Chapter 9
SUMMARY, FINDINGS AND CONCLUSION

The study is an attempt to analyse various aspects of tribal health such as health culture, health status, health seeking behaviour, health care practices, etc. in the context of the Mishing tribe of Golaghat district in Assam. The traditional and modern health care practices of the Mishings and the changes that have taken place are closely interrelated with the religious beliefs, social organizations and various rituals. Here, due attention has been given to each one of them. Health is a state of complete physical, mental and social well being and not merely absence of disease or infirmity. Therefore, health implies a perfect harmony of man's internal environment with his external environment consisting of physical, chemical and biological surroundings. It can be measured on the basis of parameters like sex ratio, literacy, marriage practices, age at marriage, fertility, mortality, life expectancy at birth, nutritional status and mother's health, forest ecology, child bearing and maternal mortality, maternal and child health care practices, family welfare programme, sexually transmitted diseases, genetic disorders etc. The indigenous people have the right to their traditional medicines and health practices, including the right to the protection of vital plants, animals and minerals. They have also the right to access, without any discrimination, to all medical institutions, health services and medical care. Primary health care includes many components like community participation, social structure, physical factors, and availability of technological system for curative and preventive health service in a community. Similarly, traditional health care systems based on medical herbs, roots and tubers and healing practices are found in the form of Ayurvedic, Unani, Sidh, Nature care and Yoga system. The tribal health system is based on the twofold plank of psychosomatics and herbal knowledge. Thus from the tribal perspective the interactive factors of health are the surrounding environment, behavioural patterns, cultural pattern and life style, heredity and genetic determinants and health care delivery service.

The Mishing or Miri were originally a hill tribe within the ranges of the Abor, Miri and Mishimi hills in the North Eastern Frontier Agency (NEFA) who came down to

the plains before the reign of the Ahom kings and since then began settling in the riverine areas of the Brahmaputra, Disang, Dikhow and Subansiri in Assam. The Mishings have their own indigenous methods of treating different kinds of diseases. For treating diseases various types of locally available herbs and leaves of wild plants are used by them as medicine. These medicines are prepared by herbal specialists for some common diseases such as fever, dysentery, jaundice, liver disease, stomach trouble, headache, body ache, piles, etc. Like other tribal communities, the Mishings also possess some traditional forms of medicine in their society. They have a rich knowledge of herbal medicine as well as ethnomedicine and depend upon these for their health care rather than going to hospital. They are of the view that their traditional system of medicine or ethnomedicine which is easily available and economical can cure them from all kinds of illness. They also believe that there is no effective medicine for certain categories of diseases like smallpox and chickenpox which are attributed to supernatural power. Magic and herbal therapies are the two basic components of ethnomedicine. However, the magical rituals of the Mishings are entirely different and in this field no transfer of knowledge has taken place. They preserve their own divination techniques, spells, curing rituals and prophylactic measures as their sole property. As knowledge in the magical practices is accessible to the magicians only, they could keep them as top secrets and treat them as the most valuable treasure of the community. The Mishings perform some traditional rituals in their respective households or in the *Morung*, the dormitory of the Mishing, for the prevention of various diseases. As they believe, a cordial relationship with the deities and ancestral spirits will ensure good health for them, they perform various ceremonies every year during the annual festivals, to revamp their relationship with the supernatural forces. They also believe that if the deities and ancestral spirits are not satisfied, they will get angry and inflict diseases and other calamities upon the members of the village. Among the various festivals performed by the villagers in this connection are *Dabur Puja, Sarag Puja, Urom Posum, Rati Khowa Sampradan etc.* are important. They also perform *Satjania, Najania, Ekois janias, Jalkai, PcjabUie. Ghar Dangaria, Aipuja* etc. which are absolutely not traditional for

them. Women can participate in all the rituals except *Dabur Puja* whereas the males do not participate in *Aipuja.*

The introduction of modern medicine has immense impact on the community in general and their traditional ethnomedical system in particular. This is a new system of medicine and all its methods and concepts of etiology are alien to them. In the initial stage nobody bothered to avail its facilities, as they thought that it was not ideal for their culture. But, such factors as spread of education, increased mobility, interaction with non-tribal communities, etc., influence their way of thinking and helped them to use modern medicine. Now, the Mishings who use modern medicine found it efficacious and capable of bringing speedy relief. So, in the course of time, more people started using this new system of therapy. Actually, they were simply attracted by the curative ability of modern medicine. Now-a-days, all the modern medical facilities have been used by the villagers as well as town dwellers. Integration of modern medicine with the health habits of the tribal may appear simple and easily achievable but a number of practical hurdles are present in the way of attaining this goal. The attitudes of both doctors and medicine men have to be changed for attaining cooperation between these two systems of medicines. The modern physician, additionally, has contempt for ethnomedicine and this makes the Mishings more suspicious of the doctors. A better understanding of each other's domains through successful communication is essential for the development of such a friendly atmosphere. In the contemporary society one can find an atmosphere of coexistence of traditional and modern medicines instead of competition and contradiction. The Mishings employ their own herbal and magical therapies for some particular diseases such as pox, dogbite, snakebite and diseases caused by evil spirits while they take resort to modern medicines for other diseases. They take the help of both ethnomedicine and modern medicine according to the etiology and seriousness of illnesses. So, there is ample scope for the survival of both systems of medicine in their society. Each one deals with the type of disease for which it is found more efficacious. So, in the present circumstances both traditional and modern medical systems play a combined role in the health care in their society. In the changing aspect of health care services the Mishings adopt some new practices of health care services. Among these

the practice of vaccination and immunization of children, prenatal and antenatal treatment, dieting, using of contraceptive, etc. are important. They are also conscious of personal hygiene, safe drinking water, household sanitation, etc. Through proper methods of health education these ideas can be broadened and their doubts in this field can be cleared.

