

REPORT ON
Exploring the Traditional Health Practices among
the Rabhas of Goalpara district

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CHAPTER - I

Introduction:

The concept of Health is dynamic and complex and its definition varies with the context in which the term is used. The World Health Organisation(WHO) defined health as 'a state of complete physical, mental and social well-being and merely the absence of disease of infirmity'. 'Health' as a concept has different meaning for different people. Some believe health as a state of being free from disease but some believe that this definition is limited. There is no any universal definition of health (Taylor, 2008- p5frog). Its understanding differs from place to place and one community to another. People and cultures, groups and societies interpret the concept of the health in different ways. According to Keleher and MacDougall (2008), "...understanding health is built upon broad notions of health that recognize the range of social, economical, and environmental factors that contribute to health" (p. 6-7 cactus). It seems that people are the focal point to derive the proper concepts of health. Keleher and MacDougall (2008-p 6 cactus) argue that people's perspective is the major steps to understand health. Many studies show that health is related to state of wellbeing and illness.

Health as a dynamic concept is complex whose definition varies with the context in which the term is used. There are different perspectives to understand health. Health can be understood on biological approach, biomedical approach, behavioral approach, spiritual approach, health education approach, public health approach and many more. Biological approach explores the role of genes. Biomedical approach looks health and illness in terms of pathology of individual. Behavioral approach looks into promotion of health that focus on risk factors and lifestyle behavior. Public health approach stress on reducing disease , prevalence rate and prevention of non-communicable disease (Keleher and MacDougall, 2008- p5 cactus).

Health is intrinsically tied to people's sense of wellbeing. And therefore occupies a higher order of meaning in people's lives (Anand 2007).

The Greek philosopher, Democritus, writing in the fifth century BC, said that 'without health nothing is of any use, not money nor anything else'; and the famous philosopher

Descartes, some 2000 years later, wrote: ‘The preservation of health is without doubt the first good and the foundation of all the other goods of this life’ (cited in Anand 2007). Koos (1954) captures the complex and mysterious nature of health in his statement that ‘health is an imponderable’(MacDougall).

Contemporary philosophy of health has been quite focused on the problem of determining the nature of the concepts of health, illness and disease from a scientific point of view. Some theorists claim and argue that these concepts are value-free and descriptive in the same sense as the concepts of atom, metal and rain are value-free and descriptive. To say that a person has a certain disease or that he or she is unhealthy is thus to objectively describe this person.(Nordenfelt).

Traditional Medicine and traditional healer has wide spread popularity and practiced in societies like Australian aborigines, African tribes, Indian communities, etc. The World Health Organization defines traditional medicine as "the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness".

The traditional medical practitioner or traditional healer can be defined as “someone who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious backgrounds as well as the prevailing knowledge, attitudes and beliefs regarding physical, mental and social well-being and the causation of disease and disability in the community”(Shankar. R., et al., 2012).

The health status of a community is dependent on multi dimensional factors. In tribal communities, this is associated with beliefs, customs and practices . It is influenced by their way of life , including their social and economic conditions, nutrition and living conditions, dietary habits, housing , education, child rearing practices, socio-religious beliefs, taboos, superstitions, etc.

The beliefs also influence the types of food, recreational activities and health services available for them. Traditional health related beliefs and practices among different tribal communities generally fall within these groups:

- (1) Beliefs that may produce beneficial health outcomes
- (2) Beliefs and traditions which have harmful health outcomes.

Assam has one of the richest bio-diversity in India. The region has diverse flora and fauna. It is also home to a large number of tribes who inhabit the hills and plains of the state. Each group has their own unique culture and the same can be seen in their social, economic and cultural system. Use of traditional medicines based on the flora and fauna is an ancient form of practice noticed among all these groups.

The tribes of Assam have their own indigenous medicines which have been traditionally used for treatment of different ailments. Each tribe has its own concept and belief system regarding health, illness and disease. The beliefs and traditions in a community have tremendous influence on the health of the members of the community.

The study on **“Exploring the Traditional Health Practices among the Rabhas of Goalpara district”** is basically an exploratory study of the traditional health beliefs and practices prevalent among the different sections of the Rabha tribe in Goalpara and its nearby districts in Assam.

The Rabhas are one of the Scheduled Tribes in the plains districts of Assam. They are widely scattered, but mostly concentrated in the districts of Goalpara, Kamrup, Baksa and Darrang. Besides Assam, their distribution spreads over Meghalaya, Bangladesh, Nepal, West Bengal, Manipur etc. According to 2011 census, their population is 296,189. Rev. S. Endle had shown seven ‘sub-tribes’ of the Rabhas such as ‘Rangdaniya’, ‘Maitoriya’, ‘Pati’, ‘Koch’, ‘Bitliya’, ‘Dahuriya’ and ‘Sangha’. (Bordoloi.B. N, et al., 1987, pp. 129). Among all the sections, the Pati section of the tribe shows great Hindu influences and the impact of acculturation is more prominent amongst them.

The Rabha tribe consists of different groups like the Rangdani, Maitori, Pati, Koch, Bitliya, Dahuri. These groups are found within certain geographical boundary. The Pati Rabhas are concentrated in the districts of Kamrup and Goalpara. The Dahuri, Maitori and Rangdani are found in Goalpara. Numerically the Rangdanis are well represented in western Goalpara. The Maitoris are numerically less in Assam than the Rangdanis and are concentrated in Pancharatna area of Goalpara. They are also found in western Meghalaya. The Dahuri group is found in north Goalpara and the Totlas in Baksa. The Koch in Dhubri and the Bitiliya in Goalpara district.

The Pati Rabhas perform *Maraipuja* to seek blessings against fatal diseases, natural calamities and also from the attack of snakes during the year ahead.

The Rabhas from all the groups propitiate a household deity known as *Bai-ma-bafor* , which is responsible for causing labour pains and other complication that may arise in course of child birth.

Objectives of the study:

- To understand the concept of health, disease and treatment in the Rabha tribe
- To know the health status of the people belonging to the Rabha tribe
- To Identify the indigenous medicines used by them
- To understand the magico- religious beliefs associated with health and diseases
- Identify the changes in the health practices of the people.

Methodology:

Thirty villages under eleven Development Blocks of three districts of Assam were surveyed for the study. All the households in the villages were selected at random basis .

Survey was conducted in nineteen villages from Goalpara district which has the main concentration of Rabha population. From Baksa , five villages were selected. Field work in Kamrup ® district was conducted in four villages.

The villages inhabited by the different sections of the Rabha are selected randomly and households are also selected on random sampling basis. Three hundred households were taken as sample for the study. The study was conducted mainly based on primary data collected from the field. Secondary data was collected through library work and access to the internet.

Four numbers of investigators were engaged to collect the data. Different individuals including health officials, traditional midwives, traditional healers from the community, community elders, members of households , members of Non Government Organisations, members from Rabha Student organisation, were interviewed for the study. Case studies from different individuals were collected to have an in depth understanding about traditional health practices among the Rabhas.

Both qualitative information and quantitative data were collected for the study. The quantitative data collected for the study was analyzed by using simple statistical tools. The study was conducted from May 2018 to August 2018.

Area of Study :

The study is a micro-study of the traditional health practices in the Rabha tribe. The population for the study is the people belonging to Rabha tribe living in the three districts of Assam. Thirty numbers of villages have been selected for the study. Goalpara district has the highest concentration of the Rabha tribe and villages inhabited by the diverse sections of the tribe like the Bitiliya, Dahuri, Maitori, Pati and Rangdani are found in the district. To have an understanding of the traditional health practices of the Rabha tribe, an attempt has been made to collect data from all the five sections of Rabhas from Goalpara district. In addition, villages from neighbouring Kamrup ® inhabited by the Pati Rabhas and the villages in Udalguri inhabited by the Totla section have also been surveyed to understand the diversity of health related knowledge and practice among the different groups.

Literature Review on Traditional Health Practices

Jose Boban K in his book **Tribal Ethno medicine** (1993) wrote about the Muthuvan and the Mannan tribes residing in the Idduki district of Kerala . He studied the ethno medical practices found among these two tribes and the extent to which their system has changed as a result of the influence of modern medicine. In a majority of cases, they use their own traditional medicine during illness. The medicine ingredients include herbs, barks, roots, leaves, fruits and other plants parts, animal derivatives, minerals etc. Majority of the Muthuvan hamlets are situated inside dense forests. On the other hand, most of the Mannan hamlets are situated in the fringe areas of forests.

Now a day's many, medicinal plants has been facing a threat due to deforestation which is a major problem in the treatment of certain diseases. Causes of disease consist of both natural and supernatural causes. The Muthuvans believe that soul loss is one reason for the occurrence of certain diseases but Mannans do not hold this belief. On the other hand the Mannans believe that evil eye can cause diseases but Muthuvans do not believe that . The Muthuvans believe in animal sacrifice for healing rituals. Tribals take to modern medicine only when the illness cannot be explained in terms of tribal logic. The Muthuvans do not show any interest in accepting modern medicine, they have strong faith in their ethnomedicine. But the Mannans show much interest in exploiting the facilities of modern medicine, in addition to their ethno medicine.

In the study, **Tribes and their Health Status**, (K. R. Gopal 1996) writes that the health status of the people determine the average expectation of life, number of persons productive age , productivity, earning capacity, employment and finally welfare. It also looks

into a few indicators of health such as – Mortality, Incidents of sickness, disease- Malaria, Tuberculosis, Leprosy etc. The study illustrates that lack of socio-economic development, the health conditions of tribes remained problematic.

The book **Tribal Medicine** (Burman JJ. R. 2003) reveals the extent of dependence on different medicinal practices that exists in six villages and a few small towns of Sikkim including Gangtok. It tries to examine whether there has been any substantial change from the past in medicinal practices among the Bhutia and Lepcha people. While studying, the writer focuses on complete backgrounds of the people, like their ethnic background, settlement, economy, religion, education, social organization etc. The study was carried out between 1996 and 1997.

Bhutia and Lepcha people's health practices are guided by supernatural beliefs and they have persistent faith on herbal plants easily seen in most rural houses and even in urban markets. Self treatment by using herbs is common among them. Some case studies show that during outbreak of any disease, all people irrespective of whether they are educated, uneducated or illiterate believe on the efficacy of supernatural power and herbs rather than going to doctors.

There is plurality in healthcare system. In south districts of Sikkim, majority of the Lepchas have been converted to Christianity. They seldom consult a lama or a *bongthing*. So many seek allopathic treatment. Herbal medicine is quite popular in all six villages particularly in the North district. The people are aware of several herbs that have medicinal properties and available in their villages. Because of this, they do not always consult the medicinal practitioners. People do not solely depend on allopathic medicine; they take up allopathic system as a last resort.

The book **Tribal health and Medicines**, edited by A.K. Kalla and P.C.Joshi(2004) is a collection of papers contributed by various experts in the field of Anthropology, Clinical Sciences, Demography, and Bio technology. The book is divided into five sections, each dealing with different aspects Tribal Health and morbidity. Section III deals with the Social and Cultural aspects of Tribal Health. Different dimensions-health, healing, healer, diseases, ethno medicine, etc., find mention in this section. Papers on health and diseases of tribes from all over India, including tribes from Nagaland, Manipur, Gujarat, Central India, Arunachal Pradesh, etc., find attention in the book.

Tribal health is affected by socio cultural environment and beliefs (Singh: 2008). Widespread poverty, illiteracy, malnutrition, absence of safe drinking water and sanitary, living conditions, poor maternal and child health services, ineffective coverage of national

health and nutritional services, have been traced out in several studies as possible contributing factors for dismal health conditions prevailing among these vulnerable population. At the same time, beliefs in magic and spirit are having much impact on tribal health status and their health seeking behaviour. The concept of health, disease, treatment, life, and death among the tribes is as varied as their culture. They are strong believers in the natural theory of diseases. According to them, human life is governed by the sun, rain, wind and other elements and when man fall out of harmony with nature, he becomes susceptible to disease and accidents. The health of the society is intimately related to its value system, philosophical and cultural traditions and social, economic and political organizations. Each of these aspects has a deep influence on health. Therefore the common beliefs customs and practices connected with health and disease have been found to be intimately related to the treatment to disease, which reflects the social solidarity of a community.

(Tribhuwan, 1998) illustrates that illness and responses to it can be related to the structure and maintenance of a social system, a system of interactions among the members of a society and systems that is linked to its environments. Disease etiology is an important indigenous medical phenomenon, of any community and precisely stems out from the meaning system (culture). It becomes a guiding principle for attributing an origin and cause of a disease to the intervention of a given pathogenic agent and thereby in making decision to choose ethno medical therapy. Health is an aspect of culture.

N. Viswanathan Nair in his book **Tribal Health and Medicine in Kerala** (2010) studied the health status and ethno medicinal practices of 7 tribes of Kerala. These tribal communities include –

- The Cholanaickan of Nilambur (food gatherer hunter)
- The Kurumbar of Attappady (shifting cultivator)
- The Paniyan of Wayanad (agricultural labourer)
- The Adiyar of Wayanad (agricultural labourer)
- The Kannikar of Thiruvanthapuram (settled agriculturist)
- The Mulla Kuruman of Wayanad (settled agriculturist)
- The Kurichiyar of Wayanad (settled agriculturist)

The study covered wide range of areas including hygiene habits, sanitation practices, food habits, socio-political organization, life cycle rites, religious and supernatural origin, curing techniques and medical pluralism, therapeutic recipes were also collected.

There are differences in the nature of illness causation beliefs within the cultures of a region as there exists variations in the social structure and belief system associated with religion and supernaturalism. The headman, priest, specialist, herbalist etc have distinct identity and expert in their respective spheres. The illness causation belief also vary from one tribe to another, there are many common herbal and animal matter in repertory of these societies because of the similar trial and error experience with the available flora and fauna. (Nair, 2008).

The book **Tribal Beliefs Practices and Insurrections**, (R. Singh) deals with the study of nature of tribal beliefs, practices and insurrections. The book deals with the tribal rites, rituals and ceremonies which is very important for understanding social system.

Tribal beliefs and practice in supernatural power are discussed in this book. The writer describes social factors behind tribal insurrections. The tribal people organised hundred of militant outbreaks and insurrection during the 19th century.

Process of social stratification and social changes has been studied in the last chapter of this book. The dramatic changes in the social, economic and political environment of tribal people have had a profound influence on the social system prevailing among most of the tribes of India.

The book, **Health and Education Among the Tribals of Assam: Problems and Prospects** is a compilation of the proceedings, recommendation and papers presented in a seminar .

The main aim of organising the seminar was that this was a socially relevant theme. The two burning problems of health and education are the starting point of all welfare activities for a community. The problems of health and education among the rural tribal is a priority. The book has several papers by Anthropologists, other Scientists and scholars. The papers are *Traditional ways of treating illness among the Boros of Ghiwnala village of Darang district, Assam* by R.H. Kakati, *Malaria – a major health problem in Karbi Anglong district(social and preventive aspects)* by .J. P. Sarma, *Attitude towards modern treatment among tribals of Assam - At a glance* by . E. Singnarpi, *Health problems an aspect of tribal development : a case study of Karbi Anglong district of Assam* by K.Bhuyan , *Traditional dietary habits of some tribes and their impact on health and nutrition* by N.Aman, *Problems of health and hygiene among the Karbis vis-à-vis socio economic development* by M. Das and P. Kr. Phukan, *Economy and education among a small tribal group (Khasis)in Barak Valley* by T. Bhattacharjee , *Changing attitude in tribal women : growing awareness in the grass root level* by B. Gohain Roy, *Higher education scenario of Karbi Anglong : problem*

&prospect The ZIRKEDAM :keeping in view the problems and prospects of education among the Karbis- a vision by Y. Deb , by K. Ahmed, *Changing attitude towards education – a case study of Dimasa women of Khejurbond (Maibang) of North Kachar Hills district, Assam* by Dr.Chitra Kalita, *Impact of parental care on academic achievement of different ethnic groups including tribal pupils* by B. Baruah *Educational problems among the Deoris, a plains scheduled tribe of Assam* by P.N. Bharali and K. Borah, *Education among the Dimasa Kacharis and problem* by L. K.Muchahari, and *Status of primary education in the Hill districts of Assam: a social assessment study in Karbi Anglong* by G. N. Das.

Tribal Health and Medicines (A. K. Kalita and P. C. Joshi., ed.) is about the tribals and their health problems , the meagre information available about mental health issues, prevalence of psychiatric morbidity among them, and about the idea behind the health education drive and identification of locality available food items to cover up the deficiencies.

The prevalence of sexually transmitted diseases and reproductive tract infections is very alarming among some selected tribal populations. M . Paliwal. dwelt in details on this very important but neglected issue among tribal health. It is very well correlated with the practices such as multiple marriages, premarital sex, consanguinity, youth dormitory, divorce, out migration and above all poor health coverage and low literacy.

The second section of this book is about “Demographic and ecological aspects of Tribal Health beings to focus the demographic and environmental indicators that greatly contribute to the specific morbidity profile which the tribal communities exhibit.”

The third section deals with the social and cultural aspects of tribal health and medicines. It brings to focus the issues of cultural beliefs and values , social relations, health seeking and healing traditions from myriad tribal communities.

The fourth section concerns the issue of medicines which includes plant medicines and ethno medicines. A. K. Srivastava in his article “Road map for tribal medicines” points out that of the 1500 medicinal plants, Indian system of medicine have identified the use of over 7500 species for preservative, primitive and curative application and that tribal specifically have knowledge about the medicinal characteristics of plants in and around dense forests in their adjoining areas. He argues than there is a pressing need for protective fencing of the herbs in the forests, especially the tribal belts, particularly because of callous exploitation of the tribal herbal wealth in India.

The last section focuses on the policy issues with special reference to the tribal health and medicines.

The book on **Health studies in Anthropology** , by A. N. Sharma(ed.) have several studies by leading scholars on different aspects of health. Chapter 4 of the book deals with the Antenatal Care & Delivery health Practices among the Great Andamanese of Street Island Andaman and Nicobar, India. The study revealed that significant number of lacks awareness and have negative attitude regarding antenatal check-ups. Deliveries in health sub centre are less common. The study indicates that there are still substantial number of women among the great Andamanese, who need to be educated about benefits and necessity of antenatal check-up. Chapter 5 deals with Cultural Contact and changing health practices among the Ongee of little Andaman Island . In this chapter B. Das & A.N. Sharma writes that Health status and indigenous health practices of different tribal group is influenced by their entire way of life like culture socio-economic condition, nutrition living condition, housing, education food habits, taboos and superstition, socio-religious belief and practices, use of indigenous Medicare system, income, communication.

Indigenous health practices/ medicine can be studied as medicine in a primarily spoken not written tradition. Ongees have the concept of health “that a person who never uses the herbal medicine and perform all the activities in a smooth manner is healthy person”.

In Chapter IV, of The Rabhas, R. Rabha writes about the Individual life cycle and highlights that the Rangdani and Maitari groups of the Rathas offer a sacrifice to “Bay-ma-bay” (a deity) on the onset of birth while the other groups do the same to the deity called as “Kshetra”. They believe that “Bay-may-bay” or Kshetra deity preside over birth. This ritual is found among all groups of the Rabhas. The “Oja” (village medicine man) gives “Kas” (a kind of sanctified thread). There is also the belief that the traditional midwife defines time of delivery by performing some magical rites. (She pours some drops of mustard oil on the naval of pregnant woman) It was observed that the traditional method of delivery is still being followed.

The study by N. P. Kahlon () shows that role and performances of health worker and ‘Dais’ are not always Similar. Some role are shared by both the trained and untrained “Dais’ and these includes giving warm bath to the mother and the baby , serving light diet and conforming to some of the rules. The study highlights that there are estimated 5,00,000 traditional birth attendants in India which accounts for about one per 1000 population. Traditional midwives deliver almost 2/3 babies in the developing countries and remain in close contact with mothers for maternal care.

