goats and fowls. They also believe in witchcraft and black magic (Sen. 1999:141).A section of the Karbis have embraced Christianity.

The Karbis perform various rites and rituals throughout the whole year in order to appease different deities and spirits. Every step of traditional life is marked by some kind of ritual with religious or magical significance.

Karbi ceremonies can be divided into three levels namely individual, village and regional. Sacrifice of birds and animals and the use of rice beer are indispensable part of every religious rite.

DRESS AND ORNAMENTS

The Karbis have their traditional dresses, which are artistically designed. These dresses are woven at their family looms. There are separate dresses for men and women. The aged men use an artistically designed shirt called *choy-nangpo* and the shirt used by the young men is called *choy-bongthor.* The men use a loin cloth called *rikong*. Only in the remote places, *rikong* is found to be used specially by married and aged persons. Karbi male wears a *choy-aan* (jacket) with a *rekong-ke-er* (a loin red silk cloth) and a *pobo* of endi silk in his shoulders.

The Karbi women and girls generally use *pincamflak*, a piece of cloth tied around the waist like a *mekhela*. A piece of cloth is used by them to cover the upper part of their body and it is called *pe-kok*. The waist band called *wankok* is also used

by every woman and girl. The ladies use coloured and striped endi scarf called *khongjari* during winter. During the performance of *chomangkon* (death ceremony) young girls use a special endi scarf called *dokherso*. The Karbi women and girls are very fond of their traditional dresses and they have been using them even in the face of a strong competition of modern trends.

In the bygone days, a Karbi man used to put on a brass made car-ring called *narik*, silver bracelet called *prinsoroi* and heavy silver necklaces called *lekrooa* and *lek-enji*.

The most beautiful ornaments put on by aged Karbi woman is *nothenpi*, a pair of very big ear-ring made of silver. It is about two and a half inch in length having a diameter of about half inch. This earring is detachable into two parts. The women and girls use silver bracelets called *rup-aroir*. Besides, the necklace made of white beads called *lech-lo-so*, the women also wear a kind of neclace made of silver coins and red beads called *lek-chike*.

DANCE AND MUSIC

Dance and music play an important role in the life of the Karbi Society. Various types of dances are performed by the youths during the performances of *chomangkan*, the death-ceremony and other socio-religious festivals. *Hacha kekan*, the dance performed at the harvesting festival is very lively and eye-catchings. Their traditional songs whether folk or religious, are generally sung by experts only who are not only well conversant with their meaning but are also endowed with sweet voices. During the performance of the cremation rites and the performance of the death ceremony, only a professional weeper called *uchepi* is allow to sing a melancholy song called *sarhe*. They have a Karbi version of the Ramayana called *chabin alun*, but the most interesting part of this epic is that it is unwritten and it has been handed down from one generation to another orally.

The Karbis have limited number of musical instruments. A big drum called *cheng* is their main musical instrument. It is

generally played by a master drummer called *duihudi*. They also use small drums called *chengbruk*. They have two kinds of flutes, the wooden flute is called *muri* and bamboo flute is called *pangche*. In some of their dances they use war shield made of rhinoceros skin called *chong* and prototype war sword called *nok*.

ECONOMIC LIFE

Agriculture being the mainstay of the Karbis, the economy of the Karbi villagers mainly centers on agricultural activities. The Karbis of the hills are mostly cultivators. They cultivate land on shifting basis always moving in search of fertile soil exhausting the earlier one by several doses of cultivations. (Baruah 1990:19). This system of shifting cutivation is popularly known as jhum. Paddy, sugarcane, jute, pulse, mustard seeds, pineapple and banana are the major crops. They also cultivate maize (*thenthe*), tumeric (*jthernit*), chilly (*birik*) and ginger (*banso*)

The main implements of jhum cultivation are the hoe and digging stick. For cutting they use the *nokpa* (axe) For preparing the soil after burning of trees, the iron hoe is called *ko*. Paddy is the most important crop. Next to paddy, maize, seasame are also grown along with brinjal, chilies, garlic, ginger, etc. The most important implements of plough cultivation are the *nangol* which is used for ploughing, the *moi* which is used for leveling or preparing the soil. The other implements are the *kudal* and the *nopa*.

The Karbis also have the avocation of piggery and poultry. They rear ducks and hens. The rearing place of the ducks is called *bokakaroi* and the rearing place of the hens is called *bo-aroi*.

Fishing is also an important economic activity among the Karbis. The important fishing implements are the *bu*, *lahon*, *jakoi*, *polo*, etc. Because of scarcity of land, due to increased population and also due to the impact of modern technology, nowadays the villagers earn their livelihood by means other than agriculture. Many villagers now earn their living as daily wage labourers. Weaving is also an important economic activity among

by every woman and girl. The ladies use coloured and striped endi scarf called *khongjari* during winter. During the performance of *chomangkon* (death ceremony) young girls use a special endi scarf called *dokherso*. The Karbi women and girls are very fond of their traditional dresses and they have been using them even in the face of a strong competition of modern trends.

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the Karbis. The Karbis are experts in bamboo and cane work too.

STATUS OF KARBI WOMEN

Notwithstanding the fact that the Karbis follow the patriarchal system of family structure, the women in the Karbi society have more or less an equal status with men. In every work of the family whether in cultivation, cutting and clearing jungles for *jhum* (shifting) cultivation, collection of food materials and fuel wood from the forests, etc. the women take an equal part with the males. Besides these works, they are required to cook food and to attend to all domestic works. In fact, in a Karbi family a woman works more than a man if we take into account the man-hours devoted by her in works per day. However, there are some taboos in respect of women prevalent even today in the Karbi society.

DIVORCE

Divorce though allowed is rare among them. Karbi women are allowed to seek divorce. Divorce in the Karbi society is obtained through the approval of the village council or the *me* and the council gives its approval only when it finds that the separation between the husband and wife is absolutely essential.

Divorce can also be obtained when the girl runs to her home after marriage and refuses to go back to her hushand. Under such circumstances, the husband takes rice beer to her parent's house and declares himself free of the matrimonial bond, after which the girl has to return all presents given to her by her husband.

REMARRIAGE

After divorce, a Karbi woman can remarry and the ceremony is performed in the same way as it is done in the first marriage. Widow and widower remarriage as well as junior levirate and sororate are allowed.

WOMEN AND WEAVING

Weaving has been the skill and pride of Karbi women since time immemorial. All Karbi women are expert weavers and most of the clothes for domestic use are produced by them in their family looms. A loin loom called *petherang* in employed in weaving. The age old aspirations of Karbi women described by the men folk of their community is. *A ladung ladung la neri mandung janpan the lungdung la nerendi mahum, pirthak pangrung*. The mening is 'My daughter will grow, she will weave on the loom and produce clothes for her brothers, sisters and me'. (Bhattacharjee, 1985:38). Every parent wants their daughters to learn weaving and other household chores. From the age of five years; a daughter is trained to weave by her mother or grandmother.

WOMEN IN ECONOMIC ACTIVITIES

Agriculture being the primary occupation of the Karbis, Karbi women are engaged in almost all agricultural activities. In the agricultural field women participate in broadcasing of crops, weeding, sowing, uprooting and harvesting. They also guard the crops against wild animals and birds. Karbi women accompany their husbands to the jhum fields which are situated in the hills and also assist them in cutting and clearing the jungles.

WOMEN IN HOUSEHOLD ACTIVITIES

Karbi women usually remain very busy during the day and her work is quite arduous. In every work of the family whether in the collection of fuel or cultivation, women work equally with men. Besides, she cooks, fetches water, tends the domesticated cattle, looks after her young children, weaves clothes and attends to other household chores.

The primary responsibility of all Karbi women is to brew the rice beer, which she does in the early hours of the morning. They also milk the cows and clean the shed, Besides helping their menfolk in agricultural activities, they collect wild roots, tubers, eatable leaves and firewood. Karbi women are well versed about the wild roots, plants, leaves and wild fruits, which

are found in the jungle.

WOMEN IN RELIGION AND FESTIVITIES

Sacrifices are an indispensable part of Karbi religion. However, no women can observe the sacrificial ceremony and they are also forbidden to eat the meat of the sacrificed animal, as it is believed that God will not be pleased to dine together with women.

In community feasts, Karbi women always eat separately and not with men, despite the fact that in rituals all preparations are done by women. Karbi women are also not allowed into the worship area during the celebration of *Rongker*, which is an important socio-religious festival of the Karbis.

CHAPTER III

CULTURAL AND BEHAVIOURAL FACTORS AS DETERMINANTS OF DISEASE

The prevalence of diseases is intricately associated with socio-cultural and environmental determinants. Anthropologists have extensively studied and established this relationship beyond doubt. (Alland Jr. 1970; Banks et. al. 1962; Cruz-Cocke et al. 1964; Colson et. al. 1974; Livingstone 1958; May 1960, Polgar 1964; and Yarnell et. al. 1977)

In discussing the aforesaid relationship between the prevalence of diseases and the existing socio-cultural pattern, this chapter describes the house structure, village settlement pattern, food habits and habitual practices of the Karbis. The common diseases rampant among the Karbis in the study villages have also been discussed.

SOCIO-CULTURAL PATTERN

VILLAGE STRUCTURE

The settlement pattern of the Karbis is in the form of a village. They have a tendency to shift the villages from one place to another within a definite territorial limitation. Villages are shifted owing to the death of a village headman, natural calamity, epidemic, scarcity of water, etc. Each village has a headman called *Gaonbura* or *Sarthe* who is appointed by the authority of Karbi Anglong Autonomous Council. The name of a Karbi village in Karbi Anglong is given after the name of the headman who is the founder of the village. Most of the villages are non cadastral. But each revenue village has a number of hamlets situated kilometers apart. Each of the hamlets has also a *Gaonbura*. The village headman occupies a place of honour in the Karbi society.

The Karbis, like the other hill tribes, have a tendency to live on the hilltops but not in compact areas. The villages are not only smaller in size, but scattered too. In the plains portion of the Karbi Anglong District where the Karbi people practice permanent cultivation, the villages are found to be stationary. But in the interior areas of the district where shifting cultivation is practiced, shifting of village site is still in practice. The reasons for continuing such a practice are sometimes economic and sometimes social. The following reasons can be ascribed to this :

(a) The post of the village headman whether that of the revenue village or of the hamlet is a coveted and presitigious one. In the performance of very socio-religious rite or festival, the headman has to be honoured first. Moreover, the village or the hamlet is also named after him. In a Karbi village there might be a few aspirants for this coveted post. Whenever an aspirant finds that there is no chance of fulfilling his desire if he continues to stay in the village, he leaves the village along with his followers and establishes a village in the new site where he automatically becomes the *Gaonbura.*

(b) If the Karbi people living in a particular village think that their village is a haunted place frequented by ghosts or evil spirits, they shift their village to a new site very soon to get rid of the ghosts or the evil spirits.

(c) The Karbis who practice *jhuming* or shifting cultivation very often shift their villages to new *jhum* sites which might be ten to twenty kilometers away from the present site.

Agriculture is the mainstay of the Karbis. In the hills they practice *jhuming* (shifting cultivation) by cleaning the forests of the hills. In the *jhum* fields they cultivate mixed crops. They also do low land cultivation where such lands are available. Paddy cultivation is also practiced.

VILLAGE SETTLEMENT PATTERN

Cosidering the topography of the district, the Karbis of Karbi Anglong build their villages on hill slopes. The average number of members in a household varies from five to eight. Nuclear families are in vogue among the study group of both districts. The settlement pattern among the study group of both districts is not a compact one. In Karbi Anglong, the houses are situated at a great distance from one another. In the study village of Kamrup District, three or four houses are clustered together and are connected by narrow lanes.

In terms of populace, the villages of Karbi Anglong are sparsely populated as compared to the densely populated villages of Kamrup District. This indicates that the density of population is low in Karbi Anglong District. The pattern of population distribution is scattered and somewhat scanty. In regions of low density and scattered settlement patterns, the population is relatively safe from infectious diseases like infantile diarrhea, syphilis and pandemic deiseases like plague and typhus.

HOUSE STRUCTURE

A typical Karbi hut is neither too small nor too hig. It is built on a bamboo platform using timber posts for super structure. The materials used for the construction of houses by the Karbis of Kamrup and Karbi Anglong Districts are thatch and bamboo.

Wooden planks are used mostly in Karbi Anglong District. The whole construction is raised several feet above the ground on a bamboo platform supported by wooden posts, under which domestic animls run about freely. The fowls are kept seperatley by the Karbis of Karbi Anglong District in an *aroi* (a structure for keeping fowls and domesticated animals). Domesticated animals among them are cattle (*chinnong* ase), pigs (*phakroi*) and goats (*birba*). The main domesticated animlas among the Karbis of Kamrup District are cow (*charong*). White goats (*beh*) and pigs (*fa*) are reared in not more than 50 per cent of the households. Interstingly, dogs are found in almost every

household perhaps because of reasons of security. It may be noted here that the Karbis of the study villages of Kamrup District do not eat dog meat.

In the construction of a house, thatch is extensively used for roofing purpose. The walls made of split bamboos are mud-plastered. A Karbi house of the study villages of Karbi Anglong District has two *verandahas* - one at the front and the other at the rear. This platform is enclosed on four sides by a fence of bamboo making the entry accessesible by a bamboo ladder. The house is divided into two parts lengthwise known as *arpong*. The front part or room with a hearth at the centre is called *kam* or guest room while the inner chamber called *kut* is used as the living room for the family members. A wooden or bamboo ladder is used as an approach to the front varanda. Entering a Karbi dwelling-house one first gets into the *kam*. On the left side lies a raised platform of split bamboo (*thengkroi, thengtor*) for storing kitchen artifacts and, more or less in the center of the room, a fireplace is constructed with a hearth made of clay and wooden planks. The hearth is known by the term *mehip*. The rear side is used as a store room for wood (*pang-a-thekroi*) The *kut* is the innermost area of the house where all the sacred and important possessions of the family are kept. A hearth is always kept burning in the *kut* during winter. The Karbis of Karbi Anglong District are more skilled in decorating their huts than their counterparts of Kamrup District.

Of late, the traditional housing pattern has more or less been abandoned by the Karbis. Instead of having raised bamboo platforms, the houses are constructed on ground. Building materials required for construction of the houses, whether traditional or modern, are procured from the nearby forests or markets.

In Kamrup District, a typical Karbi house is divided lengthwise into two or three rooms depending on the size of the household. The floor of the house is neatly plastered with mud and cow dung. Trees are sometimes used to support the roof of

the house. There are some minor distinctions between the Karbis that may find reflection in the difference between their houses.

The interior of the house is dark and the only sources of ventilation are small slits in the walls. Absence of proper ventilation is not conducive for good health. Studies have revealed that such an environment is invariable linked with the prevalence of high incidence of respiratory infections. (Monto et. al. 1977 and Yarnell et. al. 1977).

Sometimes a temporary dwelling is constructed near the *jhum* sites as the *jhum* fields are situated at a distance from the village. This dwelling is used only during the operational period. Modernity and close proximity with the neighboring city of Guwahati has ushered in some significant changes in the house patterns of the Karbis of Kamrup District.

FOOD HABIT

Rice is the staple food of the Karbis in all four-study villages. People irrespective of their age and sex consume steamed rice thrice a day with vegetables and meat. Among the vegetables, potato, tomato, gourd, tapioca, cabbage, cauliflower, reddish, etc are extensively cultivated by the Karbis of both districts. Most of their meals are rarely vegetarian. Beef is not preferred by the Karbis of both districts and consumption of beef is minimal in both districts. In the study villages of Kamrup District, cereals like *dal* is taken along with wild roots, tubers and edible leaves, collected from their kitchen garden or procured from the nearby markets. Dried fish (*mamgther*) is an important food item. Fish collected from streams or marshy land is a delicacy among them. Other items of food include chicken, eggs and pork taken with bamboo shoots or *gaj*. Fowls and goats constitute a part of their ritualistic diet. Eri or silkworms and crabs constitute an important food item. Ferro-Luzzi (1975:398-9) observes that the more primitive a community is the more wider the range of different items eaten.

The study group rarely suffers from starvation even if agriculture is unproductive in a season. Food taboos among them

are also very few. The Karbis of all four-study villages have excellent methods of preservation of vegetables like gourd and pumpkin. Also the bark of the gourd is used exclusively in the preparation of *bong-chin*, a sacred item of religious use among the Karbis of Kamrup District. The use and quantity of mustard oil is comparatively less in the preparation of dishes by the Karbis of Karbi Anglong District. Also the only spice used by them is the chilly. Alkali-*santhu pen dali, chusot kangmoi, antimi kangmoi and mensupi kangmoi* is devoured by the Karbis of both study Districts. The Karbis of Kamrup District consume fish in greater quantity may be because of its accessibility. On the contrary, pork is consumed in greater quantity by the Karbis of Karbi Anglong District. Some of the most popular dishes made out of pork include *haok pen ham, baok pen hem-uk, phaok-en-bonhom, phaok pen menpo etc.* Rice cakes are a favourite snack among them that include the *hîmsangti, simaplang* and n*ampo-ahim*. Meat of duck (*woka-ok*) and goat (*biok*) constitute a part of their diet.

The Karbis of both study districts consider certain food items like jackfruit, pork, curd, milk, pork, meat, chillies, tomatoes as 'hot' and certain other food items like cucumber, papaya, watermelon, cereals, etc as 'cold'.

DRINKS AND BEVERAGES

TEA

Tea is taken at regular intervals by the Karbis of both study villages. The favourite place of taking tea in Karbi Anglong is round the hearth. The frequency of taking tea is more in the winter than summer.

RICE BEER

Rice beer is called *hor* by the Karbis of Kamrup District. It is brewed in every Karbi household of the village and is kept in a pot called *bong-chin. Hor* constitute an important item for every ritual and is kept along with other paraphernalia used for

worship. It is considered good for health and is often offered to guests in lieu of tea. Rice beer is known by the term *horlang* among the Karbis of Karbi Anglong District. It is served as a transvalued food in both study districts. The Karbis also consume distilled liquor occasionally.

TOBACCO

Areca nut (Areca catechu) and bikon leaves (Piper sp) are extremely popular among the Karbis of both study Districts. Majority of them are addicted to it. This addiction tends to increase with an increase in age. This is reflected in the frequency of dental illnesses in the study villages. Stained and discoloured teeth among the Karbis are a regular feature in all Karbi villages. Interestingly, dental illnesses are not considered a serious ailment among them, as it does not hamper in the normal day-to-day life. Tobacco chewing is also common among them.

HABITUAL PRACTICE

BATHING

The Karbis of all four-study villages take bath usually twice a day preferably in the morning and in the evening. In winters, this practice is confined to once daily. Frequently, soap is used to clean the skin and a cotton towel is used to wipe dry the body after bath. Young children are tended by their mothers and are properly oiled before bathing. Irrespective of weather conditions, cold water is used by the Karbis for the purpose of bathing.

SANITARY HABIT

Sanitation facilities are extremely poor in Goria Ghuli village of Kamrup District, followed by Bura Killing village of Karbi Anglong District. In both these two villages, the Karbis defecate in the jungles. Latrines and toilets are an indication of the improved economic condition of the people. In majority of the households of the study villages, a make shift toilet is constructed for women.

Menstruating girls occasionally use sanitary napkins may be because of economic reasons or may be because they are culturally trained to use pubic clothes, wash them, reuse or burn them.

TOOTH CARE

Traditionally, Karbis of all four villages are averse to the idea of using toothpaste. Charcoal or *atum* is frequently used as an alternative. The back of the *bebera* tree and the stem of *khurua* tree are also used. The index finger is used for cleaning the teeth. Elderly Karbi villagers use salt to rinse the mouth. Toothpaste is however popular with the present generation.

USE OF OIL AND COSMETICS

Teenage girls for the purpose of grooming use cosmetics. 'Fair and lovely' is extensively used by them along with various types of hair oil. The use of cosmetics is however negligible among elderly women.

CLEANLINESS

The Karbis attach a lot of importance to cleanliness. Detergent is frequently used for washing clothes. The Karbis make it a habit to take bath at least once daily. However due to the lack of proper sanitation facilities, the incidence of urinary tract infections is extremely common among Karbi women of all four study villages. Fresh vegetables plucked from the garden or procured from the market are rarely washed before cooking.

Without proper drainage, the stagnant water becomes the breeding ground for diseases like malaria, typhoid and dirty water becomes the cause of gastric ailments. Most of the Karbi houses in the four study villages do not have adequate ventilation for proper lighting. Continuous exposure to kitchen has created dampness and the Karbi villagers have become susceptible to lung infection.

The Karbi villagers of Kamrup District are firm believers that no animls are carriers of diseases. Tending of animals is a

regular feature in the villages. The incidence of dog bite is also predominantly high. Nevertheless, dogs are still kept as domesticated animls.

There is no regular practice of boiling water in the study villages of Kamrup District. This is however an exception in Karbi Anglong. Contaminated water is responsible for the outbreak of water borne diseases. Water is also heavily polluted, as the wells remain uncovered. A sizeable population has however taken recourse of filters as a medium of safe drinking water.

HEALTH INTERVENTION IN NORTH EASTERN STATES

Health facilities in North East India have failed to penentrate into the masses. Almost all states in the North East are extending health care to more members of the population than fixed as the norm. The number of health facilities in each of the North Eastern states is provided in table 1.

TABLE 1 : HEALTH FACILITIES IN THE STATES OF NORTH EAST INDIA, 2001

Sl. No.	State	Total number of			Rural population surveyed by each			Index of outreach		
		Sub Centre	PHC	CHC	Sub Centre	PHC	CHC	Sub Centre	PHC	CHC
1.	Arunchal Pradesh	245	45	9	3545	19298	96492	118	96	121
2.	Assam	5280	619	105	4403	37559	221419	88	125	184
3.	Manipur	420	69	16	4329	26351	113639	144	132	142
4.	Meghalaya	377	85	13	4916	21805	142574	164	109	178
5.	Mizoram	336	55	6	1339	8182	75003	45	41	94
6.	Nagaland	245	33	5	6676	49570	327163	225	248	409
7.	Sikkim	147	24	2	3269	20020	240244	109	100	300
8.	Tripura	537	58	11	4931	45656	240734	164	228	301
	India	137271	22975	2935	5402	32281	252695	108	108	316

(Based on figures from Rural Health Statistics in India, June, 2000 and Census. 2001)

* PHC - Primary Health Centre

* CHC - Community health Centre

The index of outreach has been calculated by dividing the rural population served by each of the health facilities by the norm (e.g. a sub centres to serve 3000 population in tribal areas).

Table 2 presents the per cent of adequately equipped primary health centres. A Primary Health Centre is taken as adequately equipped if it has 60 per cent of the critical inputs that include infrastructure, staff supply, equipment and trained medical and paramedical staff.