The present study focuses on some of the major issues of tribal health in general and the health status of the Mishing tribe in particular, through collection of various data on socio-economic status, health care practice, heath status, health seeking behaviour, health indicator, knowledge on indigenous medicine, superstitious belief regarding health etc. For this purpose two types of data, field data and documentary data, have been utilized. The field data have been collected from the two Mishing villages in Golaghat district; namely, Namtemera and Baghedhara, and the Mishing households of Golaghat town by administration of a structured interview schedule, observation and informal discussions whereas the documentary data have been collected from census records, office of I.T.D.P, Director of Medical & Public Health Service records, panchayat records, municipal records as well as journals and books.

MAJOR FINDINGS

The major findings of the study are as follows:

Health Culture of the Mishing

1. In the Mishing society 'health' is historically considered as absence of any disease of physical, mental, spiritual and social nature. A person free from any disease, when he is usual and carries out his normal functions without any difficulty is considered as healthy in their society. Therefore in their day to day life they traditionally observe certain health practices such as taking food in time, observance of certain religious practices, wearing of talisman, etc. They believe that performance of religious activities can satisfy the gods and goddesses who are responsible for particular diseases. Similarly wearing of talisman can escape people from evil spirits. Thus, the Mishings believe in psychosomatic and supernatural determinant of health.

2. The Mishings believe that a cordial relationship with the deities and ancestral spirits will ensure good health for the members of the community. So, they perform various ceremonies every year during the annual festivals, to renovate their relationship with the supernaturals, and thus ensure the protection of the community. They also believe that if proper propitiation is not offered to the deities and to ancestral spirits, then they will get angry and send diseases and other calamities to the members of the community.

3. In the Mishing society, a person is usually considered to be afflicted with some diseases if he/ she is incapable of doing the routine work which is usually being expected to be carried out by that individual in the society, i.e. incapacitation from work is the index of poor health in their society. Thus, the concept of ill health becomes a functional one and not clinical. Therefore, symptoms such as pains and ache, weakness, scabies, prolong cough, mild fever, wounds, etc. are not taken seriously as symptoms of disease in the Mishing society.

4. The Mishings donot have elaborate knowledge about internal structure of the body. They believe that food is going to the liver and there it is transformed into blood. Red blood is considered as the sign of healthy body, usually a characteristic feature of young people. It is a common saying in their society that as the person grows old, red blood turns to blackish red and the quantity of blood decrease thereby indicating lesser strength and decrease health status.

5. In Mishing society, worship of several deities in the forest is also considered necessary to keep one's health in good condition. Another common cause for ill health is considered to be sorcery. Mishings are very suspicious in nature due to the strong belief in sorcery. They hesitate to eat food in the houses of their neighbours and even kinsmen. In any case of illness sorcery may be suspected.

6. The Mishings believe that different food is required for people of different age group, or people performing different works, and in some special conditions like pregnancy and lactating mothers to maintain good health.

7. The Mishings believe that there are all kinds of diseases inflicting them. For them disease is any perturbation in any physiological system of an organism which

changes the function of that system and lead to negative consequences for the organism when compared to a healthy, normal and standard. Thus, where disease is present there is no blame, no recrimination, no guilt and no stigma.

8. The patterns of diseases can be divided into two types as major and minor illness in the Mishing society. Children are more prone to illness, which are seasonal and minor in nature. The women victimized by bodyache, complications related to pregnancy etc. The menfolk are more prone to malaria, diarrhea as they have to work outside their house. There is no much difference of disease pattern in both the villages, i.e., Baghedhara and Namtemera. It may be due to the same cultural practices, occupations, food habits and settlement patterns among them.

9. The traditional notion about diseases of the Mishings is that there are unknown spirits behind all kinds of diseases suffered by them. On the basis of etiological factors, the Mishings classify diseases into four categories; viz., (i) body-linked illness, (ii) deity-linked illness, (iii) spirit-linked illness and (iv) sorcery-linked illness. The causative factors of the body linked illness are defective diet, bad water, worm infestation and other environmental conditions. Naturalistic causative factors are mainly linked to diet and the qualities of various food items. Illness linked to this causative factors may be roughly translated as stomachache, cough, cold, headache, dysentery, body itching, fever, scabies, etc.

10. The Mishings believe that spirit of any dead person residing in the habitation area may cause illness to a person. Any physical symptom or illness is generally attributed to a spirit if it does not respond to other forms of therapy. For the prevention of spirit-linked diseases they worship their ancestors with *pujas* like *Dobur, Dotgang, Urom Apin,* etc. The thunder and lightning *(Mukling-Taleng)*, earth and water *(Among-Ashi),* air and fire *(Esar-Emi)* alike are believed to be spiritual beings possessing power greater than those of man. According to the belief of the Mishings, they are benevolent to human beings, protect their farms and families from damages and misfortune, but they have to be kept appeased with occasional offerings called *Taleng-uie* and *Bokpu-done* (eater of white cock). The evil spirits to whom every illness or misfortune is attributed

are the spirits looking around the streams, the mountains, the forest etc. To protect themselves from these spirits or *uies* they perform *pujas* for the respective *uies*.