The concept of health among the tribals involves various complexities (Das :2011). 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 author also stated that 'Ethnomedicine' generally referred as 'folk medicine', 'popular medicine', 'popular health culture', 'ethnoiatry' and 'ethnoiatrics'. Ethnomedicine has long been recognized as an important field of anthropological research which 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 setting.

The Report '**Prospects and Challenges of Healthcare System among the Tribes of Assam**' by Barua.U.(2014), is a study of six tribes of Assam, notably the The Karbis, The Dimasas, The Bodo- Kacharis, The Tiwas, The Misings and the Rabhas. It deals with some aspects of the traditional Health care system of the tribes under study . The report also gives a picture of the existing health care practices, the challenges to Health programme and Government Intervention for providing health care to the people.

CHAPTER - II

An account of the Surveyed Villages

The second chapter of the study is an attempt to present the different types of basic amenities, facilities, nature of transport, communication , etc., in the villages covered under the study. All these factors have immense influence on the overall health and the socio-economic condition of the population.

Spatial features of the Villages

All the villages under the study are located in the plain areas and the settlement pattern of the 28 villages are agglomerated and 2 are dispersed in nature.

The study was conducted in 30 villages from 3 districts of Assam. The Rabha population are concentrated mainly in the district of Goalpara. They also inhabit the district of Kamrup, Dhubri and Baksa. Field work was conducted in 19 villages in Goalpara district, 6 in Kamrup (R) and 5 in Baksa district of Assam.

In Baksa district, five villages from one subdivision namely Tamulpur were taken up for the study. The five villages are from the Tamulpur block.

From Goalpara , nineteen villages were selected. The villages from Goalpara subdivision are distributed in 6 blocks namely, Balijana, Krishnai, Kuchdhowa, Lakhipur, Matia and Rangjuli.

Field work in Kamrup(R) district was conducted in six villages. The villages fall under Guwahati Subdivision. The blocks are Bangaon, Barduar, Sayani Barduar and Boko .

Details are shown in Table –I

TABLE- 1**Table-1 showing the Districts , Subdivisions, Blocks and Villages surveyed**

Sl.No.	Districts	Subdivisions	Blocks	Villages
1.	Baksa	Tamulpur	Tamulpur	Bherakhat
				Natun Hawli (Bori Suba)
				Natun Hawli (Dua Suba)
				2 No. Jamuguri
				Potharpar
2.	Goalpara	Goalpara	Kuchdhowa	Chituk
				Dighali
				Habangiri
				Karanchakona
				Maju Borgom
				Mandalgram
				Nowapara Rabha Gaon
				Siluk Part2
				Thabalpara
			Rangjuli	Chatabari
				Kanyakuchi
			Balijana	Bamundanga
				Choto Damal
				Dariduri
				Kalyanpur
			Lakhipur	Baida Chatabari
				Kantapara
			Matia	Dahikata
			Krishnai	Beldangpara
			3	Kamrup
Oufula				
Barduar	Mohmarang			
Sayani Borduar	Manikpur			

			Boko	Sarurani
				Chokabaha

Names of Villages, with Population, Households and Ethnic Communities

The number of households in villages inhabited by the Rabha community ranges from as low as 45 households to 250 households. A majority of the villages are homogenous in nature and are inhabited by people from the Rabha community only but a few (5) villages have two different communities residing side by side. In Kamrup district, the six villages are inhabited by Pati Rabhas, of which one village has people from the Bodo tribe while another has Scheduled Caste population.

In Goalpara district, of the nineteen villages surveyed for the study, five villages have Pati Rabha population, five villages have Dahuri Rabha population, six villages have Rangdani Rabha households, two villages are found to be inhabited by Maitori section of the Rabhas and one village has Bitiliya rabha people who live along with the Nath community. It has been found that majority of the Rabha villages in Goalpara have homogenous population, except one Pati Rabha village having Bodo households and a Dahuri village having people from Garo tribe.

In Baksa all the five villages are inhabited by the Totla Rabhas. Details are shown in Table -2

TABLE-2

Names of Villages, Total No. of Households and Ethnic Communities

Sl. No	District	Names of Villages	Total No. of Households	Characteristic of village population
1	Baksa	Potharpar	85	Rabha(Totla)
		Natun Hawli (Bori Suba)	95	Rabha(Totla)
		Natun Hawli (Dua Suba)	50	Rabha(Totla)
		2.No. Jamuguri	106	Rabha(Totla)
		Bherakhat	72	Rabha(Totla)

2	Goalpara	Dighali	250	Rabha(Pati), Bodo
		Maju Borgom	70	Rabha(Pati)
		Thabalpara	50	Rabha(Rangdani)
		Siluk Part2	79	Rabha(Rangdani)
		Chituk	65	Rabha(Dahuri)
		Habanggiri	117	Rabha (Rangdani)
		Karanchakona	54	Rabha(Dahuri)
		Nowapara Rabha Gaon	57	Rabha(Pati)
		Mandalgram	62	Rabha(Pati)
		Chatabari	75	Rabha(Rangdani)
		Kanyakuchi	73	Rabha(Pati).
		Choto Damal	60	Rabha(Dahuri),Garo
		Bamundanga	213	Rabha(Rangdani)
		Kalyanpur	170	Rabha(Dahuri)
		Dariduri	130	Rabha(Maitori)
		Beldangpara	120	Rabha(Dahuri)
		Kantapara	75	Rabha(Rangdani)
		Chatabari (Baida)	50	Rabha(Maitori)
		Dahikata	140	Rabha(Bitoliya),Nath
3	Kamrup(R)	Falafang	53	Rabha(Pati)
		Oufula	52	Rabha(Pati)
		Mohmarang	180	Rabha(Pati),SC(Das)
		Chokabaha	73	Pati Rabha, Bodo
		Sarurani	75	Pati Rabha
		Manikpur	45	Rabha(Pati)

Transport and Communication

Regarding transport and communication facilities, Table -3 reveals that, 21 villages have nearest motor able road within 1 kms. from the villages. The Transport Stand for 12 villages are located within 1 km. and for another 12 villages within 1-5 km., while for 9 villages the nearest transport station is located within 1-5 kms.

It has been found that most of the bus stands are within close proximity to the villages, thus enabling villagers to cover short distance travelling by local buses. The nearest Transport station for the villages in Goalpara district are in Dudhnoi, Agia and Krishnai, while Mirza is the bus station for the villagers in Kamrup (R) district. The villagers in Baksa district go to the station in Rangia .

TABLE- 3
Transport and Communication facilities

Sl. No.	No. Of Villages	Transport and Communication Facilities	Distance of the Villages (In Km)					
			<1	1-5	6-10	11-15	16-20	>20
	30	Nearest Motorable road	21	5	3	1		
		Nearest transport stand	12	12	5		1	
		Nearest transport station	6	9	4	3	2	6

Condition of the Roads

Regarding the condition of the roads , fourteen villages have *Katcha* fair weather motor able road and eight villages have *Katcha* All Weather Motor able Road . The remaining eight villages have gravelled roads . Details are shown in Table-4

TABLE – 4
Condition of the Roads

Sl No	Category	No. of Villages
1	<i>Katcha</i> Fair-weather Motor able Road	14
2	<i>Katcha</i> All Weather Motor able Road	8
3	Gravelled Road	8
Total		30

Mode of Common Conveyance

Bicycle, motor bike and cars are the common mode of conveyance in all the studied villages. The other modes of transport are motorbus, tempos, E- rickshaws and auto rickshaws. Details are shown in Table-5

TABLE – 5
Mode of Common Conveyance

Sl .No.	Category	No. of Villages
1	Bicycle	30
2	Motor cycle	30
3	Car	30
4	Motor Bus	8
6	Tempos + Magic	3+2
7	E- Rickshaw	2
8	Auto	8

Medical facilities

The availability of medical facilities in the vicinity of the villages indicates the status of health of the population of the surrounding areas . Table No. 6 reveals that for 15 villages, Medical Sub Centre are situated within 1-5 km, within 1 km for 12, and within 6-10 km for 2 villages.

Public Health Centres (PHCs) are located within 1kms. for 5 villages. Sixteen villages have PHCs within 1-5 kms. and five villages have the same within 6-10kms.

Government Dispensary facility is available for 2 villages within 1kms., 8 villages get such facility within 1-5kms, and 4 villages at a distance of 6-10kms.

Eleven villages have Civil hospitals within 1-5 km., six within 6-10 km, and four within 11-15km. while nine villages have this facility beyond 16km.

Most of the private hospitals are located within 1-5kms. for 11 villages get such facility at that distance while 6 village gets the same facility within a distance of 6-10 km.

Medical doctors practicing privately are available within 1-5 kms for 15 villages, seven villages have the same at a distance of 6-10kms

Private pharmacy or medical shops are available for 21 villages within a distance of 1-5 kms.

The Rabha households from Baksa go to Tamulpur which has most of the government medical facilities .

For the villagers in Goalpara district, the PHCs are located in Dudhnoi, Damra, Thabalpara, Agia and Mornoi. Government Dispensaries , Civil Hospitals and Private Hospitals are situated at Agia, Dudhnoi and Goalpara .

The Medical Sub centre and PHC are located in Loharghat and Manikpur for the villagers of Kamrup and for additional health related requirement they visit the Government dispensary, Civil hospital or Private Clinic situated at Mirza. They also visit the private hospitals situated in Guwahati city.

Details are shown in Table-6

TABLE-6
Health facilities in the Surveyed Settlements/Villages

Sl.No.	Health Facilities	Distance of the Villages (in km.)					
		<1	1-5	6-10	11-15	16-20	>20
1.	Medical Sub Centre	12	15	2	-	-	-
2.	Primary Health centre (PHC)	5	16	5	1	-	-
3.	Government Dispensary	2	8	4	1	3	1
4.	Civil Hospital	-	11	6	4	2	7
5.	Private Hospital	-	11	6	3	1	4
6.	Private Clinic	1	15	7	1	1	4
7.	Private pharmacy/ medical shop	3	21	3	3	-	-

Availability of health providers in the villages

Regarding the access to health facilities , both traditional and contemporary, it has been found that Trained Birth Attendant(TBA) are present in all the 30 villages. This is commendable and an indication of the availability of medical facilities for the villagers of the study area. The villagers also avail the services of traditional birth attendants locally called as *dhai*, and they are found in 11 villages.

Eleven villages have facility for visiting doctors , seven have Mobile health Unit and 2 villages have private practitioners. Village Health Guides are present in 12 villages. Traditional healers are found in 15 villages.

TABLE-7
Availability of Health Provider in the villages

Sl.No.	Health provider	No. of Villages
1.	Traditional Healer	15
2.	Private doctor	2
3.	Visiting doctor	11
4.	Village health Guide	12
5.	Trained Birth Attendant(TBA)	30
6.	Local <i>Dhai</i>	11
7.	Mobile Health Unit	7

Civic Facilities

Regarding civic facilities 2 villages have the post office within 1km. and 17 villages have post offices within 1-5kms, and 9 villages have the same within 6-10kms.

Veterinary hospitals are located within 1kms. for 2 villages and 9 villages have the same within 1-5kms, 14 villages each have the same at a distance of 6-10kms and 5 villages have veterinary facilities at a distance of above 10kms.

Ten villages have banks within 1-5kms from the villages and 16 villages have banks within 6-10kms. Three villages have the same at a distance of 11-15kms.

Four villages have Co-operative societies within 1kms from the villages and 13 have the same at a distance of 1-5kms .Eleven villages have the same at a distance of 6-10

Cinema halls are located within 10kms for 12 villages . For eighteen villages this facility is not found nearby, they have to travel beyond 10 kms to see cinema in a hall.

Twenty eight villages have religions institutions within 1kms. Two villages have religious institutions within 1-5 km. Details are shown in Table-8

TABLE – 8

Civic Facilities in the Settlements/Villages

Sl.	Civic and other Facilities	Distance of the Villages (in km.)
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No.		<1	1-5	6-10	11-15	16-20	>20
1	Nearest Post Office	2	17	9	2	-	-
2	Nearest Veterinary Dispensary/Hospital	2	9	14	4	1	-
3	Nearest Bank	-	10	16	3	1	-
4	Nearest Cooperative society	4	13	11	1	-	-
5	Nearest Cinema hall	4	3	5	2	4	12
6.	Religious institutions	28	2	-	-	-	-

Educational Facilities

Education is an important indicator of development. Table no. 9 states that 27 pre primary schools are located within less than 1km from the villages and all the lower primary schools are located less than 5kms from the villages. Twelve villages have middle Elementary schools within less than 1km and 9 villages have High schools within less than 1km. Twelve villages have colleges within less than 5kms.

Seventeen villages have Middle Elementary schools within less than 1-5kms ; Nineteen villages have high schools within 1-5kms and 2 villages have the same within 6-10km. Twelve villages have colleges within 1-5kms, 19 villages have colleges within 6-10kms and 5 villages have the same within 11-15km. Adult Education Centre are not found in any of the settlements surveyed. Details are shown in Table-9

TABLE – 9

Educational Facilities in the Surveyed Settlements/Villages

Sl. No.	Educational facilities	Distance of the Villages (in km.)					
		<1	1-5	6-10	11-15	16-20	>20
1	Pre-primary school	27	3	-	-	-	-
2	Lower primary school	25	5	-	-	-	-
3	Middle E School	12	17	1	-	-	-
4	High school	9	19	2	-	-	-
5	College	-	12	9	5	3	1

Mass Communication

Mass communication facilities like television, internet facility, telephone/mobile etc. are found in all the villages. Twenty six villages have radios and 20 villages have newspapers. Details are shown in Table -10

TABLE – 10

Mass Communication Facilities in the Villages

Sl. No.	Facilities Available	No. of Villages
1	Television	30
2	Radio	26
3	Newspaper	20
4	Internet	30
5	Telephone/mobile	30

Electricity

It is worth mentioning that that all the villages under survey have been electrified.

Table – 11

Availability of Electricity

Sl. No.	No. of Villages having Electricity
1.	30

Drinking Water

Safe drinking water is very important for the better health of the people. In a majority of the villages, tube wells and wells are the main sources of drinking water . Table -12 reveals that majority of the surveyed villages, numbering 23 uses water from well. In 1 village there are several sources of water like well , tube well and water supply scheme. Two villages use water from river or spring.

TABLE – 12

Sources of Drinking water in the Villages

Sl. No.	Sources Of Drinking Water	No. of Villages
1	Well	8
2	Tube well	3
3	Well+ Tube well	15

4	Well+ Tube well+ Water Supply Scheme	1
5	Pond +Well+ Tube well	1
6	River, Spring	2
Total		30

Availability of Other Facilities

Women organisation locally called as Mahila Samittee are present in 29 villages . In 28 villages, Youth clubs are present and children club are found in 8 villages. Thirteen villages have provision for a library. .

TABLE – 13
Availability of Other Facilities

Sl. No.	Facilities	No. of Villages
1	Children club	8
2	Youth Club	28
3	Library	13
4	Mahila Samittee	29

Provision for non- formal education & Sarba Sikshya Avigyan

Sarba Sikshya Avigyan is providing its services in all the villages under study. There is no provision for non formal education or Adult education facilities in any of the villages.

TABLE – 14
Provision for non- formal education & Sarba Sikshya Avigyan in the village

Sl. No.	Provisions for the following	No. of Villages
1.	Non- formal education	0
2.	Sarba Sikshya Avigyan	30

Major natural calamities in villages in the preceding year

Most of the villages suffered from storms which ravaged the region during the preceding year. As a result, houses and properties were destroyed. In the year 2014, flood had destroyed properties in Dighali village in the district of Goalpara. In Dohikata village,

flood was a major calamity. The river Krishnai was in spate which damaged paddy cultivation. In the village Mandalgram, Habangiri, Chatabari of Goalpara District storm caused many losses last year. In the village Kantapara flood occurred last year which caused loss of agricultural products. During rainy seasons, sometimes due to heavy rain, water from the hills inundates the paddy fields, and this sometimes affects the production of crops.

Self Help Groups (SHG) in the surveyed villages

In all the villages, there are Self Help Groups that are managed by women. Women take loan from these SHGs for their personal and other purposes. The SHGs are popular in all the surveyed villages, although these are in their initial phase. Most are engaged in thrift and saving. In the village Kantapara the Kanaklota Mahila SHG works on educational care, village development, building social unity in village and among people of the Rabha community. In the village Habangiri some SHGs do agricultural farming work collectively and earn money.

In the village of Falafang, there are two SHGs, of which one is run by male members and the other by female members. The first SHG members are engaged in horticultural activities and grow fruits like banana, pineapple, etc. The other SHG members are engaged in the production of turmeric and handloom.

In Siluk village of Goalpara district, there are almost 30-40 SHGs as stated by villagers and almost all of them are working in the area of micro finance.

There are 6 SHGs in Kanyakuchi and all are managed by women. They save money and they carry agricultural activities in the village and work in a group. In Chitukona village there are 5 SHGs managed by women who work in the field of micro finance. Each member can borrow money at a minimal interest.

Kinds of commodities sold and purchased by villagers

There are weekly and daily markets available in the villages and in nearby places. Fair price shops are also found in the areas.

In the villages of Kamrup, a few households are found to be rearing silk worm like *eri* for production of silk which they either sell to others or weave clothes with it. The villages in Goalpara tap latex from trees and make rubber sheets which they sell to buyers who come to the villages from outside. The Rabha villagers are engaged in agriculture. They produce different agriculture and horticulture products like rice, betelnut, fruits, vegetables, mustard,

turmeric, black pepper, rubber, etc. which they sell in the market, They also sell fish and livestock which they rear in their homestead areas. Some women prepare snacks and sell in the markets.

The people of villages buy almost all the necessary goods from the markets. These are turmeric powder, pulse, potato, dry fish, clothes, mustard oil, salt, cloths, utensil, cosmetics, etc.

Cottage Industries

In the surveyed villages, there is rarely any existence of cottage or other small industries. The Rabha women are excellent weavers and in some villages, women weave clothes and sell individually or in groups. In the village of Chokabaha there is one weaving centre run by a women cooperative society. This weaving centre weaves traditional Rabha dresses and Assamese *Mekhela sadors*. There are almost 12 women engaged in this work. They supply those clothes to Guwahati and some other places.

In the village of Kantapara in Goalpara district there is a weaving centre owned by an individual called Bhoben Rabha. There are 7 women engaged in this centre. They produce Rabha traditional dresses. All the marketing works are done by the owner himself.

There is an industry in Bamundanga(G) village by the name of 'Rubber Production Centre'. This industry is managed and run by 6/7 individuals who are rubber growers. In this industry they produce fine rubber sheets. Almost 120 people engaged there. The village of Bamundanga(G) is reputed to have the highest production of rubber in Goalpara district.

Other findings regarding educational status of the children in the survey

Most of the children go to school. But there are many school drop outs in the high school level. These children leave school midway as a result of the poor financial condition of their parents. Most of the people have an irregular income. Some of these youngsters have started working in private companies for earning money and some helps their parents agricultural works.

Mid day meal scheme for school children in the Study area

In the surveyed villages, the Govt. LP and ME school provides Mid day meal. The quality of meal is similar in all the villages, which consist of rice, potato, green vegetables, soya bean and egg. Egg is given only on Wednesday. In some school sometimes fish and meat are also provided. Some people complained that quality of food is not good.

In the Anganwadi schools, children are also provided with supplementary food items.

Health Scenario of the people in the surveyed areas

A survey of the villages in the three districts inhabited by the Rabha tribe in the three districts of Baksa, Goalpara and Kamrup (R) have revealed several dimensions of health and health related issues.

People in the villages are found to be in good health and they remain active in their agricultural and other activities although there are reports of people suffering from some common diseases.