TABLE 2 : PRIMARY HEALTH CENTRES ADEQUATELY EQUIPPED IN THE STATES OF NORTH EAST INDIA, 2001

Sl No.	State	Number of PHC	Infra-scture	Staff	Equip-ment	Training
1	Arunachal Pradesh	21	33	29	14	33
2	Assam	333	9	21	23	12
3	Manipur	31	13	81	65	61
4	Meghalaya	55	20	56	78	31
5	Mizoram	43	42	65	65	30
6	Nagaland	16	25	25	38	56
7	Sikkim	24	100	63	100	67
8	Tripura	56	52	48	50	11

Source : Facility survey.

As demonstrated by the above table, almost all the Primary Health Centres in north eastern states are not adequately equipped with respect to health care system in the rural sector. Sikkim is the only state, which has all the Primary Health Centres adequately equipped in terms of infrastructure and equipment.

HEALTH INDICATORS OF ASSAM

The Total Fertility Rate of the State is 2.9. The Infant Mortality Rate is 68 and Maternal Mortality Ratio is 490 (SRS 2001 - 03) which are higher than the National average. The Sex Ratio in the State is 935 (as compared to 933 for the country). Comparative figures of major health and demographic indicators are presented in table 3.

TABLE 3 : DEMOGRAPHIC, SOCIO-ECONOMIC AND HEALTH PROFILE OF ASSAM STATE AS COMPARED TO INDIA FIGURES, 2006

S. No.	Item	Assam	India
1	Total population (Census 2001) (in million)	26.66	1028.61
2.	Decadal Growth (Census 2001) (%)	18.92	21.54
3.	Crude Birth Rate (SRS 2005)	25	23.8
4.	Crude Death Rate (SRS 2005)	8.7	7.6
5.	Total Fertility Rate (SRS 2004)	2.9	2.9
6.	Infant Mortality Rate (SRS 2005)	68	58
7.	Maternal Mortality Ratio (SRS 2001-2003)	490	301
8.	Sex Ratio (Census 2001)	935	933
9.	Population below Poverty line (%)	36.09	26.10
10.	Scheduled Caste population (in million)	1.83	166.64
11.	Scheduled Tribe population (in million)	3.31	84.33
12.	Female Literacy Rate (Census 2001) (%)	56.03	54.28

(Source : RHS Bulletion, March 2006, M/O Health &.F. W., GOI)

*SRS - Sample Registration Survey

The health care facilities of various districts of Assam differ from one another. There also exists wide variation in the health care facilities available in the study districts of Kamrup and Karbi Anglong.

Table 4 shows the health care facilities of the districts of Assam.

TABLE 4 : DISTRICT WISE HEALTH CARE FACILITIES IN ASSAM, 2002

District	Hospitals	Primary Health Centres	Dispensaries	Beds	Rural Family Welfare	Sub Centers
Dhubri	11	23	12	551	7	303
Kokrajhar	5	37	21	355	7	244
Bongaigaon	5	23	20	120	3	109
Goalpara	5	17	11	196	5	134
Barpeta	5	41	20	308	9	351
Nalbari	11	42	14	514	7	118
Kamrup	19	51	42	2487	13	500
Darrang	8	35	14	423	7	322
Sonitpur	10	28	17	1677	7	325
Lakhimpur	7	23	6	316	4	176
Dhemaji	3	9	5	210	1	95
Morigaon	3	13	15	160	30	215
Nagaon	15	38	33	786	113	368
Golaghat	6	32	24	352	6	133
Jorhat	8	24	19	516	6	328
Sibsagar	4	30	19	368	8	227
Dibrugarh	7	37	11	1395	3	275
Tinsukia	8	14	5	291	4	143
Karbi Anglong	6	35	13	466	8	159
North Cachar Hills	3	12	2	226	3	73
Karimganj	2	16	5	165	5	232
Hailakandi	2	8	2	80	4	112
Cachar	8	22	2	986	8	275

Source: Statistical Hand Book, 2002 Directorate of Economics and Statistics, Government of Assam

DISEASE SCENARIO

DISEASES PREVALENT IN KAMRUP AND KARBI ANGLONG DISTRICTS

Some of the major diseases prevalent in the study districts can be enumerated as below :

Malaria is a major concern in both the study districts. The prevalence of Malaria in Assam is 2974/1000000. In the hills District of Karbi Anglong the incidence of Malaria is alarmingly high. It has been estimated that in one single year, as many as 16,818 persons (25.10 per cent) suffered from malaria in the hills districts of Karbi Anglong and North Cachar hills.

Jaundice is another disease frequently affecting the population of both Karbi Anglong and Kamrup Districts. In Assam 2768 persons suffered per 100000 population. The prevalence rate for India is 1361. The prevalence rate of Assam is much higher than the all-India average. Jaundice is more common among males in Assam than females.

Typhoid is another frequently occuring heath hazard in the study districts. The number of cases has increased considerably over the years.

The inhabitants of Karbi Anglong District have been indentified as being exposed to excess fluoride in the groundwater. Severe anemia, stiff joints, painful, restricted movement, mottled teeth, loose muscles accompanied by kidney failure and premature death are primary symptoms.

According to statistics, over 62 million people are suffering from fluorosis throughout the country - among them nearly six million children and young people. Karbi Anglong (is the worst affected, with nearly 10 per cent of its population (over 800,000 according to the 2001 Census) suffering from either dental or skeletal fluorosis. The first case in Assam was detected in May 1999 in the Tekelangjun area of Karbi Anglong, where fluoride levels were found to be as high as 5.23 mg per litre. The

permissible limit is 1.5 mg per litre (according to World Health Organization guidelines).

Tuberculosis, which is also resurgent worldwide, is an infectious disease. The overall prevalence of disease in India is 544/100000 population. In Assam the prevalence rate is 710/ 100000 population which is much higher than the rate of all India average. Tuberculosis is reported in the study villages of both districts.

There has been a rapid increase in Asthma cases in recent years in many parts of India. In Assam, 3% of the population was reported to be suffering from Asthma. The reported level of asthma 3278/100000 population in Assam is higher than the level reported for India as a whole 2486/100000 population. The frequency of Asthma is more in the study villages of Kamrup District.

Dysentery, diarrhea and influenza are diseases reported to be increasing in the study districts over the years.

DISEASES PREVALENT IN THE STUDY POPULATION

Medical histories of different diseases were collected from the Karbi informants inhabiting the four study villages located in Kamrup and Karbi Anglong Districts as reflected in table and 5 and 6. All these diseases are believed to be caused by physical factors. Details of diseases caused by supernatural factors is dealt in details in Chapter IV. Age, sex and disease wise distribution of cases among the study population of Karbi Anglong and Kamrup Districts are presented in table 5 and 6. The two tables includes data for three years from 2001-2004.

TABLE 5 : AGE, SEX AND DISEASE WISE DISTRIBUTION OF PATIENTS AMONG THE KARBIS OF KARBI ANGLONG DISTRCT, 2002-03

Diseases Age	0-10		10-20		20-30		30-40		40-50		50-60		60-70		70 and above		Total
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M+F
Malaria	-	-	-	-	2	-	1	1	2	1	3	2	2	-	1	2	17
Jaundice			-	-	1	-	1	-	-	1	-	1	1	-	1	-	6
Tuberculosis							1				1	1	1	-	1	1	6
Influenza			1	-	2	3	1	1	-	1	-	-	1	-	-	1	11
Fever	2	2	3	2	2	2	1	3	1	1	1	2	2	4	3	2	33
Cold	2	1	2	3	2	1	1	2	1	-	2	1	2	1	3	2	26
Anemia	-	-	-	-	-	2	-	4	-	3	-	-	-	-	-	1	10
Dental Problems	-	-	-	-	-	-	2	2	3	1	5	3	5	4	3	3	31
Boil	2	1	1	1	-	-	1	-	-	1	-	-	-	1	-	-	8
Bone Fracture	-	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	3
Insect bite	-	-	-	-	1	-	-	1	-	-	-	-	-	1	-	-	3
Dog bite	-	-	2	-	-	-	-	1	-	-	-	-	-	-	1	-	4
Headache	-	1	2	1	1	3	1	1	-	2	2	1	3	2	1	2	23
Dysentery	-	-	-	-	1	-	1	2	-	-	-	-	1	-	-	-	5
Stomach trouble	-	2	1	-	2	2	-	1	1	1	-	2	-	1	1	-	14
Cough	2	2	1	2	-	1	1	-	1	1	-	2	1	1	1	2	19
Skin ailments	3	2	1	2	-	3	1	1	-	-	-	1	-	1	1	-	16
Worm infection	2	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	4
Asthma	-	-	-	-	-	3	1	-	-	-	1	2	-	-	-	-	7
Unrecog-nized	-	-	-	-	1	-	-	1	-	-	-	-	1	-	-	-	3
Total																	249

* Diseases as reported by the respondents.

* Specific female ailments are presented in Chapter V.

TABLE 6 : AGE, SEX AND DISEASWISE DISTRIBUTION OF PATIENTS AMONG THE KARBIS OF KAMRUP DISTRICT, 2002-03.

Diseases Age	0-10		10-20		20-30		30-40		40-50		50-60		60-70		70 and aboveTotal				
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M+F
Malaria	-	1	-	1	1	1	-	-	1	2	-	1	1	2	-	-	11		
Juandice	-	-	-	1	1	-	1	-	-	-	-	1	1	-	-	-	6		
Tuberculosis	-	-	-	-	1	-	2	-	-	1	-	-	-	-	-	-	4		
Influenza	-	-	-	2	2	2	-	1	-	-	-	1	-	-	-	-	8		
Fever	3	3	2	3	1	3	2	2	3	4	2	3	2	-	2	3	38		
Cold	1	2	1	3	2	3	1	3	2	1	3	3	2	1	3	4	35		
Asthma	-	-	-	-	-	3	-	1	1	1	-	2	-	1	-	-	9		
Anemia	-	-	-	-	-	4	-	3	-	-	2	-	-	-	1		10		
Dental problems	-	-	-	-	-	-	1	2	3	3	5	6	4	5	3	5	37		
Boil	-	2	2	3	-	1	-	2	2	1	-	-	-	1	-	-	14		
Bone fracture	-	-	-	-	-	1	-	-	-	1	1	-	-	-	-	-	3		
Insect bite	-	-	-	-	-	2	1	-	-	-	-	-	2	-	-	-	5		
Headache	-	-	1	2	2	4	2	3	1	4	2	4	3	3	-	2	33		
Dysentery	-	-	-	-	-	2	-	1	-	-	-	-	1	-	-	1	6		
Stomach trouble	2	1	3	4	2	4	3	2	2	3	4	1	-	3	-	2	36		
Cough	2	3	2	4	1	2	-	1	1	-	2	2	1	4	-	1	36		
Skin ailments	-	1	-	2	1	3	-	2	-	-	-	1	-	-	-	1	11		
Worm infection	1	3	1	2	-	-	-	-	-	-	-	-	-	-	-	-	7		
Unrecognized	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	1		
Total																	301		

* Diseases as reported by the respondents.

* Specific female ailments are presented in Chapter V.

It is evident from table 5 that in Karbi Anglong District, the incidence of fever, anemia, dental problems and headache are very high followed by Malaria. Interestingly the frequency of dental fluorosis, which is also high in Karbi Anglong district, is no recognized as an illness by the Karbis. It is considered as a dental problem and hence the same has been included as dental problems.

Table 6 indicates that in Kamrup District, the incidence of fever, stomach trouble, dental problems and cold are the highest followed by malaria.

CHAPTER IV

KARBI PERCEPTION OF HEALTH AND ILLNESS

The concept of health involves disease, sickness and illness. A person is considered normal in their absence. A healthy person therefore needs to maintain healthy habits such as taking regular exercises and adequate rest, adopting a high level of personal hygiene, eating a nutritionally balanced diet. To be healthy is to be in a state of homeostasis (balance) with one's surroundings. In Western biomedical system, the concept of disease is based on biological explanations.

However, 'health' is an elusive word. Most people who consider themselves healthy are not. And many people, who are suffering from some known disease, may be relatively healthy. Health is a concept, which does not merely relate to the absence of disease, of healthy working of organs, or having good thoughts. Health is a holistic concept. It relates to a person as a whole.

Good health is one of the key factors for the survival and increased lifespan of human beings. Health is not only the result of interacion between an individual's hereditary contribution with his natural and cultural environment, but it is largely determined by the biological and cultural adaptation and evolution of the society and the population (Mukherjee et. al. 1986:247)

Tribal concept of health and illness is as varied as their culture. It is intimately related to its value system and its philosophical and cultural tradition. Thus to a tribal mind, the real enemies of human health and prosperity are gods and spirits (Gupta 1986:161) and such views are found in some modern communities as well.

Health and illness are two polar words. Health can be defined negatively as the absence of disease and infirmity. But

the World Health Organization (W. H.O) defines health as 'a state of complete physical, mental and social well being and not merely the absence of disease or infirmity'. One can have good or bad health but illness is never absolutely good. For the Thulungs of Nepal, health is an aspect of good order of one's work. Illness on the other hand is an aspect of affliction that relates to disorder in one's relationship to ancestors (Spring 1978:39). Illness is similar to a rite of passage in that the patient is separated from the normal. According to Parsons (1951), the patient is exempted from performing his normal social duties, is helpless in the sick state, is in need of help and is expected to recover fast. Thus illness is a deviation from the normal. No one wants to remain in a state of illness. But illness is certainly is not disease. Disease is purely a pathological concept where the qualities to be a disease is established by specialists.

Biological disorders in the body may be depicted as a disease in case of human beings, but the biological explanation cannot delineate all about illnesses in human society. (Das 1986:209). However, such concepts vary from society to society. For instance, one of the general concepts of disease among the Birhors hints at intra-social hostility and a high degree of insecurity owing to activities of the spirits (Bhattacharya et. al. 1986:205). The Santals believe that the sorcerer who is an 'evil person' causes diseases through his magical powers. Similarly, the Saurias and Pahariyas believe that one of the causes of disease is the intrusion of bits of stone and wood by the sorcerer.

In every society, the way in which health or illness is defined is a reflection of cultural categories. To the Jaunsari's the term health means 'right conditions of the body' (Rezvi 1986:223). In Mexico health is defined as the equilibrium of hot and cold and illness is defined as the disturbance of this equilibrium. Similarly in ayurvedic system, it is the harmonious relationship of five elements *dhatu* that is suppose to be the cause of good health.

Illness is also culturally defined. This cultural universal is based on the notion of relativism which means that what may

be illness in one context may not be defined as illness in another context. In rural Greece, measles, chicken pox and whooping cough are not considered diseases and are rarely reported in government records as diseases as they are considered compulsory in the process of growing up. In Panchgani, Madhya Pradesh, goiter is not considered as a disease as it does not impair in everyday work. In Upper Missipipi valley, chills associated with fever are regarded as essential for health. (Foster et. al. 1978). Similarly, Tripathy's (1992) work in Orissa revealed that filarial or elephantiasis is very common in coastal areas, but it is not interpreted as an illness, as everyone has it. A Kondh in Orissa having scabies, itches or ringworm is considered a healthy person, as he is capable of normal daily work. These are views held by people though not purely supported by medical science.

Every society has its own beliefs and practices regarding health and disease. Perception of illness, customs and practices direct health-seeking behaviour of the community. Socio-cultural pattern of the community is one of the major factors towards the availability and use of different kinds of treatment. Health and disease are related to sociological and cultural resources of a community in a specific environment. (Hasan 1964)

The treatment of disease in any society depends on the worldview of the people concerned. It is directly related to the attitude of the general public in respect of looking at the universe (Sarkar 1993:330). Bhasin (2003:82,83) negates the view of earlier authors like Foster et. al. (1978) that the traditional and modern medical systems are discrete and bio-medicine will replace traditional medical systems over time.

It is thus evident that before dealing with the concept of health and illness, it is imperative to take a holistic view of all cultural dimensions of health of the community.

THE KARBI PERCEPTION OF HEALTH

The concept of health among the Karbis is more functional than biomedical, in that a person is considered healthy unless he or she feels incapable of doing normal work assigned to his or her age or sex. The cause of illness is also attributed to specific acts of commission or omission, spirits, or in some cases, physical factors in the environment.

A state of health is regarded by the Karbis as being spiritually attuned and mentally sound, having a feeling of well being, having personal fulfillment and being free from psychological disturbance. Furthermore, the important components of health for the respondents include being financially stable, having an organized family, being capable of social interaction and contribution and being capable of maintaining good interpersonal relationships. A healthy state is also perceived as a state of being competent physically, psychologically, spiritually and socially.

The term for health among the Karbis in the villages surveyed in Kamrup District is *saisto* and *sehera*, which refer to the proper functioning of the body. It is a state of being well and a state of being free from illness. For the Karbis of Karbi Anglong District, the term used for good health is *okeme*, which means absence of ailment and good physical appearance of the person.

The Karbi men believe that a healthy person is one who is able to resist illness. He must have a healthy appetite and must be able to work for long hours in the field throughout the day without any physical constraint. Some of the respondents of the survey villages of Kamrup District believe that an obese person is healthy (*anang asehera po mosto maja*). Others who do not agree with this interpretation affirmed that the health of a person is a condition of mind. It has nothing to do with the external appearance of a person. A person who is free from all kinds of tensions is a healthy person.

Another interpretation of a healthy person is one who works well, has good income, and is able to feed his family properly. He also must have a permanent house to stay and enough wealth to sustain his family. Karbis believe that good health is an outcome of a pious life and illness is the punishment meted out by spirits. In addition, the Karbis also believe that their sufferings have genesis in the deeds of their past life. In the present birth, they have to undergo all the sufferings (and illness) in order to balance out the positive and negative affects of their deeds. This ideology is akin to the Hindu ideology of *karma*. However, the Karbis, majority of whom are Hindus, to the best of my knowledge never used the term *karma*. However, they uphold the idea of *karma* theory. Finally, a healthy person is one who looks normal and is free from bodily disorders and disturbances. It must, however be mentioned that occasional stomachache, insect bite, body pains are not taken seriously by the Karbis and have nothing to do with the health of a person. In other words, even if a person suffers from such ailments, he is treated as a healthy person in their community. This means that villagers make a distinction between serious ailments and those, which are not. This view is held by the Karbis of the survey villages of both districts.

Traditionally, a Karbi woman is considered healthy when she is able to give birth to children up to the age of forty-five. Apparently, Karbi women seem to possess good health and are very hard working and laborious. Their criteria of good health are that a woman should be able to carry out agricultural activities like uprooting and planting of paddy in the fields. She should also be able to take proper care of her husband and children and sit for long hours in the loom.

Men and women of both districts believe that a person of good health should have no abnormality. A healthy man is one who is able to work, while a healthy woman is one who is able to bear children till she becomes barren. This does not imply that work is not important for women. It is, but male procreative powers are not considered for his evaluation as a healthy person.

Different age groups give different responses when asked whether they enjoy health. Old people say that with the onset of old age; the normal functioning of the body gets disturbed. Young people consider themselves to be healthy.

DISEASE CLASSIFICATION AND NOMENCLATURE

MEANING OF DISEASE

In the discussion of disease classification, the contribution of Clements (1932) is worth mentioning. Clements has pointed out that there are six main primitive theories of diseases and for each of them there is a correspondent therapeutic theory. The six disease theories are :

1. Natural causes
2. Imitative and contagious magic
3. Disease-object intrusion
4. Soul loss
5. Spirit-intrusion
6. Breach of taboo

The 'natural causes', categories of diseases are treated by natural means. The second, third and fourth combine category of witchcraft theories and sixth category involves other supernatural agencies.

In simple societies, often a number of deities, spirit and humans are associated with disease and the treatment of disease is made accordingly. According to Foster et. al. (1978), all societies have disease theory system and medical system to treat illness. Foster et. al. divided the world's medical system into naturalistic system and personsalistic system.

The categories given by Clements are helpful in analytically characterizing the ethnographic beliefs of a particular culture. Let us now discuss disease causation among the Karbis. It is pertinent to mention here that to understand illness behavior and

the traditional system of medicine, discussion of the native perceptions regarding disease is a necessity. This includes native system of classification, meaning of disease terminologies and the related domains.

Among the Karbis, for all kinds of disease the term *bemar* and *kiso kila* is used. The term *bemar* is a derivative of the same Assamese term signifying disease or ill health. The Karbis of Kamrup District use the term. The use of the term is however, very loose as it denotes different kinds of disease. Frake (1961:205) observes among the Subanum of Mindanao : "Diagnosis-the decision of what 'name' to apply to an instance of 'being sick'-is a pivotal cognitive step in the selection of culturally appropriate responses to illness by the Subanum."

To identify a disease often a number of symptoms are considered. Such a set of symptoms defining a disease is known as syndrome. Other factors essential for a symptomatic classification include the following.

1. Etiological (circumstance through which a disease is acquired).
2. Pathogenic (the disease producing agent or factor) and
3. Cultural factors.

The Karbis believe in two vital forces those are responsible for disease causation. They dichotomize the world of illness into supernatural or extra human factors and natural or physical factors. According to them, whenever there is a disturbance in the intricate relationship or balance between a man and the natural and supernatural forces, he or she becomes susceptible to disease and illness. To restore this balance, the Karbis perform different rituals to regain the original state. There is also an intermittent category based on the traditional belief system of the Karbis.

To a Karbi, in the category of natural or physical factors, the origin of illness is traced to the difference of body humors of 'hot' and 'cold'. Also excessive physical toil, exposure to hot or cold weather, consumption of improperly cooked food and the

like are some of the common natural factors responsible for disease causation. *Asey* (fever) is believed to be caused by a set of symptoms like rise of temperature, sweating and loss of appetite. Similarly diseases like malaria are symptomatically similar to *asey* but stronger than the former.

The aforesaid category of diseases caused by natural factors includes all types of diseases caused by physical factors like cough, fever, jaundice, malaria, diarrhea, flu, headache and all types of physical injuries like muscle cramp, septic infection, skin eruptions, boils, etc. Different causes are found to be responsible for the occurrence of different diseases. Based on the intensity of ailment, the Karbis have their own classification.

Logan (1973) has discussed how modern medical concepts and materials have been incorporated into the folk system of classification and interpretation among the Mexican peasants. Structural core based on hot and cold binary opposition is the basis of Mexican peasants' perception of disease, illness and medicine. According to Good (1977) and Good et al. (1981) semantic illness network organizes centering a core symbolic element in Mexican perception of medicine, disease and other domains. Some cultural conceptions of 'hot' and 'cold' influence the Karbi medical perception.

Folk medicine may not always be effective in curing when judged in the light of western biomedical perspective. But folk medicine is always effective from the insider's perception because the hope and expectations of the patient, healer and the kin of the patient are fulfilled. A cure sometimes works in the sense of fulfilling the hopes and medical goals of the sick (Young 1976;7)

The health cultural behavior and the Karbi concept of disease and illness are not free from their supernatural belief systems. A firm belief manifested in a Karbi mind is the fact that when a disease or an illness episode does not respond to medical treatment, the root of such a problem is suspected to be due to supernatural factors.

