



## Health Care Perception and Illness among Bangrus: A Study in Kurung Kumey District of Arunachal Pradesh

Tame Ramya

Doctoral Research Scholar, Department of Anthropology  
Rajiv Gandhi University, Arunachal Pradesh, India

**Abstract:** The study was carried out in the 15 Bangru inhabited villages of Sarli circle in Kurung Kumey district of Arunachal Pradesh. It focuses on perception of illness and health ideology among Bangrus; the people belong to one of the numerically weak less-known tribal communities of Arunachal Pradesh. They describe multi-cause for a single illness and believe that most of the diseases are caused by supernatural powers. Their mode of treatment includes both indigenous and allopathic health care system. Their belief in multi-causal speculation regarding occurrence of physical and mental discomfort, past experience, faith and other socio-cultural direct them that as and when, which system should be used.

**Keywords:** Bangru; Deities; Supernatural Powers; Physical and Mental Illness; Allopathic Doctor

### Introduction:

Every society has its own beliefs and practices regarding health and disease. Perception of illness, customs and practices directs health seeking behaviour of the community. Socio-cultural pattern of the community is one of the major factors towards the availability and use of different kinds of treatment. Health and disease are related to sociological and cultural resources of a community in a specific environment (Hassan, 1967). Banerjee and Jalota (1988) in the study of disease and health ideology among Dhimals of Mandla district described that health and disease are not exclusive domain of professional medicine and the treatment for many physical ailments has social and cultural dimensions. Present work focuses on illness and health ideology among Bangrus in Arunachal Pradesh.

It is an empirical study revealing the facts like; is perception of illness still dominated by magico-religious thoughts among Bangrus? What are the factors believed to be responsible for the condition

of physical and mental discomfort? What modern health care facilities are available to the Bangrus? Which system (indigenous or modern one) is preferred to cure such problems?

### Material and Methods

Fifteen villages namely Bala, Lee, Lichila (Lower), Lichila (Upper), Machane, Milli, Molo, Nade, Namju, Palo, Sape, Sarli Town, Sate, Wabia and Walu of Sarli circle in Kurung Kumey district are selected to carry out the study. Sarli circle had a Primary Health Centre (PHC), a middle school, connectivity by road with district headquarter, electricity, and a post office. 10 Bangru households of each village totalling 150 households have been selected as the sample size. Three variables viz. age, religious sect and educational status of the respondents have been taken into account to conduct the present study.

Observation, interview with the help of interview schedule, interview guide, group discussion (GD),

and key informant are used to collect first hand information.

**Discussion and Analysis**

Belief system and ritual practices plays an extremely important part in the religious life of the Bangru. There is a well-defined belief in certain supernatural beings able to influence for good or for evil the destinies of the living (Ramya, 2012: 8). Bangru in all villages feel surrounded by evil spirits and deities of various kinds. They scared of these spirits because they cause harm and illness. People try to appease them in various ways. Fear and the devotion is the basis of their offerings and worship made to spirits and local deities as well.

Different spirits and deities are allegedly linked with diverse types of diseases. All deities have their own respective areas of influence. *Dojang, Sunyu, Ramtar* and *Yapam-Sangpam* are some of the *manying-arey* (malevolent spirits) whose annoyance may cause disaster to their lives. Witch is also believed to be a living spirit and as most drastic in nature as compared to other spirits. Likewise it is believed that annoyance of the deities also cause the problems. Description of some diseases, responsible spirits and traditional remedy among the Bangru is mentioned as below in the table 1.

**Table 1: Diseases, Responsible Spirits and Traditional Remedy among the Bangru**

Disease		Responsible Spirit	Traditional Remedy
Local Name	English Name		
Gokaying-achi	Headache	Hipuidumtak	(a) Dry skin of jungle cat is rubbed on the forehead of the ailing. (b) The priest sacrifices a fowl, a pig or a cow in a household

Mulgu-achi	Stomach pain	Dignam	ritual. (a) Coptis and musk are taken with lukewarm water. (b) The priest chants spells over a fowl's egg, soil, etc. and throws those in a distant place.
Megey-melea linam	Paralysis	Singotap	The priest sacrifices a sheep through a household ritual.
Doliachi	Fever	Lirunyrn	(a) The priest sacrifices a fowl through a ritual. (b) A mixture of bile of beer, musk and coptis is taken with lukewarm water.
Nickachi	Pain in eye	Hipuidumtak	(a) A fowl, a pig or a cow is sacrificed through a household ritual. b) Different medicines are given by the priest for local application according to the nature of ailment.
Alotiyit	Leprosy	Alo	(a) Priest performs ritual where a pig or a cow is sacrificed.
Ichang	Dysentery	Kenghidign	(a) A mixture of bile of beer, musk and coptis is taken with lukewarm water. (b) A fowl, a pig or a cow is sacrificed

			by the priest in household ritual. <sup>a</sup>
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Besides, a child is perceived more vulnerable and weak to evil eye effect and hence needs special care to protect it from various diseases. Even grown up persons are believed to be affected by evil eye. In order to ward off the evil eye it is necessary to protect the child from particular individuals who are able to cast evil eye but since it is not always easy to identify these individuals, Bangrus resort some practices e.g. practice of sacrificing *su* (mithun), *yu* (pig), *se* (cow) and *do* (fowl) is widely practiced among them.

