

# Health, Diseases and Superstition: A study of Bodos in Chirang District of Assam, India

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## *Abstract*

*Health is man's natural condition and absence of disease. But disease and health are correlated with each other. Prior to the development of medical science people relate abnormal behaviour of body with supernatural and magico-religious beliefs. Till today large number of community relate disease with supernatural belief and practices. The inter-relationship between health, disease and superstition are more visible among the tribal communities than non-tribal communities. Tribal communities of India have their own belief and practices related to health. Most of the tribe of India lives either in forest or far away from the mainstream life as a result of which they are deprived to access different kind of facilities provided by government including health. The tribal do not take much care about their health and their health practices are not well developed. They still follow the traditional method for treatment in spite of having modern medical facilities. They believed that diseases are mainly occurs due to evil spirit, causes of deities etc.*

**Key words-health, health seeking behavior, disease, treatment, superstition**

## **Introduction**

Health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization’s (WHO) definition coined from R. Srinivasa Murthy, 2013, p. 38). So health is a multi dimensional concept and for understanding it some dimensions like physical, mental and social also have to take in consideration. The term physical health implies the notion of “perfect functioning” of the body. Mental health indicate good mental ability to respond to the many varied experience of life with flexibility and essence of purpose and social dimension of health reflects the levels of social skills one possesses,

social functioning and the ability to see oneself as the member of a larger society (M. Akram, 2014, P. 113). The health status of an individual, or a community or a nation is determined by the interplay and integration of two ecological universes, the internal environment of the man and the external environment which surrounds him or her. Health is the level of functional efficiency of a living being. In human, it is the general condition of a person's sound body, mind and spirit, especially freedom from physical disease like- illness, injury or pain (K. Park, 1997, p. 12). **Talcott Parsons** is of the view that health as a state of optimum capacity for the effective performance of valued task. According to Parsons healthy individuals are able to function well in order to perform social roles; ill health reduces their ability to do so (Madhu Nagla, 1997, p.185). The idea of health of a community is shaped by the interplay of a number of factors like social, political and cultural.

Each and every community has their own belief and practices related to health so as to tribal also. Most of the tribal communities of India have their own belief and practices related to health. Majority of them believed that diseases mainly occur due to evil spirit; causes of deities, black magic, sorcery etc. and not subject to cured by medicine. So for treatment, first they approach to Ojha (local healer) for indigenous medicine and magical implements (Chaturbhuj Sahu, 1998, p.95). Saraswati Swain (1994) studied health, diseases and health seeking behavior of different tribal community of India like- the Mikirs of Assam, the Gonds of Madhya Pradesh, the Bhunjians of Kalahandi and Santhals of Mayurbhanj, etc. She found that these tribal communities strongly believe that diseases occur due to supernatural and magical powers. The Mikirs believe that when one member is affected by evil spirit then the entire family will be affected by evil spirits. They also believe that leprosy is transmitted by blood or touch and contamination of water etc. Santhals believe milk is not good for health. Snehalata Panda (2012) studied health condition of Paraja tribe in Takuguda Village in Korpaut District of Odisha. She also found that this tribe's lead their life a 'primitive' and not conscious about their health. They suffer from diseases which are genetic as well as ecological. Diseases like- sickle cell anaemia, malnutrition, gastroenteritis, tuberculosis, measles etc. are common among them. She also said that poor health condition of this tribe is mainly related to poverty, superstition and life style. Bhil tribe had their own belief about causes of diseases and had a strong belief in indigenous medicine and a great faith in a variety of traditional and spiritual healers (C.M.E. Matthews 1979). R.K. Kar (1993) studied the health behavior of Nocte tribe in Arunachal Pradesh and

found that this tribe believed diseases are caused by supernatural powers, wrath of their deities, ancestral spirits etc. Therefore, they offer some magical performances like- sacrifice of animals, religious rituals, sorcery and witchcraft etc. to get relief from the enraged supernatural powers. Sachchidananda (1994) in his article “Socio-Cultural Dimensions of Tribal Health” talked about Nocte tribe of Tirap District in Arunachal Pradesh. He said that Nocte tribe believed different diseases occur due to different evil spirits. For example, they believed that a man become speechless only because of Kamsak spirit and for cure they offer pig to satisfy that spirit. Similarly they also believed that nosel bleeding and joint pain occur due to Bekom spirit for which they offer squirrel to appease that spirit.