Hence, when an illness is mainfested by a set of symptoms like extreme physical debility, severe restlessness, a feeling of uneasiness, loss of appetite, continuous shivering, constant rise and fall of body temperature, the causes responsible for its occurrence is invariably believed to be supernatural. Diseases under this particular category are believed to be caused by the wrath of particular ancestor's souls, spirit influence, deities and the like. The different supernatural agents have distinctive nature of etiology are believed to cause different categories of diseases.

THE KARBI SUPERNATURAL WORLD

In Karbi perception, diseases caused by supernatural forces can be categorized into the following six types.

1. Influence of evil spirit.
2. Black magic (sorcery)
3. Evil eye
4. Delay in the performance of *charkidon*
5. Breach of taboo
6. Sins committed.

The definition of diseases among the Karbis is done on the basis of symptomatic and some culture specific criteria. Interestingly however, with the change of symptoms during the course of an illness episode, the type of disease diagnosed may also vary.

INFLUENCE AND INTRUSION OF EVIL SPIRIT

Several diseases among the Karbis are believed to be caused by the influence of extra human agencies like evil spirits. In many such cases the etiological mode of the spirit influence is very clear and well explained. Among the Karbis of Kamrup District, *kidam*, an unusual kind of ailment, is symptomatically revealed by incessant shivers, high fever and mumbling. The common belief is that when an air borne spirit residing in the

forests suddenly enters into a person, he or she becomes susceptible to *kidam*. The Karbis further believe that no biomedicalsystem can provide remedy to this ailment. The only alternative is super naturalistic treatment performed by a non-inspirational diviner or an *Ojah or Bez*.

Another strange disease *hi nang cachober* among the Karbis of Karbi Anglong District is believed to be caused by the intrusion of an evil spirit-*chekema*. It is symptomatically revealed by bleeding through the nose and mouth. *Chekema* who resides in trees enters suddenly upon persons working in the fields. Another belief is that if a person sits under a tree inhabited by a *chekema*, he or she is invariably attacked by *hi nang cachober*. A *Thekeray* (sorcerer) provides treatment to this type of an ailment by creating a mud puppet and later destroying it by pinning down with nails.

Also a rare disease among the Karbis of Karbi Anglong District symptomatically characterized by unexpected swelling of the face that is believed to be caused by intrusion of an evil spirit-*dukhrai*. These spirits cause illness and misfortunes by their malign acts. The appeasement of such spirits is made by sacrificing animals and birds. Often the sex and the number of animals and birds to be sacrificed are fixed by the diviner who acts as a medium between the patient and the spirit. Spirit propitiation rituals are a common feature of the Karbis inhabiting Karbi Anglong District.

These rituals are performed in specific locations. For instance, to appease *dukhrai*, he is worshipped in the fields and the ritual is performed at night. In this ritual three cocks are sacrificed in the very place from where he is believed to have caused misfortune to the victim. The sacrificed cocks are then placed in a leaf (*thengmu*) and propitiated by driving out the evil gust or wind.

The Karbis of Karbi Anglong District perform a community ritual known as *ajua Rongker* to ward off evil spirits responsible for the outbreak of epidemics in the village. For this ritual, it is mandatory that every household of the village should contribute at least one cock and two eggs.

BLACK MAGIC (SORCERY)

Sorcery and black magic practices are widely prevalent among the Karbis of the four study villages. Sorcery is a magical act by which a person can bring untold sufferings and misfortunes in the form of rare incurable illnesses. These illnesses can be inflicted by means of spells and charms. Sorcery also involves placing magical objects, which is usually an amulet or a mud puppet in the house of a person with the sole objective of causing harm. The sorcerers are malicious persons loitering around to inflict injury and damage to persons at the behest of others who pay him for services rendered by him. The Karbis speaks about a sorcerer with awe.

A type of balck magic believed to be prevalent among the Karbis of Kamrup District involves the use of an object. These objects usually consist of broken fragments of bone, small pebbles or pieces of stone, a portion of a torn cloth etc. These are secretly planted inside the house to inflict sufferings to the members of the family. At times, the sorcerer deputes persons known to the family to help make his task easier. The Karbis of Kamrup District firmly believes that such sufferings can be relieved only by the services of an *Ojah or a Bez.*

EVIL EYE

Evil eye is the belief that certain people have the faculty of casting spell on others. Children who are more susceptible to such spells usually suffer from ailments like fever and diarrhea. Infants show some unusual symptoms like weeping unusually. They also stop taking food. The Karbis firmly believe that no medicine can cure such a state and the conventional medicines thus become ineffective.

Foster et. al. (1978) in their discussion about disease etiologies said that the evil eye is difficult to categorize. In the Near East, the Mediterranean, Latin America and other parts of the world, it is thought by many that a human agent, as a consequence of envy, consciously or unconsciously produce illness in another person or causes damage to some possession of the individual envied. Most commonly envied object is a beautiful

healthy child but domestic animals, automobiles or any other object that one desires is a potential victim of the 'eye'. The glance of the envious person is believed to cause the child to fall ill, the animal to sicken and die or the automobile to break down. To nullify the spell of the evil eye, various procedures are adopted in different societies.

According to Joshi et al (2006) witches are believed to have the power of evil eye in Oraon society. It is reported that small children, beautiful unmarried girls or newlyweds are more liable to be the victim of evil eye of witches. When a witch casts evil eye on a child, he falls sick and keeps on crying constantly without any reason. If evil eye is cast on a pregnant woman, it may cause difficult labor pain, miscarriage, etc. Even animals are also susceptible to witchcraft. When a witch cast evil eye on a cow, it stops to yield milk. They also believe that witches shoot invisible arrows, which hurt and paralyze the victim. They call it *baan marana.*

The Karbis in all four-study villages believe that certain people have the power to cast a spell on others by just looking at them. The local term used for evil eye among the Karbis of Kamrup District is *ami keso* and the term used by the Karbis of Karbi Anglong District is *ame kahiyi.* The popular belief is that evil eye has the worst effect on children and they are most susceptible to such spells. When a child is remarked on his beauty or intelligence, he or she immediately starts developing peculiar symptoms like loss of appetite and severe nausea.

In all societies, preventive measures are taken against evil eye[1]. In all four-study villages of Kamrup and Karbi Anglong, children wear a black spot on their forehead. This practice is

[1] A report published in the Times of India (14 July, 2000 read as- 'dogged by evil eye, parents wed girl to dog. A four-year girl Anju dressed for the occasion in a red benarsi sari garlanded a mongrel in Haringhata, West Bengal. The reason for this marriage was to waard off the evil eye. After she was born, she cut her first tooth. When she was only eight months she broke her arm. When she was two years old she was almost drowned. Six months later, she burnt her legs accidentally in the kitchen. According to her father, all these were a result of evil eye on Anju.

sometimes continued till the child attains puberty. Children are given amulets to wear at the advice of a *Bez or a Kurusar* (folk medicine man). Another procedure of curing evil eye is to burn a few mustard seeds and dried red chilies on a plate. The plate is then rotated in circles over the face of the affected child for seven times. After this ritual is over, the mustard seeds and dried chilies are thrown out of the house.

The Karbis of Karbi Anglong District attach a lot of importance to rituals as an effective option of healing. To ward off evil eye, a type of ritual known as *aso kecheru ase* is performed that involves the sacrifice of a white hen.

DELAY IN THE PERFORMENCE OF CHARKIDON

The Karbi villagers of the all four study villages of Kamrup and Karbi Anglong firmly believe that the peace and properity of a household depends upon the peace of the departed ancestors. If the dead ancestors are not propitiated in time, they get infuriated and can bestow disease and even death. To appease the dead ancestors, they are worshipped annually in a ritual known as *charkidon*. Delay in the performance of *charkidon* is responsible for the outbreak of ailments that fall under the category of supernatural factors because of the involovement of the supernatural medium. Delay in its performance may result in accidents also.

BREACH OF TABOO

Taboo is the prohibition of an action or the use of an object based on ritualistic distinctions of them either as being sacred and consecrated or as being dangerous and unclean.

Following are the taboos among the Karbis that are to be observed during the celebration of *Rongker*.

1) Husking is prohibited during the performance of the Rongker in the village.
2) Participation of the femalefolk in the worship area of *Rongker* is strictly prohibited.

3) No villager is allowed to leave the village during the performance of the *Rongker*.

Breach of the aforesad taboos would bring untold sufferings to the villagers. The Karbis believe that breach of taboos such as violation of existing social norms, premarital and extra marital sex, non observance of rituals, killing a cow, etc, causes diseases affecting not only the individual family but the village at large. A pregnant Karbi woman is not allowed in the burial ground nor are they allowed in *Rongker*. Menstruating women as a social norm, should refrain from sexual activities as they are polluted and are in an unclean state.

SINS COMMITTED

The Karbis of the study villages of Kamrup District believe that sins committed by a person causes mental illness (*hawalaka*) and barrenness. The Karbis of Karbi Anglong believe that leprosy affects an individual who has committed a sin. The Karbis are firm believers that a woman who has committed adultery will not be able to give birth to a child. Similarly, a mentally sick person is not sympathized by the Karbis as they believe that his state is a reflection of his past deeds. A person with scars is also considered a sinful person and is feared by all and sundry.

ILLNESSES RECOGNIZED TO BE CAUSED BY SUPERNATURAL FORCES

The Karbis of all the four study villages dichotomize their supernatural world into two categories on the basis of the type of the supernatural being. The first category consists of supernatural beings that are considered benevolent. They are guardians of everything and therefore they should be shown respect and should be venerated. This category consists of benevolent beings like *Hemphu, Peng, Mukrang*, etc. The other category consists of a number of malicious spirits. These spirits are known by several terms among the study group. The Karbis differ from one another with respect to the nomenclature and classification of disease. Also healing options adopted by the

Karbis differ from one another. It is worth mentioning that treatment for illness under this category is invariably super naturalistic. This has been discussed towards the end of the chapter under the heading of healing and therapeutic choice. However, illnesses recognized by them as caused by supernatural forces or by spirits can be broadly discussed as below.

1. *Khetor* : *Khetor* as an etiological category refers to fear. This fear may be caused by two agents-ghosts and the wrath of malicious spirits. These spirits through their malign acts cause illness and can bring misfortune to the family. The fear of ghosts is more pronounced among the Karbis of Kamrup as compared to their hills counterparts.

Usually *khetor* inflicts an otherwise normal person who dreams of his death or his dead ancestors. Dreams therefore may be an indication of events to be followed shortly. The Karbis believe that in such a state, he becomes susceptible to the acts of evil spirits. The person dreams of ghosts chasing him into the jungles and finally killing him after taking out his intestine. In such a state, the mental health of an individual comes under tremendous threat that may even result in death. The affected person who feels helpless is paranoid and keeps murmuring in his dreams. Usually, under such circumstances, the individual receives the support of his kin. *Khetor* is believed to be a temporary state of ill health as an individual is affected by it only in his or her dreams. The next morning, the affected person wakes up as usual and resumes his work as if nothing happened. Nevertheless, the influence of *khetor* has far reaching consequences. If the affected person remains disturbed for a substantial period of time he/she exhibits manifestations of symptoms like lack of interest, loss of appetite, etc. In severe cases a person suffering from *khetor* becomes an *incham* or a mentally imbalanced person.

To ward off such an illness, one requires the services of an *Ojah* or *Bez* in Kamrup District and a *Kurusar* or a *Thekaray* in Karbi Anglong District. Spirit propitiation rituals are the only available option of cure and such rituals are

performed in fixed palces generally outside the house. The number of animals and birds to be sacrificed is fixed by the specialist depending on the intensity of the ailment.

The Karbis believe that a person is affected by *khetor* if he or she suffers from a sudden shock like the unexpected death of a near and dear one. Apart from the symptoms as discussed above, the affected person tends to sit for a long time starring at one direction with his mouth wide open. Interestingly, the symptoms manifests only at night and so the appropriate time for performing the ritual to appease the spirits is at night.

2. Arnam kashir um : When the benevolent spirit of *Hemphu* enters into the body of a person, it is known by the term *arnam kashir um*. It is an etiological category depicting the selection of trustworthy persons by *Hemphu* for carrying out his activities on earth. A person affected by *arnam kashir* um abruptly wakes up from his sleep and shiver (*arleng ehu amay kifang parainfhur ney kaklam*). The individual then enters into a trance and is able to predict future course of events including the occurrence of illnesses and the spirits responsible for such occurrence. However *arnam kashir* um is also a temporary state of mind. Apart from predicting events, the affected individual is not able to provide the healing options available. During the state of *arnam kashir um*, the affected person speaks of spirits and deities only. Once a person comes out of trance, he again resumes his normal duties.

3. Khontak : The term *khontak* means abnormality. When a person exhibits non-ordinary symptoms, he or she is believed to be suffering from *khontak*. The typical manifestations of *khontak* are physical deformity, incoherent speech and expression of extreme irritability. The reason attributed by the Karbis of Karbi Anglong with regard to the occurrence of this ailment is disrespect shown to the spirit *Panichok*. They believe that the wrath of *Panichhok* is responsible for the outbreak of *khontak*. The Karbis of Kamrup District do not associate the occurence of *khontak* to one spirit but *believe* that non-performance of rituals to appease the departed souls of dead ancestors causes *khontak* as it is an incurable disease.

4. Hawalaka : This etiological category refers to persons who have lost their senses. In Karbi dialect, a mentally imbalanced person is known by the term *incham*. Apart from the physical manifestations an *incham* is recognized by the following.

a) The affected person invariably appears shabby, tattered and is always scantily dressed.

b) The affected person is often ridiculed and made fun off by the villagers.

The Karbi villagers of the four study villages believe that a person is not necessarily born an *incham*. He or she may become one owing to the wrath of malicious spirits or due to the evil intensions of *Bez or Ojha* (*Thekeray* among the Karbis of Karbi Anglong)

INTERMITTENT CATEGORY

Apart from the illnesses discussed above under the category of supernatural factors and the category of natural factors as will be discussed below, there is an intermittent category which does not fall into any of these two categories. Hence under this category, all such illnesses are discussed that have some deep rooted traditional beliefs among the Karbis of all the four study villages concerning disease causation.

1. Akupali : The English equivalent for *akupali* is severe and unbearable headache. The most common belief is that *akupali* is caused by the wrath of the sun deity. The headache sets in early morning coinciding with the sunrise and continues till the sunset.

To get relief from *akupali*, the affected person knocks his head at the banana tree thrice daily. This is done with the belief that since he has offended the sun deity, the only way to venerate the deity is to knock his head, Karbi villagers believe that medication does not bring any relief as the ailment is associated with the sun deity and so it remains for the entire day as long as the deity is there.

2. Pain in the neck : This ailment is caused when one accidentally spits on cow dung (*chorung ase*). The reason behind this belief is that cow dung is the resting ground of all deities. To get relief from the sudden pain in the neck, the affected person should worship the same cow dung with a pair of betel nuts and rice beer.

3. Behali : When a person toils for long hours in the field, he suffers from an ailment known as *behali*. The typical manifestations of this ailment are sudden pain in the knee joints and lack of sensation in the hands. The services of a *Bez* and *Kurusar* are obligatory for the cure of *behali*. No specific cause is attributed to the occurrence of *behali* but propitiation of responsible spirits is done in the agricultural fields or the jhum fields with eggs and rice beer.

4. Bagsu : Bagsu is an ailment-affecting infants who survive on breast milk. A common belief is that infants below six months old who cannot take solid food are by and large affected by *bagsu*.

a. ***Tekeli bagsu :*** A stronger variety of *bagsu* affecting infants below nine months is *takeli bagsu*. *Tekeli* as an Assamese term for an earthen pot. The Karbi villagers are of the belief that the stomach of infants affected by *takeli bagsu* swells up like a *tekeli* and hence the term.

b. ***Ba bagsu :*** This ailment also affects infants dependent on breast milk. In *ba bagsu*, the infant vomits the milk out after each feed. This makes the infant weak. The infant also demonstrates his inability to digest milk.

5. Susmo **(pain in the joints) :** The elderly people of the study villages often complain of *susmo*. The villagers are of the belief that *susmo* affects only the old and the infirm as in the old age, the joints become weak. To get immediate relief from *susmo*, a cloth in is tied tightly on the joints.

6. Chicken pox : A common belief among the Karbis is that when a deity enters into the body of an individual he or she

is invariably affected by chicken pox. In case of the Karbis of Kamrup District, the female deity responsible for the occurrence of chicken pox has been identified as *ai bhagoboti*, and hence chichen pox is known as *ai bhagoboti alado*.

THE KARBI NATURAL WORLD

As discussed above, in this category, illness is explained as being caused by factors like imbalance of hot and cold elements of the body, inclement weather, dietary imbalnce, germs, dirty water, etc. The treatment of the diseases coming under this category include the biomedical system, herbal medicine and domestic remedies.

1. Malaria : The villagers of both districts believe that mosquito's breed where rainwater remains clogged in ditches. Domestic animals kept in the corner of the households emit a foul smell that attracts mosquitoes in large numbers. The incidence of malaria is very high as is evident in table 29 and table 30 (Chapter IV). In the study villages of Karbi Anglong District animals and fowls are kept separately in an *aroi*. In the study villages of Kamrup District, the villagers burn straw (*dhanor kher*) in their households. Those looking after jhum fields prepare a tail like structure with straw tie it with *ropes* and then burn it. This is then worn around their waist that helps in driving mosquitoes away while working in the fields.

2. Dysentery : Majority of the Karbi respondents of the study villages believe that, dysentery is caused by dirty or contaminated water. The regular practice of boiling water is absent in the study villages. The pots *thuku* used for storing water are also not cleaned properly.

3. Diarrhea : The incidence of diarrhea is also high in the study villages. Whenever there is a disturbance in the balance of hot and cold elements in the body, diarrhea occurs. This belief is firmly held by the Karbi villagers of Kamrup District.

4. Stomachache : *Khundamaar* is an Assamese term, which means to 'hit'. The typical manifestation of this ailment is

severe pain in the chest coming down to the stomach. This ailment affects a person abruptly and hence the term. Among the Karbis of the study villages of Karbi Anglong *pok kachokar* is commonly used as an equivalent for stomachache. The respondents of all four-study villages believe that high intake of pork, milk, spices and jackfruits are responsible for the occurrence of this ailment.

5. Fever : The Karbi villagers believe that 'hot' is generally reflected through fever. The body of the affected person becomes hot. To bring the body temperature of the affected person back to normal, he is allowed to sweat. A person suffering from fever is not allowed to take bath. On his path to recovery, he is, however, sponged by his family members.

6. Asthma : Incidence of asthma is high in the study villages of Kamrup District. The Karbi villagers attribute inclement weather as the cause of this ailment. They also consider asthma to be hereditary.

7. Eye troubles : Night blindness is more prevalent in the study villages of Kamrup District. The Karbis believe that the frequency of this ailment is more pronounced among the old and infirm. Also low intake of nutritious food is responsible for its occurrence.

8. Skin diseases : Though skin diseases are prevalent in the study villages of both districts, it is widespread in Karbi Anglong Dsitrict than in Kamrup District.

a) **Scabies :** A number of Karbis of the study villages of both District suffer from scabies known by the term *ingthadoh*. More then personal hygiene, the Karbis attribute the cause of this ailment due to the changing weather conditions.

b) **Red rashes :** People working in the jhum fields often complain of *senduria* or red rashes. *Senduria* is a term used by the Karbis inhabiting the study villages of Kamrup District. The term perhaps is taken from the Assamese word '*sindur*' meaning vermilion. In this

context the term is used to symbolize redness associated with the ailment. Continuous scratching in the same area results in red rashes. The bite of insects is also responsible for *sinduria*. Red rashes among the Karbis of the study villages of Karbi Anglong District is known as *rengkangthak*.

c) **Skin boils :** Boils known as *inthum* in common among the Karbis of the study villages of Karbi Anglong District along with *kekang akesu* a kind of ailment caused by extensive swelling. The various types of skin boils are as following :

(i) ***Kholpia*** **:** It is a special category of skin boils. The Karbis differentiate between various boils on the basis of its shape and size. In this state, the skin eruptions are visible and the affected individual experiences itching sensations. The Karbis consider *kholpia* to be a boil filled with water.

(ii) ***Borola*** **:** These are skin boils bigger in size than *kholpia* consisting of pus. *Borola* is often accompanied with fever and excessive pain. This boil usually appears in the back making it impossible for the affected person to see.

The Karbis refuse to take medication from the Primary Halth Centre for skin afflictions because they consider biomedicine ineffective. They resort to herbal medicines as prescribed by the herbal specialists.

9. *Chingjam* **:** The term *chingiam* refers to symptoms such as cough and cold sometimes accompanied by mild fever. A person affected by *chingjam* always has a continuous flow of nasal fluid. The Karbis believe that when an individual is exposed to cold things like intake of cold water, cucumber and mango, he becomes susceptible to *chingjam*.

10. Constipation : According to Karbis, high intake of guavas and certain variety of banana-the *athiya phu* causes *asi jang jhe* or constipation. On the advice of a nurse of the Primary

Health Centre, the mother of 5 year old Ripunjay Timung of Goria Ghuli village had once inserted small pieces of soap in the opening of her son's anus to help defecation. Sometimes, the stem of a paan leaf is used to facilitate defecation.

11. Jaundice : The incidence of jaundice is extremely high in the study villages of Kamrup and Karbi Anglong Districts. The Karbis attribute the cause of jaundice to be due to dietary imbalance, lack of nutritious food and malfunctioning of the stomach.

12. Dental problems : Majority of the Karbi villagers of the two study districts, especially the older generation suffers from dental problems. Areca nut (*areca catechu*) and bikon leaves (Piper sp) chewing is an addiction in the village. The common dental problems are toothache, acvities and bad breadth, Table 7 shows the diseases prevalent among the Karbis of Kamrup District, their local names and their English equivalent.

TABLE : 7 DISEASES, THEIR LOCAL NAME AND THEIR ENGLISH EQUIVALENT AMONG THE KARBIS OF KAMRUP DISTRICT, 2002-03.

Sl. No.	Local name of the disease	English equivalent
1	*Apok kisu*	Dysentery
2	*Ai bhagoboti alado*	Chicken pox
3	*Pok-kapavi*	Diarrhea
4	*Khundamaar*	Stomach ache
5	*Asey*	Fever
6	*Hapani*	Asthma
7	*Kukurikona*	Night blindness
8	*Ingthadoh*	Scabies
9	*Senduria*	Red rashes
10	*Kholpia*	Skin boil
11	*Borola*	A painful skin boil bigger in size

12	*Chingjam*	Flu
13	*Asi-jang-je*	Constipation
14	*Somayaad*	Jaundice
15	*Akupali*	Severe head ache
16	*Susmo*	Pain in the joints

Table 8 shows the diseases prevalent among the Karbis of Karbi Anglong District, their local name and their English equivalent.