11. The Mishings have a broad of concept of the etiology of illness. This includes both natural and supernatural causes of diseases. From the nature of one disease they will diagnose the etiology of the malady. However, beliefs in the supernatural causes of illness are more prevalent among them as natural causes behind the occurrence of a disease are sometimes ignored by them and believe that these are the signs of the attack of some supernatural forces. Thus, some categories of illness are assumed to be the exclusive result of supernatural attack while some others are the result of only natural causes.

12. According to the Mishings change in the nature and quality of diet is the main reason for the occurrence of diseases. In the past the Mishings were eating only the boiled food. But now they have given up the old diet and depend the food items available in the market. They also consume the rice available from the ration shops of the state government. They say that their health has suffered due to the intake of this adulterated and polluted food and due to the deterioration of health their body is now more vulnerable to diseases.

13. The Mishings believe that climatic condition of their locality is also a natural cause of disease. As most of the Mishing villages are situated on the bank of river, therefore, they are troubled by wind, rain or flood. In that situation the manual labours do not get any work so that their family members suffer due to lack of food. On the other hand, during summer, while working in the paddy fields, they have to suffer the scorching heat of the sun. All these climatic conditions have a telling effect on their health. Consequently, they are more susceptible to disease, especially during the lean season, when they are very weak due to lack of sufficient food.

14. In the Mishing society supernatural causes of diseases are more in comparison to the natural causes in their society. According to the Mishings wrath of deities and ancestral spirits is one of the main causes of illness. Similarly, possession of evil spirit, soul loss, violation of taboos, and sorcery are some of the other major causes for the occurrence of diseases.

15. The Mishings believe that, for maintaining the general well-being and prosperity of the members of their society, they have to keep good, harmonious relationship with the gods and ancestral spirit. As they believe the god will give a lot of favours to the people if they are propitiated properly. But the lack of worship will incur the wrath of the gods and even benevolent gods will turn into malevolent ones. The anger of a god is the usual reason for the origin of diseases.

16. According to the Mishings the ancestors *(Urom-posum)* are held responsible for the health and happiness of the family members, and incurring displeasure to them may result in accident or some uncommon occurrence. They believe that the departed souls reside at *Sine-Mobo* (abode of dead) from where they visit their near and dear ones; but their visits instead of being beneficent usually result in a catastrophe, most malicious of them being those who met unnatural death.

17. The Mishings believe in a number of evil spirits like *Asi Uie, Adi Uie, Umreng Uie, Yumrang Uie, Taleng Uie,* etc. All of them malevolent and cause various hardships like illness, accidents, crop failure, etc. to the people. Each type of spirit is believed to cause particular type of problem.

18. The Mishings believe that, through sorcery a man can bring diseases to people. According to them a sorcerer can cause disease to another person through the manipulation of evil forces. The diseases caused due to sorcery will last for a long time and will not respond to any ordinary treatment. Stomachaches, lack of appetite, dysentery are some of the symptoms of diseases caused by sorcery. On the other hand, seeking the help of god through prayer is the best method to escape from the harmful effects of sorcery. Similarly, some offerings also must be made in the temple to please the god.

19. The Mishings believe that the naturally caused diseases such as gastrointestinal disorder, worm-infection, typhoid, malaria, diphtheria, bronchial diseases, etc. can be cured easily by allopathic medicine. The natural causes responsible for diseases are supposed to be improper food, inclement weather, dampness of locality, indulgence in sex etc. On the other hand, according to them the diseases like pox,

snakebite, etc. are believed to be supernaturally caused and modern medical aid is considered to be futile.

20. The traditional mantras and amulets hold an important place in their society. The villagers are using these traditional mantras for the treatment of diseases like pain of chest, feet, and other parts of body, snakebite, tonsillitis, piles, bleeding of women, etc.

21. Various precautionary measures are widely adopted by the Mishings against the attack of supernatural bodies. For this purpose they wear amulets, iron rings, tiger tooth, roots, beads and other sundries. However, incantations are supposed to be most powerful protective measures of body, home and field.

22. The Mishings believe that a cordial relationship with the deities and ancestral spirits will ensure good health for the members of their community. So, they perform various ceremonies every year during the annual festivals, to renovate their relationship with the supernatural forces and thus ensure their protection. They worship the spirits underlying thunder and lighting *Mukling Teleng*, earth and water *Among Asi,* air and fire *Esar Em.* These spirits have to be kept appeased with occasional offerings called *Teleng Uie* and *Rokpu Done*. There are various other evil spirits such as *Asi Uie, Adi Uie, Umrang Uie* etc. to whom all calamities are attributed. Another important spirit is *Dopum Dorum* who is believed to be a three-head demon. They also believe that if the deities and ancestral spirits are not satisfied, then, they will get angry and inflict diseases and other calamities upon the members of the community. The Mishings also believe that the supernatural spirits wield great influence in their day to day life. Gods, goddesses, household deities and ancestral spirits, influence their way of life and view of life, and consequently regulate their behaviour, as individuals, and also as members of the community.

23. In the field of treatment of diseases is the *Dabur puja* is an important religious performances. Women are strictly prohibited from attending this performance due to the causes of parturition and menstruation. If there is any menstruating women or girl, she must be removed to another village. Traffic and business transactions with the neighbouring village are withheld completely. No outsiders can enter the village on that day. In that *puja* prayer is offered to their deities *Dony-Polo*. Two symbolic idols

simulating a snake swallowing an egg are made from 'Ruktak' plant (*Thelypteris angustifolia*) - a type of wild fern, a *Tabong* (*Imperata cylindrica*) - a sharp grass and a split bamboo are placed on the altar facing the rising sun. Then the sacrifices of the animals like pigs and fowls are done. The heads, wings, legs of the poultries are mounted on specially designed sticks and erected them on the side of altar. Rice, Apong, and other collected eatables are served among the members taking part in the ritual.