So from above reviews it appears that in spite of medical advancement and implementation of different health policies, immunization programme by the government of India, still majority of tribal communities followed traditional methods of treatment and their superstitious believes related to health practice and diseases restrict them to avail modern health facilities. In other words it can be said that traditional mind set and excessive dependency on local healers, witchcraft and so on restricted tribal people for accessing the modern medical facilities. In this paper an attempt has been made to understand what types of health care practices and related superstition existed among the Bodos of Chirang district of Assam.

The Objectives are-

1. To understand the health seeking behavior of Bodos of Nowapara village.
2. To understand the health status of Bodos of Nowapara village.
3. To study the pattern of believers and practices related to diseases and treatment among Bodos of Nowapara village.

### **Methodology**

#### **Sources and Types of Data**

For present study primary and secondary data were extensively used. Secondary data were collected from books, journals, and unpublished office record etc. and primary data were collected from field with the help of structured interview scheduled. From the village 50 households were selected on random basis. The respondents were both male and female.

#### **The Universe of the Study**

The study area is located in the Chirang district of Assam. Chirang is one of the four Districts of Bodoland Territorial Area District (BTAD). The District is situated in the north-west part of Assam and kajalgaon is the District Headquarter. The District consists of two Sub-Divisions namely kajalgaon sadar Sub-Division and Bijni civil Sub-Division. The Nowapara village comes under Bijni civil Sub-Division. Total household of Nowapara is 249 out of which 136 are Bodo and the rest (113) are Rajbongshi. For better understanding only Bodo households of the village were selected for data collection (Household survey, October 2014 to January 2015).

## **Discussion and findings**

### **The Bodos**

The Bodos (Kachari) are one of the plain tribe of Assam. They are the descendents of Mongoloid race and belong to Tibeto-Burman linguistics family. It is believed that Bodos have migrated to Assam from ancient China. Sidney Endle (1997) is of the view that the Mongoloid features and general appearance of the Bodo people seems to suggest Tibet and China as the two Trans-Himalayan countries to be the original homes of the race (S. Endle, 1997, p. 3). Generally the Bodos consist of a large number of sub-tribes. It include chutiya, plain kochary, Rabha, Garo, Mech, Koch, Bhimal, Dimasa, Hojai, Lalung and others (<http://www.britannica.com/Topic/Bodo.people>, accessed on 10 August, 2015). But in this study Bodos indicate those groups who speak Tibeto-Burman language and concentrated in the northern area of the Brahmaputra valley. The Bodos use sure names like- Boro, Bodo, Bodoso, Brahma, Basumatary, Daimary, Goyary, Narzary, Muchahary, Swagiary, Kaklary etc. They are tribe endogamous group and followed patriarchy. Among them eldest male member became the head of the family and descendant and succession to property goes through male line.

### **Health Seeking Behavior and Bodos**

Generally health seeking behavior means those remedial actions or activities that individual undertaken for maintaining good health. It also includes all behaviors related to establishing and maintaining a healthy mental and physical state (<http://wiki.ubc.ca/> Health Seeking Behaviors; accessed on 23 August, 2017). It also helps to understand how a community engaged with the health care system in their social, economic, cultural and environmental condition. The health seeking behavior of the people defines their social position of health and provides a better

understanding of the disease process. Health seeking behavior of the Bodos of Nowapara village can be understand on the basis of their living condition, food habit, hygiene habit etc.

### Housing Condition

Housing and health is closely related. Improper house condition rise health risk e.g. respiratory and cardiovascular diseases from indoor air pollution, too hot and too cold temperature inside house may cause illness, in small and congested house possibility of spreading communicable diseases is more etc. So, types of house are one of the important indicators of economic condition and health condition of the people. In Nowapara village 48% respondents live in hut with one or two rooms without proper ventilation, 30% of respondents live in Assam type house and 22% respondents live in RCC house (see table No. 1).

