

Health Culture of Kaibartas, A Schedule Caste Community Of Assam

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Abstract

The present study is an attempt to examine the health-culture of Kaibarta Community: The Kaibartas, one of the major scheduled caste communities of Assam are found throughout the plains district of Assam. Each culture has its notion of health and has various methods to cope with the diseases which often referred to as 'health-culture'. The pristine societies the people believe that evil spirits, black magic, taboos, witchcraft, sorcery, etc might lead a person to illness. Therefore the pattern of behavior and belief of the people relating to the health and disease to be accounted for the study of the health. This paper is modest appraisal of 'health-culture' of a scheduled caste community, viz. the Kaibartas of Azara Village (including 9 Para) of Kamrup district, Assam. Data have been collected on various aspects.

Keywords: Schedule Caste, Kaibarta, Belief, Health-culture.

I. INTRODUCTION

Health is one of the principal assets of every human being. The World Health organization (WHO) defines health as 'A state of complete physical, mental and social well-being and not merely the absence of disease and infirmity'. In different parts of the world man devises numerous mechanisms for ensuring health and eliminating disease. The modern medical science which developed in the West did not create any obstacle in socio-cultural dimensions of the health because it is developed as a social science. Allopathic medicine became popular in the later part of the 19th century and from then it started causing flaccidity in the interest of socio-cultural importance of health. However, in recent years it has become a focal point of study by both medical and social scientists.

Health and disease are indispensably related to bio-cultural spectrum of a community in a particular environment. Both in simple and traditional societies these traits are deeply rooted in socio-cultural matrix. Medical history of man can only be understood through an indepthstudy of the different socio-cultural systems of human beings. The concepts of disease and health are basically biological. But as these are closely connected with socio-cultural circumstances often these are culturally comprehended. Each and every culture has their own concept of health and coping with diseases which are often referred to as 'Health Culture'.

Before addressing the problems of the Scheduled Caste (SC) in Assam, the State of India, it is worthwhile to know who are the scheduled castes. According to the Scheduled Castes and scheduled Tribes Orders (Amendments) Act,1976 there are sixteen scheduled caste communities in Assam. These are (i) Bansphor (ii) Bhuinmali, Mali (iii) BrittrialBania, Bania (iv) Dhupi, Dhopi (v) Dugla, Dholi (vi) Hira (vii) Jalkeot (viii) Jhalo- Malo (ix) Kaibarta, Jatiya (x) Lalbegi (xi) Mahar (xii) Mehtar, Bhangi (xiii) Muchi, Rishi (xiv) Namasudra (xv) Patni (xvi) Sutradhar.

In Assam the study of Socio-cultural dimensions of health in a scheduled caste people is very rare. However there are few stray references on the occupational mobility among the scheduled caste of Assam. That is why, an attempt has been made here to

highlight the health culture of Kaibartas (fisherman community) residing at Azara village of Assam in respect of their occupational identity.

II. LITERATURE REVIEW

There are many occupational communities in our society like potter, Goldsmith, Blacksmith communities etc. In many books especially emphasize on folk beliefs, associated with the occupation of these communities. Mariam K Deme narrates a popular myths about blacksmith community in his article from journal named ‘The Supernatural in African Epic Traditions as a Reflection of Religious Beliefs of African Societies, Vol.16, (Online) 2010.

Peasant Potters of Orissa: A sociological study (Behura 1978) discusses different aspects of potter community. In an article, titled Maritime Trade and Orissa published in the Orissa Review Vol. XVII, No-4 (Dash, 2011) narrates some beliefs of the Kaibartas. In that article, the author focuses some traditional and cultural rituals of fishing communities of the state of Orissa. The study by GohainGoswami and Buragohain (1981) examines the benefits derived by Scheduled Castes including the Kaibartas under various development programmes in Assam. Th socio-economic structure of the Scheduled Castes populations in the Brahmaputra Valley of Assam including the Kaibartas has been studied by Barooah (2006). This is an analysis from geographical point of view. Natural calamities, fish diseases and use of new technology in fishing have resulted changes in the socio-economic conditions of the Kaibartas in many parts of Assam Ahmed’s (1995) study of the Kaibartas of Barak valley is a case in point in this regard. Bezbaruah (2005) has studied the socio-economic change and dimension of social mobility among the Kaibartas in Assam.

