

# Health Seeking Behavior, Reproductive and Child Health Care Practices among the Birhors of Raigarh District, Chhattisgarh

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**KEYWORDS:** Birhors. PVTG. Indigenous knowledge. Reproductive and child health care practices. Raigarh district. Chhattisgarh.

**ABSTRACT:** Progress of the any country depends upon the health status of the population. India is the diverse country in respect with culture and each culture is distinct in its own. Indian population is composed of various tribal groups including particularly vulnerable tribal group (PVTG) which needs special attention for the improvement of their status and record need-based area and group specific health programmes as well as its implementation which is not satisfactory so far. Birhors are one of the five Particularly Vulnerable Tribal Groups (PVTGs) of Chhattisgarh. They are forest dwellers, having simple state of living, poor socio-economic conditions and poor health conditions. As they are totally depending on forest so they have vast knowledge of indigenous medicinal plants and their practices. Keeping this view present study has been carried out to know the health seeking behaviour including reproductive and health care practices among the Birhor Particularly Vulnerable Tribal Group of Raigarh district, Chhattisgarh by following area sampling method. The findings of the study will helpful for the health policy makers specially in tribal areas.

## INTRODUCTION

In health services there is increased attention in the measurement of health as well as the quality of life. In any community the health endeavour practices among the community are the major problem in the measurement of the health which ultimately defines the mortality and morbidity patterns because the health practices are the integral part of the culture.

In different societies the health seeking behaviour of the different community is different and that is the reason why they cannot be fixed in one frame from the social network of the society. Health seeking behaviour is emerged in every event of the society like social, economic, as well as biological aspects of the population (Basu *et. al.*, 1994). By 2030,

Sustainable Development Goals (SDGs) to achieve a healthy environment for all, the United Nations (UN) is working with many organizations to remove barriers to poor community or country health. To this end, many countries are involved in the dissemination of knowledge or awareness, poverty reduction, health promotion, medical aid, etc. used various methods. The Government of India and its state have initiated many health programs, especially health services. Services are available at various medical facilities located in India. It is broadly divided into design and management, health and service development (activities), prevention, diagnosis, treatment and rehabilitation (Oinam and Tiwari, 2021).

Design and management can be discussed with reference to public and private hospitals. Native American tribes often get the treatment they need

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from public hospitals or primary care. The other two levels, the secondary and the third level, are the least accepted by the Indian tribes. Rural villages of India have the fewest number of health workers. The Birhor tribe of India is known for its dependency on village and their knowledge in indigenous ethnomedical practices that present modern medical system is neglected in their medical facilities. Indigenous systems of medicines include many home remedies and plant-based medicines. Reproductive health of tribal populations depends on their ability to access ecological resources, and their capacity to participate in social and economic institutions (Pillai and Wang, 1999).

The main aim of the study is to explore the health seeking behaviour along with reproductive and child health care practices among the Birhor women.

#### MATERIALS & METHODS

*Study area and population:* A cross-sectional study was conducted among the Birhors of 27 villages of four blocks namely Dharamjaigarh, Lailunga, Tamnar and Gharghoda of Raigarh district, Chhattisgarh. The total population of Birhor tribe in India was calculated 17,241. (Census 2011). Total Birhor population in Chhattisgarh is 3104 (Census 2011) but according to Rajya-pal Prathivedan (2018-19) after the division of districts the Birhor population in Chhattisgarh is calculated as 3478 and they are distributed in 15 blocks of four districts of Chhattisgarh. In Raigarh district their total population is 952 including 27 village of 304 families.

*Sampling and data collection:* The married women of Birhor tribe are included in the current study. Total 302 women from various Birhor villages in the Raigarh district were interviewed for the purpose of gathering data for this study. This study contains in-depth study among Birhor peoples. The data were collected from each available household and every available individual of the house was incorporated into the study. Participant observation, case-study, in-depth study, focused group discussion of Aanganwadi workers, Indigenous healers, traditional dais, and from village locals were used to collect the data. Total 302 households were covered during extensive fieldwork by following area sampling

method. Birhor women's concept of health and illness, their expected causes of disease and their treatment for the different disease along with the reproductive and child health care practices are taken in the study. The indigenous ethnomedical practices were also collected from the traditional healers of Birhor tribe.