In villages of Kamrup (R) there are cases of persons suffering from filaria and pox. Cough and cold are common among children and aged people of the village.

In some villages of Goalpara district cases of people suffering from different types diseases like, malaria, jaundice, diarrhoea, gastroenteritis, respiratory problems, epilepsy, scabies, dysentery, measles and influenza have been reported. Small children suffer from Measles, scabies and other skin diseases.

Some diseases occur during particular seasons. During the month of February and March, children are seen to be suffering from pox. Jaundice and malaria are common in summer season.

From the survey of the villages, it has been found that there are individuals both adults and minors suffering from certain disabilities and terminal illness. There are 16 differentially able individuals of whom eleven are male and five are female. Five male have mental disabilities. Five are speech impaired; six individuals are suffering from cancer and five from tuberculosis.

Diseases affecting Children

Fever, cold, cough are very common in children. Some children suffers from skin diseases, diarrhoea, pneumonia, etc and for treatment of such diseases they go to the doctors. For diseases like measles and pox they prefer to go to traditional healers.

In some villages , influence of traditional health care givers is more and in some village it is less. For some specific diseases people still go to traditional healers.

For known disease family members consult with village elders or village ethno medicine specialist. But now a day's most of the family members consult doctors and pharmacists.

Most of the households who suffered from Tuberculosis and Asthma generally went to doctor for treatment of the disease and got cured. Those who did not get well later consulted traditional healer for cures.

When individuals suffered from malaria, they took advice and medicine from the doctors. In cases of jaundice they inevitably went to the traditional healers and took medicines provided by them. Sometime the patients were given medicine to consume or a garland to wear around the neck.

People are becoming aware about the need to take medical aid in case of illness Spouses approach each other when they fall ill and a few also approach traditional healer when they fall sick.

Adult women goes to doctor if they suffer from ill and they advice others to seek medical aid immediately in case someone in the household fall sick.

The contemporary understanding of the concept of cleanliness, hygiene and sanitation is still rudimentary among villagers as found from our survey. People have poor awareness about hygiene and sanitation. The healthcare facilities are within their vicinity, but not all households have proper sanitary, drainage system, and drinking water. From the villages surveyed in Kamrup district, it has been found that many villagers have poor hygiene and sanitation habits. The front courtyards remain dirty with cow dung and garbage heaped in the front.

Though their surrounding looks clean , they do not have much idea about cleanliness. The residences lack provision for drainage of sewage and waste. Most of the toilets do not have water facilities. They use water directly from the well which is used for cooking and other purposes. The area around the well do not have any fence or boundary , nor a lid as a cover.

The use of sanitation is not adequate and scientific. A majority of the people in the villages surveyed in Kamrup (R) use their backyard or field for defecation.

In contrast, the scenario in Goalpara district is quite positive. The houses and courtyards in the villages inhabited by the Rangdani, Maitory and Dahuri Rabhas are clean and systematic. The villagers use a separate *kutch*a or *pucca* latrine for sanitation.

In the villages, it has been found that not all households use any method to filter drinking water. They use the water from wells or hand. The villagers of one village uses water directly from the stream. Drinking untreated water leads to different illness like jaundice, diarrhoea and gastrointestinal diseases.

CHAPTER – III

An account of the Surveyed Households

The study was conducted in thirty villages from three districts of Assam. Three hundred numbers of households were selected randomly. These household belongs to different sections of the Rabha tribe like the Bittiliya, Dahuri, Maitory, Pati, Rangdani and Totla Rabhas. The information from the household data provides a detailed socio-economic condition of the households. It also gives us primary information about the health, habits and practices followed by household members.

Household Population by Age and Sex

A total number of 300 households were taken as sample for the micro level study having total population of 1443, male 713 (49.4%) and female 730 (50.6 %). The percentage of female is found to be more than male in the study.

Out of total population of 1443, 319 persons belong to the age group 20 to 29 years. Next higher population of 260, male 144, female 116 is in the age group 30-39 years.

There are 19 persons, male 11, female 8 in the age grade of 80-89 years. In the lowest age category below 10 years there are 187 persons, male 92 female 95. Details are shown in Table-1

Table-1
Household Population by Age and Sex

Sl. No.	Age	Male	Female	Total
1	<10	92	95	187
2	10 to 19	80	103	183
3	20 to 29	147	172	319
4	30 to 39	144	116	260
5	40 to 49	86	92	178
6	50 to 59	70	71	141
7	60 to 69	51	47	98
8.	70 to 79	32	26	58
9	80 to 89	11	8	19
Total		713	730	1443

Marital Status

The marital status of the population under the study shows that (59.6%) are married. There are 509(35.2%) who is unmarried. Of the 860 individuals married , 430 are male and 430 are female. Seventy four persons, 23 male and 51 female are widowed. There is a no case of separation or divorce. Details are shown in Table-2

TABLE- 2
Marital Status

Sl. No.	Un-married	Married	Widowed	Total
Male	260	430	23	713
Female	249	430	51	730
Total	509	860	74	1443

Marital Status by Age

Table -3 shows that, 860 persons are married and 509 are unmarried. The highest number of married persons (222) is in the age 30 to 39.

From the age grades 40-89 years there are only 14 unmarried persons. In the age grade 10-19 , there are 31 married persons, whom we assume to be women and below 19 years of age. Details are shown in Table-3

Table 3
Marital Status of the surveyed Population by Age

Age	Un-married	Married	Widowed	Total
Both Sexes				
<10	187	-	-	187
10 to 19	152	31	-	183
20 to 29	122	197	-	319
30 to 39	34	222	04	260
40 to 49	08	164	06	178
50 to 59	02	124	15	141
60 to 69	00	77	21	98
70 to 79	04	34	20	58
80 to 89	00	11	08	19
Total	509	860	74	1443

Occupation

With regard to occupational pattern of the members of the studied households it has been found that a total of 478 members (33.12%) of whom 421 male and 57 female are engaged in different occupations which are considered as their primary source of income.

There are 116(8.03%) persons of which 113 males and 13 females are engaged in occupations which they consider as secondary means of income. Agriculture is the mainstay of the economy of the Rabha tribe. We find that 269 persons of whom 260 males and 9 females are engaged in agriculture. Next highest number is in the category of daily wage earners which numbers 57 of whom 46 are male and 11 are female. Forty six persons are engaged in government service in different capacities as teachers, clerks, grade 4 staff government hospital workers, etc. There are also 9 persons who work in government offices as casual wage workers and consider this occupation as secondary means of income.

Twenty seven persons are engaged in private services of whom 19 are male and 8 are female. Thirteen persons each are found to be engaged in horticulture activities and sericulture activities.

Sixteen members are engaged in different kind of occupation including working in political parties and workers of non Government organisations, etc. There are others who work as carpenters, ASHA workers, Shopkeepers, traditional healers, bus drivers, etc.

In some villages in Goalpara district, youths have set up broiler farms, rubber tapping activities along with setting up enterprise for production of rubber sheets. There are people engaged in SHGs. Some people are also involved in petty political activities which are proving to be quite lucrative for them. Details are shown in Table-4

Table-4
Gender-wise Occupation of the surveyed population

Sl. No.	Occupation	Primary			Secondary		
		Male	Female	Total	Male	Female	Total
1	Agriculture	260	9	269	25	01	26
2	Horticulture	10	3	13	21	00	21
3	Sericulture/ Handloom weaving	5	8	13	2	1	3
4	Govt. Service	32	14	46	5	4	9
5	Business	27	3	30	16	3	19
6	Daily wage earners	46	11	57	19	00	19
7	Private Job	19	8	27	4	01	5
8	Ex- serviceman	4	1	5	2	00	2
9	Animal Husbandry	2	00	02	6	1	7
10	Different occupations	16	00	16	3	2	5
Total		421	57	478	103	13	116

Educational Status

As regards educational status of the members of the studied households it has been found that (4.98%) are below 6 years of age. In pre primary classes there are thirty students, In lower primary standard (Class I-V) there are 243 persons, 120 males and 123 female. In Class VI-VIII level there are 196 persons of whom 111 are male and 85 are female and in High School level (Class IX-X) there are 399 persons, 173 male 176 female. In Class XI-XII there are 116 persons , 51 male and 65 female. There are 70 graduates, of whom 36 are male and 34 are female. There are 15 post graduates, 7 male and 8 female.

It is disheartening to note that as many as 217 members, 86 male and 131 female are illiterate accounting for 14.76 percent of the studied population. There are 4 persons , categorised in 'Others' who have education diplomas in different streams. Details are shown in Table-5

TABLE – 5
Educational Level of the Household Members

Sl.No	Education qualification	Male	Female	Total
1	Below 6 years of age	35	37	72
2	Illiterate(above 6 years of age)	86	131	217
3	Pre- primary	16	14	30
4	Class I-V	123	120	243
5	Class VI-VIII	111	85	196
6	Class IX-X	173	176	349
7	X passed	26	23	49
8	Class XI-XII	51	65	116
9	XII passed	46	36	82
10	Graduate	36	34	70
11	Post Graduate	7	8	15
12	Others	3	1	4
Total		713	730	1443

Land ownership

The Rabha population in all the studied villages own homestead land. This homestead land generally consist of a house along with a kitchen garden (*Bari*) . All the three hundred households own homestead land. Again 281(93.66%) households own agriculture land of their own. The rest do not have agriculture land.

Two hundred and ninety households do cultivation of crops. Of these, nine households who do not own their own land have taken lease from others and cultivate crops on share cropping basis.

TABLE – 6
Ownership of land by the Households

Sl. No.	Type of land owned	Number Of Households
1	Homestead	300
2	Agricultural	281

Household Income

One hundred and twenty nine households (43 %) of the household members monthly income is above Rs. 9000.00. The monthly income of 36 households is in the range of Rs. 3001 – 4000 while 34 households earn Rs. 5001 – 6000 monthly and 30 households earn Rs. 4001 – 5000 monthly. There are 25 households whose monthly income is Rs. 2001- 3000 and 12 households whose monthly income is Rs. 1001 – 2000. There is 1 household whose monthly income is below Rs. 1000. The above income details are approximation as there are many households who do not have a fixed monthly income. Details are shown in Table-7

TABLE – 7
Households Income of the Households

Sl No	Average household income (monthly)	Number of households
1	Less than 1000	1
2	1001 – 2000	12
3	2001 – 3000	25
4	3001 – 4000	36
5	4001- 5000	30
6	5001 – 6000	34
7	6001 – 7000	16
8	7001-8000	12
9	8001-9000	5
10	More than 9000	129
Total Number of households		300

Religion

Table -8 reveals that the 299 households are followers of Hinduism. Only one household follow Christianity.

Table-8
Religion of Households

Sl. No.	Religion	No. of Households
1	Hinduism	299
2	Christianity	1
Total no of households		300

Gender of Household Head

The heads of 249 (83%) households are male and head of 51(17%) households are female as revealed in Table -9

Table – 9
Gender of Household Head

Sl. No .	Total No. of Households	Male	Female
1.	300	249	51

Age of Head of the Households

Table -10 reveals that there are 136 heads of households in the age group 60-70 years followed by 115 the households heads are in the age group 45-59 years and 46 households heads in the age group of 30-44years .

Table-10
Age of Head of the Households

Sl. No.	Age of Household Head	No. of Households
1	< 30 years	3
2	30-44 years	45
3	45-59 years	115
4	60 -70years	136
5	Above 70	01
Total No. of households		300

Household type

In the present study, out of 300 households, 186 (62 %) households are nuclear type and the rest 114 (38 %) households are non nuclear type as revealed in Table -11.

Table – 11
Household type

Sl. No .	Household type	No. of households
1.	Nuclear household	186
2.	Non-nuclear household	114
Total		300

Family Size

Table -12 reveals that in a majority of households numbering 182 (60.66%) the size of family is between 4-6 members, in 77 households the size of family have 1-3 members and in 31 households the size of family is 7-9 members . There are only 9 households with 10-12 members and one household with more than 12 members.

Table – 12
Size of family

Sl. No.	No. of household members	No. of households
1	1-3	77
2	4-6	182
3	7-9	31
4	10-12	09
5	More than 12	01
Total		300

Electricity

Electricity facility is available in all the villages taken up for the study. Table -13 reveals that 294 (98%) households have electricity while only 6(2 %) households do not have electricity.

Table – 13
Electricity

Sl. No.	Electricity	No. of households
1	Yes	294
2	No	06
Total		300

Drinking Water

Figures presented in Table-14 shows that Well, pond and Hand pump are the major sources of drinking water for households in the studied villages. There are a few households

who use piped water and water from river. The households mainly depend upon wells and ponds as wells are used by 114 households and pond by 57 households. Twenty nine households use water from hand pumps. Eighty one households use water from both hand pump and well. Pipe water is extended to 16 households, including 14 households also using either hand pumps or well . Three households use water from river. Details are shown in Table -14.

Table – 14
Sources of Drinking Water

Sl. No.	Sources Of Drinking Water	No. of households
1	Well	114
2	Pond	57
3	Hand pump	29
4	River	03
5	Piped water	02
6	Hand Pump + well	81
7	Well + Hand Pump + Pipe water	14
Total		300

Filtration of Drinking Water

Table 15 reveals that more than fifty percent (151) households use water directly from sources for the purpose of drinking. They do not use any filtration process, whereas 149 households treat the water before drinking. They mostly use the filters from the market to filter the water used for drinking.

Table – 15
Filtration of Drinking Water

Sl. No.	Filtration of Drinking Water	No. of households
1	Yes	149
2	No.	151
3	Total	300

Sanitation facilities

Table -16 reveals that 162 (54%) households uses sanitary latrine without water facility. Seventeen households use sanitary latrine with water.

As many as 92 households use *Kutch*a latrines and 14 households use open field for defecation. Common sanitary latrine is used by 15 households.

TABLE- 16

Sanitation facilities in the Households

Sl. No.	Sanitation Facility	Number of Households
1	Open field	14
2	Sanitary latrine per household with water	17
3	Common Sanitary latrine	15
4	<i>Kutch</i> a latrine	92
5	Sanitary latrine per household without water	162
Total Number of households		300

Drainage system

Table -17 reveals that majority of the households 237(79 %) under survey has no drainage system facility in their compounds, while only 63 households have the same.

Table-17
Drainage system facility

Sl.No.	Drainage system	Number of Households
1.	Yes	63
2.	No	237
Total No. of Households		300

House Type

Table -18 reveals that there are 171 (57%) *kutch*a Assam Type houses in the studied villages. Besides there are 83 27.66(%) *Pucca* Assam Type houses; 41 R.C.C houses and 5 thatched houses from the surveyed households.

Table -18
House Type

Sl. No.	Type Of House	Number Of Households
1	R.C.C.	41
2	<i>Pucca</i> Assam Type	83
3	<i>Kutch</i> a Assam Type	171
4	Thatched	05
Total no of households		300

Size of House

Table -19 reveals that majority of the households, 117(39 %) have more than 3 rooms and 94 have 3 rooms. Seventy one households live in two room houses and 18 households live in single room houses.

Table -19
Size of House

Sl. No.	Size of House	No. of households
1	One room	18
2	Two room	71
3	Three room	94
4	More than 3 rooms	117
Total No. of households		300

Kitchen Types

Majority of the houses, 276(92%) houses have separate rooms as kitchens, which are situated outside the main residences.

Table -20
Types of Kitchen

Sl. No.	Kitchen	No. of households
1	No separate kitchen	02
2	Separate room as a Kitchen Outside House	276
3	Separate room as a Kitchen Inside House	22
Total No. of households		300

Type of fuel used

Table 21 below reveals that wood is the primary source of fuel used for the purpose of cooking. Ninety seven households alone use wood while 183 households use Liquid Petroleum Gas(LPG) in addition to wood. Nineteen households use only LPG. There is a single household who use LPG and kerosene.

Table -21
Fuel Used by Households

Sl. No.	Type of fuel	No of households
1	Wood	97
2	Wood + LPG	183
3	LPG	19
4	Wood+ kerosene	01
Total No. of households		300

Political and other activities

There are 416 individuals from the surveyed households who are engaged in different political, social or economic and other activities. There are 162 individuals who are members of SHGs and 145 women who are members of Mahila Samittee. Another 49 women are involved with activities both as members of Mahila Samittees and SHGs.

There are 39 youngsters involved in Youth Clubs. Three individuals are active members of different political parties. There are 11 individuals who are members of All Assam Rabha Student Union(AARSU)

Table -22
Political and other activities

Sl. No.	Political and other activities	No. of Individuals
1.	Member of Political Party	03
2.	Member of Youth club	39
3.	Member of Mahila Samittee	145
4.	SHG	162
5.	SHG+Mahila Samittee	49
6.	Youth club + SHG+ Mahila Samittee	06
7.	Others (AARSU)	11
Total No. of Individuals		416

Saving and Thrift habits

The table below reveals that at present saving habit is increasing among the tribal people and today of the total surveyed households, 257 households possess bank account in their names . Two hundred and fifty eight households save money regularly. Although at present 43 households do not save money or possess bank account they realize the importance of saving.

Table 23
Saving and Thrift habits

Sl. No.	Details on saving	No. of Households
1.	Saves money	258
2.	Owens a saving account	257
3.	Do not save	43
Total No. of households		300

Debt and liabilities

Of the total 300 households surveyed, it has been found that 105 households have debt burdens. One hundred and five households have taken loans from different sources for certain purposes. Some have taken loans from SHGs and banks. Others have borrowed money from relatives or private money lenders.

They have taken loans or borrowed for different purposes like setting by enterprises, building houses, agriculture, education of children , treatment of diseases , etc.

Civil rights

Two hundred and eighty three (94.3%) households have Voting cards and 264(88%) households ration cards.

Rearing of animals and birds

The Rabhas rear animals like pig, goat and cattle. They also rear poultries in almost all the households. Two hundred twenty three households rear fowls, 33 households rear ducks and 1 household rear fowl, duck and pigeons.

Use of particular kitchenware

Utensils made from Stainless steel are commonly used due to its availability, affordability and durability. Vessels made from aluminium are also popular. People regard it as affordable, light and convenient to hold and wash. Traditionally brass utensils have been used by Rabhas, and today its use has diminished. It is expensive and used in special occasions or for prestigious guests. At present, people use different types of kitchenware which are readily available in the market.

Type of salt used

It has been found from the study that 298 households use refined salt for consumption and only 2 households use coarse salt.

Habits

The habit of taking traditional rice beer is a cultural norm among the Rabhas. The Rabhas brew their traditional rice beer called as *jonga* . Every household consume this drink. Traditionally, Rabhas have also been consuming tobacco . It has been revealed in the study that, chewing tobacco is found in more than eighty households. Smoking is reported from

around 50 households . The consumption of *paan masala* and *gutkas* are newly acquired taste and around 60 households are found to be indulging in this habit.

Incidence of diseases in households

From information collected from households, it has been found that 10 individual are suffering from tuberculosis and 8 individuals from Asthma. Most of the households who suffered from Tuberculosis and Asthma generally went to doctor for treatment of the disease and got cured. Those who did not get well then consulted traditional healer for cures.

In 36 households , it has been found that there are members who are suffering from different diseases during the last 2 years. Some of the illnesses are hypertension , body pain and nerve problem. Some people are also found to be suffering from suffering from kidney stone, appendix, thyroid , etc.

During the preceding year , it has been found that jaundice and malaria are two diseases which affected individuals in the surveyed households. There were 52 cases of jaundice and 18 cases of malaria.

When individuals suffered from malaria, they took advice and medicine from the doctors. In cases of jaundice they inevitably went to the traditional healers and took medicines provided by them. Sometime the patients were given medicine to consume or a garland to wear around the neck. Generally, for patients suffering from jaundice and malaria , the villagers follow traditional health practices.

