



Traditional Healthcare Practices and its Influence in Covid Care: A Study of Jaleswar Tribal Block Under Balasore District, Odisha

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Abstract: The tribal population has a wide archive of traditional knowledge reflected in their everyday situation. Traditional means “*Paramparagata*” in Odia. Traditional healthcare practices are the sum total of the knowledge, skill, and practices based on the 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 (WHO 2013). This traditional knowledge is passed down across generations through oral traditions, processes, and practices. The livelihood and the healthcare practices of the tribal population in any particular place are often influenced by the environment and ecology they live in. This paper is an attempt to study the traditional healthcare practices in the tribal culture and their influence on Covid cure among the tribal population in Odisha. The study also explores different traditional healthcare practices that are in vogue among the tribal population in the study area.

Keywords: tribal, traditional healthcare practices, tribal culture, indigenous knowledge.

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Introduction

Health is multidimensional and includes physical, psychological, and social well-being and not merely the absence of disease and infirmity which we

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all know is a pre-requisite for human development, productivity and is an essential component for the well-being of the common man. The importance of good health has been well recognised over time. Health may be conceived as a product of many factors and the communities contribute to share the responsibilities of its maintenance and become conscious about health and its hazards. Good health is a condition of the human body, mind, and the absence of any disease. Health, disease, illness, and sickness are inextricably intertwined with social, cultural, and economic factors which are influenced by the well-being of family members and their access to resources (Van Bolen and Dormael 1999). The term “health” is interpreted differently by different individuals, and it evolves in response to the unique social, economic, educational, cultural, and political contexts in which it is presented. In fact, as part of their culture, all societies, particularly tribal communities, have their own notions of health and disease. The indigenous people have adapted to their surroundings by gaining knowledge of health, disease, and therapy. Their health centres around cultural beliefs and ideas based on stimuli arising from astrological influences, witchcraft, and evil spirits in disease aetiology, with little awareness of modern health care and health status.

According to Article 25 of United Nations Universal Declaration of Human Rights (1948), “Everyone has the right to standards of living adequate for health and well-being of himself and his family, including food, clothing, and housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.” (<https://www.un.org/en/about-us/universal-declaration-of-human-rights>). Keeping this in mind, the present article based on primary data, is a humble attempt to understand the traditional healthcare practices and its impact on COVID 19 care among the tribal communities of Jaleswar block in Balasore district of Odisha.

Review of Literature: Traditional Healthcare Practices among Indigenous Communities

Traditional medicine, often known as ethno-medicine, is concerned with the cultural interpretation of health, diseases, and illness and pointed out the healthcare-seeking process and healing practices (Krippner 2003). Therefore, the practice of ethno-medicine or traditional medical knowledge is a complex multi-disciplinary system constituting the use of plants, spirituality, and the natural environment and has been the source of healing that are transmitted from generation to generation mostly through oral traditions particularly in

rural areas (Lowe *et al* 2000; Sithole 2007; Acharya and Shrivastava 2008:440). The World Health Organization defines indigenous traditional medicine as “the sum total of knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating physical, mental and social diseases. This knowledge or practice may rely exclusively on past experience and observation handed down orally or in writing from generation to generation. These practices are native to the country in which they are practised. The majority of indigenous traditional medicine has been practised at the primary health care level.

(WHO, 2019). Basically, it refers to the totality of indigenous or culture-specific knowledge beliefs, practises, and experiences related to maintenance of health and prevention/ elimination of different forms of ailments and diseases. The interplay between the natural environment and culturally mediated understandings of human conditions are reflected in indigenous medicine. In actuality, traditional medicine is appreciated universally for its comprehensive approach to health care, ease of access, immediate availability, cost-effectiveness, apparent lack of side effects, and individualised and holistic approach to health-related issues.

Plants play an important role in traditional medicine. Plants and their related products have been employed in the treatment of numerous ailments all throughout the world, particularly in local communities in developing countries, since time immemorial. Because of their reliance on plants, humans learned about their economic and therapeutic properties through trial and error. In the case of medicinal plants, it is believed that over a quarter of all plant species are used medicinally in some parts of the world (Pan, S. Y. *et al* 2014).