24. The Mishings also perform *Borsewa*, the highest form of worship. It may also be called as '*Rati Khowa Sampradan*' (the sect of nocturnal enjoyment). It is said that during *Borsewa* almighty Siva is worshipped at dead night, but as a matter of fact nobody except the participants know what kind of worship is performed in such close door function. Women are not permitted to participate in this ritual as it is observed in the night.

Health Status of the Mishing

1. Death rate is a measure of the status of health. 12 death cases occurred from 1st May 2010 to 31st April 2011 in both the villages and the Golaghat town, out of which 8 cases are of males and 4 of females. On the other hand, out of the three different areas the village Namtemera has the highest death cases (5), followed by Golaghat town (4) and Baghedhara (3). So the death rate for the three units of study is 5.91. On the other hand, the death rate for the village Namtemera, Baghedhara and Golaghat town is 4.57, 5.50 and 10.18 respectively.

2. Out of the total death cases from 1st May 2010 to 31st April 2011, maximum death cases (33.33%) occurred due to the old age. Malaria is also an important cause of death as out of the total death cases (16.66%) occurred due to it. Similarly, maternal mortality and death at birth are also high as out of the total death cases 16.66% and 16.66% death cases occurred due to these respectively. The number of death cases due to old age is found higher in Golaghat town. On the other hand, the number of death case due to diarrhea is absent in Baghedhara and Golaghat town. Of course, there is no any case of death due to malaria in Namtemera village, whereas it an important cause of death in Baghedhara and Golaghat town. Besides, maternity and death at birth are two considerable causes for Namtemera and Golaghat town.

3. Morbidity is also a measure of health status which refers to a diseased state, disability, or poor health due to any cause. The term may be used to refer to the existence of any form of disease, or to the degree that the health condition affects the patient. Morbidity is an incidence of ill health. During the period from 1st May 2010 to 31st April 2011 in the two villages and the Golaghat town, it is found that out of the total population (2032) only 6.55% persons suffered from various diseases. So, it can be said that the morbidity rate in both the villages as well as Golaghat town is not high.

On the other hand, the number of persons who suffered from various diseases is more in the village Namtemera (73), whereas only 24 and 36 persons suffered from different diseases in Baghedhara and Golaghat town respectively. Likewise, the number of female suffered from various diseases in Namtemera, Baghedhara and Golaghat town is more than the number of males. It shows the vulnerability of women to suffer from disease.

4. Out of the total persons, i.e., 133 who suffered from various diseases the largest number 26.32% suffers from general fever, followed by body ache (21.80%), high blood pressure (17.29%), cough (13.53%), diarrhea (8.27%), stomach trouble (7.52%) and dysentery (3.01%). Of the total persons (73) suffered from various diseases in Namtemera the largest number suffered from general fever (26.03%), followed by high blood pressure (19.18%), cough (17.81%), diarrhea (15.06%). Thus, the number of female sufferers is greater than the males in the village. Of the total (24) sufferers in Baghedhara, 33.33% persons suffered from general fever, followed by body ache (29.17%), high blood pressure and stomach trouble (12.5%) and malaria (4.17%). Like Namtemera the number of the female sufferers is also greater than the males in Baghedhara also. Of the total persons suffering from diseases in Golaghat town (36), the largest number suffered from body ache (41.67%), followed by general fever (22.22%), high blood pressure (17.65%), stomach trouble (11.11%) and cough (8.33%). The number of the female sufferers is also higher in Golaghat town than the males. Besides, there is no patient of diarrhea and dysentery in Baghedhara and in the Golaghat town.

5. Allopathic treatment is the most preferred type of treatment for the patients of Namtemera, Baghedhara and Golaghat town as out of the 87 patients, 48.28% patients

have taken allopathic treatment, followed by ayurvedic (16.09%), herbal (14.94%), homeopathic (12.64%) and traditional (8.05%) treatment. In Namtemera, Baghedhara and Golaghat town 53.06%, 54.55% and 47.62% patients have preferred allopathic treatment respectively.

6. The infant mortality rate correlates very strongly with the state of health and is among the best predictors of health. IMR is therefore much useful indicator of a country's level of health or development. It is found that out of the total infant (children less than one year of age), i.e., 110 in the two villages, Namtemera and Baghedhara, and the Golaghat town during the period from 1st May 2010 to 31st April 2011, 4 children were found to be dead at birth. So, the infant mortality rate for that period is 36.36. It reveals that the infant mortality rate is high in the study areas. It indicates the lower health status of people in their society.

7. Maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy. It is also a measure of status of health of a certain population. It is found that 2 women out of 40 live births have died due to pregnancy-related causes from 1st May 2010 to 31st April 2011. So, it reveals that the maternal mortality rate is not so high in their society.

8. Maternal and child health care practices are also an important measures of health status. Child bearing imposes additional health needs and problems on women - physically, psychologically and socially. It is found that some pregnant women, especially in Namtemera and Baghedhara, reduced their food intake because of simple fear of recurrent vomiting and also to ensure that the baby may remain small and the delivery may be easier. The consumption of iron, calcium and vitamins during pregnancy is poor. The habit of taking alcohol (*Apong*) during pregnancy has been found to be usual and almost all of them are observed to continue their regular activities, including hard labour during advanced pregnancy stage. More than 90 per cent of deliveries were conducted at home attended by elderly women of the household. No specific precautions are taken at the time of conducting deliveries which resulted in an

increased susceptibility to various infections. Services of paramedical staff are sought only in difficult labour cases.