Regarding health of children and incidence to diseases during the preceding two years, it has been revealed from the study that children from 95 households have suffered from either any of the disease like anaemia, tuberculosis, nutritional deficiency, etc.

Besides children are prone to illness like fever, cold, cough , which are very common among them. Some children suffers from skin diseases , diarrhoea, pneumonia ,etc and for treatment of such diseases they go to the doctors. For diseases like measles and pox they prefer to go to traditional healers.

To understand the behaviour of household members about seeking medical intervention after how many days of the onset of diseases , it was found that 144 households generally go for treatment after 3-4 days while 107 households go after 1-2 days. These treatment may either be for seeking traditional medicine or treatment at the hospitals.

Regarding visits to hospital in case of sickness, it has been found that due to poor economic condition, 2 households rarely go to the hospital. A few households regard modern medicine as ineffective, hence they rarely seek medical treatment in case of illness. Some of them go for doctors rarely because they don't believe in modern medicine and they believe that if they take care of their health then they will remain free from diseases.

Few households go to traditional healers often, because it is easily accessible, and also due to its affordability.

For known disease family members consult village elders or village ethno medicine specialists. At present, people are becoming aware about the need to take medical aid in case of illness and most of the family members consult doctors and pharmacists.

CHAPTER – IV

Traditional Health Practices among the Rabhas

The incidence of diseases and illness is as old as mankind. Before the advent of modern medical practices, people have been using means to keep illness at bay and also ways to cure diseases. Observation and use of ancient wisdom created a wealth of knowledge which has been passed from generation to generation in all societies. Likewise among the Rabhas, the traditional health care knowledge and practices are still in vogue. Specialists, elderly men and women have been providing their knowledge and skills for curing diseases of villagers.

Traditional health practitioners are present in some villages inhabited by the Rabhas, They consist of midwives and traditional healers. Priests, old men and women also use their traditional knowledge and skills for diagnosing, and providing advice and cures for diseases.

Rabha people's understanding about health and illness

The terms 'health' 'disease' and 'illness' are intermingled when Rabha people discuss about the definition of the said words. Being able to lead an active life- work, eat and physically move around is an indication of good health.

The perception regarding illness and diseases is explained in simple terms by common Rabha individuals. When asked, "What do you understand about disease?", the following types of responses are received; "When the individual experiences physical discomfort like pain, nausea, etc, then it indicates that the person is suffering from certain illness or disease".

Most of the villagers belonging to the Pati Rabha section say that, 'feeling physically unwell', "not being able to do daily chores and work", "weakness", "pain" are the symptoms of disease. A diseased person may have physical or mental weakness.

The concept of health among the Rabhas is not only related to physical and mental well being of an individual but has other dimensions too. Illness, health, diseases, are results of the influence of both genetic predisposition and the physical environment. These are also dependent on the favours and disfavours of Gods and Spirits. Some illness and disease can be cured with medicines, while others need the intervention of spiritual deities who have to be propitiated with prayers and offerings. The various groups of Rabhas of Kamrup and Goalpara district like Pati Rabha, Rongdani Rabha and Maitory Rabha believe that most of the disease occur due to dissatisfaction of their god

or influence of evil spirits . They stay healthy by the mercy of god. They also believe that to prevent disease, keeping oneself and the surroundings clean is very important.

According to some villagers, poor food habits, disease and dirt are determinants of illness. Some believe that the old ways of living when they used all kinds of natural food produced by themselves, medicines collected from nature, less oil while cooking food, etc. were responsible for maintenance of good health. At present, loss of these traditional health practices has led to ill health among people.

Good food habits and clean environment can lead to good health. Most of the villagers of Oufula, and Falafang who belong to the Pati Rabha section of the tribe , mentioned that they lack knowledge about the modern terms of health problems. They suffer from different health problems. Because they do not have the essential knowledge of cleanliness, hygiene and sanitation, they drink water from wells and tube wells without filtration. They mostly suffer from jaundice and other water borne diseases. In the spring season, they suffer from pox. During visits to villages it has been noticed that children are suffering from skin infections and rashes . For these diseases, they often go to ethno medical specialists of their village or nearby villages.

When a person suffer from any diseases, the immediate reaction or thought that comes to the mind of the person or his/her relatives is offering a Puja for getting cured. Most of the diseases experienced by them are believed to have a link with some of their gods.

Health and its relation to Religious beliefs

The perception of diseases as a result of spirits and Gods have originated and evolved in the belief system of the Rabha people. They have a profound belief that diseases are caused by God. Some people believe that performance of rituals are more potent than medicines prescribed by a doctor.

A youngster from Chatabari, Baida shared a personal experience. He says that, one day, while he was on his way to college, he suffered from severe stomach pain . He took medicine but did not find any relief. But after coming from Goalpara town, his family members performed *Kuber puja*. After performance of the rituals, he experienced immediate relief from his pain. Good health is a blessing of their Gods and Goddesses.

Rabha people believe that there is a relation between health, disease and supernatural power. Diseases are caused by gods. If a person can keep the Gods satisfied then no illness will affect the family. If the patient does not get cured by doctor's treatment then the family members of the patients will go to a temple to offer puja to the god or goddess. Villagers are also very superstitious

with regard to dream. Bad dreams are viewed ominous .To ward off misfortune as a consequence of these dreams, they offer pujas at temples .

Diseases caused by Evil spirits and Malevolent deities

The Rabhas believe in the presence of evil spirits and malevolent deities which can cause disease and illness among people. There are malevolent spirits called as *Hawa Laga*, *Kubere Dhora* and *Daini* which can cause illness and disease to individuals. They follow certain taboos and perform rituals to keep these spirits under control.

Cures for diseases caused by supernatural powers

Diseases like *Paghanepuwa* or *bakasupuwa*(madness), *dainipuwa*, *Pazamba* , Scabies, Stomach pain, body pain are believed to be the work of supernatural powers.

- *Pazamba* is a disease caused by the God *Pazamba*. If someone is suffering from *Pazamba* disease then the patient will shake and have high fever. Sacrificing a white colour hen can cure the patient.
- Scabies is caused by *Burha Gosain*. Offering a red cock to *Burha Gosain* can cure the disease.
- When someone suffers from stomach pain, they offer *Kuber Puja*. Kuber is called *Sikanibai* by the Maitory Rabhas . The God lives in water.
- Among the Dahuri Rabhas, there is a belief that wearing a *Sap* around the neck can ward off evil spirits. The *Sap* is made of yarn.

The Maitory Rabhas of Goalpara district inhabiting several villages like Chatabari, Baida, Kantapara, and Ujanpara have rich traditional beliefs and customs. This section of the Rabha tribe has been able to retain many old features of their culture. They are practicing various pujas since ancient times. They have certain beliefs regarding different illnesses. Those beliefs are intertwined with the beliefs in different Gods and Goddess. Different Gods are responsible for different ailments and they offer different pujas from time to time for the wellbeing of the villagers.

An elder respondent spoke about an incident when his son was lost and kept hidden by the God *Konso*. He also said that they symbolically offer a little amount of food to *Daini* before eating. They have a staunch belief that if somebody has an enemy, that enemy can cause harm by practicing black magic or witch craft .

In the village of Chatabari in Baida informants shared few age old beliefs still prevalent in the society . An old priest Prafulla Chandra Rabha and a village elder Uday Chandra Rabha told about a

few of the traditional Pujas offered for cure of certain diseases affecting an individual. These pujas are :

- *Desfirani puja* : It is performed to get cured from diarrhoea, fracture, joint pain or back pain . In this ritual, a black hen is sacrificed. When an individual fracture an arm or leg, the healer in the community chants incantation and applies mustard oil on the injured part of the body.
- *Khetor puja (Baimaba)*- When a pregnant women suffers from pain, the Rabhas believe that the spirit *khetor* is responsible for her cause. To appease the spirit, the family performs a puja called as *khetor puja*.
- *Burhadeu puja*– Sometimes, a minor infection may take an ominous form. This is often referred by the term *khossor*. For this particular disease, the family perform *burhadeu or Burhaba puja*. In this puja they sacrifice a young cock to the God *Burhaba* and chant mantras. In this puja in place of the earthen lamp, incense sticks are lighted and incense burnt.
- *Nakkati puja*— *Nakkati puja* is performed when someone suffers from joint pain and scabies. The Maitory Rabhas believe that Supornokha (*Nakkati*) who is regarded as the sister of Ravana causes these diseases. Hence to propitiate her, they offer prasad of *dhekiyasak*, (Fiddlehead fern) rice powder and meat. This offering is also called as *foksak* .
- *Hakhambay puja*– The Rabhas hold the view that certain disease can distort the facial contour of an individual and his/her looks can resemble the face of a monkey. When they see the symptoms in any child or adult, they perform *Hakhambay puja*. For the rituals, they require a frog which live in nooks and corners inside a house, silver coin and bamboo and taking these together, one healer of the village chants mantras and performs the puja.
- *Sashan Kali puja*– When a person exhibits signs of insanity, fickle behaviour, mutters incoherent words, then he is said to be suffering from *Deudhora* (possessed by evil spirit). The Maitory Rabha people sacrifices a male goat at the burial ground in the middle of the night. The meat is consumed there itself and cannot be brought home.
- *Mayor deu*– When a child lose consciousness due to some reason, then this puja is performed. In this puja an image of a pigeon is made with *moiragos* (a type of reed/straw)and splits of bamboo. A black hen is sacrificed for this performance.
- *Kamahasu puja*–this is another ritual performed when an individual suffer from disease which distorts the facial appearance of the affected person. A *Kamahasu puja* is performed, where only the clan members of that particular household can take part in the rituals.

- *Bakra Puja* : It is a ritual performed to get rid from illness like back pain, leg pain and other joint pain in the body. In this puja , a cock or a duck can be offered. And if the puja is arranged in a grand manner, then a goat is sacrificed.
- *Rajkhetra Puja*: During pregnancy, if the woman is suffering from any kind of pain, then this puja should be offered.
- *Thakuroni Puja*: When little children suffer from cold, fever, then they observe a puja called *Thakuroni Puja* by offering a small black fowl as sacrifice.
- *Dinga Bhasa Puja* :In the month of ‘*Bohag*’ another puja called as *Dinga Bhasa Puja* is observed to ward of illness . In this puja, people make a raft from banana plant which they drift on waters. They require flowers from the Amaltus tree, fruits, cock/hen and goat for performance of the puja.
- *Khusambai Puja* : This puja is offered when an individual suffers from itching due to an allergic reaction. The food cooked with meat, rice powder and certain leaves is used as an offering during the puja and the participants of the puja each partake the offerings.

The Rangdani section of the tribe also has several traditional beliefs related to illness and disease.

For example:

- *Kesaikhati Puja or Dinga Puja*: It is celebrated in the month of *Jeth* to safeguard the household members from the evil eye .
- *Bormani Puja*: This puja is offered to get cured from diseases. This puja is celebrated in the last day of *Ambubachi* and also during *Na Khua* (when the new harvested grain is eaten for the first time)on the 9th day of the month of *Aghun*.

The different symbolic elements and their relation to illness

The people while observing the behaviour of living creatures found in their surroundings try to give symbolic interpretation of the behaviour of the animals and its relation to illness or diseases.

- They opine that the incessant crowing of a crow is considered ominous and an evil omen, and indicates that death is stalking in the vicinity or a bad incident might strike the villagers.
- If dog barks in the evening then they believe that misfortune may come.
- A bird making nest at a very lower distance from the ground indicates the approach of a storm .

- If any person exhibits abnormal behaviour, loiters aimlessly and mutters incoherently, then it is believed that the person is being possessed by *bakapua* or *dainipua*, both malevolent spirits. These spirits have taken hold of the person's body and mind.
- When a child does not want to talk to his/her parents and refuses to make eye contact with the parents even if staying in close proximity, then the people explain this condition as *Bengralaga* or *Benkralaga*.
- Vietnamese coriander often termed as *Maandhaniya* or *kata dhaniya* is also known by the Rabhas as *Deo Dhaniya* because of the belief that a person possessed by ghosts cannot tolerate the smell of this herb. A person suspected to be possessed by ghost is given the herb to smell, if /he refuses to do so, then it is assumed that ghost has taken hold of him/her.

Some strange physiological symptoms are explained by the villagers of Digheli in Goalpara. The concept of witchcraft is very prominent among the Rabhas. They use the term *daini* for witch. They do not consider it as ill health, but as *dainiyepuwa*. When a *daini* enters into a woman's body and mind she mutters incoherent words. Sometime her voice resembles the voice of a cow or a hen or other animals. It also symbolises that the villagers will suffer from diseases or misfortune, or they might be stalked by death.

They believe that sometimes human being's face, nose, or other parts of the body become deformed due to a single disease and in some cases the person may also behave and look like animals (like a monkey). There are also instances of people becoming thin and emaciated for no obvious reasons.

Nausea, abdomen pain is caused by *Kuber's* evil eye and these can be cured by praying to *Kuber*.

Awareness about good health and its relation to traditional health practices.

All the sections of the Rabha tribe in Goalpara, Kamrup and Baksa districts are conscious about their health, and they follow some traditional home based health practices. They say that only a healthy person can do agricultural work properly. They stay physically active most of the hours to keep their body fit. They put less oil in food and prefer to take *khar* (alkaline) which they regard as a delicacy and a healthy condiment. They are conscious that they should be fit and healthy but less aware about diseases which are harmful. They take curative measures rather than preventive measures.

Traditional Health counselling and health education.

For traditional health counselling Rabha people do not have specific institutions in their societies. In Rabha society, the elders, both male and female are held with great respect. Often their advices and suggestions with matters related to health are taken into consideration. Since olden times, there is the tradition of offering means and ways to maintain good health. Elders, priests, and village ethno medicine specialists offer health advices and potions. These traditional wisdoms are passed orally from one generation to the next. Some get this knowledge from their custom and rituals. When someone falls ill, experienced old men and women advices them on the dos and don'ts. If a person is a traditional healer, then he teaches the methods of curing diseases to his son. People immediately go to traditional healer for diseases like jaundice, malaria; pneumonia and diarrhoea. Women inherit the knowledge from the elderly women in their families.

Breaking of Social Order and the consequences

The notion of diseases as a result of committing sins or mistake is also commonly found among the Rabhas.

The relationship between the concept of sin and disease is integral to their belief. Belief in the traditional Gods of the tribe and respect to the social order for maintenance of a smooth society is an obligation for each person belonging to the Rabha tribe. Non adherence to these rules invokes diseases and disorder in the society. Hence, if someone does not believe or worship the Gods, then it is considered a sin. As a result, some diseases occur to him/her. If a person do not obey the social rules and disrespects elders that it is also considered a sin or mistake.

The Rabhas believe that if a person commits sins or do some acts regarded as taboo by the society then that person invites illness or diseases not only for him/her but also for the family and the village as a whole.

Marriage between a Rabha and a non Rabha is also considered a sin. They are ostracised from the society until the couple ask for forgiveness from God and society. They suffer from diseases as a consequences of their sins or disrespect.

Preventive, curative and destructive health practices.

There are some forms of therapies, ritual healing, preventive medicine practised among the Rabhas. Some therapies are interrelated with ritual healing, use of herbal medicines, etc. Witchcraft or sorcery is prevalent among the Rabhas, but its practice is regarded with grave offence and the offenders are punished by the society. Villagers tackling of the issue of witchcraft and sorcery is based on superstitions and can be considered as a destructive healing methods in Rabha society.

Preventive measures for health problems

The Rabha people have some beliefs and knowledge regarding preventive measures to ward off ill health.

There is a close relation between traditional beliefs and illness or diseases and as such they believe that eating fresh food and vegetables keep their body strong against disease. They take care of their food items. They eat many bitter curries so that they do not fall ill.

They have some other practices based on age old beliefs which acts as preventive measures against diseases-

- The traditional rice beer called *Jonga* is believed to keep the stomach cool.
- Garlic cloves are strung around thread and tied around the wrists of children or around the neck to get rid of cold and cough.
- A spoonful of *Jonga* (traditional rice beer) is fed to children in the month of *Bohag* which can keep them safe against pox.
- The bark of the *Dingdinga* tree or its flower *Noukaphul* prevents jaundice and is taken once a year as a preventive medicine.
- Diabetic patients are not allowed to eat root vegetables.

Prevention of diseases is also based on superstitious beliefs and practices.

- The cremation ground is regarded as an abode of spirits and ghosts. A person after attending a funeral has to take a bath. The seed of a creeper called as *Ghila* is soaked in water and the water used for bathing. This is believed to keep away evil spirits. The seed is also used in bathing water and the children given a bath with the belief that they will not fall ill.

Curative measures for health problems

The traditional curative practices related to health among the Rabhas consist of use of both herbal as well as other materials as found in their culture.

- When someone suffer from stomach pain, a little amount of kerosene is applied on the belly. If it does not work, then people use the *Berek* (a tool used for mixing the traditional rice beer or *Jonga*) to massage the affected area.
- A healer in Digheli village of Goalpara explains his treatment for pain. He mixes 11 spices, different roots of trees, spider, *elandhu* (a kind of sooty coloured dirt formed as a result of smoke and web made by spider) with mustard oil and conducts massage on patients.
- A paste of ginger, garlic, sap of papaya and *elandhu* is used on the skin in case of skin diseases.

Use of herbal medicine

The herbs used by Rabha tribe are considered as important aspects of their traditional health care system and some are proved to be useful medicine for major diseases like jaundice, piles, etc. Though the Rabhas do not know botanical terms and inner components of herbs, they have knowledge about the efficacy of certain herbs curable properties. Different plant materials like leaf, sap, stem, bark, roots, etc., are used for curing diseases.

Cures are prepared using plant materials for different kind of ailments like fever, headache, pain in joint and other parts of body, gum and teeth problem, diarrhoea, dysentery, stomach pain, cough and cold, skin diseases, eye infection, cuts and injuries, measles, chicken pox and small pox, jaundice, etc.

Villagers have traditional knowledge for cures and different health cures are based on home remedies.

- Eating seven types of bitter food like- '*Neem*' *Azadirachta indica*, *Bahika*, *Sirota*, *Nangal Bhanga*, *Bhekuri*, etc. in the first seven days of the month of *Bohag* protect people from various diseases.
- By applying a paste of bitter gourd's leaf or jute on the forehead, a person can be cured of headache.
- *Akon* leaf is useful for back pain. The affected area is massaged with a paste of *Akon* leaves and mustard oil.
- According to Rangdani villagers, the paste of *Pate Goja*, *Puroihaak* and leaves of bitter melon should be applied on the forehead of a person suffering from fever.
- Paste of jute should also be applied on forehead if someone is suffering from fever.
- For an upset stomach, the juice of *bhetitita* (type of bitter leaves) paste is effective. The tender leaves of guava tree is also good for the above ailment. The tender leaves of Teak (*Segun*) tree is useful for curing dysentery.
- People use the glue of *Dudhleng* tree when they suffer from itchininess and redness as a result of infection in the eyes.
- Star fruit is considered good for diseases like jaundice and cough.
- Potato paste is good for burns.
- People suffering from fever can have the juice of *Sirota Tita* (a bitter plant) to get cured. The bark of *Dudhkuri* tree is soaked in water and the water is given to the patient to drink as a cure for stomach pain.