Traditional or indigenous knowledge pertains to those aspects of knowledge used in everyday life by a community. Like for cough and cold, every community has its own home remedies, which are not documented but handed down from one generation to the other through oral tradition. However, the importance of traditional knowledge does not lose its value with the change of tradition into modernity. It plays a significant role in the lifestyle of the members of the local community and hence is an essential resource for any human development process. It forms the basis of decisions pertaining to food security, human and animal health, education, natural resource management, and other vital activities. It is an integral part of the culture and history of local communities and hence a common asset in their efforts to gain control over their lives. Scholars have emphasized the urgent need for development planners to take into consideration the accumulated ‘knowledge

and traditional skills and technology' of the people among whom they work. Anthropologists who have been studying indigenous knowledge systems for more than a century, consider indigenous knowledge as complementary to 'conventional science' to solve problems of rural development. No doubt, such knowledge is recognised to be beneficial in development strategies (Brokensha *et al.*, 1980; Stubbings 1982).

The medical system prevalent in a society is a combination of traditions, beliefs, techniques, ecological adaptation, etc. This system is an integral part of the society and provides the means to the member of the society for maintaining health and preventing and curing diseases (Medhi 1995 cf. Pramanik 2018). Allopathic doctors and clinics are not easily available among many rural communities of the world, and in such situations, they still have to rely on traditional medicinal systems as their primary healthcare. Again, in many cases, people are practicing a traditional healthcare system where modern medical facilities have been established and doctors are easily available. Religious beliefs, practices, and institutions have been important parts of the health care sector throughout the centuries. Faith-based curing and healing of some serious health problems such as mental illness and various other visible bodily and psychosomatic diseases are witnessed among many organised religious denominations (Howard and Janet 1992).

In the history of man, religious leaders and health providers were often the same. Only within recent times has medicine taken on a scientific approach that has resulted in a separation between medicine and religion. (Swihart *et al.* 2021). Health professionals need knowledge of culture and cross-cultural relationship skills because health services are more effective when responsive to cultural needs. The most important fact about traditional medicine is the way it is integrated into a whole culture. The concept of health and disease are basically biological but it has a close relation with the socio-cultural system of a society. Every culture has its own concept of disease and illness and some specific ways of coping with it. The medical system is an integral part of a culture. Every culture develops its own medical culture.

Tribal People in Odisha: A Brief Profile

Odisha held a unique place among the Indian States and Union Territories because of its rich and vibrant tribal culture. The majority of Scheduled Tribes reside in forested and hilly locations. Their economy is primarily subsistence-based, unstructured, and unspecialised. Their social system is simple, and their desires and needs are few. Despite the fact that the Scheduled Tribes of

Odisha have suffered from social, educational, and economic backwardness as a result of geo-historical factors, they have their own unique social and cultural environment. The greatest issue that the Indian government has faced since independence is ensuring genuine social justice for the scheduled castes and tribes. Many development programmes have been launched by the federal and state governments to achieve this goal. However, it has been discovered that not only are tribals' socio-economic conditions in India worse than those of other social groups, but their status in Odisha is far worse. In Odisha, a large majority of the tribal population still lives in poverty, with a high infant mortality rate and poor literacy rate, particularly among women. In addition, tribal districts in the state have scored poorly in terms of different parameters of human development vis-a-vis non-tribal districts of the state.

The Study Area: Land and People

Odisha's tribal population constitutes 9.17 of the country's tribal population. In Odisha, the tribal population is 22.85 per cent of the country's total population. With 62 tribal communities, Odisha has the most diverse tribes in India. In terms of tribal population, it occupies the third position in India. Similarly, of India's total 75 particularly vulnerable tribal groups, 13 reside in Odisha (<https://www.scstrti.in/index.php/communities/tribes>).

Balasore is one of Odisha's coastal districts, located in the state's far north. It was a part of the ancient Kalinga that eventually became a Tosali or Utkal province. The district is bounded by Purba Medinipur and Paschim Medinipur district of West Bengal in the north, the Bay of Bengal in the east, Bhadrak district in the south, and Mayurbhanj and Kendujhar districts lie on its western side.

The total population of Jaleswar block in Balasore district is 25747. Jaleswar block of Balasore district, which is declared as a Modified Area Development Approach block by the Government of India due to its high concentration of tribal population and geographical inaccessibility because of its riverine feature has been selected for the purpose of the study. The present study is based on the Santal tribes who are in majority in this block. The total tribal population in Jaleswar block is 14,497 (<https://www.censusindia.co.in/subdistrict/jaleswar-block-baleswar-odisha-2890>)