#### BIRHOR TRIBE

Primitive tribes can be defined as the pre-agricultural society living with low level of technology, literacy and reduced population. Birhors are one of the five Particularly Vulnerable Tribal Groups (PVTGs) of Chhattisgarh (Baiga, Birhor, Kamar, Abujhmaria, and Hill-korwa). Birhors are forest dwellers as their name suggested (*Bir* means Forest, and *hor* means dwellers). As many anthropologists believed that Birhors are belongs to Protoaustraloid family. They speak Mundari language which is language of Austroasiatic family (Kurrey *et al.*, 2017). Tribals are known for their different culture and cultural heritage. Birhors are the particularly vulnerable tribal groups of Chhattisgarh as well as India. They live in forest and they truly represent the man-nature relationship. Their family have simple state of living. In Chhattisgarh Birhor tribes are having very poor socio-economic condition as they are isolated from civilization. Birhors are generally don't have their own land, they make their *kumbha* (hut) in unauthorised piece of forest area with the help of mud and bushes, because of this reason they always have the fear for the displacement. This livelihood type is forced them to be nomadic. Birhors of Chhattisgarh mainly depends on the forest products for their survival. They make bamboo basket and rope with the help of bark of trees, this is basis of their economic support. They do not have enough money for new cloths so they are having less cloths, their children used to wear uniform in the home given by the government. Their staple food is rice and forest-based fruits and vegetables like wild mushroom, roots etc., many diseases are prevalent in their area because of lake of proper nutrition. Birhors are living isolated from other tribal and non-tribal communities because they are not feeling comfortable with them (Tripathi, 2017). In tribal areas, there is no access of both government and private doctors as well as gynaecologists and midwives (Iyer *et al.*, 2016).

## RESULTS

### *Socio-demographic Profile of Birhor Women of Study Area*

In the studied Birhor women 30.7% are illiterate, 44.3% are primary educated and 25% are having secondary level education. Among all studied Birhor women their occupational status shows that 80% are housewives, 8% are unskilled labour, 9% are rope maker and only 3% of them are ASHA worker. They are also engaged in hunting and gathering, in every season they managed to collect seasonal fruits and vegetables. Some of them are also started doing cultivation but only for their own consumption but not for sale. Their houses are conical in shape and are made up of mud & covered by grass on top. They mostly live in nuclear family. Their staple food is rice.

### BIRHOR'S CONCEPT OF HEALTH & DISEASE

The concept of health is influenced by socio-cultural factors of any community. Birhors are forest dwellers and their beliefs regarding health is a part of their culture values. 96% of Birhor considers the individual is sick or unhealthy when he/she unable to do the daily routine work without being exhausted according to their age and remaining 4% are consider it as physiological changes. According to all of them the healthy person is having proper appetite and do its work efficiently. They don't take health issues seriously until the individual is physically disfunction or unconscious. They belief that early sign of disease is headache (9%), fever (81%) and fatigue (10%) because if there is any wrong in the physical, mental and psychological state of individual then body give these types of signs. They also believe that health is influenced by natural factors like environmental change, eating of stale and contaminated food, unhygienic condition, disrespect in the taboos of the different clan and wrong magico-religious practices of the community.

The concept of disease according to Birhors is having any malfunction in the body like fever, cold etc. Earlier they referred it as curse of somebody but today they also know about the other causes of disease and after the pandemic they also somewhat trust the modern medical system. Earlier they used to visit traditional healer for any kind of diseases but

now they also go to Primary Health Centre (PHC) for primary consultation. Today they believe in both indigenous and modern medical system but if the PHC is far from their area they prefer to visit traditional healers for any disease. They are living in forest so they have lots of knowledge regarding indigenous medicines. They are all aware about free treatment and medicines provided by the Government of India. They prefer PHCs for place of delivery followed by at home in presence of trained dais. Malaria, cold, skin infection and diarrhea are the common diseases prevalent in the studied village at the time of field work.

### *Birhor's Understanding of Causes of Illness*

*Wrath of God or Goddesses:* Birhor consider most of the reasons of their health problem is wrath of God. They believe that in their past life they done something wrong therefore God punish them in their present life in the form of disease or illness. Disease and illness can be severe on the basis of their crime.