- For indigestion, crushed ginger with a glass of lukewarm water is considered potent.
- To cure a person suffering from cough, a concoction consisting of a piece of raw turmeric, 3/4 leaves of *tulsi*, one spoon of honey and a little drop of lime water is given to him/her .
- The Pati Rabhas use the juice extracted from boiling *hiju* leaves for curing cough,. They take one spoon each day for a period of three days.The Dahuri Rabhas prepare a juice with the skin of unripe banana and drink half glass of the juice mixed with a spoonful of honey. They take it thrice a day.
- The Totla Rabhas drink the juice of the leaves of pomegranate for curing cough. Children take half spoon and adults take one spoon in a day. When cough is severe then they also take a spice called *jabbrang*.
- For pain in gum, *Jaluk Bon* is effective. The small flowers of this grass is used as a medicine on cuts.
- For Injuries and cuts , *Kuli bon* is used as a first aid medicine to stop bleeding .
- The juice of the paste of *Sirota Tita* is useful to get relief from worm.
- The paste of *Barighera or Kathanda* flower is applied on the forehead for headache and the paste of the leaves is useful in curing children suffering from fever.
- The paste of the roots of ‘Aathiakol’(a local variety of banana) is also good for headache.
- For dental problems like pain in gum , the paste of *Harpajiva*, the roots of *Boriyal tree*, and the roots of *Dokosa bon* are used with a paste of chilli for application on the area.

Destructive health practices

Most of the villagers among the Pati Rabha and Maitory Rabha sections reported some health care practices which are based on superstitions and can be regarded as regressive. In Digheli village of Goalpara district, villagers believe that Daini (witch) may enter into a woman’s body and she may exhibit behaviour considered abnormal in the society. The possessed woman sometime smiles , sometime cries and utters expletives and curse people of the village. They opine that the physical condition and mental ill health of that particular woman cannot be explained nor she can be cured by the doctors. In this condition, villagers use a fish net(*khewajaal*) and ensnare the possessed women with the net. Then they tie four fingers and toes of the woman and compel the woman to confess the existence of ill spirit inside her body. If she does not confess, the villagers tie her under a big tree and beat her until she confesses. Sometimes, the woman dies also. The villagers do not regard this act as inhuman or detrimental for the woman or the society but insist that such acts are

essential for satisfying the Gods and for the wellbeing of the community. This is a degrading and dangerous practice in the name of healing .

Aging and related health care practices.

Old age is regarded as a natural process. As people in the community grow old, they realise the necessity to take good care of themselves. The Rabhas do not take special care for aged people, they try to eat healthy food which are organic and are cultivated in their home gardens. They keep themselves busy in agricultural activities. They increase their vegetarian diet and consume less non vegetarian food. They also consume less spices and oil.

Mental illness, psychological well- being and the health practices related to it.

Cases of mental illness have been found in the surveyed areas. Mental illness may be due to several factors. Many believes that it may be due to super natural or spiritual causes. For example, one girl in the village of Kanyakuchi became mentally ill after an incident occurred in her family. According to her family members, earlier she was normal and well behaved, but later exhibited abnormal traits . So they hold the belief that some people who hold grudge against the family has performed black magic on her .

For the psychological wellbeing of an individual and curing mental illness, they perform certain rituals . They perform *Bakasu puja* and *Daini puja* particularly on such occasions .

Health practices related to Communicable diseases

The Rabha people believe that diseases like pox, scabies, viral fever, jaundice, malaria are communicable diseases.

Following are the some herbal medicine and way of treatment for communicable diseases.

- People use banana roots, *mimangkothal*, *meskuri* leaves to cure jaundice.
- The Pati Rabhas of Goalpara use boiled *meskuri* leaves and *kakol* with water and make the patient drink the liquid.
- For curing diseases like measles, chicken pox and small pox , drinking the juice of wood apple is effective.
- For jaundice they use the paste of the roots of *Misiri tree*, the roots of *Aathiakol* (growing towards the southern side) and 4/5 leaves of *Toor dal* and mix it with a glass of water and drink it early in the morning. After taking this medicine for 3/ 4 days, the patient experiences relief. Pulp of boiled star fruit is given to the person.

- The *sewali* flower is also considered useful for curing for jaundice.
- The meat of boiled red crab and dry fish are both useful for curing malaria.
- When a person has boil on their body, they use the sap of *Baaknaal* or *kesumotamati* and also black arum (*kolakosu*) on that area.
- The leaves of *Zhinilewa* plants are dried through smoking process and kept at home. When a person suffers from water fungal disease (*paniyekhuwa*) on feet and toes, the leaves are used as a cure.

Symptoms and initial diagnosis of illness

In the villages, when a person falls ill due to any type of diseases, the members of the family observe him for 2/3 days, and if the person does not get well, they take him/her to the doctors. If they are familiar with the symptoms, then the patient is treated at home. They consult neighbours and experienced village elders. Then the elders of the family or sometime ethno medical specialist checks his/her body's warmness or coldness by touching. Sometime, they touch and check the patient's belly. These ethno medical specialists recognise the symptoms. For example, if a person is suffering from high fever frequently then they diagnose it to be malaria. Accordingly, they prepare herbal medicine for malaria and advice the patient about diet and cure. Likewise, a healer can easily diagnose the symptoms of jaundice. Paleness of the eyes, lack of appetite, stomach pain and fever are some symptoms of jaundice as reported by the traditional healers.

If it is believed that a disease is caused by super natural powers, then the healer or priest make careful observation of the patient. When an elder sees symptoms of pox in children, then s/ he advise the concerned family members to observe particular taboos and norms. They believe that pox is caused by the goddess *Bhagoboti*. Mental illness too is regarded as a disease caused by supernatural powers. Thus, the different sections of the Rabhas have beliefs about diseases on the basis of which they make diagnosis and try to find cures.

Health practices related to woman's Health Cycle

The health practices related to a woman's health cycle includes puberty, menstruation, pregnancy and birth related health issues, abortion, miscarriage, menopause, etc. The traditional beliefs and health practices related to such events are followed by Rabhas.

Puberty

Earlier puberty of girls among the Rabhas, was not regarded as a special event. But at present, when a girl reaches puberty she stays inside a room in the house for 3 days and on the 4th day she takes a purification bath.

At present, the Pati Rabhas and Dahuri Rabhas observe similar rituals of puberty observed by the caste Assamese population. On the 7th or 9th day of puberty they invite village people and celebrate the occasion with a feast

Menstruation

There are a few religious customs that a menstruation woman among the Rabha has to follow . According to an informant, a menstruating woman does not go to the temple for seven days. She does not touch cow dung for three days. She is not allowed to cook food in the kitchen for three days. And she is not allowed to touch any things related to worship for seven days.

Women informant tells about undergoing physical discomfort like cramps during monthly periods which they regard it as normal for women. They are now aware of the use of sanitary napkins which are provided by Asha worker , some of the women also purchase the same from local medicine shops.

Menopause

Irregular menstrual pattern around the age group above 45 is a common sign of menopause. Some Rabha women said that women undergo mood swings during the time of menopause.

Health related beliefs and practices for Pregnancy and delivery

The Rabhas regard pregnancy as a natural progression of life. When a married woman's menstruation stops for more than a month, then she is presumed to be pregnant. Even if a woman do not tell about her situation because of shyness, the aged women in the family can ascertain her condition when the woman exhibits giddiness, weakness, sudden fever, vomiting which are considered as indications of her pregnancy.

There are a few taboos for pregnant women among the Rabha . A pregnant woman and her husband are not allowed to attend or take part in religious rituals or Pujas , nor are they allowed to touch the offerings(*prasad*) required for the rituals. The husband is not allowed to cut the meat of pigs, hen, cock, duck etc. The husband as well as the woman need to observe certain food taboos. She is not allowed to lift heavy things. She is also not allowed to travel long distance.

The Maitory Rabhas believe that *baimaba puja* should be performed for the good health of the pregnant lady. It is believed that during pregnancy, pounding rice in pestle is good for the expectant mother.

Doctor assists in most of the delivery cases. If the delivery is done at home then aged women come to help the mother. They massage with hot mustard oil and take care of the mother during the time of her delivery. After the birth of the baby, experienced aged women tie the navel with thread (thread should be a *botula* thread used for weaving) and cut the cord. Immediately after the delivery, the mother is given *kolkhar* and garlic to eat and sometime they apply *kolkhar* on the mother's head.

Antenatal health care practices

A nutritious diet , with less spice and oil, mostly boiled vegetables and lentils is regarded essential for a pregnant woman and her unborn child. She is advised to take rest but not spend time sleeping unnecessarily. They believe that if a pregnant woman sleeps more, her blood gets cold which may affect the baby inside the stomach. The Rangdani, Maitory, Dahuri Rabha perform *khetor puja* for the healthy growth of the foetus. The Totla Rabha people perform (*jaap*) and chants mantras for the welfare of the pregnant woman and the baby.

Neonatal health care practices

The health of the new mother and new baby are priorities for the family and as such the family where the birth has taken place as well as the women of the village take particular interest in their well being. The new born baby is given a bath with luke warm water and massaged with coconut or mustard oil. Sometime, they massage the baby with a mixture of garlic and hot mustard oil. They tie a piece of garlic with thread to prevent the baby from getting cold and cough. The morning sunlight is considered good for the baby's health.

After the baby completes one month , the purification ceremony is performed . A few drops of local rice beer are put in the mouth of the infant as they believe that rice beer prevents the baby from the onslaught of many diseases.

Knowledge and practices regarding Birth control

In Pati Rabha villages of Goalpara district there are a few healers who have traditional methods of birth control . They use herbal medicine as birth control methods.

At present, the modern knowledge and practices of birth control is being spread through all villages of Rabha people by the health guide of NRHM(Asha worker). Women are slowly forgoing the traditional methods of birth control.

Abortion

Traditional healers among the Pati Rabhas have traditional herbal knowledge to conduct abortion. They use roots of particular trees which they give to the woman. But now a day's most of the village women seek medical assistance for abortion. The village health guide accompany the woman to the hospital for undergoing abortion .

Health practices related to fertility and infertility.

The Rabha people say that fertility is a god given biological capacity. Children are born to parents due to the grace of god. There is a belief shared by old persons of the community that consuming weaver ants increase fertility. The Rabha people believe that infertility is also caused by god. At present, they have started believing in the efficacy of modern medicine for treatment of infertility.

Role of female specialists in dealing with gynaecological problems

From ancient time, aged women play a prominent role to cure any kind of gynaecological problem. Because women in villages are reluctant to share their gynaecological problems with male folk and prefer to share with women, there are experienced women who can give advices or solutions to them for their problems. The female specialist is called as *dhai* . They use herbs, leaves, seeds, twigs of branches, roots, etc to cure diseases. In addition, the female specialist often has to assist pregnant women during delivery of babies. She has to be there with the pregnant women from the time of labour pain until the birth of the child. She is the one who has to cut the umbilical cord.

But as people now easily get access to doctors, the role of female specialist has been reduced. There may be other reasons also. In case of a difficult birth, most of the traditional midwives lack knowledge and skill which results in risk of life of the mother and infant. The death of the mother or child or death of both is often noticed. But in medical or hospital, the rate of mortality is less. Therefore people have started to go to doctors rather than to traditional female specialists.

Child care related Beliefs and practices

The elderly Rangdani Rabha women spoke about a few traditional beliefs related to the rearing and health of children . These are as follows-

- They believe that if a pregnant woman eats pigs tail, the child born will be naughty and mischievous.
- If a baby salivates frequently, it indicates that the mother could not fulfil her desire to eat something which she wanted to during her period of pregnancy.
- If a baby cries incessantly without any reason, the mother gives him a *fut*(a black dot) on his forehead from the dust of a broom. They believe it is because of *moraidhora*.
- When a baby has colic pain then they draw a picture on the *mot sigatukura*. In such cases they also feed the child with herbs like skunk vine (*vedailota*) or mint .
- They give honey to a baby so that the baby will utter words at an early age.
- If a baby is found to not walk at the appropriate age, seven stings of *seng mas*(cat fish) is given on the baby's leg by an aged woman .
- If a child suffer or is found to be chronically sick, then the parents sell him to a couple belonging to a different clan (in token only) or sometimes the baby is breastfed by a woman belonging to a different clan .
- Sometimes if a baby has stomach pain for no reason, then they believe that he is attacked by the God *bakas*. They offer puja to appease him.

MODERN HEALTH PRACTICES

The benefits of modern health care system have reached all the villages surveyed in the three districts of Baksa , Goalpara and Kamrup. For diseases like pox, jaundice, etc., they still have faith in traditional medicine provided by traditional healers. In case of fever, common cough and cold, people use home remedies. When they do not get well with home remedies, they consult doctors in the government hospitals. Villagers suffer from different kinds of ailments like joint pains, diabetes, gastroenteritis, cancer, asthma, tuberculosis, hyper tension, etc. And in such cases they go for treatment in the hospitals. Both modern and traditional medicines are sometimes seemed to be used together. In some cases, when traditional medicine fails, then villagers go for modern medicines and vice versa. A majority of the villagers have understood the efficacy of modern medical treatment for curing diseases hitherto unknown to them. Although traditional healers are still in demand for curing diseases like jaundice and pox, yet their expertise in curing certain diseases are still viewed with scepticism.

Role of different organisations and health related issues

The role of different stakeholders in matters related to sanitation, hygiene, different health awareness camps and programme needs to be analysed to understand the health related issues of a particular community. In this context, hospitals, civil society, 9 Non Government Organisations)NGOs, government organisations , etc., influence the health status of the people in the community .

In the villages, Awareness programmes on family planning, health, cleanliness, etc., are conducted in the Health Centres and the ASHA(Accredited social health activist) take the initiative to invite villagers to the Centres.

A team from Ayurvedic College, Guwahati visited the Mohmarang village to conduct a health camp on the initiative of the village committee. They discussed with people about various diseases and provided treatment to villagers. Awareness programme are rarely held in the villages. In a few villages one or two programmes are held related to family planning, diseases and cleanliness. In Chokabaha village, an awareness camp on filariasis was organised by a mobile health unit as many people of the village suffered from filariasis during the preceding year . In Mandalgram village of Goalpara, the Anganabadi centre organised a malaria awareness camp during the previous year. Awareness programme was taken up by the Health department of Goalpara District at Kantapara village. The awareness programme was on the importance of nutrition. In Habangiri and Chatabari village awareness programme were held on immunisation and precaution to be taken against diseases.

The role of NGO, SHGs, Mahila Samittee and Youth Organisations in organising health camps for villagers is also noteworthy.

Non Government Organisations organised awareness program on women's education, rights, health and hygiene, free eye check up and eye operation and Witch hunting.

Awareness program on Sanitation and cleanliness was organised by Gaon Panchayat in particular villages.

Health related activities have been taken up the Village Committee for the residents. In this context, the Mahila Samiti and Youth club took cleaning programme and awareness programme in some villages.

In the year 2014, when Dighali village was affected by flood, organizations under WHO and Red Cross Society organized awareness programme in the village.

CHAPTER – V

Traditional Health Care Practitioners

The role of Traditional Health Care Practitioners, including healers and midwives in the Rabha society can be understood from the discussion and case studies conducted with villagers, healers and midwives.

CASE STUDIES

The following case studies were conducted to understand the popularity of traditional as well as modern health practices in Rabha society. From the respondents, it has come to our understanding that Rabha people take the service of both traditional and modern medicines. From the two case studies on women who had recently given birth to babies, it has been found that the birth took place in hospitals. This is in contrast to traditional practices related to birth of children in Rabha society. Traditionally, babies were born at home in the hands of Rabha midwives. At present due to accessibility to modern health facilities, women prefer giving birth at hospitals. The presence of health Guides in villages have been able to create awareness about safe delivery in hospitals.

Case study on Neo mother

Name- Moromi Rabha

Age- 21

Sex- Female

Education Status – Class X

Occupation –Housewife and Cultivator

Place- Falafang, Kamrup(R)

Moromi Rabha is a mother of a baby boy. Recalling the birth of her baby, Moromi says that her delivery took place at the hospital. An ASHA guide accompanied her to the hospital. Before the delivery was conducted she was provided daily with folic tablets. She was taken care by her mother and mother in law. She was fed with country bred chicken, fish, and leafy vegetables. She did all the household chores and sometime went to the paddy field for agricultural work.

As the day of the delivery approached, an old woman of the village came home to check her. She applied mustard oil on her belly and told her that the time for the birth of the baby was very near. The ASHA worker came and took her to Bamunigaon hospital. She was accompanied by members of her family. The doctor and nurses took charge of the mother and the impending delivery of the baby. The delivery of the baby was normal.

Case study on Neo mother

Name- Urmila Rabha
Age- 23
Sex-Female
Education Status - Class VIII
Occupation- Housewife
Place- Bakharapara, Goalpara

Urmila is the mother of a one month boy . This is her first born. Her baby was born in Dudhnoi hospital, which was a normal delivery. The Asha worker of the village accompanied her to the hospital.

During her pregnancy period, she had to follow certain food taboo. She did not eat ladies finger, green leafy vegetable, bitter gourd, etc. Elders in the family believed that eating green colored vegetable will make her breast milk green which is not good for a baby's growth. She was given fish, meat, pork etc. She said that she was not allowed to enter the kitchen for one week after the baby's birth. She was also not allowed to touch cow dung for one month after the birth of the baby.

After the birth of the baby she had malaria and is now a little weak.

Although access to modern medical institutions are at easy reach, the role of traditional healers and midwives in the society is still significant. The Case studies taken from individuals who have suffered from different diseases and the remedies they had undergone to get cured gives us a picture of the traditional health care practices followed by the people of the Rabha tribe in the study area . The respondents included family members of a young woman having mental disabilities, an old woman suffering from tuberculosis, two teenagers suffering from jaundice, a six year old girl with vision problem and an elderly man suffering from cancer.

In all the cases , it has been found that people take resort to both traditional and modern medicines when faced with health problems. When modern medicine fail to heal then people go to traditional healer to find a solution and vice versa. Moreover, due to poor financial condition, some patients cannot afford to go to hospitals and thus are forced to seek traditional healers. In case of illness like jaundice, people invariably seek traditional healer as healers over the years have proved their expertise in curing jaundice.

Case Study

Name : Gitumoni Rabha
Age : 27 yrs
Sex- Female
Education Qualification : BA 2nd year.
Occupation : Unemployed
Place :Kanyakushi, Rangjuli

Gitumoni is the youngest child belonging to a very poor family. Her father was a farmer but now he is unable to go for cultivation due to his poor health. She has two brothers and two sisters in law in her family who are wage labourers. Her elder brother is an alcoholic who comes home drunk and quarrels with the other members of the family. This regular scenes in the households had deep impact on Gitimoni, who became withdrawn and started losing her mental balance. Gitumoni has been suffering mental illness since 2012. For two years , she stayed at home and her siblings took her to a nearby hospital for treatment. As she did not show any signs of improvement, they visited a traditional healer in Darangiri (nearby place), as they believed that she was a victim of black magic. The healer after chanting mantras and other rituals sent them home. But Gitimoni did not get well. She started to behave abnormally. She would lose her temper and throw things and sometimes she refused to recognise her own family members. The family then decided to send her to the Mental hospital situated at Tezpur which they did in 2015. She stayed there for three months, where after treatment she becomes well and came back home. But in 2018, April, Gitumoni's family member had to take her to Guwahati Medical College as she again started behaving strangely and now she is gradually becoming well.

Case Study

Name: Milanti Rabha

Age: 65

Sex- Female

Education Qualification: Illiterate

Occupation: Housewife

Place: Falafang ,Chhaygaon

Milanti Rabha is a housewife. She was suffering from tuberculosis since the last three months. She went to a doctor and after undergoing several tests , she was diagnosed with tuberculosis . The doctor prescribed her medicine and advised her to follow the medicines without fail. But Milanti Rabha felt that even after taking the medicines she was not getting well. So, she decided to go to a traditional healer who stays in the nearby village called Gobardhan. The traditional healer started his treatment by giving her both herbal potions and also by chanting incantations. She had to consume the medicines for one month. She tells that she is becoming gradually well and is still continuing the medicine given by the healer.