**Table No.1: Housing Condition of the Respondents**

Sl. No.	Types of house	Respondents	Percentage (%)
1.	Hut (kuchcha)	24	48%
2.	Assam type (Semi-pucca)	15	30%
3.	R.C.C (pucca)	11	22%
Total	-	50	100

Source: Field study conducted during 5<sup>th</sup> October 2014 - 20<sup>th</sup> December 2014

### Sanitation

Sanitation generally refers to the provision of facilities and services for the safe disposal of human urine and feces. Inadequate sanitation is a major cause of disease world-wide (Mohammad Akram, 2014, p. 163). So, it is a major health issue in third world countries including India. Still a large portion of Indian population in rural areas defecates open. Needless to say this practice resulted water and air pollution and has a severe impact on human health. Same picture is also found in Nowapara village. A large number of villagers (46%) have no access to toilets, 14% uses kachcha toilet, 22% uses low cost sanitary and only 18% uses sanitary latrine (see table No. 2).

**Table No. 2 Types of latrine use by Respondents**

Sl. No.	Types of latrine	Respondents	Percentage
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1.	No latrine	23	46%
2.	Kuchcha	7	14%
3.	Low cost sanitary	11	22%
4.	Sanitary	9	18%
Total	---	50	100

Source- Field study conducted during 5<sup>th</sup> October 2014 - 20<sup>th</sup> December 2014.

Not only this the villagers also not habituated of using soap for washing hands before eating, after coming from loo, working in paddy field and handling pet animals. Majority of the respondents inform that they use plain water for washing their hands before taking food. This habit may cause a number of communicable diseases.

### **Food and Nutrition**

Diet of the respondents mainly consists of rice, pulses, seasonal vegetables, meat, fish, dry fish etc. The villagers inform that normally they take food twice daily and almost nine-tenth drink water without purifying it. It is also found that majority of respondents take intoxicated things like pan supari (betel nut and leaf) and men were found to be habituated in smoking, consuming tobacco and drinking wine. This unhealthy eating and drinking habit contributed more on their poor health.

### **Health Status**

The health status of a group of people or an individual is often determined by socially and culturally constructed human practices along with biological and environment factors. According to the World Health Organization, the main determinants of health are social and economic environment, the physical environment and the person's individual characteristics and behaviors. Therefore, for understanding the health status of Bodos of Nowapara village certain factors are taken into consideration. These are diseases and pattern of treatment etc.

### **Diseases**

The villagers are highly vulnerable to disease with high degree of malnutrition, unhygienic living condition, superstitious beliefs, casual approach towards health etc. It is found that people of Nowapara village suffer from different types of diseases like- fever, malaria, typhoid, jaundice, cold and cough, gastroenteritis, diarrhea, dysentery, small pox, headache, teeth problem, tuberculosis, eye problem, skin problem and so on. Majority of respondents suffer from more than one disease. 30% of the respondents suffer from fever, malaria weakness, jaundice,



20% suffer from fever, diarrhea, gastric and typhoid, 14% each suffer from malaria, gastric, cold & cough and fever, stomach pain, headache, diarrhoea, 10% suffer from diarrhea, malaria, typhoid and jaundice, 8% and 4% each suffer from skin problems, teeth problem, gastric, pox and fever, dysentery, weakness, diabetes and blood pressure (see table No. 3).

**Table No.3 Respondents Suffer from diseases during last five years.**

Sl. No.	Type of diseases	Respondents	Percentage (%)
1.	Malaria, Gastric, Cold & cough	7	14%
2.	Diarrhoea, Malaria, Typhoid and Jaundice	5	10 %
3.	Fever, Stomach pain, Headache, Diarrhoea	7	14%
4.	Fever, Malaria, Weakness, Jaundice, Typhoid	15	30%
5.	Fever, Diarrhoea & Gastric, Typhoid	10	20%
6.	Skin problems, teeth problem, Gastric, pox	4	8 %
7.	Fever, Dysentery, Weakness, Diabetes and Blood pressure	2	4%
Total	---	50	100

Source: Field study conducted during 5<sup>th</sup> October 2014 - 20<sup>th</sup> December 2014

Almost all the respondents suffer from one or more types of diseases. Common diseases among them are fever, malaria, dysentery, diarrhea, jaundice, typhoid etc. These indicate that the villagers suffer more from water born diseases.