III. THEORITICAL BACKGROUND

1.00 THE LOCALE

In the light of the above an attempt has been made to examine the ‘health-culture’ of a Kaibarta village of Assam. The village Azara is situated in the northwestern part of Guwahati, in Assam northeastern India, District of Kamrup. The residential areas of the locality are named as ‘Para’s, viz. Boripara, Kalitapara, Ganakpara, Maslaguwapara, Gosaipara, Bharatipara, Ojapara, Deoripara, Baruahpara etc. There are nine paras where most of the Kaibarta people are residing. Viz. Keotpara, Borboripara, Matiapara, Notunbasti, Medhipara, hirapara, Hatuwapara, Kona para. Nowapara. It is really a homogenous village inhabited by households of Kaibarta people. The total Kaibarta population of this village (9 para) is 1500 of which 766 are male and 734 are female.

Detailed data have been furnished in the following table.

TABLE-I

Distribution of kaibartahouseholdsalongwith population in the selected area

No. of Area	No.of Households	No.ofKaibarta Households	Total Population	Kaibarta Population
9	220	197	3027	1500
		89.54%		49.55%

It is observed that a mixed character is noticed. Thus out of 220 households, 197 households are kaibarta household. Similarly out of a total population of 3027; 1500 are the kaibartas and rest 1527 are non-kaibartas.

1.01 BELIEFS AND PROPITIATION

Traditional Occupation of the Kaibarta Community is fishing. Fishing communities in Assam remain significant with their tradition and culture. They cherish some common folk beliefs when they go for fishing and practice their religion, observe their social customs and performances and festivals. For example- Beel-Baaz is a festival of the Kaibartas in this village. They go to Deepor Beel for fishing on 1st Sunday of January month every year. Non-Kaibarta can't go for catching fish on that particular day. Moreover women is not allowed to go for catching fish but they can sell fish in the market. Their beliefs revolve round their occupation and society and result in some narratives. These narratives tell us about some origin myths, fishing contraptions and water body. Fishermen's beliefs also result in the faith of deities and existence of evil spirits. Moreover Kaibartas being influenced with their beliefs, observe and celebrate several religious occasions.

The villagers believe that man evil spirits and deities can cast disease to human being. For avoiding such situations they strictly observe some pristine taboos. If a person is smitten with pox, the villagers never seek the help of a physician. Instead they propitiate the goddess Ai Bhagabati, more commonly known as 'Ai' who is believed to be goddess of pox. They also believe in evil eye. A baby under the influence of evil eye may be cured by uttering spells or by washing with the ritually sanctified water given by the village quack. During pre and post natal periods if a woman suffers from severe headache, vomiting, stomach pain, etc. they take the help of the village quack.

The villagers believe in witchcraft and sorcery. According to them an enemy can cause harm to person from doing so some people, especially the babies are made to tie the amulets around the necks or arms. The people have a firm belief that if a person commits a serious guilt without the knowledge of the fellow villagers if he or she suffers from a prolonged struggling in the death bed and only after confessing the guilt he or she can die peacefully.

1.02 DISEASE AND TREATMENT

The common ailments of the people of this area are dysentery, fever, headache, itches, malaria, pain in different parts of the body, piles, pox, ringworms, toothache, troubles from round and thread worm, vomiting etc. For the treatment of disease they parallelly depend on physicians as well as on archaic medicinal practices. Some traditionally known herbal medicines are used to cure such diseases instead of approach a qualified physician. But point to be noted that now a days new generation are well-educated. They advise their families to consult a doctor for disease.