Case Study

Name: Prabal Rabha(M) 18 Yrs

Nikumoni Rabha (F)14yrs

Occupation: Students

Place: Falafang , Kamrup (R)

Prablam Rabha and Nikumoni Rabha are both siblings. Since, the last two weeks , Prabal and Nikumoni have been suffering from jaundice. Initially, they both felt weak and had fever . Soon they found that the colour of their urine had become yellow, which is an indication of jaundice. Their parents took them to the hospital. The doctor confirmed their suspicion and declared that both the youngsters were suffering from jaundice. They then consulted a traditional healer whom they call as *Oja*' in the nearby village of Oufula. According to them, no modern medical treatment can cure jaundice. Jaundice can only be healed by traditional medicines given by healers. When Prabal Rabha and Nikumoni Rabha went to the traditional healer, he gave them each a “garland” to wear around their neck. The garland is made from roots of different trees. They had to wear the garland for a few days. At first they took it in their head and when the disease slowly got cured the garland become dry, loose and elongated. Finally it came out from the down their lower extremities. When the garland came out they threw it in a flowing stream. During the period when they were wearing the garland they had to eat food free from oil. They did not drink milk during this period. Also when they wore the garland they refrained from taking any non vegetarian food and subsisted on boiled vegetarian diet. After 5/6 days of wearing that garland they were cured from jaundice.

Case Study

Name: Punam Rabha

Age: 6 Years

Sex- Female

Occupation: Student

Place: Falafang , Kamrup(R)

Punam Rabha belongs to a very poor family. Her parents are wage labour, they earn a meagre amount of money from their work. Punam is their first child. Since, birth, she cannot see clearly. She is partially blind . She even cannot open her eyes completely. When her parents became aware of her condition, they took her to a doctor for treatment. The doctor advised an operation which would cure her condition and she would be able to see properly. But they could not do the operation due to their poor financial condition. So, they went to a traditional healer located at the place called as Gobardan . The healer after chanting some mantras gave some water and advised them to wash her eyes with the water. They went to the healer several times but did not find any result. Their child is still in the same condition like before.

Case Study

Name: Rohindra Rabha

Age: 61 Yrs

Sex- Male

Occupation: Farmer

Village: Horumoni Village, Mirza.

Rohindra Rabha is a farmer who belongs to a very poor family. He is the principal earner in the family. During the year 2016, he occasionally experienced painful sensation in his gums and went to the hospital for a check up. The doctor diagnosed it as cancer . Thereafter, he visited B.Baruah Cancer Hospital in Guwahati for treatment. During that period, he found it difficult to afford the treatment as he was financially weak. He was twice hospitalised. In the year 2017, he had the second operation . The operations were not successful and he was not cured. Soon, he came in contact with a traditional healer who stays at a considerable distance from his village. The healer started herbal treatment and gave him herbal medicine. He gave him some tablets composed of different plants and roots of trees. The healer advised him to take the tablets twice a day. After undergoing treatment in the hands of the traditional healer Rohindra started getting cured. Now he feels fine and has no problem in his mouth.

Aged people in the community follow a simple diet and lead an active life . As age takes them over, they spend their time with their age mates, spend time in religious activities. They eat food having less spice and oil . The emphasis is to eat more vegetables and less non vegetarian diet. Below are two case studies on an aged man and an aged woman.

Case study

Name- Mukunda Rabha.

Age-70

Sex- Male

Occupation- Agriculture.

Education Status -Illiterate

Place-Falafang

Mukunda Rabha is an old man residing in Falafang village. As he has become old now, he does less agricultural and household work. He is more involved in religious activities held in the village. He spends his time relaxing and taking rest. Though he does not do any heavy work, he likes visiting and helping his fellow villagers. He along with other old men of the village believes that if they remain active and happy they will live long. Now a days, he consume less meat , fish and spicy food as he finds it

difficult to digest. He mostly eats the traditional Rabha food item like *pithalishakili, khar*, etc.

Case study

Name- Kasanti Rabha .

Age -66

Sex-Female

Education Status -Illiterate

Occupation-House wife

Place- Mandalgram, Goalpara

Kasanti Rabha is a middle aged woman residing in Mandalgram village. She does almost all the household work. She works in the kitchen garden and paddy field. But she is not as energetic as she was in her earlier years. While working in the field, she often gets tired and to refresh herself she takes a pint of local rice beer. Her eyesight is getting weaker, and so she cannot weave cloths as she did in her earlier days. She takes care of the children in the house. She takes all the foods which the other members of the family eat like rice, vegetable, chicken, pork, etc. She is not much aware about the food required to be taken when ill. When she falls ill, her daughter in laws takes care of her. They give her boiled rice and potatoes. When she does not get well from illness, then her son takes her to the doctor.

Traditional midwives

Traditional midwives or *dhai* as locally called have been playing an important role in the society since time immemorial. The same is noticed in Rabha society. The midwives are housewives and cultivators. Their work as midwives is a secondary source of income. They are all self taught and acquired knowledge and skills of midwifery from observation and experience by conducting cases of delivery of babies. Some of them had also assisted women relatives and neighbour who acted as midwives and learnt from these experiences.

The midwives conducts delivery of babies, cuts the umbilical cord, washes the new born baby, massages baby and mother, and advises the new mother on diet and other things. Some of them give medicines also, others can predict the sex of the baby or the time of birth.

Most of the midwives perform rituals and pujas for the pregnant woman and the unborn baby. They regard the work as a social duty and do not demand any money. But grateful families remunerate them in kind and cash. They are also given due respect and favours during the purification and name giving ceremony of the baby.

A few midwives also have knowledge about certain herbs which are used for abortion or unwanted pregnancy. They have experience of conducting abortion also.

In recent times, most of the midwives opine that their service has become less demanding and people now go to hospitals for delivery of babies.

Case study on Traditional midwife

Name-Praneswari Rabha

Age-70 years

Sex-Female

Occupation-Housewife, Midwife

Educational Status- Illiterate

Place-Chotodamal, Goalpara

Praneswari Rabha is an expert midwife. She has over the years conducted many delivery cases single handed. As there was poor communication facility in the village, people were not able to go to the doctors. So they relied on the village midwives for delivery of babies. Praneswari Rabha believes that for the birth of a healthy baby and a safe delivery, spiritual intervention is essential. So they observe a Puja namely *khetor puja* in the 7th months of pregnancy. They offer offerings to *Daini*. After the completion of 8 or 9 months, the midwife is able to predict the date of birth. She checks the pregnant women frequently. At the time of delivery, she massages the pregnant woman with coconut oil. When the delivery takes place, she cuts the placenta of the baby smoothly with a sharp bamboo split. She gives the baby a bat with lukewarm water and advises the mother about food and other things.

Praneswari Rabha recalls olden times when her service was more in demand. She did not demand any money for her work which she considers as helping her fellow villagers. But she was given food, clothes and money for her work.

She has knowledge about midwifery but does not prescribe any medicines.

Case study on Traditional midwife

Aroti Rabha,

Age-67 years

Sex-Female

Educational Status –Illiterate

Occupation-Cultivator, Midwife

Place-Notunhawli, Baksa

Aroti Rabha, is a much respected old woman of Notunhawli village, Baksa. She has been working as a midwife since many years. All the villagers have faith in her expertise and medicinal knowledge. She performs ritual and

chants incantation for the safe pregnancy and safe birth of a baby. She calls the names of the Gods and Goddess like Shiva, Parboti, Brahma and Vishnu and sprinkle water which is offered to the pregnant woman . She advises her to eat healthy food and take enough sleep . On the last month of pregnancy , she keeps close observation of the pregnant woman and then predicts the time of delivery. At the time of delivery, she massages the pregnant woman with coconut oil. After the birth, she takes out the placenta of the new born baby.

Aroti Rabha does other magico religious practices also. She worships and does chanting by holding a bowl containing water. This water is used for curing children suffering from small pox. She performs puja to propitiate *Bhagaboti Aai*, who is considered as the goddess responsible for this disease. If any person suffer from burnt injuries, then she also chants incantation with mustard oil which is then used to heal the affected person. Sometime, she chants mantras and give herbal medicine to cure women undergoing exhaustion. Besides these , she gives herbal medicine for jaundice also. She makes a garland of *lajukilata* , *pulikata* and roots of another tree and advises a person suffering from jaundice to wear around the neck like a garland.

Aroti Rabha does not demand any money from her clients. She is given money, clothes, food according to the financial abilities of the households where she has given service.

Most of her health practices are based on religious and spiritual beliefs, and less on medicines. She opines that in most cases villagers should refer doctors and go to hospitals as traditional methods are not sufficient for curing diseases.

Case study on Traditional midwife

Name- Daiboki Rabha,

Age-70

Sex- Female

Educational status-Illiterate

Occupation-Housewife, Midwife

Place-Kalyanpur

Daiboki Rabha, belongs to the Dahuri section of the Rabha tribe. She worked as a midwife until 5-6 years ago.

When she is informed about pregnancy of any woman she advises her and her family members regarding food and special care. She said that the usual food which the family members eat is good for the pregnant woman. Daiboki says that a pregnant woman should eat all types of vegetables, *pithalishak*, country bred chicken, fish, etc. But she should abstain from

eating pork and bitter things . Beside these , a pregnant woman should do all the household and agricultural work except lifting heavy goods.

On the 7/8 months of pregnancy, Daiboki Rabha is asked to perform *Khetor puja* and *Daini puja* for the healthy birth of the baby and good health of the mother. The rituals of *khetor pujas* performed is similar like those performed by the Rangdani Rabhas . A red or black cock is sacrificed during the ritual .

When the day of delivery approaches, Daiboki makes frequent visits to the pregnant woman house to enquire about her condition . She can predict the sex of the unborn baby by observing certain bodily changes in the pregnant woman. According to her, the baby inside the stomach may lie on either side. She observes the movement by placing the palm on the abdomen, and then can predict whether it will be a boy or a girl. She also uses another method to predict the sex of the baby. By observing the health of the pregnant woman, whether she has put on weight or become thinner, she can predict the sex of the unborn baby.

At the time of delivery, she massages the pregnant woman with coconut oil and holds her tightly. After delivery she takes care of both the baby and the mother. She cleans the baby with warm water and swaddles him/her with soft cloths. While doing these work she takes helps of other elder women in the family.

Daiboki Rabha does not demand any money from the family of the pregnant woman. But she is offered rice beer, delicious food, cloths as gift by the family members . Many children of the villages were born at the hands of Daiboki Rabha.

Case study on Traditional midwife

Name- Sukholota Rabha

Age-60

Sex- Female

Educational status- Class IV

Occupation- Cultivator

Place-Chatabari

Sukholata Rabha, like other old people of the village believes that the birth of a child is God's gift to human being. So, she says that a pregnant woman should offer prayer to God every day. She performs *Khetor puja* for the welfare of the pregnant woman on the 7/8th months of pregnancy. On the onset of delivery, she applies mustard oil on the naval of the pregnant woman to check the time of delivery and then ties a long cloth above the naval, so that the baby inside the stomach comes down. During the process of birth, she along with other elderly female holds the woman. After

delivery, she cuts the placenta of the baby and cleans the baby with luke warm water.

Like other mid wives, she does not demand money for her work. People of the village give her cash or kinds.

Case study on Traditional midwife

Name-Mohini Rabha

Age-50

Sex- Female

Educational status- Illiterate

Place- Dariduri

Mohini Rabha belongs to the Maitory section of the Rabha tribe. Earlier she conducted several deliveries of babies, but over the years, her work has reduced. She is of the opinion that villagers now prefer to access the services of the Trained Birth Attendants and facilities provided by modern health care system. She also uses both her skills and magico- religious beliefs during delivery.

Mohini has knowledge about certain herbs used for abortion of unwanted pregnancy. She is reluctant to share this knowledge with outsiders, as she considers it to be her domain. She charges a sum of Rs.500 for a single case of abortion .

Case study on Traditional midwife

Name-Kawli Rabha

Age-56

Sex-Female

Educational status-Illiterate

Occupation- Agriculture Wage Earner

Place -Bakhrapara

Kawli Rabha has lot of experiences of delivering babies since many years. She practices the work of *dhai* or midwife. She belongs to the Rongdani section of the Rabha and is well versed with the rituals associated with *Khetor puja and Daini puja* which she performs for the pregnant woman. Sometime, she applies a paste of hibiscus flower on the abdomen of the pregnant woman. She advises a pregnant woman to desist from eating banana flower as she believes that it may lead to a difficult delivery. She advises her to take proper food during the pregnancy period. She says that a pregnant woman should do all the household works which will keep her body strong.

At the time of delivery, she massages the stomach and uterus of the pregnant woman with coconut oil. After delivery, she takes care of the baby and mother. She does not demand money for her work. She is remunerated by the clients who usually give her Rs. 200/300 per delivery.

Traditional Health Care Practitioner or Healer

The Rabha people believe in the efficacy of traditional remedies which are still in vogue in the villages. A few traditional health care practitioners or healers have knowledge and skills regarding identification of plants and other materials. They prepare potions from different plant materials. These healers diagnose diseases. They treat patients and also give them medicines as cures.

An analysis of the Case studies on the Traditional Health care Practitioners or healers have revealed several interesting facts about the traditional healing process and methods adopted by the healers.

As found, traditional healers may belong from both the sexes. In the study case studies have been conducted with six male and two female healers. The healers are mostly illiterate or have primary school education. Their main source of income is agriculture and providing health care to the community is a source of secondary income. They have acquired the knowledge and skills from elders or other healers in the society. Some have learnt it through observation and experimentation. Nobody has undergone any formal education.

A majority of the healers also offer magico- religious cures for illness. They prepare amulets, use exorcism, performs rituals, gives incantations in water, chants mantras, mumbo-jumbo, etc.,

Case Study on Traditional Health Care Practitioner (Healer)

Name- Udhab Chandra Rabha

Age – 78

Sex-Male

Occupation- Agriculture and Occult Practitioner

Place-Mandalgram

Udhab Chandra Rabha is a renowned traditional healer in the village of Mandalgram in Goalpara district. He learnt about various herbs and magico religious practices from his father around 20 years ago. He had tried to experiment with certain herbs and in the process learnt about different cures using these herbs. He believes that diseases are caused due to several reasons. Some diseases are caused by supernatural or spiritual powers and some due to biological, genetic, or environmental factors. The spiritual causes are different according

to Rabha people's belief in different gods and goddesses. He believes that the anger of God *Bakasu* and Goddess *Daini* leads to severe mental and physical ailments. He is also of the view that there are many other *Deu*, *Vut* which sometime possess the body and soul of human being. For these diseases he does chanting with water and give amulets in the names of different gods. He offers pujas on behalf of the ill person. In performance of the puja for the God *Bakasu*, he offers a black fowl and a red cloth as sacrifices.

Being an ethno medicine specialist of the village he has been using different herbal potions extracted from plants. He gives herbal medicine for diseases like jaundice, piles, bone fractures, body pain, etc. The plants used by him are- *Bagh ketari*, *Aam ketari*, *hiyal ketari*, olive, etc.

He has cured many people from diseases like piles and jaundice.

Prithiraj Rabha, who suffered from pile got cured after taking his prescribed medicine. Another individual named as Bajjura Rai also got relief from body pain by taking his herbal potions.

Udhab Rabha takes a minimal fee for his treatment. He takes Rs.200/300 per patient for giving medicine. And he takes a sum of Rs.300 for providing an amulet to a patient.

Case Study on Traditional Health Care Practitioner (Healer)

Name- Biswajit Rabha

Age-35

Sex-Male

Occupation-Agriculturist

Place- Mandalgram, Goalpara

Biswajit Rabha is a cultivator who owns a small plot of land. He learned magico religious and home remedies for treating snake bites from his father around 5 years ago. After his father's death, he began considering treating people with snake bite as his primary occupation. Many people are bitten by snakes in course of their work in the agricultural fields and in the forest areas. Biswajit tells that the poison from the bitten area has to be sucked immediately to save the patient. As snake bites often lead to serious repercussions, people began to flock to Biswajit's house to avail his remedies. Biswajit Rabha's expertise has treated many patients and brought them back from death. People generally first go to him instead of visiting the hospitals. Biswajit likes to keep his knowledge a secret as he believes that revealing his expertise may lead him to lose his power of treating people with snake bite.

When a snake bite a person, the healer first takes out the poison by sucking the poison out from the snake bitten area with his mouth.

Before that, he eats lot of sour food. After that, he applies seven different herbs on the affected area and before applying those herbs he chants mantras.

The villagers of the area have great faith in Biswajit and says that the healer has been able to save patients who were seriously bitten by snakes.

Case Study on Traditional Health Care Practitioner (Healer)

Name- Subarna Rabha

Age – 76

Sex – Male

Educational Status – Class VI

Occupation – Agriculturist

A resident of Digheli village , Subarna Rabha has been working as a healer for almost 20 years. He says that he has acquired this knowledge of healing from another person whom he considers as his mentor or 'guru'. He uses both herbs and magico religious techniques. He uses different plants, creepers, flowers, spices to cure diseases of the village people. He chants different mantras of *Shiva* and *Parboti* and applies potions for curing diseases. He has firm faith in the healing power of mantras, and his patients also shares this beliefs.

Subarna Rabha considers diseases like *Ai Dukh* (Pox), Children's eye problem, *Upor Chakra* as being caused by supernatural powers. If a person commits sin, then he or she is affected by the above diseases. The diseases are God's way of showing dissatisfaction of a person's activities and thoughts.

To appease the Gods, *Biheli puja* is offered and he chants *mantra* to cure children suffering from eye diseases .

Certain herbs are used by the healer. When a person suffers from fever, he applies a pack consisting of *Tulshi*, *Manimuni* and seven grains on the head of the patient. If the fever becomes high, then he gives other medicines made from *Uluta har*(creeper), roots of *Boga baheka* , seed of plum , etc.

Case Study on Traditional Health Care Practitioner (Healer)

Name : Chandra Mohan Rabha

Age : 65

Sex : Male

Educational status- Class II

Occupation : Agriculturist

Place : Chotodamal (Goalpara)

Chandra Mohan Rabha is a cultivator by profession. In his village Chotodamal, many villagers come to him when they get injuries or meet with any accidents. He is the eldest son in his family. Due to the death of his father at an early age, Rabha had to shoulder the responsibility of his whole family. As he had a very large family, he had to leave school at an early age. He goes to work in the paddy field. Later he came to know about different type of herbs and used it for treatment of diseases. He started treating people who came to believe in his herbal treatment. If someone accidentally fractures their legs or arms then they come to him. The healer makes a paste from different plants and herbs like *Har Jura*, *Kankal Singa*, *Naljura* and *Akashi Lota* and gives it for applying on the affected area. This relieves the pain and gives the patient succour.

The healer does not cure any other diseases. The healer does not know other magico- religious therapies. The healer accepts anything that people want to give him. He does not demand a fixed fee for his service. People can give him anything and he accepts it gracefully. It can be in cash or kind like a *Gamusa*(towel) or money.

Case Study on Traditional Health Care Practitioner (Healer)

Name : Sakuntala Rabha

Age : 75

Sex : Female

Occupation : House Wife

Place : Dighali (Goalpara)

Sakuntala Rabha is a house wife. She is a widow and lost her husband ten years back. Now her son and her daughter in law take care of her. At a very young age she got married and took many responsibilities for the family. As a young daughter in law, she had to take care of her father in law and mother in law and keep them happy. Now, as she is getting old, her responsibilities are becoming less, but never the less, she has to shoulder some responsibilities like looking after her grandchildren. She knows some medicines which can cure certain diseases. She is a traditional healer who gives medicines made from herbs. People from her village and nearby villages come to her for a cure.

For her fees, Sakuntala Rabha do not demand anything. She accepts whatever is given to her.

Some common plants which are used by the healer are- *Narasingha*, *Bospaat*, *Maisundari*, *Naagdeoni*, *Meskuri*, and *Tepari* etc. She also uses black pepper, and ginger to cure some diseases. *Methi* and *ghila* are other important ingredients for her medicine.