### **Treatment and Superstition**

The Bodos of the villagers strongly believe that behind everything some good or bad power works. They also believed all health problems occur only due to black magic, bad vision of witches, evil spirit, evil eyes, evil touch, and persons emanating evil things. The villagers express their view by saying that for diseases mostly “ban” (arrow) plays significant role. ‘Ban’ or ‘Ban Hogarnai’ is an unseen magical arrow which is practiced by the Ojha. It is a kind of black magic; generally people use it with the help of ojha for doing harm against enemy. Two kinds of Bans are there one is Sadab (a kind of tantric mantra/hymn which makes sound when applying) ban and another is Badab (a kind of silent tantric mantra) ban. Sadab ban mostly use for hunting animal because they believe that this ban can hit the target by following the sound only. Whereas Badab ban, is uses against enemies. For applying this Ban Ojhas require the name of enemy then he/she can target it against that person. The villagers spend lots of money, time and energy against these magical practices. According to villagers Badab ban is dangerous because an Ojha can kill a person from distance without seeing him through

this Badab ban. The villagers use these magical things not only for hunting or harming enemies but also for treatment.

The Bodos of the village actually follow three steps for treatment. In first step-for any kind of diseases they first follow home remedies and propitiating spirits. A home remedy is the curative measure taken by the people in their home which are mostly basis on traditional knowledge. The Bodos of the village also largely practices home remedies for diseases, example (i) if any one suffer from fever then for precaution instead of rice he/she should give some alternative food like roti along with haijeng (ginger) juice with hot raw tea. (ii) For cold and cough, they make paste of boil garlic and mixed it with hot master oil and applied the same paste on chest and nose of the patient and give special curry prepared by mixing of *Tulsi* (holy basil) leafs with Garlic, *Manimuni* (centella asiatica) and red Chilly because they believe that this curry would cure cold and cough, (iii) for stomach pain, they take tiroteeta (swertia chirata) green leaf's juice mixed with water), (iv) for diarrhea, they take talir mwikun's (musa ornata) juice. (v) For small pox they made paste of guava leafs and fuken (*fluggea virosa*) leafs and applied it on the body of the patient, (vi) For typhoid they take masala bori which is prepared from different local herbs and dried fruits (like- agarkata, bishmora, simfri fruits (piper longum), manimuni, masala and coconut oil etc. (vi) for gastroenteritis they drink manimuni (centella asiatica) and tulsi (basil) leafs juice. (vii) If a patient suffer from jaundice then he/she is not given oily food, turmeric, chili powder etc. and only boil rice, vegetable and star fruit and crab's mixed curry is given (viii) For gall bladder stone they take padgaja (*bryophyllum*) juice, (ix) for ringworm they prepared a mixture of tulsi (basil) leafs and salt and applied it in infected parts of the body. (x) Sometimes the villagers also use rice beer (*Jwo*) for medicinal purpose. If any person suffer from diseases like disorder of bowels, cholera, constipation, dysentery, urinal problem etc. then rice beer is given to him as medicine.





**Photo plate:1 Padgaja (bryophyllum)**

The villagers also uses local herbs for preventive measure like they grind *thunthini* (a kind of medicinal herb) leafs and put on the head of children with a belief that it will protect child from hit of sun, they take juice of *manimuni* (*centela asiatica*) leafs for protection of liver and improvement of digestive system. The villagers prepare a dish with *tusli* (holy basil) leafs to boost up the physical strength of the family members. Along with home remedies the villagers also tried to propitiate spirit by offering rice, fruits, egg etc. on open field or road side.



**Photo plate: 2 Tulsi (Holy Basil) a medicinal herb**

In the second step of treatment they approach Ojha or local healers for treatment .They approach ojha when first step fail to cure patient. So, if they suffer from any diseases and home remedies fail to bring fruitful result then they approach ojha, because they believe that ojha through his/her secret ritual would find out the actual cause behind the illness. Ojha first perform some rituals in the name of the patient and then declare the cause of suffering and suggest curative methods or provide medicine to the patient. According to the advice of Ojha the patient's guardian performs rituals and gives medicine. Sometime ojha gives amulet to patient whom he has to wear either on neck or tide around the wrist with the help of thread. There is a belief among the villagers that some diseases like epilepsy, pox etc. can be cure only with the help of magical means. But if Ojha or Kabiraj fail to cure then they approach doctor and vice-versa.