9. Out of 44 pregnant women of both the villages and the Golaghat town, 84.09% take nutritious food such as meat, fish and egg. Similarly, 50% of them take vitamin prescribed by doctors. On the other hand, only 45.45% and 43.18% women take iron and calcium respectively. In Namtemera, though most of pregnant women (90.48%) take above mentioned nutritious food, only 42.86% pregnant women take iron tablets and 38.10% of them take calcium. Of course, 52.38% of them take vitamin tablets. Similarly, the number of pregnant women taking nutritious foods in Baghedhara is also high, i.e., 78.57%. Of 14 pregnant women of this village only 35.71% take iron and calcium tablets and 42.86% women take vitamin tablets. On the other hand, the number of pregnant Mishing women taking nutritious foods, iron and calcium tablets is high in the Golaghat town. Of the 9 pregnant Mishing women in Golaghat town, 77.78% take nutritious food, 66.67% women take iron and calcium tablets and 55.56% of them take vitamin tablets prescribed by doctors. It is revealed that the consciousness of pregnant women regarding taking nutritious food and other such items is much better in the town than that of the two other villages.

10. As far as child care is concerned, all the mothers adopt breast feeding to their babies. But most of them adopt harmful practices like discarding of colostrums, giving prelacteal feeds, delayed initiation of breast-feeding and delayed introduction of complementary feeds. Vaccination and immunization of infants and children have been found inadequate. In addition, extremes of magico-religious beliefs and taboos tend to aggravate the problems. Of the 364 children of under 12 years of age in both the villages and the Golaghat town, 185 children have been vaccinated and the rest 179 children have not been vaccinated by their parents or any other elder family member.

11. Of the total households measles occurred in 239 (83.57%) households. Out of the three different areas of study the village Namtemera has the highest rate of occurring measles (90.73%), followed by Baghedhara (89.87%) and Golaghat town (55.36%). This variation of data reveals that villages are more vulnerable to measles.

12. The Mishings believe that measles occurred due to supernatural causes. The spirit responsible for this is known as *Aie* in their society. Therefore, traditional method of treatment is the only way to cure it. Going to allopathic treatment is a sign of disrespect to the spirit, so, that no household goes to this type of treatment for this disease.

13. The sex ratio is a simple indicator of gender equality and healthy society. Therefore high gap in sex ratio indicates the lower health status of females of a certain population. From this point of view we may say that the Mishing women of the study areas have lower health status than males since the sex ratio of the areas of study is 868 in general. The ratio is low in Namtemera, i.e., 845 and in the Golaghat town, i.e., 795 females per thousands male. This is because of patriarchal nature of the Mishing society where male members are given much importance. Of course, the sex ratio in Baghedhara is 975. Thus, the table reveals that the sex ratio in Baghedhara is better than Namtemera and Golaghat town.

Health Seeking Behaviours of the Mishing

1. The health seeking behaviours of the Mishings were discussed in three broad categories, i.e., personal health seeking behaviour, household health seeking behaviour and community health seeking behaviour. In the system of health seeking behaviour, household as well as personal health care habits have played an important role. In the backdrop of newly generated awareness, health care habits of the Mishings, in both the aspects, are not satisfactory. They have to walk a long way to attain the goals of health and sanitary environment as is evident in the following findings:

Household hygiene is an important aspect of household health-seeking behaviour which is related to most of the aspects of living. Hygiene practices may be considered as preventative measures to reduce the incidence and spread of disease. In the process of preparation of food, cleaning utensils, household floor, etc. good hygiene is a key part of maintaining good health, while the neglect of hygiene can be considered disgusting, disrespectful or even threatening. In this regard the Mishings have some good health seeking behaviours in both Namtemera and Baghedhara villages and the Mishings of Golaghat town. All of them have the habit of washing hands before and after taking

meal, eating uncooked green leafy vegetables, cleaning utensils and household floor, brushing teeth regularly by males and females, etc. According to the Mishings, eating uncooked green leafy vegetables helps keep their skin afresh. It also helps strengthen the digestive power of liver.

2. Using different materials for cleaning utensils is also observed among the Mishings of both the villages and Golaghat town. Basically, for this purpose they use ashes and (Vim bar or Pril) company product detergents. Out of the total households, 58.04% use ashes whereas 41.96% use either vim bar or pril for this purpose. Using ashes is most popular in both the villages in comparison to the Golaghat town. Out of the total households (151) of Namtemera, 86.75% use ashes for this purpose. Similarly, 44.30% of the 79 households in Baghedhara use it for cleaning utensils, whereas no Mishing households of Golaghat town use this material for cleaning their household utensils. Rather, all of them use either vim bar or pril for clean their household utensils. Thus, variation is noticed regarding the use of various materials for cleaning utensils in the two villages and Golaghat town.