The villagers have firm belief that some of the diseases including jaundice can be well treated by a village quack. The quack puts a garland, made of coctain plant around the head of the person suffering from jaundice. In spite of repeated request of the investigator the quack did not disclose the identity of plant. He believes that if he discloses the name of the plant, the magical power to cure jaundice will be vanished from him. The present investigator had observed curiously that the garland, which at initial stage was just about the girth of the head, increases in circumference and gradually slips down from the head to the feet through the body. It is believed that as soon as the garland is thrown out, the patient is fully recovered from jaundice. Snake bite is also treated by a quack. The village quack uses various vegetative and other objects to cure different diseases. It should be noted here that the educated section also take occasional help from a quack in case of the diseases which are believed to be caused by supernatural powers.

Usually a child birth takes place in the dwelling house attended by experienced village women. If the situation becomes critical only then they seek the help of a doctor. Young generation are gradually aware of the immunization programme of the children. Small cuts, minor burnings, wasp, etc. are treated at home. In case of sprain hot turmeric paste is applied over the affected part. Fractures of bone resulting from accidents and cases of poisoning is immediately referred to qualified physicians. In the diseases like malaria, typhoid etc. also they seek the help of doctor. During the recent past the villagers had not experienced any epidemic.

1.03 HYGIENE AND SANITATION

Individual hygiene and methods of sanitation play a key role in the health status of a society. Due to the minimum numbers of doors and windows a kaibarta house is devoid of sufficient light and air. Not all Kaibartas houses are same. In 21st century they are also updated with the present situation. The surrounding trees make the houses dark and damp. Cow-dung is invariably deposited in front of the homestead for the facility to carry it from there to the agricultural field. Some families do not possess latrines and they use the nearby fields for the purpose. But this problem is quite solved as government by providing Swachh Bharat Abhijan, sanitation as well as they individually make the provision themselves. During the recent past it was a major problem.

The kaibartas of Azara have general concept of personal cleanliness. All the villagers take bath at least once a day regularly. The garbs of the villagers can be said as clean.

1.04 FOOD AND DRINK

Boiled rice is the staple food of the people. They are non-vegetarian and take curries of fish., meat and egg along with rice. Drinking tea is an integral part of the Assamese food habit. The kaibartas of Azara also take tea regularly atleast four times a day. Tea is generally taken alongwith homemade cakes, or biscuits purchased from the nearby markets. Betel-nut is taken by almost all the villagers irrespective of age and sex. Betel-nut is taken with betel vine leaf with a pinch of lime and with or without a bit of tobacco. Curries of plantain flower, arum stems cooked with black pepper, leaves of bhedailata (herpestismonnieria) etc are given to a woman in post natal period. They believe if the curry of bottle gourd is given to a woman in this period flow and amount of her breast milk becomes sufficient. There also a few food taboos in pre and post natal periods for a woman. A man suffering from pox has to refrain from non-vegetarian diet, spicy food is not given to patient of dysentery. Such patient is given loosely cooked rice alongwith a curry of papaya, kanchkal(Musasanguinea), Indian penny wort, etc. Occasional fasting is part and parcel of the villager's life.

IV OBJECTIVES OF THE STUDY

The objectives of the present study are to describe and interpret, health culture of Kaibarta Community, living in Azara village, Assam.

Folk beliefs, food culture are associated with their occupational identity, religion, social customs and forms of oral tradition and festivals also. This study intends to discuss the impact of health-culture on these aspects. Moreover, this research project aims at collecting fishermen's belief in relation to their religion and supernatural aspects.

V. METHODOLOGY

This study relies on data collection from primary and secondary sources and bringing out a theoretical analysis of collected resources.

Data for the present study have been collected through intensive fieldwork. During fieldwork, data have been collected by employing various methods and techniques. In the beginning, some markets have been visited in order to gather information about the dwelling places of the fishermen (kaibarta) who come to the markets to sell fish. On the basis of their information, kaibarta village have been visited frequently. Thereafter some reports have been made with some village leaders and some influential persons in order to interact with the local people of this occupational community. Interaction have been mad with some old men and woman, belonging to this occupational community in order to get information about their health-culture. Reference may be made to some open-ended interviews, which have been undertaken to collect data. Library work has been undertaken in several libraries.