She shares some of the medicine and their uses. For example , when a girl experiences menstrual cramps, an equal amount of *Methi* and sugar paste is given as a cure.

If a person suffers from jaundice , she gives a garland made from the roots of *Malbhug* banana, roots of *Meskuri* and *Kerentai* leaves.

If a baby cries incessantly, she advises the parents to make a figure of hay and tie *Ghila* with it. This is then kept on the roof of the house along with a bamboo cylinder (*Bahor Sunga*) filled with water.

She believes in magico religious cures and offers magic potion to clients who wants to marry a particular person. For this, she uses potions like- *Lotpoti*, *Sotpoti*, *Hahimali*, *Tinbatari* and *Kukurkata*, a pair of any roots which grows towards the east and south side, a pair of *sunapuli* and also a pair of *Rupapuli*, barks of pomegranate . She uses all these to make her magic potion.

Case Study on Traditional Health Care Practitioner (Healer)

Name : Ganesh Rabha

Age : 45

Sex : Male

Educational Status: Illiterate

Occupation : Agriculture

Place : Mohmarang Kamrup (R)

Ganesh Rabha is a traditional healer who gives medicines only to apply on the body and not for eating. Though he was the only son of his family his parents could not afford to send him to school . He had to go to the paddy field to help his father in cultivating their small plot of land. After getting married, he started giving medicines to the village people. He only uses herbs as medicine.

Ganesh Rabha has cured some diseases like measles and blisters. He has also cured back pain. He also prescribes diabetic and gastroenteritis.

According to him, the mixture of *Hapor Jibha Bon*, *Phesa Bon*, *Mani muni* are useful for curing measles. If someone is suffering from blister (*Pani Jala*) , then *dem Futka* (*Dem Deluka*) herb is roasted in a pan and it's ash mixed with coconut oil . This is applied on the affected area with a feather.

The paste of *Sapori Bon* (*Lai Jabori*) added with the immature leaves of *Dhopat Tita* is helpful for stomach problem. In back pain, someone should tie the roots of *Amor Lota* which looks like hair in three knots with one single breathe.

Rabha never demands anything from his patients and accepts whatever is given to him.

Case Study on Traditional Health Care Practitioner (Healer)

Name: Satyendra Chandra Rabha

Age: 75

Sex: Male

Educational status- Class VI

Occupation- Agriculturist/ Healer

Place- Kantapara, Goalpara

Satyendra Rabha is known in his village for his herbal treatment of diseases. Though he is a cultivator by profession, he is also a traditional health care practitioner who believes in herbs as well as magico religious rituals. He has been doing this as a service to the people for almost 35 years. At first he did not take it very seriously, but gradually people started coming to him and they got cured by his medicines. He learnt from his father several magico religious rituals for curing diseases. He was born in a poor family and was brought up in his uncle's house. At the age of 15 he came to his home and started helping his father in agricultural work. During that time he observed his father's traditional healing methods. Initially he was less interested in his father's work, but gradually found it to be interesting and tried to learn from him. He also started giving medicine to people. Many people got cured from his medicine which made villagers believe in the efficacy of his treatment. All the villagers in his village have come to him at least once for his medicine. He makes no demand for money and accepts whatever is given to him.

He uses herbs for curing different diseases. For curing allergy, he uses the bark of *udal* tree. After dipping the bark in water, the wet piece of bark is applied or tied with a cloth on the affected areas.

The paste of the tubers of *Kola Keturi*, *Aam Keturi*, *UlaSor* and *Saamsangi* are used for curing fungal diseases called locally as *Desperani*(*Panikhua*, *Kolijaxukua*).

Bish Dhekia or *Narasingha* is used along with incantation for headaches.

For curing sprain, a massage with mustard oil is administered.

He has claimed curing some diseases by performing magico religious rituals. He has performed *Raaj Khetor Puja* for welfare of pregnant woman. It is done within the 1 ½ to 3 months of pregnancy when

the pregnant woman has difficulty while eating food and feels nauseating or sick.

If a person suffers from joint pain s/he has to perform *Biseli Puja* and offer a black cock as sacrifice .

If there is pain in abdomen, *Kala Puja* or *Dhan Kuber Puja* is performed with the offering of a black cock.

To cure fever and body pain, *Jhakua Deo Puja* is performed by sacrificing of cock or duck.

To ward off the Evil eye , the healer advises wearing an amulet.

According to him, if somebody is suffering from stomach pain, high fever and behaving abnormally, then he or she is possessed by *daini*. This is a condition caused by supernatural powers and thus religious rites like *Tekaar Puja* has to be performed for exorcising the *Daini* from the body.

Anger of God can be a major cause of illness. If the *Dharma Dewota* is not satisfied with someone, he or she will suffer from eye pain. Sometime God causes eye irritation too.

Anger of ancestral spirit can cause problem to children which results in disturb sleep. The healer chants Mantras , blow on strings of thread and tie it around the wrists as a cure .

Case Study on Traditional Health Care Practitioner (Healer)

Name: Deben Rabha

Age: 65

Sex: Male

Educational Status:

Occupation: cultivation/Agriculture

Place: Oufula (Kamrup Rural)

Deben Rabha is a well known traditional healer based in Oufula village . He belongs to the renowned family called by the name of *Bogai Roja* . He is the brother of *Bogai Roja*. People of the village hold them with great respect. Deben Rabha lives with his wife. A few years back, he lost his son who died of cancer.

Deben Rabha believes in both herbal and magico religious practices. For some disease he gives herbal medicines and for some other which he is not able to cure with herbs, he uses magico religious therapies. He is of the opinion that the major cause of illness is the Anger of God.

He gives amulet and does *Pani jora* to cure a patient from the possession of evil spirit. To cure pox and insomnia, he does *Jora fuka* and *Pani jora*.

For cough, he gives a medicine made from the mixture of *Pipili* seed, bark of *Saidi*, *Ahom Jaluk* and ginger. A mixture of roasted leaves of *Hiju* and honey is also considered good for cough.

He also gives medicine and garland to a patient suffering from jaundice . Deben Rabha can also cure Tonsillitis.

He gives medicine for body pain and toothache. The paste of *Bih Ketari* roots is boiled and massaged on the body and for toothache, the paste of the leaves of *Lal Bos* is applied. According to him, body pain can be cured by magico religious rituals.

Skin disease, loose motion, eye irritation are other diseases cured by Deben Rabha. He does *Jora fuka* and gives medicines if for burns.

He can cure headache and piles. He also gives medicines for infertility.

Nari lora is a disease of the intestines and he does *Tel jora* (oil having magico-religious significance) to apply it on the navel and sometimes he uses a lighted earthen lamp kept in a bowl of water and place it on the navel of the patient.

Amulet is given as a cure for babies who cries incessantly and also to parents of infants who has disturbed sleep. He is also a fortune teller.

He does not make any demand for his treatment. People offer according to their capability . He accepts money as little as Rs. 5-10/- and a betlenut and betle leaves.

Medicinal plants used by Rabha tribe of Assam

Plants are regarded as important and useful sources of medicines. Since the prehistoric period of time, plants are applied as medicines. Ethnomedicinal surveys are significant for close observation of the medicinal practices as well as indigenous knowledge of the ethnic people; have already led to the discovery of many effective and modern drugs (Balick and Cox, 1996 and Cotton, 1996). According to the WHO, about 80% of the world's population belief on plant based traditional medicine for healing their primary and common diseases (Behera, 2006,) (cited Bora .R et al., May 2015).

The healers in the Rabha community use a variety of plants in preparing medicines which they consider as useful for curing different diseases.

Name of informant- Satyendra Ch. Rabha
 Age- 75
 Sex- Male
 Educational status- Class VI
 Occupation- Agriculturist/ Healer
 Place- Kantapara, Goalpara

Medicinal plants used by Rabha tribe of Assam

Sl. No.	English/ Scientific Name	Local Name	Parts used	Medicinal use	Form of medicine
1	<i>Tridax procumbens</i>	<i>Bisalya Karani</i>	Leaf	Used for Minor Wounds	Paste
2	Cathedral Bells / <i>Bryophyllum pinnatum</i>	<i>Pate Goja</i>	Leaf	Gallbladder Stone	Juice
3	<i>Codiaeum variegatum</i>	<i>Pat Bahar</i>	Leaf	Skin Burn	Paste
4	Potato/ <i>Solanum tuberosum</i>	<i>Alu</i>	Whole Part	Skin Burn	Slice

Name of Informant- Manik Ch. Rabha
 Age- 68
 Sex- Male
 Educational Status- HSLC Passed
 Occupation- Agriculturist
 Place- Dariduri, Goalpara

Sl. No.	English/ Scientific Name	Local Name	Parts used	Medicinal use	Form of medicine
1.	<i>Cissus quadrangularis</i>	<i>Harjura bon</i>	Body Part	Broken Bone	
2.	Guava/ <i>Psidium guajava</i> L.	<i>Modhuri Aam</i>	Young Leaf	Blood Dysentery	Juice 2/3 Spoon
3.	<i>Ageratum conyzoides</i>	<i>Gandhari Bon</i>	Young Leaf	Cut in the Skin	Paste
4.	<i>Acorus calamus</i> L.	<i>Bak (Nal)?</i>	Leaf	Skin Boil	-
5.	?	<i>1.Pannot Drong</i>	Leaf	Dysentery	Mix all the ingredients together
	Guava/ <i>Psidium guajava</i>	<i>2.Modhuri Aam</i>	Leaf		
	Soot	<i>Elandhu</i>	Soot		
6.	<i>Xanthosoma violaceum</i>	<i>Dudhkuchi</i>	Leaf, Root	For increasing milk of new mother	-
7.	<i>Hedychium coronarium</i>	<i>Sugandhi</i>	Leaf	Injury	With Mustard oil (Need to press the affected area)

Name of Informant- Kajiram Rabha
 Age- 40
 Sex-Male
 Educational Status-VI
 Occupation- Agriculturist
 Place- Falafang

Sl. No.	English/ Scientific Name	Local name	Parts used	Medicinal use	Form of medicine
1	Aloe barbadensis Mill.	<i>Saalkueri</i>	Whole plant	Used in fever and skin burn.	-
2.	Noni/ Morinda citrifolia	Miskuri	-	Jaundice	-
3.	Calotropis gigantean (L)	Akon	Leaf	Mosoka Khua	Paste
4.	Baliospermum montanum	(Bor)? Laham	-	Any Kind Of Body Pain	-
5.	Euphorbia nerifolia	<i>Siju</i>	Leaf	Cough	Juice
6.	Azadirachta indica A.Juss	<i>Neem</i>	Leaf	Skin Disease In Worm	-
7.	Drumstick/ Moringa oleifera Lam	<i>Sojina</i>	Leaf, Flower	Pox	-
8.	Jute/Corchorus capsularis Linnaeus	<i>Morapat</i>	Leaf	Helps In Reducing Fever	Paste (Apply on Forehead)

Name of Informant- Satya Rabha
 Age- 40
 Sex-Male
 Educational Status- HSLC Passed
 Occupation-Agriculturist
 Place-Maju Borgom, Goalpara

Sl. No.	English/ Scientific Name	Local name	Parts used	Medicinal use	Form of medicine
1.	Aloe barbadensis Mill.	<i>Saalkueri</i>	Whole plant	Used in fever and skin burn.	-
2.	Mustard Oil and Garlic/ Allium Sativum L.	<i>mitha tel+nohoru</i>		Used for children's Cough and Cold	Garlic burnt in Mustard oil
3.	Leucas aspera	<i>Doron Ful (Dhumku)</i>	Flower	Used for Sore Throat	Soak the flower in water for sometime (Drink)
4.	<i>Honey/Apis</i>	<i>mou</i>		Burn	-
5.	<i>Basil / Ocimum Basilicum L. and Honey/Apis</i>	<i>tulusi+mou jul</i>	Juice	Cough	
6.	Dry Jute/ Corchorus	<i>khukan</i>	Whole	Diarrhoea	Dried Jute soaked

	capsularis Linnaeus		Plant		in water
7.	Water	<i>Silikha +pani</i>		Dysentery/ Diarrhoea	

Name of informant- Uddhab Ch. Rabha

Age- 78

Sex-M

Educational Status-Class IV

Occupation- Agriculturist

Place-Nuapara, Goalpara

Sl . No.	English/ Scientific Name	Local name	Parts used	Medicinal use	Form of medicine
1	Aloe barbadensis Mill.	<i>Saalkueri</i>	Whole plant	Used in fever and skin burn.	-
2.	Argemone Mexicana L (Papaveraceae)	<i>Siyalkata</i>	Leaf	Body Pain	Paste
3.	Curucuma aromatic Salisb.	<i>Bix Keturi</i>	Leaf	Body Pain	Massage
4.	Clove/Syzygium aromaticum	<i>Long</i>	-	Body Pain	
5.	Terminalia arjuna (Roxb.)	<i>Arjun</i>	Skin	Weaknes	Paste (One Time A Day)
6.	Terminalia bellirica	<i>Bhomora</i>	Seed	Fever's Weakness	Inner Part Of Seed (Eat)
7.	Hydrocotyle sibthorpioides Lam	<i>Saru Mani Muni</i>	Whole Plant	Women's Nausea, Fever	Paste (Eat)
8.	Dried Jute leaf (Corchorus capsularis Linnaeus) preparation	<i>Xukoti</i>	Powder	Fever	Paste
9.	Ash Gourd (Rotten)/	<i>Posa Boga Kumurar Bakoli</i>	Skin	Fever	Paste (Apply On Head)
10.	Black Pepper / Piper Nigrumlo Ginger/ Zingiber officinale Rose	<i>Jaluk/ Ada</i>	Leaf	Fever	-

CHAPTER-V

Summary and Recommendation

The tribes of Assam have their own indigenous medicines which have been traditionally used for treatment of different ailments. Each tribe has its own concept and belief system regarding illness and disease. The beliefs and traditions in a community have tremendous influence on the health of the members of the community.

Summary

The study on “**Exploring the Traditional Health Practices among the Rabhas of Goalpara district**” is basically an exploratory study of the traditional health beliefs and practices prevalent among the different sections of the Rabha tribe in Goalpara and its nearby districts in Assam. The Rabhas are one of the Scheduled Tribes in the plains districts of Assam. They are mostly concentrated in the districts of Goalpara, Kamrup and Baksa, Darrang , etc. The Rabha tribe consist of different groups like the Pati, Rangdani, Dahuri, Maitori, Bitiliya, Totla, Koch . These groups are found within certain geographical boundary. The Pati Rabhas are concentrated in the districts of Kamrup and Goalpara. The Bitiliya, Dahuri, Maitori and Rangdani are also found in Goalpara. The Totla section is concentrated in Baksa and the Koch in Dhubri . Goalpara district has the highest concentration of the Rabha tribe .

The study was conducted keeping in mind the following objectives:

- To understand the concept of health, disease and treatment in the Rabha tribe
- To know the health status of the people belonging to the Rabha tribe
- To Identify the indigenous medicines used by them
- To understand the magico- religious beliefs associated with health and diseases
- Identify the changes in the health practices of the people

The study is a micro-study of the Rabha tribe. The population for the study is the people belonging to Rabha tribe living in three districts of Assam. Thirty numbers of villages have been selected for the study. The villages of the different sections are selected randomly . To have an understanding of the traditional health practices of the Rabha tribe, an attempt has been made to collect data from all five sections of Rabha tribe from Goalpara district. In addition, villages from neighbouring Kamrup ® inhabited by the Pati Rabhas and the villages in Udalguri inhabited by the Totla section have also been surveyed to understand the diversity of health related knowledge and practice among the different groups.

The households are selected on random sampling basis. The sample size of households is 300. The study was conducted mainly based on primary data collected from the field. Secondary data was collected through library work and access to the internet.

Four numbers of investigators were engaged to collect the data. Different individuals including traditional midwives, traditional healers from the community, community elders, Scholars on Rabha tribe, members of households , members of Non Government Organisations, members from Rabha Student organisation and modern health workers were interviewed for the

study. Case studies from different individuals were collected to have an in depth understanding about traditional health practices among the Rabhas.

Along with qualitative information, quantitative data was collected for the study. The quantitative data collected for the study was analyzed by using simple statistical tools. The study was conducted between May 2018 and August 2018.

Thirty villages under eleven Development Blocks in three districts of Assam were surveyed for the study. There are nineteen villages from Goalpara district which has the main concentration of Rabha population. From Baksa, five villages were selected. Field work in Kamrup district was conducted in four villages.

The second chapter of the study attempts to give a brief picture of the surveyed villages inhabited by the Rabha people.

The thirty villages surveyed in the three districts of Assam are located in plains areas. The settlement pattern of 28 villages is agglomerated and 2 villages are dispersed.

Of the 30 villages, 25 villages are homogenous in nature and its inhabitants are only Rabha people. In 5 villages the Rabhas live in close proximity with other communities like the Bodo, Scheduled Caste, Garo, and Nath community. In 25 villages, 8 villages are inhabited by Pati Rabhas, 6 by Rangdani Rabhas, 4 by Dahuri Rabhas, 2 by Maitori Rabhas and 5 by Totla Rabhas.

The transport and communication facilities are within easy reach of a majority of the villages. Twenty one villages have nearest motor able road within 1 km. from the villages. The Transport Stand for 12 villages is located within 1 km., while for 9 villages the nearest transport station is located within 1-5 kms.

The condition of the roads for majority (14Nos.) of villages is *katcha* Fair Weather Motorable Road. Car, Bicycle and motor bike are used in all the studied villages while 8 villages each use motor bus and auto rickshaws. The other modes of transport are tempos and E-rickshaws.

Availability of Medical facilities near the populated villages has immense influence on the health of the people of that particular area. Public Health Centres (PHCs) are located within 1-5kms for 16 villages. Government Dispensary are situated within 1-5 kms for eight villages. Eleven villages are located at a distance of 1-5 km from the nearest Civil hospitals. Most of the private hospitals are located beyond 1-5kms for 11 villages. Private medical doctors are available within 1-5 kms for 15 villages. Twenty one villages have Pharmacy and medical shops at a distance of 1-5 kms.

Traditional health practitioners or healers are found in 15 villages and local midwives called as *dhai* are found in 11 villages. Trained Birth attendants are found in all the villages. In 11 villages the people have the facility of visiting doctors. In 7 villages, there is facility of Mobile Health unit. Twelve villages have Village guides.

Regarding access to civic facilities, 17 villages have the post office within 1-5km. For fourteen villages veterinary hospitals are located at a distance of 6- 10kms. Sixteen villages have banks at a distance of 6- 10kms. Thirteen villages have Co-operative societies within 1-5kms

from the villages. Cinema halls are located above 11kms for 18 villages. All the villages have religious institutions within 1-5km.

The educational facility in the study area shows that twenty seven villages have Pre Primary schools located within less than 1km from the villages and all 30 Lower Primary schools are located less than 5kms from the villages. Twenty nine villages have Middle Elementary schools within less than 5kms and 28 villages have High schools within less than 5kms. Twelve villages have colleges within less than 5kms.

Other findings regarding educational status of the children in the survey shows that most of the children go to school, although school drop outs in the high school level is not rare. In the surveyed villages, the Govt. LP and ME school provides Midday meal. In the Anganwadi schools, children are also provided with supplementary food items.

Provisions for Sarba Sikshya Avigyan is present in all the villages under study. There is no provision for non formal education or adult education facilities in any of the villages.

The villages in all the three districts have access to mass communication facilities. Television, internet facility, telephone/mobile etc., are found in all the villages. Twenty six villages have radios and 20 villages have newspapers.

It is worth mentioning that that all the villages under survey have been electrified.

Safe drinking water is very important for the better health of the people. In a majority of the villages, tube wells and wells are the main sources of drinking water. Only one village has water supply facility.