TABLE 8 : DISEASES, THEIR LOCAL NAME AND THEIR ENGLISH EQUIVALENT AMONG THE KARBIS OF KARBI ANGLONG DISTRICT, 2002-03.

Sl. No.	Local name of the disease	English equivalent
1	*Pok kapavi*	Dysentery
2	*Vangprok*	Chicken pox
3	*Pok kangfir*	Diarrhea
4	*Pok kachokor*	Stomach ache
5	*Aphu keso*	Fever
6	*Chete kevang ingrengklor*	Asthma
7	*Vomanghu akeso*	Night blindness
8	*Chipru*	Scabies
9	*Rengkangthak*	Red rashes
10	*Ingthum cherikso*	Skin boil
11	*Ingthum*	A painful skin boil bigger in size
12	*Chingjam*	Flu
13	*Barpi barso kedamde akeso*	Constipation
14	*Se-mek-et*	Jaundice
15	*Aphu angpong akeso*	Severe head ache
16	*Aripi Asek akeso*	Pain in the joints

ETHNOMEDICAL SPECIALISTS

Tribal communities have a number of specialists (or healers) who render services at the time of illness. This perhaps indicates the close relationship between the cultural determinants, disease, illness and treatment. In traditional societies, shamans play a vital role and are regarded powerful as they control both the malevolent and benevolent powers. Similarly in some societies, the priest and the medicine man are different persons. Sometimes, the same person performs the duties of both. In all tribal communities these ethnomedical specialists occupy an significant position of power and honour.

The Karbis of the four study villages have a number of specialists or healers who are not alike. The Karbi ethnomedical specialists or folk medicine men and women can be grouped in the following categories.

TABLE 9 : NUMBER OF FOLK MEDICINE MEN AND WOMEN IN GORIA GHULI AND PATORKUCHI VILLAGES OF KAMRUP DISTRICT, 2002-03.

Category	Sex	Specialisation	Goria Ghuili	Patorkuchi
Bez	M	Healer, herbalist, priest and sorcerer	1	2
Uche	M	Socio-religious specialist who treats chicken pox	1	1
Kobiraj	M	Herbal specialist who deals with all types of illness	1	3
		Herbal specialist who deals with dental acvities	1	
*Ethnogy-nacologists**	F	Herbal specialist and a midwife who treats gynaecological problems	2	2

* Dealt in details in Chapter VI

The folk medicine men of the study villages of Karbi Anglong district are not alike. They can be grouped into various categories as shown in table 10.

TABLE 10 : NUMBER OF FOLK MEDICINE MEN AND WOMEN IN PAN INGTI AND BURA KILLING VILLAGES OF KARBI ANGLONG DISTRICT, 2002-03.

Category	Sex	Specialisation	Pan Ingti	Bura Killing
Kurusaar	M	Healer, herbalist and priest	4	2
Thekeraay	M	A sorcerer and a herbalist	1	1
Deori	M	Priest	4	2
*Ethnogy-nacologists**	F	Herbal specialist and a midwife who treats gynaecological problems	2	1

* Dealt in details in Chapter VI

ETHNOMEDICAL SPECIALISTS AMONG THE KARBIS OF KAMRUP DISTRICT

Bez or Ojha

A *Bez or Ojha* is invariably a male job. Females are not allowed to take up this role. The function of a Bez is manifold. He performs the role of a healer, priest, herbalist and a sorcerer. A *Bez* is usually a benevolent specialist who can treat various types of illnesses like fever, intrusion of evil spirits, dysentry and jaundice. Sometimes a *Bez* can also take up the role of a sorcerer or a black magician by mastering the spells, charms and technique. The position of a *Bez* is either heriditary or can be learned from others. In Goria Ghuli and Patorkuchi, a person from any clan can become a *Bez*. Though he is a full time specialist, a *Bez* in his spare time can take up cultivation and collection of roots and herbs for treatment. As the profit motive of such a specialist is negligible, he has to supplement his earning by agriculture or fishing.

Three interesting modes of procedure are adopted by a *Bez* for the diagnosis of a disease. In the first procedure, he picks some grains of rice (around 10 to 15) and scatters them

on the ground. On the basis of the direction in which the grains fall, he predicts the cause of the ailment. Sometimes after scattering the grains of rice he counts them in couples. If odd numbers predominate, it is considersd as a good omen. This is known as *sang kebang abang* in Karbi dialect and *mangala sua* in Assamese. The latter term is more frequently used in the village. The former term is used in the study villages of Karbi Anglong District and the later term is used in the study villages of Kamrup District.

Another procedure commonly used by the *Bez* consists of the cowries (*chobat*) shells. A handful of cowries are thrown on the ground to find the etiology of illness. Cowries with open shells are counted. If they are in majority, than it is considered as a good omen.

The third mode is to feel the pulse of the patient (like a docter) and observe the erruptions on the body. The paraphernalia of the Bez includes grains of rice, cowries, mustard seeds, basil leaves (*tulsi*) and fern leaves (*dhekia*) tied at one end (for wafting), amulets, herbs, threads of different colours like red and green to make a *jap* considered to be lucky by the villagers (it is generally worn round the arm), flowers, straw (*dhanor kher*) and *akhoi* (a kind of flattened rice).

Uche

Uche is a socio religious specialist who acts as a medium between the super human forces and the villagers. He is respected by all in the village for his benevolent functions. An *uche* is concerned with the treatment of chicken pox (*Ai bhogoboti alado*). He also performs an important role in the performance of rituals.

It is generally believed that when *Bhogoboti* ai enters into the body of an individual he is affected by chicken pox. As *Bhogobati* ai is symbolized by white hence all the offerings made to the Goddess are always white in colour like milk, banana, rice grains and white flowers. As a rule, the *Uche* also dresses in white.

The ingredients used by an *Uche* to perform a ritual consists of a pair of betal nuts and betal leaf, an earthen lamp, white flowers, basil leaves and water and a small copper pot.

An *Uche* is not a full time specialist. The profit motive of such a specialist is negligible and he accepts whatever the people offer him.

Kobiraj

The meaning of *Kobiraji* is herbal medicine and the person who specializes in it is known as a *Kobiraj*. This category of medicine men does not enchant mantras though they believe in the magical action of the herbs. Such herbalists are often trained within the family or they learn the skill from others. The mode adopted by a *Kobiraj* in the diagnosis of an illness includes the pulse beats by touch to feel the body temperature and by observing the colour of the patient. The knowledge of a *Kobiraj* is kept in secret. Usually knowledge about the herbs is passed on from the father to son.

Kabiraj is not a full time specialist. A herbalist or a *Kobiraj* has a proper knowledge of his surroundings. He identifiies the herb from the smell, colour and size. To prepare the medicine the herbs are crushed, mixed, powdered or boiled.

ETHNOMEDICAL SPECIALISTS AMONG THE KARBIS OF KARBI ANGLONG DISTRICT

Kurusar

The role of the *Kurusar* is overwhelmingly important in the cosmology of the Karbis. He is considered as the most acknowledged person in their traditional belief system. The *Kurusar* is familiar about the spirits responsible for the occurrence of ailments and also the corresponding rituals essential for treatment. A *Kurusar* is also a herbalist and is well versed with the herbs available in the jungles. He administers the herbs

to the affected person as and when required, depending on the intensity of the ailment.

The *Kurusar* performs myriad roles of that of a herbalist and a priest. This category of ethnomedical specialists is confined to males only. Females are excluded from taking up this profession. The position of a Kurusar is usually hereditary. He is a full time specialist.

The *Kurusar* is the supreme among the Karbi ethnomedical specialists. He keeps records of principles related to all types of ritual performances of the people. The *Kurusar* is considered the most powerful medium in all oracular detections of supernatural causations of illness. A *Kurusar* is believed to possess ocular powers in a state of trance. Under such a state, whatever he verbally communicates is accepted unopposed. He also conducts all rituals and decides the mode of sacrifice to be offered. The *Kurusar* recommends how many and what kinds of animls or birds are to be sacrificed and also the ideal time and date for conducting such a sacrifice. The *Kurusar* learns his power by practice gradually over a period of time. He uses cowries for predicting auspicious days for conducting rituals known as *sang kebang abang*. The *Kurusar* also counts the pulse beat of the affected person to detect the *spernatural* causation of the illness.

The following modes of procedure are adopted by the *Kurusar* in the process of *changlang* or *sang kebang abang*. In the first procedure, a piece of ginger is taken and sliced into two pieces. The *Kurusar* then observes the direction in which the two pieces fall. If one piece is facing upwards and the other piece downwards, it is considered a good omen. The same direction is followed in the second procedure where an egg is used in place of ginger. Sometimes when a serious ailment occurs, and the *Kurusar* is unable to find out the actual cause, the egg does not break and it bounces upwards. The third procedure is the use of a spear known as *chirr* in Karbi dialect. The *Kurusar* stretches his hand and tries to touch both ends of the spear. If he is able to touch both ends, it is considered a good omen. The

fourth procedure is to sacrifice a cock and observe the direction in which the head of the sacrificed cook falls. If the head is facing upwards, and the *body* is pressed downwards, it is considered a good omen. These procedures of *changlang* are unique in the study villages of Karbi Anglong District, though the procedure of using cowrie or *sobai* shells as done in Kamrup District is still in vougue in Karbi Anglong.

The *Kurusar* is one of the most important designations in the traditional-Karbi society. Usually, the things offered by the family members of a patient to the *Kurusar* are the same as the things offered to a *Bez* in the study villages of Kamrup District. Except that in place of a *gamusa* or a traditional hand woven towel which is more commonly offered by the Karbi villagers of Kamrup District, in the study villages of Karbi Anglong District, a white shawl known as *peseleng* or a red and white shawl known as *pesarpi* is offered to the *Kurusar*.

Deori

Deori is the religious priest among the Karbis. The services of the *Deori* are sought in the appeasement of various spirits responsible for the occurrence of ailments. A strict dichotomy between the *Deori* and the *Kurusar* seems to be lacking among some of the Karbis who believe that the *Deori* and the *Kurusar* are one and the same person. The *Deori* occupies a position of honour in the traditional belief system of the Karbis. The *Borula* who is known as the *altar* boy often helps the *Deori* in the performance of rituals. The *Deori* is a full-time specialist. However the *Borula* is a part time specialist and he renders his services as and when required. Both these two specialists are invariably males, as females are not permitted to take up the profession of a *Deori* or a *Borula.*

To overcome crisis of illness, the *Deori* performs different rituals. The significant difference between a *Deori* and a *Kurusar* is that the former is concerned with the ritualistic aspect of treatment only and not with its causation. Once the *Kurusar* identifies the cause of illness, the *Deori* prepares for the ritual.

Often a number of rituals are performed invoking different spirits at different intervals during the course of an illness episode. These rituals are performed by the Karbis as a curative measure. Some rituals are performed by the Karbis according to the scheduled period. Again some rituals are performed by the *Deori* as protective and anticipatory measures to overcome crisis from illnesses. Usually the most frequently used object for sacrifice are hens or cocks according to the type of spirits responsible for the crisis. In the case of severe crisis like typhoid, malaria, measles and jaundice, a pig is sacrificed according to the directions of the Deori.

Thekerray

The most feared ethnomedical specialist among the Karbis is the *Thekarray*. He is a sorcerer and he utilizes his knowledge with the sole intention of causing harm. The *Thekerray* also performs myriad functions of that of a sorcerer and a herbalist. The services of a *Thekerray* are sought by the Karbis to incur illnesses to a person or his family. The Karbis believe that a *Thekerray* has the control to even transform an individual to a cat by his powers.

The *Thekarray* uses different objects to find out spirit causation. These objects are cowries, a bamboo stick, a bunch of basil leaves for wafting, few fragments of broken human bones, a winnowing fan, few pieces of human hair or pieces of cloth of the person to be harmed. The *Thekerray* uses a number of techniques to achieve his objective of causing harm. Sometimes the Thekerray secretly hides an object of the person to be harmed like a piece of hair, nail clip, a piece of the clothing he or she is wearing etc. With the help of his paraphernalia, he conducts what the Karbis believe is *jadoo* (magic) with the objects by murmuring *mantras* (spells).

Another procedure is to nail a puppet with the chanting a of mantras and cursing the name of the person to be harmed. The puppet is believed to be the person concerned. Once the nailing is complete the puppet is symbolically buried to signify

the death of the person. The Karbis have a firm belief that once the *Thekerray* performs this procedure, an incurable mental disease will inevitably affect the person. In all mental illnesses the role of the *Thekerray* is worth mentioning. He performs the task of a savior. The only object used by him is the bunch of basil leaves. He starts wafting the affected person till the soul of the spirit or spirits leave the body of the person.

Use Of Herbal Medicine

Incorporation of western medical ideas into the traditional system of the Karbis have been a common phenomenon. This has given rise to the concept of medical pluralism in case of a number of societies (Bhasin 1997; Burghart 1984; Pigg 1995; Reissland et. al. 1989; Welsch 1983). A dichotomy separating the two systems of medicine (traditional and modern) as well as the two categories of diseases (diseases caused by natural factors and diseases caused by supernatural factors) have been reported by Pigg (1995), Erasmus (1952) and Frake (1961).

No medical system can exist in isolation. The discussions above throw light on the different religious and ritualistic practices among the Karbis in the four study villages. However no traditional medical systm is solely dependent on such rituals. This observation is true particularly for those communities that are largely dependent on their natural surroundings that provide a repository of medicinal plants. Modern biomedical system is also based on such indigenous knowledge. It has been reported that around 119 chemicals used in medicines in industrialized countries are extracted from higher plants (Das 1994:240).

Many herbs, flowers and spices are known to have therapeutic value. In the Rig Veda, there is a mention of the use of *soma rasha* which is the juice of the soma plant and is used as an elixir of life. The Aryans also used the extracts of various plants for medicine. They were called *oushodhi* (Mukherjee 1992:1)

Many studies have described the selection of specific plants as consistent with basic cognitive principals of binary oppositions; hot and cold, sweet and sour etc. A medicinal plant is thus

chosen because it has the quality opposite to that of the disorder (Etkin, 1988:27). Global estimates indicate that 80 per cent of about four billion population cannot afford the products of the Western pharmaceutical industry and have to rely heavily on traditional medicines derived from plant materials (Barua et al 1992:287).

Assam is rich is forestry. This region is based with a matchless wealth of medicinal plants due to its topography and climate. There are many plants in the region which are used as traditional remedies for one ailment or the other. About 2000 to 3000 species of medicinal plants believed to be useful in indigenous medicine are found in Assam (ibid: 287).

The study villages of Kamrup and Karbi Anglong Districts also provide a wide repository of herbs and plants. These herbs are pounded, crushed or boiled in right proportions. Usually the dose given by the herbal specialists in one *pali* which is equivalent to the index finger. A large number of plant species are used in the cure of stomach disorders, fever, dysentery, flu, skin discorders etc as presented in table 11.

TABLE 11 : LOCAL NAMES OF HERBS OR PLANTS LISTED AND USED BY THE KARBIS OF KAMRUP DISTRICT, 2002-03

Name of the plant	Part of the plant or herb used	Type of ailment	Medicinal use
Brahmi (Bacopa monnieri)	Leaves	Asthma	The leaves of the brahmi plant is soaked in water and then separated with a sieve. The drained out water is offered to the affected person.
Ghuikumari	Leaves	Fever	The leaves are crushed and applied on the forehead of the affected person.
Ara	Leaves	do	The leaves are mixed with straw, mustard oil and garlic. This

(Rauvolfia sepentina)			mixture is then burnt on a cauldron wherein the ash is pounded with a few grains of rice and applied on the forehead.
Sonari (Caffia Naedosa)	Leaves	Fever	The leaves are crushed and mixed with mustard oid. The paste is then applied on the forehead.
Bobera (Terminalia bellirica)	Leaves	Cough and flu	The leaves are mixed with ocymun sanctun, ginger and honey and the pulp is given to the affected person to eat.
Bimu and amra Emblica officinalis)	Leaves	Stomach ache	The leaves are mixed and pounded. It is then boiled for a few minutes after adding a small quantity of water.
Bethera	Bark	do	The bark is first boiled with water. It is then pounded and mixed with pepper.
Durumphul (Vetiveria Zizanioides)	Leaves	do	The leaves are boilded and then separated with a sieve. It is then crushed to forma pasts.
Batmor	Leaves	Dysentery	The juice is extracted by crushing with both hands and given to the affected person with a teaspoonful of sugar as *batmor* is a bitter tasting herb.
Omora	Roots	do	The juice is mixed with a few guava leaves and then pounded.
Chiratha (Swertia (chirayita)	Leaves	do	The leaves are mixed with few drops of honey.
Bhedelilota	Leaves	do	The leaves are first soaked in water. Thereafter it is pounded and prepared into a fish curry.
Khuramani and Phepheringkam	Bulb	do	The bulb is pounded into a paste and then mixed with a few drops of honey.
Nilokut	Seeds	do	The seeds are cut into small pieces and soaked in water for around three hours. It is then pounded into a paste and mixed

			with water before administering it to the affected person.
Bonkopah, kharmola, Ageasi	Bark and Leaves	Skin boils	The leaves of *Bonkopah*, and *Kharmola* are mixed with the bark of the Ageasi, pounded and made into a paste. The paste is then applied on the skin eruptions at regular intervals.
Katphul	Leaves	Red rashes	The leaves of *kathphul* are mixed with the leaves of watermelon and then burnt over a cauldron. The ash is again mixed with coconut oil and the paste is applied on the affected area.
Birhu	Leaves	Skin boils with pus inside	Leaves of the *birhu* is mixed with a beehive. This mixture is burnt and the ash is mixed with coconut oil. This mixture is applied in the affected area till the pus comes out. If the pus fails to come out on its own, the affected area is pricked with the thorn of a lemon plant.
Bhagordut, Dutgha	Flowers	A kind of diarrhea affecting infants	The flowers are boiled with water and the mixture is given at regular intervals.
Odor	Bark	Skin allergy	The bark is mixed with lukewarm water and the affected person is given a bath with the mixture.
Enamarika, odor	Latex and brak	Fracture	The latex of the *enamarika* is used to cure fracture. The affected limb is manipulated with hand by the herbal specialists to set the broken bones in order with the latex. Thereafter it is tied tightly with the *odor*. The belief is that the

			whole exercise takes around fifteen days.
Neem (Azaridrachta indica)	Leaves	Chicken pox	The leaves are pounded and the juice is mixed with water. This is then given to the affected person with a few drops of honey.
Onion (allium cipa)	Roots	Insect bite	The roots are crushed and made into a paste. The paste is then applied on the wound.
Manmoti, rupeswaad	Leaves and fruit	Jaundice	The leaves of the *manmoti* is crushed with the leaves of *rupeswaad* and taken with a roasted crab.
Tortey	Fruit	do	The juice of *tortey* is extracted and mixed with water or sugarcne (*lolung*)
Lote	Roots	do	The roots of the *lote* are cut into small pieces and a garland is made out of it. The affected person is made to wear the garland for fast recovery.
Urhoi	Seeds	Dental problems	*Urhoi* is a sticky plant. The seeds of urhoi are taken in a banana leaf and mixed with a stick and applied on the affected area.
Bahakar, dubori	Roots and grass	do	The roots of the *bahakar* and *dubori* (a variety of grass) are mixed with cooked rice, pounded together and are given the shape of small round rice cakes.

TABLE 12 : LOCAL NAMES OF HERBS OR PLANTS LISTED AND USED BY THE KARBIS OF KARBI ANGLONG DISTRICT, 2002-03

Name of the plant	Part of the plant or herb used	Type of ailment	Medicinal use
Pipali *(Piper longum)*	Roots	Cough	The root is crushed and the pulp is extracted which is then given to the affected person.
Mirve (Averrhoea, carambola)	Leaves	Skin disorder	The leaves of *mirve* are mixed with and the paste is applied on the affected area.
Hanjura	Leaves	Bone fracture	The leaves of *hanjura* are tied tightly on the affected area that helps in fixing a bone fracture.
Menuchek	Leaves	To reduce skin itching	The leaves are crushed and pounded into a paste and applied on the affected area.
Nusadol	Fruit	Dysentery	The pulp of the fruit is extracted and mixed with water. The affected person is then given this concoction to drink.
Thipli (Terminalia, chebula)	Leaves	do	The leaves are crushed and mixed with water. This mixture is given to the affected person to drink.
Chong-a-mok	Leaves	do	The leaves are crushed with a few pieces of garlic and water and made into small balls.
Dhermit ketcham	Roots	do	The root is made into a paste with water. A small portion of the paste mixed with honey is given to the affected person to drink.
Wuthung membok	Leaves	To stop vomiting	The leaves are crushed and made into a paste with water. A small

(Rauvolfia, serpentina)			quantity of salt is added to the mixture.
Amlaki (Emblica, officinlia)	Fruit	do	The fruit is offered to the affected person to stop vomiting.
Tenesi	Bark	Blood dysentery	The bark is cut into small pieces and soaked in lukewarm water. This mixture is given to the affected person.
Nok, tortey (Amaranthus, bicolor)	Fruit, pulp	Jaundice	The pulp of *nok* is mixed with the juice of *tortey* which is given to the affected person to drink.
Pherklung	Leaves	High blood pressure	The leaves of *pherklung* is boiled with water to prepare a mixture.
Abela tengsa	Leaves	Kidney stone	The leaves are crushed with water and the mixture is given to the affected person to drink.
Henru-ki-ik	Leaves	To stop beleeding	The leaves are crushed and applied on the affected area to prevent bleeding.
Thekak (Stevia, rebaudiana)	Leaves	Toothache	The leaves of *thekak* are crushed and pounded with some water and applied.
Baap keso	Leaves	Pain in joints	The *baap keso* leaves are mixed with mustard oil and made into a paste. This paste is applied on the affected area.
Mircharne	Bark	Diabetes	The bark is soaked in water and the mixture obtained is given to the affected person to drink

Apart from the plants or herbs used by the Karbis for the prevention of various ailments, they also use parts of different animals and birds as medicine. This practice is however absent among the Karbis of Kamrup District. The blood of the hen is consumed by the *Thekerray* to get higher powers of sorcery.

Also the fat or oil of the hen is obtained by the Karbis as a medicine for the prevention of burns. This oil is applied on the affected area continousuly till the area is healed completely.

Another interesting use of oid to cure skin boils is that of a donkey's. After killing the donkey, its oil is obtained which is then mixed with the leaves of *luke-hu* and then applied to the affected area. A strong belief that exists among the Karbis is that the consumption of the flesh of a tiger gives strength and durability to a person. It also ensures a long life. The flesh of a tortoise is also considered a remedy for complaints like fracture and bone displacement.