Respondents of the study area find many factors responsible for causation of a disease. Causal factors of the diseases may be divided into following four categories:

1. Physical/ biological factors include unnatural change in climate, lightening, lack of fresh air, storms, heavy rains, hereditary and old age etc.
2. Supernatural forces are past sins, evil eye, breach of taboos, wrath of deities and evil spirits.
3. Socio-cultural factors incorporate contaminated air, unclean water, unbalanced diet, lack of nutritious food, hot and cold food, and laxity in sex.
4. Man-to-Man or man himself include factors like contact with another person suffering from some disease, excessive body weight, unsafe sex and laxity in sex.

To understand the perception of illness among Bangrus, table 2 is prepared which exhibits more than one factor responsible for the occurrence of a problem.

Disease etiology is an important indigenous medical phenomenon, of any community and precisely stems out from the meaning system i.e., culture (Tribhuvan, 1998: 57). It is clear from the above table that beliefs in supernatural powers still find a prominent place in the occurrence of a physical or mental discomfort. In spite of contact with non tribal world, introduction of new health agencies like allopathic doctor, NGOs, health educators, mass media and spread of formal education Bangrus still believe that most of the illnesses are caused by supernatural powers preferably. It is perhaps due to the fact that adaptation to environmental challenges also take the form of cultural responses- the development of particular beliefs and practices to interpret, exploit and respond to the environment (Dennett and Connel, 1988: 276).

**Table 2: Multi-Causal Factors of Illnesses As Perceived By the Bangrus**

Name of Causes	Physical/Biological Factors	Super-Natural Factors	Socio-Cultural Factors	Man-to-Man/Man/Himself Factors
Tuberculosis		✓	✓	-
Cough		-	-	✓
Worm-Infestation	-	✓	✓	-
Cholera	-	✓	✓	-
Jaundice	-	✓	✓	-
Diarrhoea	-	✓	✓	✓
Measles	-	✓	-	✓
Guinea-	-	-	✓	-

worm				
Fever		✓	-	-
Pus	-	✓	✓	✓
Chickenpox		✓	-	-
Anaemia		✓	-	-
Epilepsy		✓	-	-
Diabetes	-	✓	✓	-

### Health Care System

The treatment of disease in any particular society depends on the world view of the people concerned. It is directly related to the attitude of the general public in respect of looking at the universe (Sarkar, 1993: 330). Help is sought from various types of health care specialists. Allopathic doctor, *Kawaye* (priest) and herbalist are the major specialists available to Bangrus to seek help and care of the ill-person. In fact community, NGOs and state government all play their role so as to provide the Bangru community with a variety of the experts in their fields.

At community level, there are various innate curers in Bangru society who are well versed in magico-religious cures, herbal medication, gynaecological treatment and bone setting etc. *Kawaye* (priest) and herbalist are some of the important ingredients of traditional health care system. Each one has got a special and significant role in treating and taking care of the ill-persons in their community.

One can find many *Kawayes* in a village but all of them are not given respect. Only those *Kawayes* command respects that are well versed in the indigenous pharmacopoeia. It is believed that there are three types of *Kawayes*. The first order *Kawaye* (priest) is the one who is gifted with extraordinary spiritual power, who could predict impending threats, cures epidemic, detects theft, heals

fractured or broken bones cures dog and snake bite, etc. The second order *Kawaye* is the one who deals with the highest form of rituals or sacrifices. The second and the final order is the one who deals with the normal illnesses. However, it may be noted that the *Kawaye* does not occupy distinguished position in the society, as there is no distinct class or status for them. But by virtue of their yeoman services, they are always honoured, respected and acknowledged in the society

There are also few two herbalists in Bangru villages who are practitioners in the art of healing through herbal medicines. An herbalist is wise in nature's ways (Foster and Anderson, 1978:104). They get these medicines from the forest of their own village or from neighbouring villages. They treat people by their knowledge of healing and are respected and accepted by the villagers unequivocally.