According to the 2011 census, Kamrup District of Assam has a population of 1,517,202 in an area of 4345 sq.km. Field sites have been selected randomly at 3k.m. to 5 k.m. distances while undertaking this research work a para (area) of the village, mainly populated by kaibarta community, have been visited. Nearly 25 numbers of informants have been interviewed during field work to collect data. Mainly, interview method and observation method have been followed for data collection.

1.05 HERBAL MEDICINE

We can notice that the villagers have an elaborate knowledge of the medicinal plants and their uses to cure various ailments. This has been continuing in their society from the remote past. From the Ayurvedic point of view also their knowledge on medicinal values of different plants can be said as adequate (Sarma:1978). Rather than giving an exhaustive list of medicinal plants used by the villagers, let us consider a few of them and some of their interesting sidelines:

1. Leaves of guava and pineapple to cure worms of the babies.
2. Leaves of neem (*Medica azadirachta*) in skin diseases.
3. Leaves of doron (*Luculinifolia*) in malaria and dropsy.
4. Baked unripe pomegranate in diarrhoea.
5. Leaves of Pachatia (*vitexnequunde*) in muscle pain.
6. Bhedailata (*Echilesfructescene*) leaves in dysentery.
7. Leaves of 'Sizu' (*Euphorbia*) in cough and piles.
8. Turmeric rhizome: hot paste in sprain, juice in worms.
9. Leaves of 'lemon' (*Citrus medica-var*) in constipation, vomiting and round worm.
10. Wood apple (*Aegelemarmelos*): ripe fruit in constipation and baked unripe fruit in dysentery.
11. Powder of amalakhi (*Phyllanthusembilica*), bhomora (*Terminaliabelerica*) in constipation.

VI. ADVANTAGES OF THE PRESENT SCENARIO

The village is a urbanized one. It has infrastructural facilities like the availability of metalled road (approach road) having half kilometer length connecting the village with the National Highway No. 37. The village is electrified and it has been noticed except few, other households are electrified. The village is having a good group of educated manpower-formal as well as vocational (vocational in the sense that the persons gathered the same through experienced accumulated in different industrial premises) and most importantly it has been noticed that wave of modernity is sweeping over the village setting and effecting the villagers. They are trying to come out from the mooring of the traditional lives and the discourse it could be observed that quite a large number of people are trying to venture into new areas if opportunity could be provided by them. Various social taboos are gradually disappearing and more specially the young generation of the people who are becoming educated are trying to hold a new view of life and trying to embark on the new fields of occupation, business etc.

VII. SUMMARY AND CONCLUSION

The villagers in general can be said as clean. However, due to the lack of proper drainage they may suffer from different disease. During the rainy season most of the villagers suffer from cold and cough, dysentery, malaria, typhoid etc. Due to the lack of proper knowledge about the life cycle of the worms. They know that a good number of diseases are spread by house flies and mosquitoes.

The villagers are aware of the fact that dirty water is one of the major causes of various diseases. They have an adequate idea of herbal medicine.

According to the advice of a physician an ailing villager may start to take medicine, but after taking two or three doses if he feels better then he stops taking the rest of the medicine.

Irregular menstruation is not considered as a serious disorder by a village women. In such case a woman takes rest for a day or two and does not seek advice of a doctor. Abortion is not common among them. If a woman becomes pregnant when she is nourishing another baby, only then she may think for an abortion. In such situation the quack is called into meet the crisis. The quack uses herbal medicine for abortion. The women in general hide their gynocological disease.

In the case of a disease believed to be caused by a supernatural power, they seek the help of a village quack.

The Kaibartas of Azara have their own concept of health, disease and curative measures. Some of these are inherited from their fore-fathers while the others are gained through different agencies like education, weekly market, health organisation, mass media etc.

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