Along with the herbs, plants etc the use of honey as an ingredient in medical preparation is incredible. Honey is never used in isolation to cure any particular disease. Also most of the plant extracts are extremely bitter, so to nullify its bitterness honey is extensively used. Kerosene oil, mustard oil and coconut oil are also used in the preparation of medicinal concoctions.

From the above discussions it is evident that besides super naturalistic treatment, herbal medicine is also practiced in the study villages as a popular option of cure. However, it appears that the herbal specialists do not have definite ideas regarding diagnosis of a particular disease. They often prescribe the same medicine for different diseases because they do not make the kind of distinction that is made in the biomedical system. For instance, a rigid distinction between dysentery and diarrhea is rarely made. The herbs are prescribed depending on its availability. To find out if a febrile episode is flu, the herbalist first discusses the symptoms with the patient. He then feels the pulse of the patient. In case the pulse beat is faster, it is an indication that the patient is suffering from fever. There is a thin line of distinction between fever and flu. The herbal specialist after feeling the pulse of the patient, checks whether nasal fluid is flowing from the affected person. If it is not, then it is fever, otherwise it is flu.

Also with respect to the segregation of ethnomedical specialists, a clear-cut division is observed among the Karbis of

Kamrup District unlike the Karbis of Karbi Anglong District. In Kamrup District, the role of an herbalist is well defined. In Karbi Anglong District, the ethnomedical specialists perform dual roles. For instance, the Kurusar or the *Deori* is also a herbal specialist. Again, the *Thekeraay* or the sorcerer is also a herbal specialist.

DOMESTIC REMEDIES

Domestic remedies popularly known as granny's remedies[2] are a section of ethnomedicine that is readily prepared within the household with materials available in the kitchen or the area surrounding the household. Domestic remedies are confined within the family tradition often by family members or other members of the social network. These remedies are passed on from one generation to the other in an oral form. Enculturation also enables an individual to attain medical knowledge. Generally, the first option of cure is limited to domestic remedies. Some of the domestic remedies adopted by the Karbis of the four study villages are briefly enumerated in the table 13.

TABLE 13 : DOMESTIC REMEDIES ADOPTED BY THE STUDY VILLAGES AND THE CORRESPONDING ILLNESS, 2002-03

Sl. No.	Type of illness	Domestic remedies adopted by the Karbis of Kamrup District	Domestic remedies adopted by the Karbis of Karbi Anglong District
1.	Fever	a. The leaf of water hyacinth is dipped in a bowl of cold water and then put on the forehead of the affected person. b. A meal of *Kichri* (consecrated rice) prepared from *moong dal* and boiled vegetables are given to the patient.	When the individual recovers after two or three days, his body is sponged with an *endi* shawl dipped in lukewarm water.
2.	Cough	a. A paste made from ginger, basil leaves and honey is given to the affected person. b. Turmeric mixed with a hot glass of milk.	a. A paste prepared from mint leaves, garlic, pepper, ginger and green chilies are given to the affected person to eat with cooked rice and vegetable curry.
3.	Earache	a. A few pieces of garlic are fried in mustard oil are slowly put inside the ear of the affected person. b. The affected person is made bend to downwards. A kin member strokes his head.	a. Wax from the ear is removed with the help of a small piece of cotton placed over a matchstick. b. The affected person is prevented to take bath till his recovery.
4.	Nausea	Juice of lemon mixed with water, salt and sugar is given to the affected person.	a. The affected person is asked to smell the peel of a lemon. b. The affected person is given sugar to eat.
5.	Chest pain	Mustard oil heated for a few minutes is massaged over the chest is circular movements.	A bottle of warm water covered with a cotton towel is placed over the chest. This helps in fomentation.
6.	Stomach ache	Alkaline mixed with ash and kerosene oil	A mixture is prepared taking half a spoon of

[2] Domestic remedies are known as granny's remedies because a grandmother plays an important role in determining the remedies of an illness to her children and grand children.

		is applied on the affected area and massaged gently.	of salt, pepper and sugar.
7.	Jaundice	A certain variety of banana (*athiya phu*) is crushed and mixed with water to form a paste. The affected person is given this paste to eat in the morning hours on an empty stomach.	The bark of *gomari* tree is boiled and mixed with lukewarm water. The affected person is then given a warm bath.
8.	Wounds	To cure wounds, a paste of *jharmoni* or iodine leaves is pounded and applied on the wound with the help of cotton.	Sugar is applied on the wound as immediate relief.
9.	Crack toes	Coconut oil is applied on the affected area.	Mustard oil and honey is applied.
10.	Removal of fish spike	Cooked rice mixed with banana is given to the affected person.	Lime is applied on the throat of the affected person and the area is messaged gently moving upwards.
11.	Acne	Dried turmeric paste is applied on the face.	A mixture prepared from curd and a few drops of lemon are applied on the affected area.

THERAPEUTIC CHOICE AND HEALING RITUALS

The Karbis of all the four study villages consider ritual remedies for diseases caused by supernatural agents. However, diseases caused by factors like environment, food etc traditional herbal medicine and modern biomedical treatments are considered

to be appropriate. Domestic remedies are also a healing option depending on the type and intensity of the ailment. However, complete rigid dichotomy as stated earlier is not found. Diseases caused by natural factors are also believed to be curable by ritualistic means.

As a general practice in most cases, different options of therapies are preferred as means of cure by the Karbis. For specific type of diseases, specific type of cure is considered appropriate. For example, jaundice among the Karbis of both study districts is believed to be curable mostly by ritualistic means that is by wearing the garland offered by the *Bez* or the *Kurusar*. Similarly for certain illnesses believed to be caused by spirits, magical spell is considered to be the only appropriate option of cure. Regarding the prohibition of certain food items, bamboo shoot, meat, jackfruits, etc are restricted in a state of sickness and illness. Rice beer is however preferred during most cases of sickness and illness.

There exist some vital differences among the Karbis of both study districts with respect to the type of treatment and the healing option adopted for cure. Table 14 shows the mode of treatment preferred by the Karbis in the two study districts.

TABLE 14 : PREFERENTIAL MODE OF TREATMENT AMONG THE KARBIS OF THE STUDY VILLAGES, 2002-03

Sl.	Illness	Type of treatment favoured by the Karbis of Kamrup District.	Type of treatment favoured by the Karbis of Karbi Anglong District.
1.	*Khetro*	Supernatural treatment ritualistic	Supernatural treatment ritualistic
2.	*Arnam kashir-um*	Supernatural treatment ritualistic	Supernatural treatment ritualistic
3.	*Khontak*	Supernatural treatment ritualistic	Supernatural treatment ritualistic
4..	Hawalaka	Supernatural treatment ritualistic	Supernatural treatment ritualistic

5.	Akupali	Self treatment	Supernatural treatment ritualistic
6.	Pain in the neck	Self treatment	Supernatural treatment ritualistic
7.	Behali	Supernatural treatment ritualistic	Supernatural treatment ritualistic
8.	Bagsu	Herbal medicine	Supernatural treatment ritualistic, herbal medicine
9.	Tekeli bagsu	Herbal medicine	Supernatural treatment ritualistic, herbal medicine
10.	Babagsu	Herbal medicine	Herbal medicine
11.	Susmo	Domestic remedy	Domestic remedy, herbal medicine
12.	Chicken pox	Supernatural treatment ritualistic	Supernatural treatment ritualistic
13.	Malaria	Primary health center	Supernatural treatment ritualistic
14.	Dysentery	Primary health center, domestic remedy	Primary health center, domestic remedy
15.	Diarrhea	Primary health center, domestic remedy	Primary health center, herbal medicine, domestic remedy
16.	Stomach ache	Self treatment	Supernatural treatment ritualistic, Primary health center
17.	Fever	Herbal medicine, domestic remedy, Primary health centre	Supernatural treatment ritualistic Herbal medicine, domestic remedy, Primary health centre.
18.	Asthma	Primaty health centre, herbal medicine herbal medicine	Primary health centre, herbal medicine herbal medicine

19.	Eye trouble	Primary health centre	Primary health center, herbal medicine
20.	Scabies	Herbal medicine	Herbal medicine
21.	Red rashes	Herbal medicine	Herbal medicine
22.	Skin boil	Herbal medicine	Herbal medicine
23.	A painful skin boil bigger in size	Herbal medicine	Supernatural treatment ritualistic, herbal medicine
24.	Flu	Herbal medicine	Supernatural treatment ritualistic, herbal medicine
25.	Constipation	Domestic remedy	Domestic remedy
26.	Jaundice	Herbal medicine, Primary health center	Supernatural treatment ritualistic, Primary health centre
27.	Dental problems.	Herbal medicine	Herbal medicine
28.	Worm infection	Herbal medicine, Primary Health centre	Herbal medicine, Primary Health centre
29.	Wounds	Herbal memdicine, Domestic remedies	Herbal medicine, Domestic remedies
30.	Dog bite	Primary Health Centre	Herbal medicine, Primary Health Centre
31.	Tuberculosis	Primary Health Centre	Primary Health Centre, ritualistic

The above table indicates that there are distinctive choices of treatment and healing options for the illnesses caused by natural factors, supernatural agencies and deep-rooted traditional belief systems. It is also interesting to note that in all the four study villages, both Karbi men and women have an aversion for tablets. They prefer liquid medication because they find it difficult to swallow tablets.

Certain illnesses caused by natural causes are curable by ritualistic means also. So no rigid dischotomy exists among the Karbis with respect to the etiological categories and the healing

options adoped for cure. Herbal medicine and domestic remedies also occupy a significant position in the traditional framework of Karbi medical system.

The above throws light on the concept of medical pluralism. However, it is worth mentioning that the introduction of modern medicine has not replaced the existing indigenous methods of treatment and cure. In the emerging situation of medical pluralism, the traditional folk medicine men have adopted new strategies of treatment of diseases. The Karbis have understood the efficacy of modern medicines in curing diseases like malaria and tuberculosis. However, they have retained their traditional cultural explanations in respect of certain diseases and are still dependent on traditional medicines and ritualistic practices.

Ritualistic practices are thus an inseparable aspect of Karbi ethnomedical domain. However, interestingly, there exist some vital differences among the Karbis of the two study districts with respect to the application of ritualistic practices. This can best be understood in the table 15.

TABLE 15 : DIFFERENCES IN RITUALISTIC TREATMENT AMONG THE KARBIS OF THE STUDY DISTRICTS, 2002-03.

Type of illness	Mode of treatment	Procedure adopted by the Karbis of Kamrup District	Procedure adopted by the Karbis of Karbi Anglong District
Chicken pox	Ritualistic	A samll alter is made inside the room of the affected person. Incene sticks are lighted near the alter. The affected individual is kept on a strict vegetarian diet consisting of transvalued food, fruits, rice, cereals and boiled vegetables. Gradually as the individual recovers, he is given a warm bath of neem leaves (arong). The room where the affected individual is kept is cleaned everyday and a bunch of dried neem leaves tied together is suspended at the entrance of the door to avoid future occurrence of chicken pox in the family. The goddess associated with the occurrence of chicken pox is symbolized by white. Hence white flowers are kept in the altar. The goddess is worshipped for twenty one days and is offered milk, sugar and banana*	The ritual performed by the *Kurusar* consists of a sacrifice of a hen to appease the unknown deity responsible for the outbreak of chicken pox. This ritual is performed when the affected person recovers and the meal cooked by the women of the house after offering to the deity is fed to the affected individual. After the performance of this ritual, no restriction for twenty one days is observed to appease the to appease the deity.
Jaundice	Ritualistic	The affected individual wears a garland provided by the Bez. The belief is that if the length of the garland increases its size or touches the toe of the affected individual by next morning the affected person is on his way to recovery.	A ritual is performed at the approach of the house in an open area. A raised platform is constructed. On top of the banana leaf, uncooked rice is placed. Next to this a *bongbrok* (a sacred pot) filled with *horlang* (rice beer) is kept as an offering to god.

Offering of milk, suger and banana all symbolyzes white.

This is followed by a sacrifice of a hen as determined by the *Kurusar.* This ritual is religiously performed by the Karbi households of the study villages of Karbi Anglong as an option of cure.

Among many tribal communities of India, supernatural powers have been identified with a group of deities that influence the community (Das 1992:21). Vidyarthi et. al. (1976) have distinguished four categories of spirits in the bribal belief system of India. Table 16 shows the names of gods associated with diseases.

TABLE 16 : LOCAL NAMES OF GODS AND DISEASES ASSOCIATED AMONG THE KARBIS, 2002 - 03.

Local name of gods	Associated diseases
Keche ase	Pain in joints
Si-ie	Fever and cough
Pi-amir	Small pox
Che-ii	Leprosy
Pong kangsi	Diarrhea
Daar	Skin disorder
Nosona gobain	
(among the Karbis of Kamrup District)	Fever

In the light of the above observations it can be stated that the Karbi supernatural world also encompasses a series of deities that have their own classification among them.

CHAPTER V

GYNAECOLOGICAL AND OTHER HEALTH PROBLEMS OF KARBI WOMEN

India has made considerable progress in social and economic development in recent decades, as improvements in indicators such as life expectancy, infant mortality, and literacy demonstrate. However, improvements in women's health are lagging behind. India is one of the few countries where males signifcantly outnumber females, and its maternal mortality rates in rural areas are among the worl'ds highest. Infectious diseases, malnutrition, and maternal and prenatal causes account for most of the disease burden. Females experience more episodes of illness than males and are less likely to receive medical treatment before the illness is well advanced. Because the nutritional status of women and girls is compromised by unequal access to food, by heavy work demands, and by special nutritional needs (such as iron), females are particularly susceptible to illness, particularly anemia. Women, especially poor women, are often trapped in a cycle of ill health exacerbated by childbearing and hard physical labour.

Women's health and nutritional status is inextricably bound up with social, cultural, and economic factors that influence all aspects of their lives, and it has consequences not only for the women themselves but also for the well-being of their female child, the functioning of households, and the distribution of resources. Some of the factors affecting women's health in India are:

1. MATERNAL MORTALITY

Maternal mortality in India, estimated at 437 maternal deaths per 100,000 live births, results primarily from infection, hemorrhage, obstructed labour, abortion, and anemia. Lack of appropriate care during pregnancy and childbirth, and especially

the inadequacy of services for detecting and managing complications, explains most of the maternal deaths.

2. MORBIDITY

Reliable data on mortality and morbidity in pregnancy are scarce, and for female morbidity in general, they are almost nonexistent. The limited studies available report high morbidity and malnutrition among girls and women. Emerging evidence indicates that the prevalence of reproductive tract infections is considerably higher than previous figures suggested and that the spread of HIV or AIDS is a concern. Iron-deficiency anemia is widespread among Indian girls and women and affects 50 to 90 per cent of pregnant women.

3. FERTILITY

Female mortality and morbidity are linked to overall fertility levels-in India. Childbirth closely follows marriage, which tends to occur at young ages : 30 percent of Indian females between 15 and 19 are married. Childbearing during adolescence poses significantly greater health risks than it does during the peak reproductive years and contributes to high rates of population growth. Indian women also tend to have closely spaced pregnancies. Some 37 per cent of births occur within two years of the previous birth, endangering both the health of the mother and the survival of the infant and older siblings.

4. OCCUPATIONAL AND SOCIAL INFLUENCES ON HEALTH

Women in India, especially in agricultural areas, are expected to perform a variety of strenuous tasks within the households, on family lands, and, in some regions, for wages. These occupations often have serious consequences for undernourished females, including adolescents, whose bone structure is not yet fully developed and who may be required to carry heavy loads or to adopt unnatural postures for prolonged

periods. Another problem is exposure to heavy smoke from kitchen fires, which causes a variety of respiratory difficulties.

5. THE PREFERENCE FOR SONS

Daughters are generally considered a net liability, they often require a dowry, they leave their natal homes after marriage, and their labour is devalued. The result is a strong preference for sons. In its most extreme form, this preference leads to female infanticide and , more recently, to sex-selective abortion. The preference for sons is readily apparent in the relative neglect of female children, who are weaned earlier than males, receive smaller quantities of less nutritious food and less medical care, and are more likely to be removed from school. This inequitable treatment continues into women's adult lives. Women eat after men, and even during pregnancy their diet is typically inadequate. A high proportion of women receive no treatment for illness; many use home remedies or traditional healers, while men are more likely to receive modem medical and institutional care.

6. CHRONIC MALNUTRITION

Most rural women of India suffer from chronic malnutrition that starts during childhood and extends throughout their life. They also suffer from anemia. In old age, women face threats of cancer and menopause related problems. Because of the dependency on agriculture for livelihood enhancement, rural women are exposed to heat and rain and are made to toil for long hours in the field. This is hazardous to health. Knowledge about family planning methods is low in most of the rural and tribal villages of India. Other factors which affect the health of mothers are repeated pregnancies, the period of spacing between births, weight of the mother at childbirth, lack of knowledge of ante natal care, immunization etc.

Traditional practices and social conventions regarding age at marriage, values attached to fertility and the sex of the child, customs associated with pregnancy and the pattern of family organization have implications on female health problems. These

activities prevent a woman from spending time on health promotion and care. Improvement in female health status is therefore dependent on a number of non-health development components (Devi 1998 : 140).

The Health Dialogue (1998) states that women's health suffers in societies where women have a low status, where they are not respected, their needs are not taken into consideration and they are not able to take part in the process of decision-making. It is more difficult for women to be healthy if they have no money or are exhausted from working too hard. It is even worse if the husband is violent. Contrary to societies where women are respected, they are more likely to have control over decisions affecting their own and their children's health. The situation regarding women's health can thus be summarized as :

(i) Social prejudice, customs and practices, which affect the health and nutrition of women.

(ii) Inadequate health care facilities.

(iii) Ignorance and lack of knowledge related to family planning.\

(iv) Lack of knowledge about their bodies, female education, sanitation and hygiene has negatively contributed to the ill health of women.

The poor health of Indian women is a concern on both national and individual levels. It reduces productivity, not only at the household level but also in the informal and formal economic sectors. Improving women's health is integral to social and economic development. In addition, it is economically efficient, since interventions to improve women's reproductive health are among the most cost-effective available.

GENDER EQUITY IN ASSAM : INTER-DISTRICT COMPARISONS

Using the equality distributed indices for income, health and education, the GDI (Gender related Development Index) for Assam in 2001 is estimated to be 0.537. It needs to be kept in

mind that the GDI captures inequities in income, education and health, and may not reflect all of the discrimination faced by women, and the societal attitudes and family pressures that they have to contend with.

The index shows wide variations across districts, from a high of 0.877 in North Cachar Hills District, which is ranked first by GDI value, to 0.012 in Karimganj District which is ranked lowest. Only seven Districts have GDI values higher than the state average, while 16 Districts have GDI values less than the State average. Table 17 shows the gender related development index (GDI) of the Districts of Assam.

TABLE 17 : GENDER-RELATED DEVELOPMENT INDEX (GDI) FOR ASSAM'S DISTRICTS (2001)

District	GDI Index	GDI Rank	HDI Index	HDI Rank	HDI rank-GDI rank
North Cacher Hills	0.877	1	0.363	11	10
Morigaon	0.759	2	0.494	4	2
Jorhat	0.701	3	0.650	1	2
Kamrup	0.642	4	0.574	2	2
Dibrugarh	0.642	4	0.483	6	2
Hailakandi	0.609	6	0.363	11	5
Golaghat	0.608	7	0.540	3	4
Assam	0.537	-	0.407	-	-
Lakhimpur	0.491	8	0.337	17	9
Sibsagar	0.468	9	0.469	7	2
Barpeta	0.448	10	0.396	9	1
Kokrajhar	0.418	11	0.354	15	4
Goalpara	0.413	12	0.306	18	6
Dhemaji	0.410	13	0.277	20	7
Cachar	0.409	14	0.402	8	6
Sonitpur	0.397	15	0.357	13	2

Bongaigaon	0.376	16	0.263	21	5
Nalbari	0.357	17	0.343	16	1
Darrang	0.317	18	0.259	22	4
Tinsukia	0.300	19	0.377	10	9
Karbi Anglong	0.260	20	0.494	4	16
Dhubri	0.206	21	0.214	23	2
Nagaon	0.068	22	0.356	14	8
Karimganj	0.012	23	0.301	19	4

Source : *Assam Human Development Report,* 2003.

The difference between the HDI (human development index) rank and the GDI rank of a particular District indicates the gender disparity in the District. The higher the HDI rank in relation to the GDI rank, the greater the gender inequity. A negative difference between the two ranks implies that the district is comparatively better placed in terms of the HDI.

Table 18 shows the female literacy rates of the districts of Assam including the study districts.

TABLE 18 : FEMALE LITERACY RATES (FLR) - DISTRICT RANKED BY 2001 FEMALE LITERACY RATES

District	1971	1991	2001	Rank
Jorhat	27.79	56.88	72.54	1
Sibsagar	30.20	56.14	68.00	2
Karmup	22.74	55.01	67.31	3
Dibrugarh	21.56	48.89	32.10	4
Golaghat	25.28	49.75	62.07	5
Lakhimpur	19.14	48.85	60.47	6
Karimganj	20.19	44.76	60.09	7
Cachar	21.18	48.76	59.85	8
N.C. Hills	17.44	47.34	59.40	9
Nalbari	16.18	44.19	58.40	10
Dhemaji	15.45	41.12	56.11	11
Nagaon	-	46.30	55.57	12

Tinsukia	-	39.94	53.40	13
Morigaon	19.96	39.14	52.36	14
Sonitpur	17.12	38.60	52.36	15
Goalpara	16.36	37.58	51.40	16
Bongaigaon	-	38.72	51.16	17
Hailakandi	15.94	41.04	50.65	18
Darrang	11.32	32.53	49.95	19
Karbi Anglong	10.29	34.35	48.65	20
Barpeta	14.26	33.20	48.16	21
Kokrajhar	11.98	30.92	42.65	22
Dhubri	11.31	28.75	42.64	23
Assam	18.63	43.03	56.03	

Source : Census of India 2001

As evident from the table, the districts with the lowest female literacy rate (FLR) are the districts of Dhubri, Kokrajhar, Barpeta, Karbi Anglong and Darrang.

HEALTH STATUS OF TRIBAL WOMEN

According to Basu (1992) 'health is a function, not only of medical care but of the overall integrated development of society-cultural, economic, education, social and political. Each of these aspects has a deep influence on health, which in turn influences all these aspects. Hence, it is not possible to raise the health status and quality of life of people unless such efforts are integrated with the wider effort to bring about the overall transformation of a society. Good health and good society go together'. Describing the health status of tribal women, Basu (1992) has enumerated the following essential factors influencing the health status of tribal women. These are sex ratio, female literacy, marriage practices, age at marriage, fertility, mortality, life expectancy at birth, nutritional status and health, child bearing and maternal mortality, maternal and child health care practices, family welfare programme, sexually transmitted diseases and genetic disorders. Maternal and childcare are important aspect

of health seeking behaviour that are largely neglected among the tribal groups (Basu et al., 1990).