With regard to the availability of other types of facilities, it has been found that Women organisation locally called as *Mahila Samittee* are present in 29 villages. In 28 villages, Youth clubs are present and children club are found in eight villages. Thirteen villages have provision for a library.

Market or growth centres are within easy distance from villages in all the areas surveyed. Fair price shops are also found in the areas.

Self Help Groups are popular in almost all the villages and women from the villages have taken initiative to open and manage the SHGs. Most of the SHGs act as saving and thrift societies.

There are hardly any existence of cottage or other small industries in the study area, except the presence of a few handloom cooperatives by women. Rabha people have established rubber tapping enterprise and are making rubber sheets for the purpose of sale.

The villages in Goalpara district are prone to floods and were affected by flood in earlier years. Most of the villages suffered from storms which ravaged the region during the preceding year.

The health Scenario of the people in the villages have revealed several dimensions of health and related issues.

People in the villages are found to be in good health and they remain active in their agricultural and other activities although there are reports of people suffering from some common diseases.

Cases of people suffering from different types diseases like, malaria, jaundice, diarrhoea, gastroenteritis, respiratory problems, epilepsy, scabies, dysentery, measles and influenza have

been reported. There are individuals, both adults and minors suffering from certain disabilities and terminal illness. Small children suffer from measles, scabies and other skin diseases. Fever, cold, cough are very common in children.

The influence of traditional health care givers differs from village to village. For known disease family members consult village elders or village ethno medicine specialist. At present, most of the family members consult doctors and pharmacists. People are becoming aware about the need to take medical aid in case of illness.

The third chapter of the study is based on data collected from the household visits. A total number of 300 households were taken as sample for the micro level study having total population of 1443, male 713 (49.4%) and female 730 (50.6 %). The percentage of female is more than male, thus indicating a healthy attitude and behaviour towards the girl child in Rabha community.

The Household Population by Sex and Age shows that out of total population of 1443, 319 persons belong to the age group 20 to 29 years. Next higher population of 260, has 144 male and 116 female in the age group 30-39 years.

The marital status of the population under the study shows that 860 (59.6%) are married. There are 509(35.2%) who are unmarried. Seventy four persons, 23 male and 51 female are widowed. There is a no case of separation or divorce.

The highest number of married persons (222) is in the age 30 to 39. In the age grade 10-19, there are 31 married persons, whom we assume to be women and below 19 years of age.

With regard to occupational pattern of the members of the studied households it has been found that a total of 478 members (33.12%) of whom 421 male and 57 female are engaged in different occupations which are considered as their primary source of income.

There are 116(8.03%) persons of whom 113 males and 13 females are engaged in occupations which they consider as secondary means of income. Agriculture is the mainstay of the economy of the Rabha tribe. We find that 269 persons of whom 260 males and 9 females are engaged in agriculture

As regards educational status of the members of the studied households, it has been found that (4.98%) are below 6 years of age. The largest number of students are in the High School level (Class IX-X) which has 399 persons, followed by 243 persons in the lower primary standard (Class I-V).

As many as 217 members, 86 male and 131 female are illiterate accounting for 14.76 percent of the studied population.

All the three hundred households own homestead land. Again 281(93.66%) households own agriculture land of their own. The rest do not have agriculture land.

The Monthly household income (approximately) for one hundred and twenty nine households(43 %) of the households is above Rs. 9000.00.

By and large, the Rabha community follows Hinduism and in the study it has been found that two hundred and ninety nine households are followers of Hinduism. Only one household follow Christianity.

The Rabha tribe follow the rules of patriliney. The heads of 249 (83%) households are male and head of 51(17%) households are female . The female headship is an outcome of absence of adult male in the households.

In the present study, 186 (62 %) households are nuclear type and the rest 114 (38 %) households are non nuclear type.

In a majority of households numbering 182 (60.66%) the size of family is between 4-6 members. There are only nine households with 10-12 members and one household with more than 12 members which shows that households with large family is declining.

With regard to basic amenities in households, it has been found that electricity facility is available in all the villages taken up for the study and 294 (98%) households have electricity.

Well, pond and Hand pump are the major sources of drinking water for households in the studied villages. Wells are used by 114 households and water from pond by 57 households.

More than fifty percent (151) households use water directly from sources for the purpose of drinking. They do not use any filtration process, whereas 149 households treat the water before drinking. Drinking untreated water leads to different illness like jaundice, diarrhoea and gastrointestinal diseases.

One hundred and sixty two (54%) households uses sanitary latrine without water facility. Seventeen households use sanitary latrine with water.

As many as 92 households use *Kutchra* latrines and 14 households use open field for defecation. Majority of the households 237(79 %) under survey has no drainage system facility in their compound.

A majority of the houses numbering 171 (57%) in the studied area live in *kutchra* Assam Type houses and 83 (27.66%) live in *Pucca* Assam Type houses. Thirty nine percent of the houses have more than three rooms.

Majority of the houses, 276(92%) houses have a separate rooms as kitchen, which is situated outside the main residences. It has also been found that wood is the primary source of fuel used for the purpose of cooking. Ninety seven households alone use wood while 183 households use Liquid Petroleum Gas(LPG) in addition to wood.

This is noteworthy as having separate kitchens outside the main residence ensure that fumes from wood which results in health hazard does not get inside living rooms.

The people belonging to the Rabhas tribe rear animals like cattle, goat and pigs. They also rear fowl, duck and pigeon .

As regard to thrift and saving habits, it has been found that at present saving habit is increasing among the tribal people and today of the total surveyed households, 257 households possess bank account in their names . An equal number of households also save money regularly. Around 35 percent of the households have debt burden.

The people in the community are taking an active part in Political and other socio-economic activities. There are members of political parties, student organisations, women organisations, youth clubs and SHGs in the surveyed households.

Around 94 percent of the households have Voting cards and 88 percent of the households own Ration cards.

People's awareness about iodised salt and its health benefit can be ascertained from the fact that an overwhelming 298 households from the studied households use refined salt for consumption.

It becomes essential to know the types of utensils used for the purpose of cooking and serving food as these have influence on food and health of the concerned households. It has been found that the households use mostly utensils made of steel and aluminium due to its durability and affordability.

The habits of consuming liquor, chewing tobacco, *paan masala*, *gutka* and smoking are considered detrimental to good health. The Rabhas brew their traditional rice beer called as *jonga*. Every household consumes this drink. Chewing tobacco is not uncommon. The consumption of *paan masala* and *gutkas* are newly acquired tastes.

Data related to incidence of diseases, treatment and other health related information collected from household reveals that there are cases of tuberculosis and asthma. People have suffered from illnesses like hypertension, body pain and nerve problem. Some people are also found to be suffering from kidney stone, appendix, thyroid, etc.

Jaundice and malaria are common. And in the preceding year, there were 52 cases of jaundice and 18 cases of malaria.

Most of the households who suffered from tuberculosis and asthma generally went to doctor for treatment of the disease and got cured. Those who did not get well then consulted traditional healer for cures. In case of jaundice, people invariably followed herbal treatment offered by traditional health practitioners.

In the preceding two years there has been twenty number of death in the surveyed households due to certain causes.

At present, people are becoming aware about the need to take medical aid in case of illness. Depending on the type of diseases they either at first seek traditional or modern health facilities. When they do not see any improvement they then switch treatment from one to the other.

Regarding health of children and incidence to diseases during the preceding two years, it has been revealed from the study that children from 95 households have suffered from either any of the disease like anaemia, tuberculosis, or nutritional deficiency. Besides children are prone to illness like fever, cold, cough, which are very common among them. Some children suffer from skin diseases, diarrhoea, pneumonia, etc., and for treatment of such diseases they go to the doctors. For diseases like measles and pox they preferred to go to traditional healers.

The fourth chapter focuses on the traditional health practices among the Rabhas. Among the Rabhas, the traditional health care knowledge and practices are still in vogue. Specialists, elderly men and women have been providing their knowledge and skills to cater to the villagers.

Ethno medical specialists like midwives and traditional healers are present in some villages. Priests, old men and women also use their traditional knowledge and skills for diagnosing, and providing advice and cures for diseases.

Rabha people have a very simple understanding about health and illness. To them, being able to lead an active life- work, eat and physically move around is an indication of good

health. Illness and diseases, are result of the influence of both genetic predisposition and the physical environment. These are also dependent on the favors and disfavours of gods and spirits.

The Rabhas believe that health has a relationship with religious beliefs. Rabha people believe that there is a relation between health, disease and supernatural power. Hence they perform different kinds of religious rituals to ward off ill health and diseases. These beliefs are shared by all sections of the Rabha tribe. The Rabhas believe in the presence of evil spirits and malevolent deities which can cause disease and illness among people. Different kinds of diseases like *Paghanepuwa* or *bakasupuwa*(madness), *dainipuwa*, *Pazamba* , Scabies, Stomach pain, body pain are the diseases which the Rabha people believe are the work of supernatural powers or are caused by the evil spirits and malevolent deities .They follow certain taboos, or perform rituals to get rid of diseases and illness.

Some of the Pujas which are offered by the Maitori Rabhas are *Desfirani puja*, *Khetor puja (Baimaba)*, *Burhadeu puja*, *Nakkati puja*, *Hakhambay puja*, *Sashan Kali puja*, *Mayor deu*, *Kamahasu puja*, *Bakra Puja*, *Rajkhetra Puja*, *Thakuroni Puja*, *Dinga Bhasa Puja*, *Khusambai Puja*. These Pujas are offered to get cured from diseases like diarrhea, joint pain, leg pain or back pain, insanity , pain suffered by a pregnant woman, skin infections , children suffering from cold, fever and diseases which are beyond the understanding of the household.

Similarly, the Rangdani section of the tribe performs rituals for good health. They perform pujas like *Kesaikhati Puja* or *Dinga Puja*, *Bormani Puja* , etc.,

The Rabhas believe in the different symbolic elements and their relation to illness . The people while observing the behaviour of living creatures found in their surroundings try to give symbolic interpretation of the behaviour of the animals and its relation to illness or diseases.

The Rabhas are of the opinion that poor food habits, disease and dirt are determinants of illness. Hence good food habits like eating natural food, less oil and spices and clean physical environment can lead to good health.

With regard to traditional health counselling and health education in Rabha society , the elders , both male and female are seen to offer advices and suggestions with matters related to health . These are often taken with respect and consideration by others.

The breaking of social order and its consequences are firmly etched in the psyche of the Rabha people. . Hence they regard that a person committing a sin or mistake invites illness or diseases not only for him/her but also for the family and the village as a whole.

The prevalence of all the three forms of health beliefs like preventive, curative and destructive health practices are found in Rabha society . The Rabha people have certain beliefs and knowledge regarding preventive measures to ward off ill health.

The traditional curative practices related to health among the Rabhas consist of use of both herbal as well as other materials as found in their culture.

Witch craft or sorcery is prevalent among the Rabhas, but its practice is regarded with grave offence and the offenders are punished by the society . Witchcraft and sorcery is based on superstitions and its way of treatment can be considered as a destructive healing methods in Rabha society.

The herbs used by Rabha tribe are considered as important aspects of their traditional health care system and some are proved to be useful medicine for major diseases like jaundice,

piles, etc. Though the Rabhas do not know botanical terms and inner components of herbs, they have knowledge about the efficacy of certain herbs curable properties. Different plant materials like leaf, sap, stem, bark, roots, etc., are used for curing diseases.

Cures are prepared using plant materials for different kind of ailments like fever, headache, pain in joint and other parts of body, gum and teeth problem, diarrhea, dysentery, stomach pain, cough and cold, skin diseases, eye infection, cuts and injuries, measles, chicken pox and small pox, jaundice, etc. Common villagers too have traditional knowledge for cures and many health cures are based on home remedies.

With regard to aging and related health care practices, the Rabhas consider old age as a natural process in life. As people in the community grow old, they realize the necessity to take good care of oneself.

The Rabhas believe that mental illness is a result of several factors. Many believe that certain condition may be due to super natural or spiritual causes. Hence for the psychological well-being of the individuals, they follow certain health practices like performance of certain rituals to propitiate the spirits.

The Rabha people believe that diseases like pox, scabies, viral fever, jaundice, malaria are communicable diseases and there are some health practices related to communicable diseases.

When confronted with an illness, the people first try to understand the symptoms and then diagnosis the illness. In the villages, when a person falls ill due to any type of disease, the members of the family observe him/her for 2/3 days, and if the person does not get well, they consult doctors or healers depending on the symptoms of the disease.

The health practices related to a woman's health cycle includes puberty, menstruation, pregnancy and birth related health issues, abortion, miscarriage, menopause, etc.

Earlier the puberty of girls among the Rabhas, was not regarded as a special event. But at present, the Pati Rabhas and Dahuri Rabhas observe similar rituals of puberty observed by the caste Assamese population.

Women follow certain taboos related to menstruation. At present, women are also becoming aware of the use of sanitary napkins.

According to Rabha women, irregular menstrual pattern around the age group above 45 is a common sign of menopause. They also tell that women undergo mood swings during the time of menopause.

The Rabhas regard pregnancy as a natural progression of life. When a married woman's menstruation stops for more than a month then she is presumed to be pregnant.

Few taboos are followed by pregnant women among the Rabha. They also perform certain rituals for the welfare of the pregnant woman and the unborn fetus. The adherence of traditional beliefs and practices are considered beneficial for the woman.

The birth of the baby generally takes place at home by traditional or local *dhai*. But nowadays, women go to the hospitals for giving birth to their babies.

The health of the new mother and new baby are priorities for the family and as such the family where the birth has taken place as well as the women of the village takes particular interest in their well being. The pregnant woman or mother is fed with a healthy diet which is

considered an integral part of antenatal health care practices among Rabhas. They also perform certain Puja.

Traditionally, the new born baby is given a bath with lukewarm water and massaged with coconut or mustard oil. A few drops of local rice beer are dropped in the mouth of the infant as they believe that rice beer prevents the baby from the onslaught of many diseases.

Regarding knowledge and practices regarding birth control, women at present follow modern practices of birth control . The health guides of NRHM (National Rural Health Mission) are creating awareness on practices related to birth control in all the villages inhabited by the Rabha people .

Traditional healers among the Pati Rabhas have knowledge to conduct abortion.

The Rabha people believe that children are born to parents due to the grace of god. They also believe that infertility is caused by god. There are some health practices related to fertility and infertility. At present, they have started believing in the efficacy of modern medicine for treatment of infertility.

From ancient time, aged women have been playing a prominent role to cure different gynecological problems faced by women. The female specialist uses herbs, leaves, seeds, twigs of branches, roots, etc to cure women. In addition, the female specialist often has to assist pregnant women during delivery of babies. She has to be there with the pregnant woman from the time of labour pain until the birth of the child. She is the one who has to cut the umbilical cord.

The Rabhas have certain child care related beliefs and practices . These beliefs are based on age old beliefs and superstitions. They follow these practices for the good health of their children .

The fifth chapter focuses on case studies collected from different individuals in the study area. The case studies were conducted to understand the popularity of traditional as well as modern health practices in Rabha society. Rabha people take the service of both traditional and modern medicines. Traditionally, babies were born at home in the hands of Rabha midwife . At present many women prefer giving birth at hospitals. The presence of health Guides in villages have been able to create awareness about safe delivery in hospitals.

The role of traditional healers and midwives are still in use in the society. The Case studies taken from individuals who have suffered from different diseases and the remedies they had undergone to get cured gives us a picture of the traditional health care practices followed by the people of the Rabha tribe in the study area. The respondents included family members of a young woman having mental disabilities, an old woman suffering from tuberculosis, two teenagers suffering from jaundice, a six year old girl with vision problem and an elderly man suffering from cancer.

When modern medicine fail to heal then people go to traditional healer to find a solution and vice versa. Moreover, due to poor financial condition, some patients cannot afford to go to hospitals and thus are forced to seek traditional healer. In case of illness like jaundice, people invariably seek traditional healer as healers have proved to cure jaundice over the years.

Aged people in the community follow a simple diet and lead an active life . They eat food having less spice and oil. The emphasis is to eat more vegetables and less non vegetarian diet

Traditional midwives or *dhai* as locally called have been playing an important role in Rabha society. The midwives are housewives and cultivators. Their work as midwives is a secondary source of income. The midwives conducts delivery of babies and other work related to child birth. Some of them give medicines also and also performs magico- religious activities.

In recent times, the service of the midwives have become less demanding and people now go to hospitals for delivery of babies.

The Rabha people believe in the efficacy of traditional remedies which are still in vogue in the villages. A few traditional health care practitioners or healers have knowledge and skill regarding identification of plants and other materials. They prepare potions from different plant materials. These healers diagnose diseases based on their knowledge and skill. They treat patients and also give them medicines as cures.

A majority of the healers also offer magico- religious cures for illness. They prepare amulets, use exorcism, performs rituals, gives incantations in water, chants mantras etc.

Plants are regarded as important and useful sources of medicines. Since the prehistoric period of time plants are applied as medicines. The healers in the Rabha community use a variety of plants in preparing medicines which they considered as useful for curing different diseases.

Suggestions and Recommendations

Clean drinking water , hygienic surroundings, proper sanitation and drainage facilities are prerequisites for a healthy living. The contemporary understanding of the concept of cleanliness, hygiene and sanitation is still rudimentary among villagers. People have poor awareness about hygiene and sanitation. The healthcare facilities are within close vicinity, but not all households have proper sanitary, drainage system and clean drinking water.

Some diseases are preventable. If the villagers are made aware about the importance of proper sanitation and hygiene , many diseases can be prevented. Moreover, people do not have access to clean drinking water. They drink water from wells and tube wells and do not follow any filtration or treatment. Drinking untreated water leads to different illness like jaundice, diarrhoea and gastrointestinal diseases. Villages groups should take the initiative to create awareness on such issues.

The Rabha community believe in some healing methods which can be regarded as detrimental to the society. In this context, it has been found that belief in *daini* (witch) and treatment of the subject has led the people to resort to regressive methods. In the name of healing, a woman suspected to be possessed by witch has to undergo ordeal which leads to her death. This healing method is based on superstitions and fear. Along with creating awareness on the issue , stringent actions should be taken against the perpetrators of such act , which will serve as deterrents to future offenders.

The case studies of the traditional health practitioners or healer and midwives have revealed that they have had no formal education on medicines. Most of them have primary level

education or illiterate. They do not have scientific and proper knowledge and skills about the medicines which they prepare and administer on patients. Their knowledge is based on tradition and also on superstitions. Thus, it becomes essential to scientifically educate these healer and midwives on their trade. Many of the medicines which they have been using may have positive as well as harmful qualities which the healer and the midwives may not have knowledge of. It now becomes necessary for botanists, doctors or other medical experts to study the medicines used by the healer and midwives and give their suggestions and recommendations.

Due to access and influence of modern medical facilities, the services of midwives have reduced. The midwives can be given trainings and their rich knowledge and skills can be utilised by modern the medical system.

In oral cultures, knowledge is power. It is imperative that the most important knowledge be maintained and preserved by a few select custodians who have proven their worth. (The Conversation, The Memory Code: how oral culture memorise so much information, by Duane W. Hamacher, September 27, 2016 at 1.14 AM. [www. Facebook](http://www.Facebook)). Similarly among the Rabhas, Traditional healers and practitioners are deep reservoir of wisdom. They refuse or are reluctant to share their knowledge or methods of treatment with outsiders as they fear that sharing their exclusive knowledge may lead to loss of power. Earlier there were eager learners in their own society and they acquired the knowledge and techniques from elders whom they consider as their mentors. In recent times, the role of these traditional healers have diminished with popularity of modern medicines , medical practitioners and hospitals . Hence there is no motivation from the younger generation to learn from the elders. As a result, there is the fear of their knowledge getting lost forever.

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