3. Variation in methods for cleaning household floor is also observed. Basically three methods; namely, dusting, plastering and wiping are observed in this regard. Out of these majority of the households use dusting method for cleaning household floor followed by plastering and wiping. Out of 286 households of the field of the study, 64.68% use dusting method, 24.13% use plastering method and the rest (11.29%) use wiping method. The dusting method is most popular in both the villages as well as the Golaghat town. Out of the total households (151) of Namtemera, 70.86% use dusting method. In Baghedhara and Golaghat town, 68.36% and 42.86% households of the total use this method respectively. Likewise, the plastering method is also popular in both the villages and Golaghat town as out of the total households in Namtemera, 27.15% use plastering method. Similarly, 26.58% of the 79 households of Baghedhara use plastering method. On the other hand, wiping is the most popular method for cleaning household floor in Golaghat town as 44.64% of the total households (56) use this method, where as only 1.99% and 5.06% households in Namtemera and Baghedhara use this method respectively.

Variation in use of different methods for cleaning household floor is present due to the different patterns of houses. Households which have the *kaccha* pattern of houses use plastering method whereas the wiping method is mostly used by the households which have *pacca* pattern of house.

Division of labour on the basis of gender is observed among the Mishings in cleaning utensils and household floor in both the villages and Golaghat town. They believe that women are responsible for these types of work. Cleaning utensils and household floor are considered the works of women. Therefore, the women in both the villages and Golaghat town perform these activities.

4. Habit of brushing teeth is another health seeking behaviour practiced by the Mishings irrespective of gender. For this purpose they use different kinds of brush such as tooth brush available in the market, charcoal and small branches of plants. Of the total population, 70.13% use tooth brush available in the market, whereas 13.63% use small branches of different plants and 7.92% use charcoal to brush their teeth. Use of tooth brush is most popular in both the villages as well as Golaghat town. In Namtemera, 69.29% use tooth brush, whereas 14.81% use small branches of plants and only 7.95% use charcoal for brushing teeth. Similarly, in Baghedhara also 63.30% of the total population use tooth brush available in the market and 14.68% use branches of plants and another 13.58% use charcoal.

On the other hand, no person in Golaghat town uses charcoal for brushing teeth. It is found that 81.93% of the total Mishing population use tooth brush available in the market and the rest (8.91%) use branches of plants. According to their belief use of branches of plants, especially medicinal plants, is good for teeth.

5. The overall sanitary condition of the villagers is not good due to the factors like poverty, ignorance, social customs, religious sanctions, age-old habits, and climatic conditions, etc. But the sanitary condition of the Mishing households of the Golaghat town is much better in comparison to the two villages. Out of the 56 Mishing households of Golaghat town, 91.07% have *pacca* latrines and only 8.93% have *kaccha* latrines though there is no separate latrine for male and female.

On the other hand, only 4.64% of the total households in Namtemera have *pacca* latrines whereas 85.43% have *kaccha* latrines and 9.93% have the habits of open defecation. The situation is also similar in Baghedhara as only 16.46% households have *pacca* latrines and 83.54% have *kaccha* latrines.

6. The provision of urinal facility is also an element of health seeking behaviour. So, having this facility for both the genders indicates the hygiene consciousness of a population. All the Mishing households in Golaghat town and Baghedhara have the urinal facility either *pacca* or *kaccha*. But in Namtemera, out of the total households 90.07% have urinal facility and the rest (9.93%) households do not have this facility.

7. Generally, tribal people use different natural sources like springs, ponds, brooks etc. as source of drinking water. But this picture is quite different in case of Baghedhara and Golaghat town as no household uses any natural sources for this. But in Namtemera two different sources have been found as sources of drinking water; namely, deep tube well and rive. In this village, 88.74% households use deep tube well and 11.26% use river as source of drinking water, whereas all the households of Baghedhara use deep tube well.

On the other hand, three different sources of drinking water have been found in Golaghat town, e.g., deep tube well, urban water supply and water supplied by public health department office. Of the total Mishing households in Golaghat town, 25% use deep tube well 48.21% use urban water supply and 26.79% use water supplied by public health department office at Golaghat town.

8. The system of purifying drinking water is very much neglected in the tribal societies which provide an easy way for epidemics to spread from person to person through the medium of drinking water. So, purification of drinking water helps to avoid health hazards. Four different methods are used by the Mishings to purify drinking water. Among these, 42.66% of the total households use filtering method, 17.48% use filtering as well as boiling method, 10.84% use boiling method and 7.34% use electric purifier to purify drinking water. In Namtemera, use of filter for this purpose is found most popular as 54.79% households use this method. On the other hand 11.26% households use boiling method and another 15.23% households use both boiling and

filtering methods for this purpose. Of course, 18.54% households do not use any method for purifying drinking water.

In Baghedhara majority of the households do not use any method to purify drinking water. In this village, 36.71% of the total households use non-filtered water whereas only 34.18% use filtered water and 20.25% use both boiling and filtering methods.

On the other hand, majority of the Mishing households in Golaghat town use electronic purifier. Of the total Mishing households, 37.5% in Golaghat town use this method whereas 21.43% use filtering method, 12.5% use boiling method and 19.64% use both boiling and filtering methods. Of course 8.93% households of Golaghat town use non-filtered water.

9. The personal health seeking behaviour practices include personal hygiene such as bathing habits, eating habits, drinking habits, consumption of alcohol, smoking and chewing, habit of taking milk or curd, fruits, etc. In bathing habits variation is observed between males and females among the Mishings. Generally, the Mishings take bath once in a day. But the women are not particular in washing their heads daily due to their long hairs and heavy household workload. They take bath either in ponds or rivers and bath rooms. But the proportion of those using bath rooms is very less in the two villages.

Majority of the Mishings in both the villages and Golaghat town take bath once in a day. Of the total Mishing population (2032) of the two villages and Golaghat town, 53.17% have the habit of bathing once in a day. On the other hand, 22.64% persons have the habit of bathing twice in a day and 22.19% persons of the total population have this habit on alternate day. Thus, the Mishings are found to be a little more conscious on bathing habit. They think that they can keep away the diseases such as skin disease by maintaining personnel cleanliness.