HEALTH INFRASTRUCTURE IN THE STUDY VILLAGES

The efficacy of infrastructure in rural, especially remote areas is much less than desired as compared to urban areas. Private health care institutions are increasing in urban areas. Towns and cities are, however, already beneficiaries of better infrastructure and services from the Governmental system.

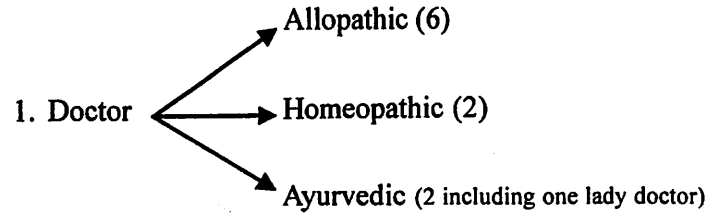
Accessibility is an important element in utilization. The bed occupancy in Community Health Centres was only 51 percent, and the average length of stay was 1.9 days. This indicates under utilization and inefficient use of scarce resources. Indoor patients prefer to go to district hospitals or Medical College hospitals. At the district level the bed occupancy was as high as 92.5 per cent, and the average length of stay was 5.88 days.

People do not necessarily avail the facilities, even if they are available. While this may be due to a variety of reasons - credibility loss, poor care and attention, amount of time taken, absence of medicines and sometimes absence of doctors - it has important policy implications also. It suggests that it may not be sufficient merely to provide hospital infrastructure, what is required is to make people use the facilities. This will ential considerable work in the community through NGOs, in an attempt to change prevailing attitudes to doctors and medical facilities provided by the Government. Now let us discuss the access to health facilities in the study villages of both districts.

Health infrastructural facilities in the study villages of Kamrup District are negligible. There is no Primary Health Centre or Sub-Primary Health Centres within the study villages. The Primary Health Centre is located in the Block headquarters of Dimoria at a distance of seven kilometers from both villages. The Sub-Primary Health Centre situated at Kamarkuchi and at a distance of about four kilometers from Patorkuchi and five

kilometers from Goria ghuli village is not well equipped. The Primary Health Centre has 32 sub-centres that cater to all the nearby villages. Immunization campes are held twice a week on Wednesdays and Firdays for children and antenatal mothers. There are 12 beds kept for observation in the Primary Health Centre of Sonapur.

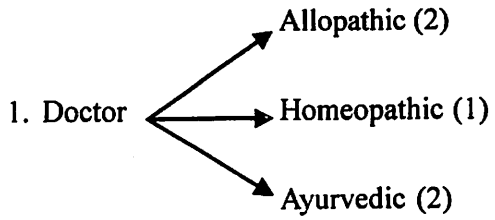
Figure 1 : Staff Strength of the Primary Health Centre, Sonapur, Kamrup District, 2004



2. Lady Health Visitor (2)
3. Auxiliary Nurse Midwife - ANM (5)
4. GNM-6
5. Microscpoists (3)
6. Pharmacists (2)
7. Health Educator-1
8. Female attendant-1

The Sub Primary Health Centre of Kamarkuchi consists of one health worker and two female health workers who visit the villages allotted to them twice or thrice a week and conduct health camps. An Integrated Child Development Project that caters to children in the age group of 0-6 years and pregnant and nursing mothers is located at Sonapur. The primary objective of the project is to improve the health and nutritional status of children and women. A Malaria Research Centre to educate the surrounding villages about the prevention and outbreak of malaria is situated in Sonapur.

Figure 2 : Staff strength of the Primary Health Centre, Howrahghat, Karbi Anglong District, 2004



2. Lady Health Visitor (2)
3. Auxiliary Nurse Midwife - ANM (7)
4. GNM-6
5. Microscpoists (2)
6. Pharmacists (2)
7. Health Educator-1

In the absence of a Primary or Sub Primary Health Centre in the study villages of Karbi Anglong district, the Karbi villagers have to depened on the services offered by the Primary Health Centre situated at the block headquarters of Howrahghat. The Primary Health Centre at Howrahghat is situated at a distance of two kilometers and another four kilometers from the study villages of Pan Ingti and Bura Killing respectively. An Anganwadi centre and an Integrated Child Development Project is situated in Pan Ingti that cater to Bura Killing villages as well. The Primary Health Centre of Howrahghat has 11 sub centres.

The Primary Health Centres of Sonapur and Howrahghat offer an exceptional paradigm of medical pluralism. Within the Primary Health Centres, people are exposed to multiple treatment situations. With respect to the choice of treatment, initially the Karbis of the study villages of Kamrup District, by and large, prefer modern medicine, but if the illness continues for a prolonged period then they ultimately resort to ritualistic measures.

Signboards and hoardings displayed by the staff of the Primary. Health Centres to create awareness among the masses is common in the study villages of Goria Ghuli and Patorkuchi. In the study villages of Karbi Anglong District, the Karbis prefer ritualistic treatment though the adherence to allopathic medication cannot completely be ruled out.

Some of the illnesses treated at the Primary Health Centres of Sonapur and Howrahghat consist of common cold, malria, dysentery, enteric fever, and diarrhea. Pregnant women also visit occasionally the Primary Health Centres for ante natal and post natal check up.

KARBI WOMEN OF THE STUDY VILLAGES

Karbi women are decidedly not the vocal arbiters of their society. Karbi women ae diligent and arduous. She has a significant contribution to make towards the family. Whether in the collection of fuel, fodder, cultivation, clearing jungles and debris for jhum fields, women work equally with men. Besides these activities, she cooks, fetches water, tends the domesticated cattle, looks after her children or siblings, weaves clothes and attends to all household chores. Karbi women are accomplished weavers and are skilled into weaving by their mothers and grandmothers along with the routine domestic chores and agricultural activities.

A typical day in the life of a middle aged Karbi woman in the study villages begins at dawn. Her first task is to attend the fire and prepare the morning meal. Then she brews the rice bear that is primarily the task of women. As dawn breaks, all the members of the family gather near the hearth for the morning meal. She then tends to the pigs, fowls and the domesticated cattle. Grains are scattered for the fowls and food waste is given to the pigs and the cattle. She then milks the cows and cleans their shed.

Finishing these household chores, a Karbi woman proceeds to the fields. The *jhum* fields are usually situated at a great distance from the village and walking to these *jhum* fields is a

tedious task for the women especially in summers. However, the paddy fields that are located nearby provide some respite and the women sometimes come home for their mid-day meal. The agricultural activities of the Karbi women include broadcasting, weeding, sowing and harvesting. She also guards the crops against wild animlas and birds. At dusk, she returns home after collecting tubers, eatable leaves and firewood. A Karbi woman unwinds the day by working in the loom.

Young unmarried girls perform all household chores and also extend a helping hand in the economic activities of the family. Elderly women who are unable to work looks after their grand children and help in cooking. The nature of their work can be attributed as the cause of various illnesses that is not the case with men.

It is evident from the above discussion that the work carried out by the Karbi women of the study villages requires immense strength and endurance. Apart from shouldering the domestic duties, she also supplements the family economy. However, the contribution of Karbi women in various persuits has not helped them in attaining an equal status with men. This is highlighted by the fact that women are debarred from entering the worship area of *Rongker*-the most significant festival of the Karbis. Even in community feasts, women eat separately despite the fact that in rituals, all preparations are undertaken by them.

The birth of a girl child in a Karbi society is not apparently unwanted, but the urge for a male child is always strong. This perhaps explains the bigger family size among them. The urge for a male child predominates because of inheritance and the belief that a son will look after his aged parents and would become their successor. Contraceptives are not popular among Karbi women for the following reasons :

I. Ignorance of the use of contraceptives
II. Kin pressure for the birth of a male child
III. The belief that a large family is a bonus for income generation,

IV. The belief that the birth of a child is determined by the almighty.

GYNAECOLOGICAL PROBLEMS

All women perceived a lack of understanding as to what constituted a gynaecological problem. Majority of the Karbi women interviewed perceived gynaecological problems as a normal aspect of womanhood. Some believed that discussing such problems would lower their esteem in the society. According to one of my informants, 'gynaecological problems are inevitable in the process of growing up of a girl'.

By and large, Karbi women of the four study villages are reluctant to seek health care, especially gynaecological health care. Not a single male specialist ever conducted a gynaecological examination. Moreover, there is no evidence of male ethnomedical specialists who have taken up gynaecology as a specialization. This is explained by the fact that a women's domain is clearly bounded and is well guarded by women; men are not allowed. The most common reason given by the Karbi women of the study villages for not visiting the Primary Health Centre for gynaecological problems was shyness of undergoing a gynaecological examination. Thus, the male doctors prevented the Karbi women from seeking care. The situation was different in the case of the female doctors.

In the following paragraphs we have discussed the gynaecological problems prevalent in the study villages of Kamrup and Karbi Anglong Districts. However, it is pertinent to mention here that as far as my knowledge goes, no work has been done on the gynaecological problems of Karbi women till date.

Based on discussions and case studies in the four study villages, all gynaecological problems can be categorized into the following.

1. Khorai. The equivalent medical term for *khorai* is dysuria. The typical manifestation of this ailment is pain or burning

sensation while urinating. The frequency of its occurrence is high during summer. The Karbi women are firm believers that the intake of jackfruits and red meat generates heat inside the body. So food items that cause humoral imbalances should be avoided. The cause of its occurrence as attributed by the Karbi women of Karbi Anglong District is the humid and sultry weather conditions of the region.

To get relief from *khorai*, a domestic remedy is popular in the study villages of Kamrup District. The leftover water after washing rice should be consumed in the morning that provides immediate relief.

The incidence of *khorai* is extremely high in the study villages as indicated in tables 44 and 45.

2. *Boga Sap.* *Boga sap* is commonly known as white discharge. An overwhelming majority of Karbi women are affected by it (Table 44 and 45). *Boga* is an Assamese term that refers to white and *sap* means discharge. Karbi women of Karbi Anglong District use the same term.

The description of this ailment as provided by a Karbi woman of Bura Killing village is that it is a slippery liquid discharge emitting a foul smell and is extremely dirty. To quote Lakmer, 'to be affected by *boga sap* is like going through the process of menstruction'. The ailment causes a lot a discomfort.

Majority of the Karbi women attribute the cause of *boga* sap to heavy workload. A general perceptions is that women married into joint families are bound to carry heavy utensils, fetch water and firewood and toil for long hours in the field. Women married into such families becomes susceptiable to *baga sap* considering the nature of work.

This ailment affects women of all age groups starting from puberty to menopause. Another reason assigned by the Karbi women of Kamrup District is engagement in excessive sexual activities. Also lack of personal hygiene and care causes *boga sap.*

In the study villages, cloths are commonly used as a substitute for sanitary napkins. Sometimes menstruating women reuse the same cloth after washing them. A traditional belief that exists among the Karbis of Kamrup District is that the pubic cloth is at times burnt after use in the jungles or open fields. If a sanke corsses the path during that time, the girl would be affected by severe gynaecological disorders and may even be infertile.

Herbal medicine prescribed by the ethnomedical specialists provides relief to women affected by *boga sap.*

3. *Akaikimi bhik :* *Akikimi bhik* means menstrual cramps. The equivalent medical term for this ailment is dysmenorrhoea. In the study villages of Karbi Anglong District, it is known as *avi pathek ahut apok kacherot.* Menstruating women often complain of *akikimi bhik.* The Karbi women of Kamrup District believe that menstrual cramps are of two types *mota bhik* and *miki bhik.* The reason behind this classification is not clear. However, mota which signifies male and *maiki* which signifies female is invariably associated with *akikimi bhik* the later being severe than the fomer. The Karbi women do draw a thin line of distinction between the two that *maiki bhik* disappears after marriage. Interestingly, the Karbi women of Karbi Anglong though oblivious to the occurrence of *akikimi bhik* were unaware of the two categories.

Women affected by *akikimi bhik* suffer from loss of appetite. They complain of loose motion and become irritable and moody during menstruation.

4. *Avi jang pitlu :* The typical manifestation of this ailment is excessive bleeding during menstruation, the duration exceeding more than five days. The equivalent medical term of *avi jang pitlu* is menarrhogia. A woman affected by *avi jang pitlu* often feels nauseated. The perception of married Karbi women is that over indulgence in sexual activities is responsible for its occurrence.

Another interesting perception among Karbi women of Pan Ingti is that excessive bleeding during menstruation is good

for the body as it removes the dirty and impure blood. Banana, curd, milk are believed to provide rich nutrients to the body. Again, citrus and sour fruits and vegetables like orange, lemon, tamarind, etc, are avoided during the menstruating period.

A type of domestic remedy popular in the study villages of Kamrup District is a paste of coriander and *tulsi* leaves mixed with water.

5. *Avi pathek athekthe* (irregular menses) : One of the most common gynaecological problems in the study villages is irregular menses. Irregular menses is not viewed as a major gynaecological problem rather is considered more a boon than bane. Most of the Karbi women consider it normal to have their meanses after the end of their menstrual cycle. Sometimes this period exceeds more than two months. In case of married women such a situation gives an indication of an unexpected pregnancy.

6. *Akailimi wangwe detlu* : The equivalent medical term for *akaikimi wangwe detlu* is amenorrhoea that means absence of menstruation. Two girls were affected by this gynaecological problem in the study villages of Goria Ghuli and Bura Killing. The causation of *akaikimi wangwe detle* is attributed to the theory of *karma*. The Karbis believe that this ailment is the manifestation of past misdeeds of the individual or her family. In the absence of no apparent treatment of *akaikimi wangwe detlu* the only available option left to the individual and her family members is to embrace it and lead a pious life.

7. *Akrang* : The term *akrang* refers to dryness in the vagina and is a frequent gynaecological problem in the study villages. Some of the Karbi women believe that drinking less water in summer causes this problem. Also taking pork meat and chillies causes *akrang*. The frequency of its occurrence is more pronounced in summer than winter. Women suffering from this gynaecological problem often complain of severe itching, which at times causes blisters in the vaginal area. The undergarments worn by some of the Karbi women are not washed regularly. Also using of the same cloth might lead to its occurrence.

One of the female health workers of the Primary Health, Howrahghat believes that centre Karbi women do not cut their nails, which are filled with dirt and infection. This may causes *akrang*.

8 *Nari lora* : This is also a commonly occurring gynaecological problem among the Karbi women of the study villages. *Nari lora* means severe abdominal pain that is caused by heavy workload, *Nari lora* is an Assamese term (*nari* refers to naval and *lora* means movement). The Karbis of Kamrup District uses this term.

Karbi women of Karbi Anglong District believe that excessive physical exertion like lifting heavy buckets, utensils, etc is responsible for its occurrence. The Karbi women have acknowledged the fact that being born as women they have to accept gynaecological problems like *nari lora*. A domestic remedy popular in the study districts is a mixture of mint leaves pounded with water, salt and pepper. Karbi women of Kamrup District use palliatives like iodex and vicks which they apply on the affected area for relief.

9. *Nari bogora* : *Nari bagora* means prolapse of the uterus. The Karbi women of Kamrup District believe that after a woman gives birth to six or seven children, her uterus prolapses. She then loses her reproductive capabilities. The typical manifestation of this ailment is severe abdominal pain and weakness. It is also an indication that a woman is becoming 'barren' or is approaching menopause. This gynaecological problem affects women in the age group of 35 to 45 years. The Karbi women of Karbi Anglong District believe that *nari bagora* is not only related to the birth of children. Rather it is caused due to strenuous activities.

The domestic remedy for this ailment is to take the formentation of a bottle filled with hot water and to refrain from all activities for about a week.

10. *Abang ki unhona orah* : The meaning of *abang ki unhona orah* is menopause. The reproductive life of a woman

extends from puberty to menopause. A woman's fertility comes to an end when her menses ceases and to quote one of my informants 'she starts a new innings of her life'. The age at which it occurs is variable. In the study villages the reproductive capacity ceases in the mid forties to early fifties. The childbearing period of a woman exends from around 18 years to 45 years.

11. *Oso ki honhe :* The term used by the Karbi villagers for sterility in the study villages of Kamrup District *is oso ki honhe* and *pang kleng* in the study villages of Karbi Anglong District. It is supposed to be a major gynaecological problem. A common perception among the Karbi women of Kamrup District is that over anxiety about childlessness in itself causes sterility. The Karbi women of Karbi Anglong District believe that a child is always a gift of god. Proper propitiation of gods may remove sterility. A firm belief among them is that if certain rituals like *chomangkaan* is not performed in time or is performed half-heartedly, it leads to sterility. So the dead ancestors should always be propitiated suitably. The Karbi women of Karbi Anglong District also believe strongly that modern bio medical system is ineffective with respect to *oso ki honhe*.

Out of four women affected by *oso ki honhe* in the study villages of Kamrup District, two women visited the Primary Health Centre for treatment, though they were not particularly happy with the results.

The gynaecological problems discussed above are based on the classificatin given by the Karbi women of the study villages and their understanding of a gynaecological problem. It is pertinent to mention here that majority of the gynaecological problems perceived by the Karbi women is attributed to natural or physical causes and rarely to supernatural causes.

Table 19 shows the local terms used by the Karbis of the study districts for gynaecological problems.

TABLE 19 : LOCAL TERMS USED BY THE KARBI WOMEN OF THE STUDY DISTRICTS FOR GYNAECOLOGICAL PROBLEMS, 2002-03.

Local term used by Karbi women of Kamrup District	Local term used by Karbi women of Karbi Anglong District	Symptoms
Khorai	*Khorai*	Burning sensation while urinating
Boga sap	*Boga sap*	A liquid discharge from the vagina
Akaikimi bhik	*Avi pathek ahut apok kacberot*	Menstrual cramps
Avi jang pi lu	*Avi jang pit lu*	Excessive bleeding during menstruation
No local term	*Avi pathek athekthe*	Irregular menses
Akaikimi wangwe detlu	*Akaikimi wangwe detlu*	Absence of menstruation
Akrang	*Akrang*	Dryness in the vagina
Nari lora	*Nari lora*	Abdominal pain
Nari bagora	*Nari bagora*	Prolapse of the uterus
Abang ki unhona orah	*Abang ki unhona orah*	Menopause
Oso ki honhe	*Pang kleng or Aso kave*	Sterility or the inability to conceive

Women of various age groups were interviewed. The age group consists of women from the pubertal age to women who had attained menopause. Table 20 shows the frequency of gynaecological problems in the study villages of Kamrup District.

TABLE 20 : FREQUENCY OF GYNAECOLOGICAL PROBLEMS IN THE STUDY VILLAGES OF KAMRUP DISTRICT, 2002-03.

Gynaecological problems	Number of women interviewed	Number of women affected	Percentage of women affected
Khorai	30	22	73.3
Boga sap	30	25	83.3
Akaikimi bhik	30	17	57
Avi jang pit lu	30	24	80
Irregular periods (No local term)	30	24	80
Akaikimi wangwe detlu	30	1	3.3
Akrang	30	21	70
Nari lora	30	12	40
Nari bagora	30	13	43.3
Abang ki unhona orah	30	14	47
Oso ki honhe	30	2	6.7

The above table shows that the frequency of *boga sap* (83.3 per cent) is the highest in the study villages of Kamrup District followed closely by *avi jang pit lu* (80 per cent) and irregular menses (80 per cent). The incidence of *khorai* is also widespread in the study villages as 73.3 per cent of women interviewed were affected by it. This is followed closely by *akrang*, where 70 per cent of women are affected.

Table 21 shows the frequency of gynaecological problems in the study villges of Karbi Anglong District.

TABLE 21 : FREQUENCY OF GYNAECOLOGICAL PROBLEMS IN THE STUDY VILLAGES OF KARBI ANGLONG DISTRICT, 2002-03.

Gynaecological problems	Number of women interviewed	Number of women affected	Percentage of women affected
Khorai	30	21	70
Boga sap	30	26	86.6
Avi pathek ahut apok Kacherot	30	20	66.6
Avi jang pit lu	30	24	80
Avi pathek athekthe	30	19	63.3
Akaikimi wangwe detlu	30	1	3.3
Akrang	30	13	43.3
Nari lora	30	15	50
Nari bagora	30	12	40
Abang ki unhona orah	30	11	36.6
Pang Kleng or Aso Kave	30	2	6.6

From the above table, it is evident that the frequency of *boga sap* (86.6 per cent) is the highest in the study villages of Karbi Anglong District followed closely by *avi jang pit lu* (80 per cent) and *khorai* (70 per cent).

For the treatment of gynaecological problems, the Karbi women of the four study villages rely heavily on the ethnogynaecologists and the herbs prescribed by them. Rarely, they visit the Primary Health Centre. Details on ethnogynaecologists and their mode of treatment are provided in chapter VI.

HEALTH PROBLEMS OF KARBI WOMEN

After discussng the gynaecological problems, we now shift our attention to other health problems faced by the Karbi women in the study villages. In this particular section, we present a

classification of women based on their age and then discuss age specific health broblems as experienced by the Karbi women. Table 22 shows the classification of Karbi women based on their age. Discussion of the data is based on medical biographies collected form women belonging to different age groups. For each of the seven categories stated below, medical biographies were collected from 20 women of each group in the study villages of Patorkuchi village and Pan Ingti village. However, in the study villages of Goria Ghuli and Bura Killing because of the population size, medical biographies were restricted to 15 and 7 against each age group respectively.

TABLE 22 : CLASSIFICATION OF KARBI WOMEN BASED ON AGE, 2002-03.

Sl. No.	Age group	Categories
1	0-8 years	Minor girls *(osomar)*
2	8-12 years	Pre-pubertal girls (no local term)
3	12-19 years	Pubertal or unmarried girls(*arleng apun arloso*)
4	19-25 years	Newly delivered mothers (no local term)
5	25-45 years	Married women with children (*sarpimar*)
6	45-60 years	Menopaused women (*Abang kiunhona orob*)
7	60 years and above	Old women (*sarpi*)

In the first category of minor girls, data were collected from mothers for those girls who belonged to the category of 0-8 years. For breast fed infants, the most common problems were diarrhea and queasiness along with fever, common cold and cough. Table 23 reflects the common ailments prevalent among minor girls of this age group. The frequency of diarrhea (75 per cent) is highest in the study village of Patorkuchi. Similarly, the frequency of fever in this age group is highest in the study village of Goria Ghuli (80 per cent). Incidence of common cough (80 per cent) is highest in Pan Ingti village.

TABLE 23 : FREQUENCY OF ILLNESSES AMONG MINOR GIRLS OF THE STUDY VILLAGES, 2002-03.