*Magico-religious practices:* Birhor believes that their illness can be the result of some magico-religious practices against them for personal conflicts which affect them internally. If anyone touch the tree in which any ghost living then also it affects their body.

*Disobey or disrespect the taboo:* Birhor believes that if the taboo of their clan is being disrespected or do not obey them in any way is result with the disease or illness. Their clan is representing and part of the nature, and nature is their survival as it provides them food and resources for living. As their tribe's name is Birhor, they are the village people and it is their responsibility to protect the nature, if any one of their communities is disobey the symbol of their clan, then their god of clan upset with them and punish them.

*Environmental cause:* One of the major causes of any malfunction in the body or disease is change in environmental condition. This environmental change can be in any form like humidity, warm and too cold. Sudden change of the surrounding environment can change the temperature of the internal body and this transition in the body causes illness because it cannot cope with the changing environment. They also believe that eating of wrong food, stale food or stale fruit can cause infections in the body. Water is the main component of life so, if they drink contaminated water,

it also causes infection and disease in the body. Children and old age people are more vulnerable from disease caused by environment.

#### BIRHOR'S TREATMENT OF ILLNESS & DISEASE

*Home-remedies:* Home-remedies act as the first-aid for Birhor people. Old people of the family are much aware of most of the common disease such as cold, cough, stomach-ache etc. treatment by using the ingredients found in the kitchen of house. Birhors are forest dwellers and they are much aware of local remedies in the form of plant or seeds. 6% of the Birhor people adapt home-remedies as a first-aid and other 4% are believe in modern medicines.

*Traditional medical practices:* After Birhor caught with any disease or any malfunction of the

body then they first check the cause of the disease. They (95% of Birhors) first prefer to go to their traditional healer for the cause of disease and other 5% of Birhors believes in other medical treatment like modern medical system. The traditional healer checks the *Nadi* (Pulse) and after knowing the cause of their disease, according to the symptoms of the disease traditional healer provide them medicines. Table1 describes some of the traditional medicines they provide to the patients. This healing system is following from generations to generations and so, Birhors are bound to believe in their traditional treatment system. They prefer first traditional healer because of their believe that they belong to their own community and the healer do not take any money from them.

TABLE 1

*Description of indigenous plant-based medicines used by the Birhor tribe*  
 Table 1: Description of indigenous plant-based medicines used by Birhor Tribe

S. No.	Disease (Local name)	Plant/Herb ( <i>Scientific Name</i> )	Part to be used	Preparation
1.	Malaria ( <i>Malaria</i> )	i. Bhui neem ( <i>Anfrographis paniculate</i> ) ii. Sinkona ( <i>Cinchona pubescens</i> ) iii. Jamun ( <i>Syzygium cumini</i> )	i. Leaves ii. Bark iii. Bark	i. Grind the leaves of bhui neem, add pinch of salt and mix it with water to give it to patient. ii. Grind the root of Sinkona, mix with water and give it to the patients. iii. Grind the root of Jamun, mix with water and give it to the patients.
2.	Diarrhea ( <i>Pechis</i> )	i. Amaltas ( <i>Cassia fistula</i> ) ii. Bel fruit ( <i>Aegle marmelos</i> ) iii. Bhul band ( <i>Tylophora rotundifolia</i> )	i. Bark ii. Fruit iii. Leaves	i. Make a paste of amaltas bark and give it to the patient. ii. Make sharbad with the pulp of bel fruit and give it to the patient. iii. Make a paste of leaves of bhul band and give it to the patient.
3.	Cough and cold ( <i>Khansi-Shardi</i> )	i. Shyama Tulsi ( <i>Ocimum tenuiflorum</i> ) ii. Ginger ( <i>Zingiber officinale</i> ) iii. Harra ( <i>Terminalia chebula</i> )	i. Leaves ii. Stem iii. Fruit	i. Make a paste of shyama tulsi leaves and wild turmeric and give it with honey. ii. Dry ginger powder is given with honey. iii. Make dry powder of dry harra fruit and give it with pink salt.