10. In respect of eating habits the Mishings are found more conscious as they take meal three times in a day. Their staple food is rice and they do not observe any difference of males and females in case of taking meal. It is found that majority of the Mishings are non-vegetarian as out of the total population (2032) in the areas of study, 81.89% are non-vegetarian and only 18.11% persons are vegetarian. In Namtemera out

of the total population, 82.91% are non-vegetarian and the rest 17.09% are vegetarian. Similarly, in Baghedhara also 81.28% persons of the total population are non-vegetarians and only 18.72% persons are found as vegetarians. On the other hand, out of the total Mishings of Golaghat town, 79.90% are non-vegetarian and 20.10% persons are vegetarians.

11. In case of vaccination or immunization of children the Mishings are not so conscious in both the villages and the Golaghat town. Out of the 364 children up to 12 years of age in both the villages and Golaghat town, 50.82% children have been vaccinated and the rest 49.18% children have not been vaccinated. In Namtemera out of 206 children of this category only 47.58% children have been vaccinated and the rest 52.42% children have not been vaccinated. Similarly, in Baghedhara also 47.25% out of 91 children have been vaccinated 52.75% children have not been vaccinated. Of course, in Golaghat town the number of vaccinated children is more in comparison to the two villages. As found out of the total children (67) of that particular age group 65.67% children have been vaccinated and only 34.33% children have not been vaccinated. This is so because of the consciousness of the guardians in this regard.

12. In case of regular health check up, the Mishings are also not conscious in both the villages and town. The Mishings who have the habit of health check up regularly generally get checkup of their health for high blood pressure, blood sugar and body weight. Out of the total population (2032) only 4.64% have this habit for high blood pressure, 1.33% have this habit for blood sugar and another 1.33% have this habit for checking their body weight. But, 92.67% have not the habit of regular health checkup for any causes. In Namtemera out of the total population, 2.93% have the habit of health checkup, whereas 97.07% do not have this habit. Similarly, in Baghedhara out of the total population (545), 6.79% have this habit and the rest 93.21% have not the habit of health checkup regularly. On the other hand, in Golaghat town, 20.36% persons of the total population have the habit of regular health checkup and the rest 79.64% do not have this habit. Thus, the habit of regular health checkup among the Mishings is not evident in both the villages and Golaghat town which indicates the absence of health conciousness among them.

13. In case of drinking habit of the Mishings, gender variation is observed as males are found habitual drinkers in both the villages and Golaghat town. It is found that the Mishings use three kinds of liquors, i.e., local made, knows as *apong*, country liquor and foreign liquor. Among these, local made liquor is most popular in their society as out of the total population (2032) of the areas of study 66.44% use local made liquor, whereas 41.54% persons use country liquor and 48.13% persons use foreign liquor. On the other hand, 64.63% of the total population of Namtemera take local made liquor whereas 71.56% persons of the total population in Baghedhara and 64.38% persons of the total Mishing population in Golaghat town use this liquor in their day to day lives.

14. The Mishings are found very much fond of chewing betel nut. *Beedi* or cigarette is their secondary choice. Some people chew tobacco only. Though the females use betel nut in their daily life they do not smoke cigarette or *beedi*. Of course, they are not aware of any restriction on this matter. They think that smoking is a sign of masculinity and therefore they should not smoke it.

15. So far as family planning is concerned, both the males and the females, in both the villages and Golaghat town, are found aware of this method. However, the females are found greater in number than the males in its adoption, while males are reluctant in this regard. This may be due to the patriarchal society where the females play a secondary role and the decision about the method of birth control may rest on the male counterparts.

16. The community health seeking behaviour practices include belief in *mantras*, amulets and magic and social taboos practice by the Mishings for good health. Despite the improvement of medical facilities in the form of modern medicines and improved equipments, the Mishings still rely mainly on their local medicine men. They believe that medicine men have spiritual and magical methods of curing diseases.

Out of the total households (286) of the areas of the study, 43.36% households believe in *mantras* and magic as a remedy of disease. Majority of the households in Baghedhara i.e. 60.73% believe in *mantras/* amulets or any other magic for treatment. On the other hand, in Namtemera and Golaghat town the number of households believes in these *mantras*, amulets and magic is less in comparison to Baghedhara as 60.93%

households in Namtemera and 69.64% households in Golaghat town do not believe in these systems of treatment.

17. Another important aspect of community health seeking behaviour in their society is observation of social taboos. They believe that violation of taboos invites the wrath of super natural powers which will inflict diseases and other calamities upon the human being. Therefore, they are very particular in following these taboos. But, these taboos are mostly related to women, directly or indirectly, though males also observe some taboos. Some of the taboos which are still observed by the Mishings are:

(i) Eating of meat of cow, buffalo and elephant is a taboo as they have worshiped them. Cow is considered the mother of man, as it gives milk. Only her milk can be used. Buffalos are used in agriculture and elephants are considered as spirit so they do not eat their meat.

(ii) Walking over the rope of a cow, especially by a pregnant woman is also a taboo because, as they believe, it reduces the expectancy of life of the mother as well as the child.

(iii) Walking over a place where somebody has urinated or defecated is a taboo as it will pollute the person.

(iv) Sexual intercourse of a man with a menstruating woman is a taboo as it is harmful for the woman. Besides, such a man will be considered polluted.