**Photo Plate: 3 Masala bori (Medicine prepared from local herbs and fruits for Typhoid)**

The pattern of treatment adopted by the respondents shows that only (26%) respondents adopted allopathic treatment along with magical means and home remedies, (38%) adopted only magical means & home remedies as a methods of treatment, (14%) uses ayurvedic medicine, magical means & home remedies, (12%) and (10%) adopted homeopathy & home remedies and only home remedies for treatment of their diseases (see table No. 4). One thing came out from the data that taking home remedies and using magical means is common among the villagers and for diseases like pox, Jaundice etc. they never goes for modern treatment. Still very less of them adopt

modern treatment along with home remedies. Almost all respondents express their view that allopathic medicines have equal reaction on human body and it is not good for health and doctor unnecessarily gives much medicine and operate body. In favor of their comment they give lots of examples.

**Table No.4 Treatment Adopted by the Respondents**

Diseases	Pattern of Treatments					
	Modern (Allopathic) Home remedies & Magical means	Magical means & Home remedies	Homeopathy & Home remedies	Ayurvedic Magical means & Home remedies	Home remedies and (self medicated)	Grand total and Percentage (%)
Malaria, Gastric, Cold & cough	4 (30.76%)	1(5.26%)	--	1(14.28%)	1(20%)	7(14%)
Diarrhoea, Malaria, Typhoid and Jaundice	1(7.69.%)	4(21.05%)	--	-		5(10%)
Fever, Stomach pain, Headache, Diarrhoea	--	4 (21.05%)	1(16.67%)	--	2(40%)	7(14%)
Malaria, Weakness, Jaundice, Typhoid	7(53.84%)	2(10.52%)	3(50%)	1(14.28%)	2(40%)	15(30%)
Fever, Diarrhoea & Gastric, pox Typhoid	1(7.69%)	4(21.05%)	2(33.33%)	3(42.85%)	--	10(20%)
Skin problems, teeth problem, Gastric, pox	--	2(10.52%)	--	2(28.57%)	--	4 (8%)
Fever, Dysentery, Weakness, Diabetes and Blood pressure	--	2(10.52%)	--	--	--	2(4%)
Total	13(100%)	19(100%)	6(100%)	7(100%)	5(100%)	50(100%)

Source: Field study conducted during 5<sup>th</sup> October 2014 - 20<sup>th</sup> December 2014.

**Case I.** Kandura Narzary, 42 years old carpenter said that his daughter Priya Narzary (9 years old) was suffering from unknown disease for a long time. He approached allopathic doctor for treatment but no result came. Finally he approached to Ojha. After doing rituals Ojha declared

that the main cause of Priya's suffering was the bed sight of evil spirit and suggests doing some rituals for cure. Accordingly he did the rituals with the help of Ojha and his daughter cured within one month.

**Case II.** Mr. Bimol Basumatary said that his 35 years old son Manindra Basumatary suffering from mental illness since last 3 years. He neither talks with anybody nor did anything but remain motionless whole day. By watching this, Mr. Bimol Basumatary approach ojha, who after performing some rituals in the name of his son said that someone done strong black magic and make him mad due to jealousy as because he was a good student. The ojha suggested for performing some secret rituals and accordingly they perform all, but no result came. Then they approached local pharmacist and lastly they approaches doctor of a private hospital. But they left the treatment in the middle by saying that it is not the matter of doctor or medicine. Now Manindra is under the treatment of some Ojha and his parents are not taken his disease seriously.

**Case III.** Mr. Rupen Narzary, 29 years old farmer suffering from mescal pain in right leg from last one and half year. In the beginning he took some home remedies like drinking turmeric juice with hot milk and also did some magical means on the advice of Ojha but no result came. Then he approach doctor of nearby hospital and after thorough examination doctor advised him for permanent cure operation of his leg is require. But due to fear and shortage of money he came without operation. Now he is living with his pain, some time when he feels too much pains then he take pain killer from pharmacy.

### **Conclusion**

In sum, it can be said that the Bodos of Nowapara village are largely depends upon magical means and traditional belief and practices for health care and treatment. They have knowledge about the medicinal value of some local herbs and they apply it for treatment and precaution. But these are not sufficient for maintaining good health. Poor housing condition, hygiene habit, food habit, largely effects the health of the villagers and their superstitious believes restrict them from adopting modern means of treatment.

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