Customary Healthcare Practices among the Tribal People of the Studied Area

The tribal population in Odisha was largely untouched by the COVID-19 pandemic as its unique customary practices and traditions were in sync with

the preventive measures to keep infection at bay (Ota: June 2020). This study by Ota revealed that the tribal people walk mostly in rows, instead of in groups. While walking, they maintain a reasonable distance from one another. When the tribal people walk, especially on slopes, they maintain a distance so that if someone slips, then the following person will not be affected and can also extend a helping hand. Though it was not easy to bring behavioural change in the tribal community, people were forthcoming in complying with advisories about precautions to be taken for COVID-19. In most parts of the State, the tribal population had toned down the celebration of different festivals. The Chaita Parab¹ festival in southern Odisha is more elaborate compared to any other part of tribal Odisha. For a month and more, many tribal communities there stop all other work and celebrate the festival, singing, dancing, and enjoying special food. However, the scene was different this year. The celebration in villages was symbolic and participation minimal. The study says the tribal people visit markets once a week. They carry their agricultural or other produce walking in a line and once in the market, they put up separate makeshift stalls or sit on the ground separately to sell their produce which made the difference at the village level. For sake of maintaining their household economy and food security, they have rebuilt their ties with forests. Leaving apart the subsidised rations under the public distribution system, an increasing dependency is observed on wild edibles that they believe provide natural immunity. The non-timber forest produce has been optimally harvested during the early days of COVID-19 restriction this year (Ota 2020).

Methodology

The research is qualitative and uses a descriptive research design. Purposive sampling was chosen because the study is focused on a particular area. Years of residence in the community and understanding of indigenous health practices were used as selection criteria. The willingness to impart traditional information unique to their culture has also been a key inclusion criterion.

Tools of Data Collection

Data was gathered through in-depth interviews with tribal people in Odisha's Jaleswar block. Socio-demographic details including gender, age, education, religion, and occupation were collected using census forms, while the in-depth interviews focused on issues like social conditions, changing health status, traditional healthcare practices, and livelihood patterns of the tribal people

of the study area, as well as the major challenges faced by them during the COVID pandemic situation.

In addition, case studies on various conventional techniques were gathered from a selected group of respondents depending on their availability, previous experience, and consent.

Limitations of This Study

The research study was conducted on samples taken from only one particular area. Due to Covid-19 restrictions, much data could not be gathered from more than one district.

Major Findings and Discussion

Background of the respondents: The respondents ranged in age from 18 to 58 years old and were from a tribal community. Care was taken to select 50 per cent males and 50 per cent females in order to acquire a gender-neutral perspective on health care. In terms of socio-economic profile, 67 per cent of respondents are educated to the fourth-grade level, while the remaining respondents have no formal education. Respondents, on the other hand, have extensive indigenous knowledge, particularly on health care methods. The major resource for the livelihood of the tribal people is the products of the forest. They think that they have birth rights to the forest around them.

Social and Health Condition among Tribal

Respondents agreed that tribal people are still in a disadvantaged position in society because of their geographical isolation. They also live in a society that needs basic health care facilities and the basic necessities of life. In this pandemic, 37 per cent of women believe that their isolation is beneficial. But the lack of healthcare facilities pushed them into a poor situation these last few days. They practiced the traditional healthcare knowledge in this situation also, the results were at times good while at other times there were negative results too. So, the need of the hour is to think about the health care situation and the need for basic facilities for the tribal population in this pandemic situation.

Changing Health Status

The tribal population faced many problems in this Covid situation. They are not so much aware of the whole scenario of this pandemic, and that's why they have not maintained the rules and health practices announced by the government. The community people who depend on outside work for their

livelihood have to go outside for daily work and are affected by the virus. Sixty-seven per cent of respondents stated that they have a lack of healthcare facilities in their place, so they are mainly depending on traditional healthcare practices in this pandemic too.

Traditional Healthcare Practices

The tribal people mainly follow their traditional methods of healthcare. It was found that 78 per cent of the population agrees that they use the bark and other parts of many medicinal plants to lower body temperature and that they also use the term “*totka*” (traditional remedy) to refer to some practises that some groups believe are part of their traditional method of saving lives from the novel coronavirus. According to 43 per cent of respondents, the senior population mostly assists persons who follow traditional healthcare practices since they have greater indigenous knowledge of the subject. The tribal communities believe in traditional healthcare practices and they adhere to them religiously.

Around 70 per cent of the women acknowledged that they kept honey and tribal herbal medicine in their homes for fever and as a preventive measure against the so-called epidemic that they had heard about but were unaware of. According to 33 per cent of the women, tribal men avoided smoking and drinking because ASHA workers² informed them it was dangerous and could cause them to contract the Corona Virus while 64 per cent of the ladies felt and agreed that raw turmeric was used in a big number of homes as a virus prevention method. From an early age, they had been using traditional herbs to treat fever, inflammation, and allergies. According to 82 per cent of the homemakers, the use of vegetables and meat was the most conducive to a positive outcome.