(v) Entry of a menstruating woman into a crop field is a taboo. Her presence will be harmful to the crops.

Health Care System of the Mishing

1. In case of treatment of diseases four types of treatments are prevalent in their society, e.g., allopathic, homeopathic, ayurvedic and herbal. Among these, allopathic treatment is mostly preferred in the areas. Of the total households 56.99% prefer allopathic treatment which is followed by homeopathic treatment with 19.23%, herbal treatment with 12.59% and ayurvedic treatment with 6.29%. In Namtemera of the total households, 58.94% prefer allopathic treatment. Similarly, 48.10% in Baghedhara and 64.29% of in Golaghat town prefer this treatment. On the other hand, though 24.50% of the total households of Namtemera prefer homeopathic treatment as third most preferred

treatment, the same trend is not present among the Mishings of Baghedhara and Golaghat town as 26.58% and 14.29% of the total households in Baghedhara and Golaghat town prefer herbal treatment as their third most preferred treatment respectively. On the other hand, ayurvedic treatment is not so popular in both the villages as well as Golaghat town.

2. Belief in *mantras* (magic) or amulets is an important traditional way of treatment of diseases in Mishing society. In their society they have deep faith in the efficiency of *mantras* or amulets in curing diseases. Therefore, when somebody falls ill they will first contact the *Bej* (medicine men). The *Bej* will diagnose the cause of the illness through divination. This belief in *mantras* and amulets is still prevailing in their society as out of the total households (286) of the areas of study, 124 (43.36%) believe *mantras* and magic as a remedy of disease.

3. In their society some of the diseases like pox, hysteria, snake-bite, insomnia, emaciation of children, mental disease and deformity of limb, etc. are supposed to be supernaturally caused. Wrath of deities, influence of evil spirits and evil eye, magic of human being, sin committed and breach of taboo, etc. are believed to be the causes. Such diseases are treated through magico-religious therapy which varies with the type of cause identified. It mainly consists of either the propitiation of respective deities or driving away the supernatural bodies. Both magico-religious as well as herbal therapies are sometimes found necessary by the Mishings to cure these types of diseases. Majority of the households in the areas of study believe in supernatural power as a cause of disease. Of the total households in Namtemera, 94.70% believe it as a cause of disease whereas 89.87% in Baghedhara and 76.79% in Golaghat town believe it. Thus, it shows that though the Mishings have practised different modern health care activities, they still have some superstitious beliefs regarding health care.

4. Ethnomedicine is another method for the treatment of diseases in the Mishing society as well as other tribal societies. The Mishings believe that there is no effective medicine for certain diseases like pneumonia, cold and cough, jaundice, bleeding of nose, dog bite, pox, etc. So, they still follow this treatment in their modern society.

In their society herbal medicine is also preferred. For them herbal medicines have no adverse affect and are easily available in the village. So, most of the households use this medicine for the treatment of diseases like tuberculosis, jaundice, fracture of bone, burn injury, bleeding from cut injury, gastric trouble, etc.

5. The influence of modern medicine has shaken the base of their age-old concept of disease and its treatment. It has also been observed that because of faster change among the Mishings they are now relatively more modern in this respect. One of the *Bejs* of Baghedhara said that many of the herbal treatments known to their earlier generation were forgotten thereafter. The bone-setter said of the same village said that he would not transmit his knowledge to the next generation as the profession was not remunerative enough as compared to the time and efforts employed.

6. The number of health centre is found insufficient in both the villages as out of the total households of Namtemera, 92.72% said like that. Similarly, in Baghedhara also 96.20% said that the existing health centers in their nearby areas are not sufficient for them. On the other hand, the existing health centers in Golaghat town are sufficient for the Mishings of this town. Thus, it indicates the lower health care opportunity for the Mishings of the villages than the Mishings of Golaghat town.

7. The introduction of modern medicine has been found as an influential factor on the community in general and ethnomedical system in particular. This is a new system of medicine and all its methods and concepts of etiology are alien to them. In the initial stage of its introduction, in the post-independence period, nobody bothered to avail its facilities as people thought that it was not ideal for their culture and was not able to treat their illness. So, this phase was a period of non- contact between the community and modern medicine. In this stage they continued the use of ethnomedicine for the treatment of illness afflicting them.

CONCLUSION

To conclude, it can be said that traditionally the Mishings have had a holistic and integral concept of health, disease, etiology and treatment. The concept was shaped by their environmental factors, social conditions and cultural beliefs. Health care itself was

integrally implicit in their socio-cultural practices. However, with the passage of time, the Mishings started availing the facilities of modern medicine. The efforts of the medical personnel, spread of education, increased mobility and interactions with non-tribal population, etc. influenced their way of thinking and it helped them use modern health care services as well as medicines. Thus, they have gradually started selecting the type of treatment according to the nature of the illness without blindly following a certain mode of treatment. Rather, this system influences their household as well as personal health seeking behaviours and health practices. Nonetheless, the strong influence of their undifferentiated social structure and culture has been continuing in contemporary times, though in the process of acculturation their traditional social integration has been influenced by incorporation of various cultural elements like new rituals, education, new knowledge about health and health care practices. There is need for upgradation and modernization of their own traditional system of medicine and knowledge. As it is found that the ethnomedicine system is quite effective, but there is a great role of magico religious practices and supernatural practices. If their ethnomedicine system is strengthened, then, their health problems will be solved scientifically and indigenously within their social system, on the other hand, and as a result, their dependence on supernatural beliefs will naturally be reduced in course of time, on the other hand.