4. Snake bite	i. Mahua ( <i>Madhuca longifolia</i> )	i. Bark or root	i. Make a paste of mahua root or bark and mix it with water to give it to the patient.
5. Anemia ( <i>Khoon ki kami</i> )	i. Chirai Gudhi ( <i>Cassia tora</i> ) ii. Sisam ( <i>Dalbergia sissoo</i> ) iii. Papita ( <i>Carica papaya</i> )	i. Root ii. Leaves iii. Leaves	i. Make tea of Chirai gudhi and gud to give it to the patient. ii. Make a paste of 7-10 leaves of sisam and give it to the patient. iii. Make paste of leaves of papita and drain its juice and give it to the patient.
6. Jaundice ( <i>Pilia</i> )	i. Giloy ( <i>Tinospora cordifolia</i> ) ii. Amarbel ( <i>Cuscuta reflexa</i> )	i. Stem ii. Vine	i. Make paste of Giloy stem and add water to give the patient as a drink.

**Magico-religious treatment:** For the disease cause by some super-natural powers and spirits they (93%) go to the *Sirha/ Baiga/ Jhakhar/Guniya/ Matiya* (traditional healer) for the treatment. Traditional healer performs some *Jhad-phunk* (rituals) and ask for sacrifice in the form of chicken to exorcise the evil spirit from the patient's body. Many of the rituals perform in the front of patient's family members and some rituals is performed secretly by the healer. The day for the ritual is not specific for most of the treatment. *Tabeej* (Amulets) is also given to the patient. The amulets consist of bone, ash, root, bark of tree etc. For example, they wear amulets which contains one type of snake's called *Asadhiya Sanp* (Snake found in rainy season) bone for the protection from evil eye.

**Modern-medical practices:** In modern-medical system *Mitanin* (ASHA worker) played a special role because *Mitanin* worker is the women of their own village, she acts as a friend to them and they can trust her for the treatment. Only 61% of Birhor family follow the modern medicines for the treatment of any disease. *Mitanin* worker provide them aid during the illness and she also provide them information about medical facilities and various Government schemes. Traditional healers criticise the modern medical system that this system is destroying their cultural values and traditional healing practices. They believe that this modern medical system can cause any reaction to the body but traditional healing system is planned according to their body because they are man of

nature and natural product cannot harm them.

#### REPRODUCTIVE AND HEALTH-CARE PRACTICES AMONG BIRHORS

**KAP related to pre-natal and post-natal care:** Birhor considers pregnancy as a natural phenomenon and child as a gift of God. As they are managing this process from generation to generation within community so they do not take it as a special process and do not feel of any medical attention. They know pregnancy by the absence of menstruation in married women. They consider pregnant women impure. Pregnant women should follow some taboos during their pregnancy period like they do not allow to participate in the religious rituals, marriage etc., they do not eat hairy animals like wild rabbit, some type of birds like sparrow, they do not travel, do not climb the tree, they do not allow to eat papaya, fish head, they cannot sleep outside the house as bad supernatural power can harm the baby and mother. They do daily routine work until the time of their delivery. They do not take any special food and rest during pregnancy but they take iron and folic acid tablets given in the Aanganwadi. They visit Aanganwadi and PHC for any problem during pregnancy but do not take too much medicines as they think it is harmful for the baby.

They prefer both home and PHCs for delivery according to the condition of the pregnant mother women. If the delivery place is home, then the trained traditional dai or old lady of their community help to

deliver the baby. The position during the child is preferably the squat position because this position is more suitable for the baby to come-out easily. If the women are unable to do the squat position, then they prefer to lying on the ground position for the delivery. After the child is born traditional dai or old lady cut the umbilical cord with help of new blade by placing the cord on bamboo stick.

After delivery women and child is transfers to the separate cottage. They live there about 5-7 days and after umbilical cord removed naturally from child's navel they are shifted to their original house. They apply burned mushroom ash, cow-dung ash mixed with mustard oil and neem oil on navel after cutting umbilical cord. Mother is given Ajwain water mixed with several herbs, stem decoction and paiz (cooked rice water) after birth of child. Mother do not feed colostrum to the baby as they think it is too heavy for new born to digest it so, they feed the baby after two-three days.