Livelihood Pattern among the Tribal People

The tribal community’s health system is also influenced by its livelihood patterns. As their livelihood pattern is primarily dependent on the forest, however, they are now also reliant on a variety of job patterns located in town. The tribal community’s health was also impacted by the pressures of their respective work cultures. While 64 per cent of respondents said that male members who commute to work in cities are concerned about viral contamination, some of them had already been infected. Therefore, they have practiced community-based isolation in a different hut at the far end of the village, where food, traditional medicines, and also medication supplied by health professionals are given to them.

Livelihood pattern also affects the health system of the tribal community. As the livelihood pattern of this population mainly depends on the forest but nowadays, they are also depending on various jobs based in the town. The pressure of the work culture affected the health status of the tribal community. According to 64 per cent of the respondents, the male members who went to work in the cities were afraid of the contamination of the virus. In the meantime, some of them had already been infected so community-based isolation in a separate hut at the end of the village was being practiced. The isolated people were being provided with food and traditional medicines, along with the medication that was supplied by the health professionals to them.

Thus, 92% of the respondents agreed that the major challenges faced were lack of proper health care facility, a basic necessity, lack of awareness of the present scenario of Covid-19, and knowledge of access to healthcare services. On the other hand, 52 % of the respondents stated that though the traditional medicines were being used, they had to seek the help of modern medication wherever there were infections as traditional healing was not effective. But due to geographical isolation, it was often very difficult to avail modern medical facilities. Therefore, these are the major challenges faced by the tribal population in the tribal health care practices in the pandemic situation.

Conclusion: The Way Forward

The tribal people in Jaleswar block of Balasore district faced varied challenges in the pandemic situation due to health care and other socio-economic aspects. Steps should be taken by the local government authorities to devise some strategies about the challenges faced by the tribal people. Since there is a differential dissociation from the mainstream of society, the tribal health care practices are successful most of the time but, in times when the health condition has worsened, the traditional practices are not very effective.

Steps should be taken to make them aware of the current scenario of this pandemic and how to handle it with proper knowledge and proper healthcare. Though it was not easy to bring behavioural changes which include the use of masks and sanitisers in the tribal community, people were forthcoming in complying with the precautions to be taken for COVID-19. Social workers have an important role to play in this respect and can help these people in many ways to get rid of this pandemic situation and to lead a healthy life. Traditional healthcare practices play an important role in their daily life and it is good to know that these methods work most of the time with proper guidance.

Thus, initiatives from policymakers, civil society organisations and volunteers, and health personnel with a combined approach to ensure vaccination, immunity booster medicines, and safe health care, in case of being infected by the virus, could be a way to initiate better health care among tribals residing in Jaleswar block of Odisha. Though the indigenous health care practices and lifestyle have proved effective in halting and balancing the rate of contamination, yet monitoring of lifestyle and consumption of healthy and nutritious food still remains the need of the hour. A further probe into all the tribal-dominated districts would bring to light the scenario at large and then the government should focus on targeted interventions instead of one umbrella programme as the needs of people vary across different cultures.

Few of the recommendations mentioned below could play a significant role for policymakers to keep in view the immense faith tribal populations have on the traditional system of medicine and its effectiveness. A blended approach is therefore the need of the hour where the dual-pronged approach of modern and traditional medicine can be followed to bring about effective healthcare solutions during the pandemic. The recommendations are as follows:

- To set up Covid Response Cells and issue-specific guidelines to address the issue and problems of the tribal population in Odisha.
- The Central Government should coordinate with the State Governments to provide immediate relief to the tribal communities by ensuring information and awareness, providing health care and testing facilities in the tribal areas keeping in view the intactness of their traditional beliefs in indigenous healthcare methods.
- To bring to light important traditional healthcare practices by the tribal community which can be effective during the pandemic.
- To bring in the blended approach where the tribal community accepts and recognizes the use of modern medicine in addition to the traditional practices.
- To create awareness among the tribal people so that they can access the local health care management team instead of using the traditional health care practices in this pandemic when traditional healing methods are no longer effective especially in severe cases where oxygen, ventilation, and hospitalisation is necessary.

Notes

1. Chaita Parab is the most important festival of the tribal people of **southern Odisha**. They celebrate it throughout the month of Chaitra by wearing new clothes, sacrificing animals and birds before their gods, feast drinking, singing, and dancing.
2. ASHA worker is an Accredited Social Health Activist (ASHA), a trained female community health activist. Selected from the community itself and accountable to it, they are trained to work as an interface between the community and the public health system.

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