Ailment	Goria Ghuli		Patorkuchi		Pan Ingti		Bura killing	
	Number of girls affected	Percentage of girls affected	Number of girls affected	Percentage of girls affected	Number of girls affected	Percentage of girls affected	Number of girls affected	Percentage of girls affected
Diarrhea	11	73.3	15	75	13	65	4	57.1
Fever	12	80	13	65	12	60	5	71.4
Common cold	8	53.3	14	70	16	80	4	57.1
Cough	7	46.6	10	50	13	65	4	57.1
Stomach pain	7	46.6	14	70	10	50	3	42.8

In the next category of pre-pubertal girls, medical biographies were collected from the study villages, which reflect that the occurrence of fever was highest followed by stomach truble, cough and common cold. Girls in this age group were seen wearing school uniform and wandering around the villages chewing areca nut and bikon leaves. Few of them were seen holding their siblings in their arms. Majority of the girls in the study villages looked skinny and undernourised. Girls in this age group were also involved in fishing, fetching water and helping their mothers in daily chores. In Goria Ghuli and Patorkuchi, the girls were seen mostly with slippers contrary to pre pubertal girls in Karbi Anglong District who were mostly seen moving around the village bare footed. Few incidents of thorns pricking their feet in the absence of slippers were seen among the girls of this age group. Interestingly more number of girls than boys was seen in the study villages in this age group.

The first option of cure in case of illnesses like fever, common cold and malaria in the study villages of Kamrup District was the Primary Health Centre followed by ritualistic treatment in the cases where allopathic medicine has proved to be

ineffective.

In the study villages of Karbi Anglong District, more emphasis is laid on ritualistic cure through allopathic medicine were also given to ensure a speedy recovery.

In the study villages of Kamrup District, the Karbis resort to allopathic medicines initially. But if the symptoms persist over a period of time, they shift to ritualistic treatment.

Table 24 shows the incidence of illnesses prevalent in the age group of pre pubertal girls. Highest percentage of girls (85.7) affected by fever in this age group has been reported from Bura Killing village followed by Pan Ingti village (75 per cent). Incidence of stomach ache is highest in Patorkuchi village 70 per cent).

TABLE 24 : FREQUENCY OF ILLNESSES AMONG PRE PUBERTAL GIRLS OF THE STUDY VILLAGES, 2002-03.

Ailment	Goria Ghuli		Patorkuchi		Pan Ingti		Bura killing	
	Nunber of girls affected	Percentage of girls affected	Number of girls affected	Percentage of girls affected	Number of girls affected	Percentage of girls affected	Number of girls affected	Percentage of girls affected
Fever	11	73.3	12	60	15	75	6	85.7
Stomach ache	10	66.6	14	70	12	60	4	75.1
Common cold	8	53.3	13	65	12	60	4	57.1
Cough	9	60	11	55	9	45	3	42.8
Dysentery	5	33.3	7	35	10	50	2	28.5

In the category of pubertal girls illnesses apart from gynaecological problems have been taken into consideration. This age group consists of unmarried girls who had attained puberty. They were mostly seen attending to household chores, taking care of their siblings and attending school. The common ailments affecting girls of this age group were skin problems relating to acne, common cold, fever, malaria and stomach trouble. A

fascinating revelation that came to light with respect to the treatment of girls belonging to this age group is that with the onset of puberty they are discouraged to visit the Primary Health Centre for treatment. Allopathic medicines prescribed by the Primary Health Centre were brought by the menfolk of the house either by their father, mother or brother. The percentage of girls affected by various ailments in the four study villages has been presented in table 25. Frequency of common cold (75 per cent) is highest in this age group and that has been reported from Pan Ingti village followed by common cough reported from the same village (65 per cent). Incidence of skin problems is highest in the study village of Bura Killing (57.1 per cent).

TABLE 25 : FREQUENCY OF ILLNESSES AMONG PUBERTAL GIRLS OF THE STUDY VILLAGES, 2002-03.

Ailment	Goria Ghuli		Patorkuchi		Pan Ingti		Bura killing	
	Nunber of girls affected	Percentage of girls affected	Number of girls affected	Percentage of girls affected	Number of girls affected	Percentage of girls affected	Number of girls affected	Percentage of girls affected
Common cold	7	46.6	13	65	15	75	5	71.4
Cough	7	46.6	11	55	13	65	4	57.1
Fever	8	53.3	13	65	15	75	4	57.1
Stomach trouble	5	33.3	10	50	11	55	3	42.8
Skin problems	7	46.6	8	40	6	30	4	57.1

In the age group of 19-25 years, illnesses affected by newly delivered mothers have been taken into consideration. Women in this age group were seen to be involved in myriad activities ranging from household to economic activities. The common ailment present among the Karbi women of all four study villages is anemia. Frequency of asthma (26.6 per cent) is highest in Goria Ghuli village. Again, the frequency of jaundice

in this age group is highest in Bura Killing village (28.5 per cent). The other common illnesses as reflected in table 26 indicates the occurrence of influenza, fever, cold, stomach trouble, dysentery and skin ailments.

TABLE 26 : FREQUENCY OF ILLNESSES AMONG NEWLY MARRIED WOMEN OF THE STUDY VILLAGES, 2002-03.

Ailment	Goria Ghuli		Patorkuchi		Pan Ingti		Bura killing	
	Number of women affected	Percentage of women affected	Number of women affected	Percentage of women affected	Number of women affected	Percentage of women affected	Number of women affected	Percentage of women affected
Anemia	10	66.6	12	60	12	60	4	57.1
Influenza	8	53.3	14	70	11	55	3	42.8
Common cold	8	53.3	11	55	14	70	4	57.1
Fever	9	60	13	65	14	70	4	57.1
Stomach trouble	7	46.6	10	50	11	55	3	42.8
Jaundice	3	20	3	15	2	10	2	28.5
Asthma	4	26.6	3	15	2	10	1	14.2
Malaria	3	20	1	5	3	15	2	28.5

The common illnesses affecting the age group of 25-45 years of married women with children as shown in table 27 are anemia, body ache, influenza, malaria, jaundice and dental problems. Married women in the age group of 25.35 years in all four study villages have anemia. Women in the age group of 40-45 years often complain of pain in the joints. This is possibly because of working long hours in the field. Also the onset of dental problems is marked in this age group. Though the habit of taking areca nut and bikon leaves start from an early age, problems like toothache become more pronounced around 40-45 years.

Table 27 shows the incidence of ailments distinct in the age group of 25-45 years. The incidence of body ache in this age group is highest in Bura Killing village (71.4 per cent) followed by influenza (65 pe cent) and anemia (60 per cent) as reported from the study villages of Goria Ghuli and Pan Ingti.

TABLE 27 : FREQUENCY OF ILLNESSES AMONG MARRIED WOMEN WITH CHILDREN OF THE STUDY VILLAGES, 2002-03.

Ailment	Goria Ghuli		Patorkuchi		Pan Ingti		Bura killing	
	Number of women	Percentage of women	Number of women	Percentage of women	Number of women	Percentage of women	Number of women	Percentage of women
Anemia	9	60	10	50	12	60	4	57.1
Body ache	9	60	12	60	12	60	5	71.4
Influenza	7	46.6	13	65	9	45	4	57.1
Malaria	4	26.6	2	10	7	35	2	28.5
Jaundice	3	20	-	-	1	5	1	14.2
Dental problems	4	26.6	1	5	2	10	4	57.1

The common ailments affecting menopaused women in each study village are dental problems, fever, cold, headache and pain in the joints. Women of the age group are very hardworking and arduous. They perform all economic and household activities with great fervor and zeal.

Cases of dysentery (46.6 per cent) in the study village of Goria Ghuli is higher than the remaining villages. Specific ailments reported in the age groups in the four study villages has been presented in table 28. The incidence of dental problem and fever (70 per cent) is highest in this age group as reported from Patrokuchi and Pan Ingti village.

TABLE 28 : FREQUENCY OF ILLNESSES AMONG MENOPAUSED WOMEN OF THE STUDY VILLAGES, 2002-03.

Ailment	Goria Ghuli		Patorkuchi		Pan Ingti		Bura killing	
	Nunber of women affected	Percentage of women affected	Number of women affected	Percentage of women affected	Number of women affected	Percentage of women affected	Number of women affected	Percentage of women affected
Dental problems	9	60	14	70	11	55	4	57.1
Fever	10	66.6	11	55	14	70	4	57.1
Dysentery	7	46.6	8	40	7	35	3	42.8
Common cold	6	40	9	45	10	50	5	71.4
Head ache	10	66.6	13	65	12	60	5	71.4
Pain in joints	9	60	11	55	12	60	4	57.1
Anemia	9	60	4	20	3	15	3	42.8

Women in the age group of 60 years and above have been categorized as old women. They are mostly seen looking after their grand children and doing household chores. Also women of this age group tend to stay with their peer group and chew areca nut and bikon leaves. Dental stains are a common feature among them. Illnesses rampant in this age group are fever, headache, anemia, stomach troubles and asthma. Table 29 shows the distribution of illnesses among Karbi women in the age group of 60 years and above. In this category, the incidence of fever (75 per cent) is highest as reported from Patorkuchi village, followed by dental problems as reported from Bura Killing village (71.4 per cent) and headache 70 per cent as reported from Pan Ingti village.

TABLE 29 : FREQUENCY OF ILLNESSES AMONG OLD WOMEN OF THE STUDY VILLAGES, 2002-03.

Ailment	Goria Ghuli		Patorkuchi		Pan Ingti		Bura killing	
	Nunber of women affected	Percentage of women affected	Number of women affected	Percentage of women affected	Number of women affected	Percentage of women affected	Number of women affected	Percentage of women affected
Dental problems	8	53.3	13	65	11	55	5	71.4
Fever	7	46.6	15	75	10	50	4	54.1
Head ache	9	60	12	60	14	70	4	57.1
Stomach trouble	7	46.6	11	55	13	65	3	42.8
Asthma	3	20	-	-	-	-	2	28.5
Anemia	4	26.6	-	-	2	10	2	28.5

Karbi women in all the four study villages were pluralistic in their choice of treatment. They have more trust on the traditional practitioners because they are easily assessable. Karbi women were frequently dissatisfied with the government services they receive for reasons that include lack of medicinal supplies and long waiting time to see a doctor. The availability of female doctors and nurses also affect a woman's choice of health services. The Karbi women of the study villages have immense faith on the ethnogynaecologists for medical as well as psychological care.

TABLE 28 : FREQUENCY OF ILLNESSES AMONG MENOPAUSED WOMEN OF THE STUDY VILLAGES, 2002-03.

Ailment	Goria Ghuli		Patorkuchi		Pan Ingti		Bura killing	
	Nunber of women affected	Percentage of women affected	Number of women affected	Percentage of women affected	Number of women affected	Percentage of women affected	Number of women affected	Percentage of women affected
Dental problems	9	60	14	70	11	55	4	57.1
Fever	10	66.6	11	55	14	70	4	57.1
Dysentery	7	46.6	8	40	7	35	3	42.8
Common cold	6	40	9	45	10	50	5	71.4
Head ache	10	66.6	13	65	12	60	5	71.4
Pain in joints	9	60	11	55	12	60	4	57.1
Anemia	9	60	4	20	3	15	3	42.8

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TABLE 29 : FREQUENCY OF ILLNESSES AMONG OLD WOMEN OF THE STUDY VILLAGES, 2002-03.

Ailment	Goria Ghuli		Patorkuchi		Pan Ingti		Bura killing	
	Nunber of women affected	Percentage of women affected	Number of women affected	Percentage of women affected	Number of women affected	Percentage of women affected	Number of women affected	Percentage of women affected
Dental problems	8	53.3	13	65	11	55	5	71.4
Fever	7	46.6	15	75	10	50	4	54.1
Head ache	9	60	12	60	14	70	4	57.1
Stomach trouble	7	46.6	11	55	13	65	3	42.8
Asthma	3	20	-	-	-	-	2	28.5
Anemia	4	26.6	-	-	2	10	2	28.5

Karbi women in all the four study villages were pluralistic in their choice of treatment. They have more trust on the traditional practitioners because they are easily assessable. Karbi women were frequently dissatisfied with the government services they receive for reasons that include lack of medicinal supplies and long waiting time to see a doctor. The availability of female doctors and nurses also affect a woman's choice of health services. The Karbi women of the study villages have immense faith on the ethnogynaecologists for medical as well as psychological care.

CHAPTER VI

ROLE OF THE ETHNOGYNAECOLOGIST

All human societies have patterned sets of beliefs and practices concerning the treatment of gynaecological problems including pregnancy and delivery. Some societies have a specialist who is primarily concerned with these matters. This specialist is referred to as a 'midwife'.

The word 'midwife' comes from Old English and means 'with woman.' Midwives have helped women deliver babies since the beginning of history. References to midwives are found in ancient Hindu records, in Greek and Roman manuscripts, and even in the Bible. A midwife's education stresses that pregnancy and birth are normal, healthy events until proven otherwise. Midwives view their role as supporting the pregnant woman while letting nature takes its course. Midwives also focus on the psychological aspects of how the mother-to-be feels about her pregnancy and the actual birth experience. Midwives generally spend a lot of time during prenatal visits addressing a woman's individual concerns and needs, and will stay with her as much as possible throughout labour. Midwives are trained to recognize the signs of trouble in pregnancy and labour. If a complication develops at any time, the midwife should consult a doctor.

The four study villages have two categories of midwives the government trained midwife and the traditional midwife. Usually, the traditional midwife is also a herbalist who prescribes various herbs for the treatment of gynaecological problems. Since they are well versed and trained within their culture and use indigenous methods of treatment, we designate this category of midwife as the 'ethnogynaecologist' the folk medicine woman who studies and treats the medical conditions and diseases of women, especially those concerned with sexual reproduction.

However, the use of the term midwife ranges from referring to anyone who assists at birth, whether a specialist or not, to

that employed by World Health Organization (W.H.O) which stresses on professional training and formal education (Grollig 1976 : 230). According to Committee Report of the W.H.O (1966), qualified and trained means at least secondary school of education and training in scientific medicine. W.H.O considers indigenous midwives (in the persent context ethnogynaecologist) as a 'traditional birth attendant who mostly have no training at all in midwifery, but are usually well versed in folklore relating to maternal and infant care and are among the most highly respected members of their community. In this sense we have used the term ethnogynaecologist.

According Osgood et. al. (1966) indigenous or traditional midwife is referred to by a variety of terms such as empirical midwife or the lay midwife to distinguish them from a licensed midwife who have formal medical education. In Vietnam, *ba mu vuon* or the traditional midwife is distinct from the *nu ho sinh* or the government licensed midwife. Midwives also tend to be elderly and the majority have crossed the childbearing age (Grollig 1976 : 231). In contrast, the government midwifery programs tend to train younger people.

A person may become a midwife through supernatural calling, inheritance or voluntarily. In some cases, for instance, in Guatemala, a midwife claims that her skill and knowledge are taught in a dream or vision (ibid : 232). The midwife usually occupies a respected position, although variation does visit in her status. With the influence of modern medical programs, her position often becomes an ambiguous one.

Midwives are generally females, although a few males also practice midwifery. Hence, the feminine pronoun is generally used when referring to midwives. Among some communities, midwives are not allowed to assist delivery cases. Irula women do not allow midwives to help them but entrust the job to their own husbands (Jaggi 1982 : 135).

Now let us discuss the role of the ethnogynaecologist in the context of the four study villages. The ethnogynaecologists perform myriad roles-that of a gynaecologist, herbalist and a kin

member in rendering emotional support to mothers during pre. natal and labour stages. They are affectionately called *dhai buri* in the study villages of Kamrup District. Dhai is an Assamese synonym for midwife and *buri* signifies an old lady. Another term popular in the study villages of Kamrup District is ani and *abu* which in Karbi dialect refers to father's elder sister and grandmother. In the study villages of Karbi Anglong District, she is generally referred to as *phi* and *pesar* meaning grandmother and mother's elder sister. Two significant aspects that come to light is that the category of ethnogynaecologists in the study villages comprise of elderly women generally in the age group of 55 to 65 years. Secondly, the role played by the ethnogynecologists in incredible which can be assumed from the fact that they are given the status of a father's elder sister. In the study villages of Karbi Anglong District, the ethnogynaecologists are known as *kareng uchepi.* These ethnogynaecologists who receive some informal training in midwifery are highly respected in all the four study villages. They claim to be knowledgeable about hygiene, health care and the medicines to be followed before, during and after delivery. Knowledge about midwifery is transmitted among the womenfolk from generation to generation.

The ethnogynaecologists mostly use indigenous tools and other technology locally in vougue. For instance, blade is not used for cutting the umbilical cord in the study villages of Karbi Anglong District. In lieu of blade, a sharp piece of bamboo known as siju is used. The Karbi villagers in all the four study villages make a distinction between an ethnogynaecologist and a government trained midwife. The later is known as a nurse. The Karbi women generally prefer the ethnogynaecologists to the nurse. The reasons being they are able to identify themselves more with the ethnogynaecologist because 'she is one among them'. Another reason for disliking the nurses can be attributed to the fact that few of them are young and unmarried compared to the elderly ethnogynaecologists.

In the four study villages, midwifery is not associated with

any particular clan. Women who have mastered the skill of midwifery can take up this profession. As already mentioned, these ethnogynaecologists occupy a position of honour and esteem in the traditional Karbi society. This is, however, in contrast to other indigenous midwives in India who occupy a status at the low end of the scale (Grollig et. al. 1976 : 235). This is attributed to the belief that birth is an unclean and polluting process and so only a person of low caste or an untouchable is allowed to deliver the baby or cut the cord. Pregnancy and delivery, however, are considered as a normal process in the four study villages.

The ethnogynaecologists claim that they are knowledgeable about the gynecological problems and cure. In her capacity as a herbalist, she collects various roots, leaves and other edible parts of a herb.

The role of the ethnogynaecologist is not only limited to pregnancy and the delivery of a child but she performs other roles as well. The most important of the roles is to provide plentiful support and emotional assurance. The bond shared by an ethnogynaecologist with her 'patients' is an everlasting and eternal bond that stays on with the onslaught of time. This can be best understood from the fact that in all rituals of the family the ethnognaecologist is always invited.

These ethnogynaecologists are some of the most respected female members of the traditional domain of the Karbi society. They are also consulted in case of family problems thus extending their role beyond the ethnomedical domain of their society. Apart from assisting in the entire process of delivery, as mentioned earlier, she is also a herbalist. She is also a friend to the pubertal, married, unmarried and menopaused women of the study villages.

The influence of modernization has entered the Karbi society as well. Medical pluralism cannot be ruled out in the study villages. But with respect to pregnancy and delivery and the treatment of gynaecological problems, Karbi women have deep faith on the ethnogynaecologists. They believe that they can effectively discuss their gynaecological problems wth the ethnogynaecologists without any apprehension and shyness

because of the fact that she is one among them who can never be wrong. In contrary, the doctors of the Primary Health Centre majority of whom are males treat many patients a day. The Karbi women of the study villages believe that the doctors of the Primary Health Centre hardly have time. Another firm belief held by Karbi women of the study villages of Kamrup District is that the doctors and the staff of the Primary Health Centre causes anxiety among the women because they advise them on so many aspects of pregnancy that it almost appears to them as a 'disease'. Karbi women of the four study villages believe that pregnancy is a 'normal process' in the life of a woman.

In the following paragraphs, we shall discuss the role of the ethnogynaecologist in prenatal care, delivery, removal of the umbilical cord and the procedure adopted for conducting a pregnancy.

PRENATAL CARE

The role of the ethnogynaecologist during the prenatal *(oso mahang thek the ako)* period may vary from minimal to a more active one depending upon the health of the woman. In the four study villages, an ethnogynaecologist is usually selected between the seventh to the ninth month of pregnancy. During this period, the ethnogynaecologist visits the pregnant woman weekly or monthly. Karbi women of the study villages of Karbi Anglong District usually do not seek the services of an ethnogynecologist for prenatal care, until labour begins. With few exceptions, it has been observed that usually for the birth of the first child, an ethnogynaecologist is called during the prenatal period. Otherwise the pregnant woman continues with all her activities till the last stage of her pregnancy. At the onset of labour an ethnogynaecologist is called.

The most common prenatal practices is that of abdominal massage. This massage is thought to make the birth easier. The ethnogynaecologist usually takes a small quantity of warm mustard oil in a bowl and taking a small portion of the oil in her

plam, she massages the abdomen of the pregnant woman in slow circular movements. The ethnogynaecologists claim to be well-informed about the kind of strokes to be applied. They believe that heavy massaging can cause severe damage to the unborn child. Ethnogynaecologists in the study villages of Karbi Anglong District in addition to mustard oil uses coconut oil for massaging. To keep the body of the pregnant woman in homeostasis or balance, a pregnant woman is advised to drink coconut water in the ninth month of pregnancy. The ethnogynaecologists also advise women on the diet to be followed during the entire period of pregnancy.

It is encouraging to observe that in all the four study villages, the ethnogynaecologists do not work in isolation. They follow the advice of the female health workers of the Primary Health Centre and use hygienic methods during the process of delivery. The ethnogynaecologists advice the pregnant women to visit the Primary Health Centre for immunization and to refraim from all physical activities from the seventh month to prevent future complications.

DELIVERY

The delivery is conducted by the ethnogynaecologist in a separate part of the house. Among the Karbis of the study villages of Kamrup District, this place is usually the inner room of the house and among the Karbis of the study villages of Karbi Anglong District, the delivery takes place in the kut. It is interesting to note that in both the study districts, delivery never takes place near objects of religious use. The reason behind this belief is that the birth of a child involves 'various impurities' and so the delivery should take place separately.

The ethnogynaecologist ensures that the place selected for the delivery is cleaned properly as the mother and the new born are highly susceptible to various illnesses. She also makes sure that the place is not over crowded. Apart from a few elderly relatives, she advises neighbours and friends to wait in the other room. Labour and delivery occur in the same location.

The delivery usually takes place in the house of the pregnant woman. Toward the last stage of the pregnancy, the ethnogynaecologist increases the frequency of her visits, and always makes sure that she is available at the time of the delivery. The most popular position for delivery in the four study villages is sitting with knees bent, leaning back on someone or something for support. Other traditional positions include kneeling, squatting, and standing up.

The attendants who assist the pregnant women are usually the mother, mother-in law, elder sister or sister in law of the woman. The attendants are asked to hold the feet and hands of the pregnant woman. The ethnogynaecologist then exerts pressure with each labour pain and lubricates the vaginal canal with coconut oil. She tells the woman undergoing labour to tolerate the pain. Generally, the birth of a child is celebrated by distributing sweets.

According to Geeta Tokbi, one of the ethnogynaecologist of Bura Killing village, 'there was no concept of a midwife or a nurse earlier'. Elderly relatives used to conduct deliveries. However, with the passage of time, these elderly women have taken up the role of an ethnogynaecologist. At the time of delivery, the bedcover used should be clean without any dirt. Earlier, deliveries used to take place on the floor of the house. But the ethnogynaecologists of the four study villages believe that a hard surface causes discomfort to a woman and so a bed with a mattress is a better option.