They mostly celebrate the Chhatthi (birth-ceremony) on 6<sup>th</sup> day of child birth. On this day they given bath to the baby with lukewarm turmeric water and soap. After bath baby is massaged with mustard oil and give neem fumes to prevent any infections. Then they rapped baby in soft cotton towel and perform religious practices in the house. Their *Sirha/Baiga/Jhakhhar/Guniya/Matiya* (traditional healer) performs some rituals with bowl of water mixed with turmeric and *sindoor* (vermilion), then they drop one rice grain on the name of new-born baby and after this they again drop one rice grain on the name of their ancestor. They repeat this action several times until both the dropped rice grain attached together which signifies that the new-born child is the *pitar* (ancestral birth) of that ancestor. They worship that ancestor on the day of *Chhatthi* (birth ceremony) along with their other deities. They invite all the family members and villagers for the feast, they enjoy food and *kosna* (fermented rice water) and celebrate in the form of traditional dance to celebrate the new-born's birth together.

For mothers' warm water and soap is given for bath. After bath they apply mustard oil and take neem fumes to prevent infection. After 10-15 days mother started working as before.

## DISCUSSION

The current health system in studied Birhor villages can be considered in term of three functions that Kleinman mentioned in his work in 1978. According to his study, the healthcare system is divided into three segments: the popular sector, the folk sector and the professional sector. As his study suggested the studied tribe Birhor also follows the same three health-care systems.

### *The Popular Sector*

The activities under popular sectors includes family members and neighbours. As Birhors are living in small *Tanda* (colony) and their *kumbha* (hut) are close to each other, they are available first for any type of health issues. Believes of family and their activities are the first thing that affect the patient. They play major role in choosing the right place for treatment. They are available free of cost and because of this reason this sector is popular and most found in Birhors. They feel safe for willing to voice their health concerns. In Birhor's case, people rely on family medicines and those who have met before, as well as family members for a variety of treatment and treatment options.

### *The Folk Sector*

The public sector is a mis of many different things that are often associated with popular sector. Chanting of mantras, performing different curing rituals and consecration, etc. are the examples of folk sector. This folk sector plays an important role in the life of villagers who are away from civilization areas. This folk sector is the saviour when the home-remedies fail to treat the patient. People have also become more dependent on this folk sector because they do not have easy access to modern medical systems. The indigenous healers in village are very much capable to treat the diseases among villagers. Villagers believe in their indigenous healer sometimes can't be count on the modern medical facilities, instead many villagers blame the modern medical system for destroying their indigenous healing system and practices. In Birhor villages the role of folk sector and popular sector is being essential because the transport system, their interior settlement and modern infrastructure amenities hinders the adoption of many modern

medical facilities and advice of medical professionals. Birhors (60%) are now a days aware of some essential modern medical practices like vaccinations, immunization programs, free medicines, free supplements (for pregnant and lactating women) and birth control measures (e.g., condom).

#### *The Professional Sector*

Professionals includes medical professionals primarily employed by medical professional. In India, as can be seen that we are faced with a shortage of human resources especially in health care sector. One doctor could not cure many of the ailments that villagers suffer. The professionals are not available all time for the villagers and they do not have well emotionally connection with the villagers, because of this reason many of the Birhors are unable to share their problem freely in front of medical practitioners. Professionals treat the patients on the basis of symptoms shows by the patient's body but they are unable to identify their root cause of disease or illness. In present study, the studied population is unable to connect with their medical professionals and they fail to established doctor-patient relationship.

#### CONCLUSION

The present study concludes that the Birhors of Raigarh district of Chhattisgarh believes in indigenous medical practices along with modern medical practices. Their indigenous medical practices should be recognised by the government institution. Their great knowledge in indigenous healing practices and their long-term association with the nature should be granted right attention. As they are living in the forest area which are isolated from the civilization, they are having great knowledge regarding medicinal plants and this knowledge should pass through the next generation to protect their culture and values. To improve their health status transport system should improve as they are having difficulty in reaching the

health centres and also the health worker face difficulty to reach the Birhor village. So, the study suggested that there should be regular assessment of the Birhor's health status, implement new or revise strategies for the same, especially for such forest based particularly vulnerable tribal groups.

#### ACKNOWLEDGEMENT

We would like to thank all the Birhor peoples, Indigenous healers, Traditional dais, medical professionals and Aanganwadi workers of studied area for their co-operation and valuable informations provided by them for the present study.

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