At state level, a referral hospital i.e. Primary Health Centre (PHC) has been established at Nade (New Sarli) of Sarli circle. Before this, there was no medical health care centre in the circle till 2011. This PHC lacks sufficient health personnel, work interest of the staff, adequate supply of medicines, and medical equipments. Many of the people feel reluctance to go to the Primary Health Centre (PHC). They complain that this unit is devoid of doctor and only a nursing assistant is there to serve the people. Due to lack of medicine and other accessories this health unit is defunct nowadays. There is also one health unit administered by the Indo-Tibetan Border Police (ITBP) Battalion camping at Sarli town. Although this health unit is established basically to serve the members of the battalion only, yet the unit renders its service to the local people also. During the period of epidemic in the locality the health unit

becomes more active. The people express their satisfaction on the service of this unit.

In remote villages which lacks any kind of modern health care facility is not easily accessible by Government health personnel as there is still no road connectivity to reach the people. Moreover, neither ANM nor any health officer contacts them due to the lack of work interest. Therefore, villagers are fully dependent on their indigenous medical system. They hardly came down to Sarli town for medical treatment.

At NGO(s) level, one of the registered NGO, Karuna Trust plays a vital role in creating basic health care facilities to the Bangrus. It provides training to some villagers so as to create awareness on home medication and to make use of their elementary knowledge about allopathic medicine. It indicates towards increasing popularity of allopathic system in study areas.

While taking cue of the health practice among Nguwasa-Zulu, important decisions, such as consulting a Zulu doctor or diviner or taking the patient to the hospital, are made by the homestead head (Ngubane, 1977: 101). Situation is not different among Bangrus from what Ngubane had observed. *Kawaye* (priest), herbalist and an allopathic doctor contend to treat the ill-person for the same problem by using their specialized skills. But whose skills will be used and when is important to understand their basis of treatment. A table given below is mentioning the name of the curer according to the preference of the diseases.

**Table 3: Diseases and the Curers**

		Name of the Curer		
		<i>Kawaye (Local Priest)</i>	<i>Herbalist</i>	<i>Doctor</i>
<i>D</i>	Fever	Abortion	STD's	

<i>S</i>	Headache	Skin boils	Anaemia
<i>E</i>	Stomach	Severe	Fever
<i>A</i>	Pain	Headache	
<i>S</i>	Miscarriage	Fever	Cough
<i>E</i>	Diarrhoea	Anaemia	Severe
<i>S</i>			Diarrhoea
	Dog/Snake bite	Jaundice	Tuberculosis
	Physical Weakness	Snake bite	Itching
	Spirit intrusion		Allergy
			Leucorrhoea

Hence, it is clear from given table that *Kawaye* (priest) is still given priority to cure physical and mental illness among Bangrus. Depending on the disease etiology they take certain precautionary measures or treatment. People materialize to maintain and retain some socio-cultural beliefs and practices with regard to concept of disease, causation and treatment. As a matter of fact, Cosminsky (1977) points out that multi-factorial and multi-level theories of illness etiology permits the use of different treatment resources for different causal factors and levels. A question ‘whom did they consult during last illness’ from the respondents of Bangru villages is asked in this regard. Field data suggest that about 67.96 % respondents sought the help of traditional healers on the priority basis. As per analysis, age and religious sect of the Bangru respondents were found statistically significant with the preference of the mode of treatment. Educational level of the Bangru respondents has moderate correlation with the preference of the curer.

**Conclusion**

Age-old cultural values show their profound impact on perception of illness among respondents in the

Bangru villages. Impact of education may be identified as a major factor, which brings some change in their notion. It is not so that all educated respondents hold the scientific view that physical factors, unhygienic food, unclean drinking water, and poor sanitation etc. are the factors responsible for occurrence of the diseases and supernatural powers has a little role to play. But in the above discussion whoever had the idea of the factors for causation of diseases other than supernatural powers they are literate and some of them belong to higher group of education.

This study shows that the traditional and modern medical systems are co-exists and going hand-in-hand among the Bangru people in the study villages. They are complementary to each other rather than contradictory to each other as suggested by some earlier authors like Foster and Anderson (1978). Broadly speaking, services of indigenous health practitioners are sought in all kind of physical and mental discomforts before to go for modern allopathic doctor. It is also revealed that traditional healers do not have 100% hold over the treatment. Past experiences of the people give them an idea about that traditional healer like *Kawaye* (priest) cannot cure all diseases. An herbalist may cure to them but partially. However, frequent relief from the allopathic drugs play a major role in the context of use of modern health care system. Availability and accessibility of allopathic doctor, nature and causes of illness as perceived by Bangru people and impact of socio-cultural milieu are also some of the vital factors to agree on that as and when modern health care system should be used.

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