The major duties of an ethnogynaecologist during the process of delivery are to provide physical support to the woman and to massage her abdomen (especially during contractions) and sometimes her back, legs, and thighs. It is believed that massaging eases the birth process.

Before and after conducting the delivery, the ethnogynaecologist washes her hands with soap or detergent whatever is available. Delivery among the Karbis of both study villages is known as *oso mahang thek.*

REMOVAL OF THE PLACENTA AND THE UMBILICAL CORD

The newborn baby's placenta is the focus of many post-birth rituals around the world. As well as honoring the baby's placenta, these practices spiritually safeguard baby and mother during the major transitions of birth and the postnatal period. In Cambodia, for example, the baby's placenta, which traditional Cambodian healers call 'the globe of the origin of the soul,' must be buried in the right location and orientation to protect the baby. The burial place may be covered with a spiky plant to keep evil spirits and dogs from interfering, because such interference could have long-term effects on the mother's mental health. *Dona Miriam*, a traditional midwife from Costa Rica, describes wrapping the newborn placenta in paper, burying it in a dry hole, then covering it with ashes from the stove. This ritual protects the mother from blood clots, cramps, and infection. For the Navajo, burying a child's placenta within the four sacred corners of the habitation ensures that he or she will be connected with the land and will always return home (Eisenbruch 1997 : 119-142)

The placenta is known as *phul* among the Karbis in all four study villages. The placenta is taken out without much manual assistance in all the four study villages. Standing, stretching, and uterine massages are often used to facilitate expulsion of the placenta. In case of delay, the woman is massaged gently and attempts are made to make the woman gag. It is generally taken out before the umbilical cord is cut. The umbilical cord is tied with a thread or a string. To cut the umbilical cord, blade is used in the study villages of Kamrup District. In the study villages of Karbi Anglong District, a split of sharp bamboo known as *siju* is often used. the placenta is buried outside the house in the case of the study villages of Kamrup Distrct. In the study villages of Karbi Anglong District, the placenta is either buried in the backyard or disposed off without any ritual.

The umbilical cord is cut only after the placenta is expelled when the baby breathes normally The umbilical cord that is known as the *anari* among the Karbis of Kamrup District and *chete ari* among the Karbis of Karbi Anglong District is not disposed off at birth. It is neatly wrapped with a cotton or linen cloth and kept inside the house. When the baby cries, the *anari* along with the cloth is dipped in a bowl of water and then fed to the infant. In the study villages of Karbi Anglong District, the umbilical cord is not thrown or buried. Rather, it is kept properly inside the house and is considered an auspicious object.

POST-DELIVERY

After delivery in all the four study villages, the newborn is held upside down and then sprinkled with water to make it cry. Then the baby is sponged thoroughly with lukewarm water. Immediately after the birth, the ethnogynaecologist puts a black spot on the forehead of the new born to ward off the evil eye. Thereafter, the baby is shown to relatives and friends. After the third day, a few drops of mustard oil is smeared on the body of the baby and massaged gently by the ethnogynaecologist. They rarely use water in cleaning the baby during the initial days. For the next few days, the ethnogynaecologists claps the hands or beats small objects near the ears of the new born to observe its responses. If the baby does not respond, the ethnogynecologists advises the parents to take the baby to the Primary Health Centre. They advise the mother not to take the baby outdoors, as new borns are extremely susceptible to infections.

The ethnogynaecologists educates the newly delivered mother how to hold the baby's head after birth. She also regularly visits the house of the woman to massage her and to advice her on the diet to be followed. Newly delivered mothers at the advice of the ethnogynecologists avoid chillies and other spices as it affects the breast milk, Usually food is offered to the ethnogynaecologist as a mark of respect for her services, which she eats with the woman, and other members of the family.

Often the ethnogynaecologist is seen with the womenfolk of the house either in the kitchen cooking or gossiping in the verandah. The term used for ante natal among the Karbis of both study districts is *oso the-e ako.*

PROCEDURE ADOPTED FOR CONFIRMING A PREGNANCY

An ethnogynaecologist adoupts the following procedures for confirming a pregnancy. But none of the domestic tests conducted by her confirm the pregnancy. These are just assumptions made by her which may be true or false. For the confirmation of a pregnancy, no scientific tools are adopted except the oral knowledge that has been transmitted from generation to generation.

Whenever, a woman has doubts that she is pregnant, she visits the ethnogynaecologist who then discusses the problem with her. If the woman tells her that she has stopped menstruating, the ethnogynecologist asks her the time she had her last menses. She then calculates the time. One of the established ground for confirming a pregnancy in the case of married woman is when menstruction comes to a sudden halt.

The ethnogynecologist then starts discussing other symptoms which include nausea and giddiness in the mornings. If the woman shows the manifestation of more than one of the symptoms, it is taken as a confirmation. The 'if factor', however, is always there. As discussed in Chapter V, women of the four study villages often suffer from nausea and irregular menses. Hence, the if factor contimues to surface till about the third to the fourth month.

Other grounds of confirming a pregnancy in the four study villages include calculating the month of marriage and the frequency of intercourses the woman had with her hushand. An ethnogynaecologist of Pan Ingti village confided in me that just by looking at a woman she could predict whether she is pregnant or not. Often a pregnant woman 'appears very happy and radiant'. The ethnogynaecologists also ask the women if she has developed

a sudden liking for sour things. However, to actually confirm a pregnancy, the ethnogynecologists needs to wait till the third or the fourth month when 'swellings' appear on the stomach and the woman becomes 'moody' and 'irritable'.

In the case of a 'sudden pregnancy' women are advised by the ethnogynaecologist to visit the Primary Health Centre or to buy a 'pregnancy test' and conduct an examination at home to confirm the pregnancy. Women of the two study villages of Karbi Anglong District seemed unaware of the 'pregnancy test' and were reluctant to visit the Primary Health Centre for fear of a gynaecological examination. Not many Karbi women of the study villages of Kamrup District were aware of the pregnancy test. Those who knew explained that the test can be conducted at home by mixing a drop of urine with the chemical. Change in colour confirms a pregnancy. Table 30 shows the names of the ethnogynaecologsits of the four study villages and their specializations.

TABLE 30 : NAME OF THE ETHNOGYNAECOLOGISTS OF THE FOUR STUDY VILLAGES AND THEIR SPECIALIZATION, 2002-03

Study Villages	Names of The Ethnogynaecologists	Age	Educational Status	Specialization
Goria Ghuli	Phunu Timung	62	Illiterate	Ethnogynaecologist and herbal specialist.
	Ambika Marme	57	Illiterate	Ethnogynaecologist
Patorkuchi	Rohilla Timung	65	Illiterate	Ethnogynaecologist and herbal specialist.
	Usha Ingti	45	Literate	Ethnogynaecologist and herbal specialist
Pan Ingti	Kadmi Ronpipi	58	Illiterate	Ethnogynaecologist and herbal specialist.
	Padumi Beypi	55	Literate	Ethnogynaecologist.
Bura Killing	Geeta Tokbi	32	Literate	Ethnogynaecologist.

As discussed earlier, the ethnogynaecologist is usually a herbalist who prescribes various herbs for the treatment of gynaecological problems. Thable 31 indicates the names of some of the herbal medicine used by the ethnogynaecologist of the four study villages in the treatment of gynaecological and other problems of women.

TABLE 31 : LOCAL NAME OF HERBS USED BY ETHNOGYNAECOLOGISTS AND CORROSPONDING ILLNESS, 2002-03

Local name of herb	part of the herb used	Type of ailment.	Procedure
Ponunua (a type of herb)	Roots and seeds	*Khorai*	The roots of ponunua are first cleaned and washed. They are then mixed with *bhekuri*, *hati bondha* and *bhriringi* chillies (a type of chiily found in the jungle). This mixture is then pounded and mixed with half a litre of rice water and soaked for two hours. This water is given to the affected woman.
Peepal tree and *sarpogua*	Seeds and leaves	*Boga sap* (white discharge)	The seeds of the peepal tree are boiled with the leaves of *sarpogua* and the mixture is kept for three hours after which it is sieved and given to the affected woman.
Bordhekia and Kosidhoria (a type of fern)	Leaves	*Nari bagora*	The leaves of *bordhekia* and *kasidhoria* are boiled and then separated with a sieve. It is then

			mixed with dry fish (*goroi*) and given to the affected person.
Water hyacinth, *insuak, dephasor* (a poisonous herb)	Leaves	Drying of the child's naval after delivery.	The leaves of water hyacinth are cleaned and washed along with the leaves of *insuak* and *dephasor*. This mixture is pounded with water, separated with a sieve and then applied on the naval.
Lutisoup (a small herb)	Leaves	*Akaikimi bhik* (menstrual cramps)	The leaves of *lutisoup* are soaked in water for a day and then pounded to form a mixture. This mixture is given to the affected woman.

From the preceeding discussions, it is evident that the ethnogynaecologists play a pertinent role in the understanding of woman's heath and illness in a holistic framework within the ethnomedical domain of the Karbi society.

CHAPTER VII

SUMMARY AND CONCLUSION

In the foregoing chapters we have described some aspects of ethnomedicine among the Karbis of Assam with particular reference to disease and treatment of women. The present book is based on data collected in the course of fieldwork undertaken between 2002 and 2004. The field data was collected from the Karbis, a Scheduled Tribe of Assam inhabiting two villages of Kamrup District and another two villages of Karbi Anglong District of Assam.

The present study deals with the concepts of health, disease and illness. It covers various aspects of the traditional beliefs and practices concerning medical system as well as the degree of acceptability of modern medicine by the Karbis with special reference to women and their health status. The primary objective of the present study has been to understand the indigenous concepts of health and illness as conditioned by the social, psychological and environmental situation among the Karbis with special reference to women. In the present study, some important aspects have been taken into consideration. One such aspect has been to understand and identify the cause of illness as perceivedby the Karbis and how they are linked with the nature of treatment as adopted by them. Rites, rituals, ethos, beliefs and practices occupy a pivotal place in the life of the Karbis. Also in the present study, a number of socio-cultural issues related to health have been taken into consideration. An understanding of the various traditional religious practices and beliefs is necessary because the association between supernatural powers and disease is intricately related. As against this backdrop, investigation has been made regarding the role and position of the ethnomedical specialists like the priests, diviners, herbal specialists, ethnogynaecologists, etc.

The Karbis constitute an important ethnic group in the hill areas of Assam. They are one of the most numerous and homogenous of the many Tibeto-Burman communities inhabiting Assam. The Karbis are a combination of four smaller groups each of which is ideally endogamous. These groups are : Chingthong, Ronghang, Amri and Dumrali. They have a number of patrilineal clans known as *kurs*. These clans are *Terang, Teron, Enghee. Ingti* and *Timung*. Each of the five clans has a number of sub-clans. The Karbi clans have been strictly exogamous. They believe in the immortality of the soul, life hereafter and reincarnation. The line of descent is traced through the male members only.

The Karbis inhabit in greatest strength in Karbi Anglong Hills called after them, nevertheless, some Karbi inhabited pockets are found in the North Cachar Hills, Kamrup, Morigaon, Nagaon and Sonitupu Districts also. Variations exist in respect of socio cultural and economic life between the Karbis inhabiting the two study districts. In the same manner, there are also variations in respect of the concepts of disease and illness, settlement pattern, house structure, etc. But despite such variations, there are similarities in many aspects of their lifestyle.

My study tends to show in an incontrovertible manner how spatial dislocation of the Karbis has resulted in a change of perception. The differences in the medicines and the procedures adopted have resulted due to acculturation. Quite obviously lack of standardization of medicine is a reflection that not all the herbs being used are efficacious. Acculturation has also resulted in a greater transition to medical pluralism. The Karbis are therefore exposed to multiple treatment options. Although the systems co-exist, they differ in their choice patterns. The choice is incumbent upon social and economic factors. There are several instances of combination of various medical systems. The Karbis have understood the speedy action of modern medicines in curing diseases like malaria.

Medical pluralism is more prevalent in Kamrup than in Karbi Anglong. There is a shift in procedures adopted in Kamrup.

In many cases the treatment offered has changed from the supernatural to the herbal or the allopathic. This is perhaps the effect of urbanization and acculturation. The Karbis of both study districts exhibit an almost similar dichotomy with respect to disease causation. The introduction of modern medical system has the positive effect in eradicating diseases believed to be caused by natural factors. The more acculturated Karbis of Kamrup District have been found to be more affected by the undercurrent of modern medicine as compared to the Karbis of Karbi Anglong District.

The three broad categories of disease causation among the Karbis of both study districts include the natural, supernatural and the intermittent categories. Diseases caused by supernatural factors have its genesis on spirits, sorcery and divine punishment; diseases caused by natural factors are due to forces like weather, food and temperature. The intermittent category includes all diseases believed to have been caused by some traditional beliefs. This category does not fall within the ambit of supernatural and natural factors. The categorizations are not so rigid. The category of diseases caused by supernatural agencies is believed to be curable only by religious and ritualistic means. On the other hand, the diseases caused by natural factors are considered to be curable by *material medica*. The introduction of modern medicine has further sharpened this demarcation. Now the Karbis consider that certain diseases are curable by modern medicine and certain others by performing rituals.

There is no denying of the fact that the functionality of the folk medicine men, *(Bez, Thekerey, Uche, Kohiraaj, Kurusar* and *Deori)* is of paramount importance in the context of the Karbi society. These people in their own ritualistic way have been able to a considerable extent actually unite the tribe. The old and the young unite together in the fight against disease. It is almost as if they were facing a war. The rituals bring unity because they are not confined to an individual family of the village. The rituals actually unite the village as a whole. One significant similarity observed among the Karbis of the two study

districts with respect to the treatment of jaundice is the wearing of a garland offered by the folk medicine men. These folk medicine men also perform different propitiatory rites to free the village from the shackles of illnesses. The degree of relationship the folk medicine men share is remarkable in the context that one is functionally related to the other. The *Deori* performs a ritual at the advice of a *Kurusar*. Similarly, the herbal specialists often consult one another with respect to the therapeutic influence of herbs. The knowledge and use of herbal medicine among the Karbis in the two study districts do not exhibit much similarity. The Karbis also have a rich repository of domestic remedies for various illnesses.

Dietary habits have also shaped their understanding of an illness. Cerntain food items are categorized as 'hot' and others as 'cold'. The lifestyle of the Karbis also reflects their health status. Ill-lighted and ill-ventilated houses, poor sanitary habits, lack of cleanliness and hygiene have had its repercussions on the overall health status of the Karbis.

Karbi women of the study villages suffer from a variety of gynaecological problems. These problems were attributed to excessive physical exertion among other causes and rarely to infection and lack of personal hygiene. The Karbi women do not attribute supernatural causation as responsible for gynaecological problems. Shyness of undergoing a gynaecological examination from a male doctor prevented them from seeking biomedical care. For the treatment of such problems, the Karbi women are heavily dependent on the ethnogynaecologists and on the 'magical herbs' prescribed by them and on domestic remedies. Interestingly, the ethnogynaecologists claim to have limited knowledge of herbs and believe that the blind faith of the women draws them closer, more than anything else. A rhetorical analysis of Karbi women based on age was carried out to focus on health problems specific to that age, barring the gynaecological problems. A sharp dischotomy exists with respect to gynaecological problems and other health problems. In the case of the former, Karbi women resort to ethnomedicine and in case

of the later usually to biomedicine. Cultural norms prevent pubertal and married women to visit the Primary Health Centre alone. For gynaecological problems and child birth the undisputed female specialist among the Karbis is the ethnogynaecologist.

The term ethnogyaecologist needs to be understood in its greater import. An ethnogynaecologist is not a midwife per se, rather she is more or less an institution. She is the most integral and the most significant female specialist among the Karbis. Her role is just not confined to deliveries or in the treatment of gynaecological problems. She also acts as a medium between the Karbi women and traditional oral core of the Karbi society. Her advice is always willfully accepted. No one questions her ability and skill. She is considered an expert in the field of midwifery ahead of the nurses of female health workers of the Primary Health Centre. It is encouraging to note that she acts as a mediator between the ethnomedical system and the bio medical system because of incorporation of various components of the bio medical system into her specialization. There is a need to give a definite shape to a health policy for an ethnogynaecologist at a broader perspective. Infact most of the problems of women and children are in the hands of the ethnogynaecologist and therefore it would be of great use if she is properly integrated into the wider society.

In health related issues it is thus necessary to look at the modes of intervention in a much more sensitive manner. The following conclusions may be drawn :

a) The traditional midwives or the ethnogynaecologists needs to be co-opted into the bio medical health system lest there be a conflict of traditionalism and modernity. There is a need to give scientific knowledge to the ethnogynaecologists among the Karbis. But the course designed needs to be put in place whereby the knowledge imparted to them is harmonious to their prevalent practices.

b) There is a need for the use of scientific alternative use of medicines. For example the use of tablets may

perhaps not find immediate acceptance. But the use of allopathic, herbal and ayurvedic liquid medication might be acceptable to the Karbis. These have to be standardized and incorporated into the knowledge domain of the powerful folk medicine men of Karbis.

c) The various medicines used by the Karbis should be studied further by medical researchers to validate or negate the herbal medicines being used and bring about a standardization appropriate to the cultural milieu of the tribal settings and the forestry available there.

Thus it is pertinent to keep in mind that various aspects of indigenous methods of treatment of disease and illness should invariably be taken as a precondition to the formulation of governmental programme for tribal health and its effective implementation.

GLOSSARY

LOCAL NAME	ENGLISH EQUIVALENT
Aam luchi pamelo	Domestic remedy
Aan	Rice
Akaikimi/Abang inhonade	Menstruation
Abang kiunhona oroh	Menopause
Abeng	Leg
Achu	Hair
Adiha	Advice
Adup	Powdered
Afar lo	Dream
Ajora keso	Rheumatism
Akangtu	Fat
Akumey	Good
Akurum	Imbalance
Aleso	Girl
Ai amu ongdo	Evil eye
Amey	Eye
Anari	Naval
Anay si asi wangdo	Natural
Angho	Face
Ankur	Stem
Anukan	Nose
Apenso	Boy
Apey	Insect
Apoh	Vagina
Apok kiso	Dysentery
Apu	Stomach

Areng	Bark
Ari	Hand
Arleng	Man
Arlom	Totem
Arloso	Woman
Arihey wangwe	Superstition
Arman	Rituals
Arman aning chido	Wrath
Arnam	God
Arok	Leprosy
Arnam kase dum	Appease
Arhi	Funeral rites
Arway	Weather
Arwoh	Leaves
Asakh	Family
Asey	Fever
Asi-eye	Demon
Asimey	Anus
Asin	Symptoms
Aso	Teeth
Aso ano	Married
Aso-ki-doh	Pregnancy
Asumoi-kihonhe	Problem
Atap	Hot
Athua	Mosquito net
Banta	Betel nut and leaves
Beji	Injection
Beksida	Economy
Bhot-bhotay-do	Murmer
Bia-chiphalao	Unmarried

Ce-ese	Ghost
Chakkeral	Betrothal
Cham	Mentally imbalanced person
Cherk-jamgo	Supernatural
Chimeme	Dirty
Chintong	A geographical location
Chir	Spear
Chojun	An agricultural festival
Chomangkan	Funeral ceremony
Chorong asi	Cow dung
Chorot	Harvesting
Dhai buri	Midwife
Ekra	A wild plant
Englay	Leech
Epithang kepame	Self treated
Ethat	Sacrifice
Hak	Basket
Hambri	Chillies
Hemphu	God
Hia	Hand fan
Hon	Thread
Hongkup	Verandah
Inghy	An exogamous clan
Inlong arik	Jhum cultivation
Ingty	An exogamous clan
Ingualu	Kitchen
Inty	Salt
Jangphung	Jackfruit
Jeso	Child
Jogona	Water melon

Areng	Bark
Ari	Hand
Arleng	Man
Arlom	Totem
Arloso	Woman
Arihey wangwe	Superstition
Arman	Rituals
Arman aning chido	Wrath
Arnam	God
Arok	Leprosy
Arnam kase dum	Appease
Arhi	Funeral rites
Arway	Weather
Arwoh	Leaves
Asakh	Family
Asey	Fever
Asi-eye	Demon
Asimey	Anus
Asin	Symptoms
Aso	Teeth
Aso ano	Married
Aso-ki-doh	Pregnancy
Asumoi-kihonhe	Problem
Atap	Hot
Athua	Mosquito net
Banta	Betel nut and leaves
Beji	Injection
Beksida	Economy
Bhot-bhotay-do	Murmer
Bia-chiphalao	Unmarried

Ce-ese	Ghost
Chakkeral	Betrothal
Cham	Mentally imbalanced person
Cherk-jamgo	Supernatural
Chimeme	Dirty
Chintong	A geographical location
Chir	Spear
Chojun	An agricultural festival
Chomangkan	Funeral ceremony
Chorong asi	Cow dung
Chorot	Harvesting
Dhai buri	Midwife
Ekra	A wild plant
Englay	Leech
Epithang kepame	Self treated
Ethat	Sacrifice
Hak	Basket
Hambri	Chillies
Hemphu	God
Hia	Hand fan
Hon	Thread
Hongkup	Verandah
Inghy	An exogamous clan
Inlong arik	Jhum cultivation
Ingty	An exogamous clan
Ingualu	Kitchen
Inty	Salt
Jangphung	Jackfruit
Jeso	Child
Jogona	Water melon

Kan	Song
Kando	Burnt
Kanghopot	Taboo
Karjong	Soul/spirit
Kengtong	Elephantiasis
Eesi	Scissors
Khen	Curry
Kichung	Cold
Kidam	Shivers
Kilang	Diagnosis
Kiso Kila	Illness
Ki-ye-pana-enthungey	Paralysis
Kipathe padding	Child rearing
Kipho	Bamboo
Kitheng	Pounded
Kur	Clan
Lakhimi koloh	A sacred pot
Lang	Water
Langdo	Treatment
Me	Village council
Mekfkai	Burning of debris
Menso	Girl
Mer	Flowers
Nang-miyar	Beautiful
Noso/Napak	Knife
Numpiariong	A sacred pillar
Ohona	Bad
O-se-kebe/alun	Cradle song
O-se-ki-honhe	Barrenness
O-so-Kithe	Still birth

Paap	Sin
Pachi lopu no	Combined
Pasi	Cough
Pekok	A female wear
Pe therang	A wooden loom
Phem	Trap
Phem arnam mepu menu	Vows
Phu	Head
Phunkang	Goitre
Pi-amir	Small pox
Pvo	Mosquito
Poho	Turban
Pok Kapavi	Dysentery
Pok keso	Stomachache
Posilok krok	Crushed
Ranchong Prang	Thin
Rek anglong	Mountain God
Rik	Broadcasting of seeds
Rikong	Male wear
Rit	Agricultural field
Rongkher	Agricultural festival
Sal	Loom
Sarthe	Village headman
Tharve	Mango
Ti-pep	Burried
Up	Boil.

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