



Anthropology and healthcare research: significance in northeast India

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ABSTRACT

Health is a resource of development of a country. Health hazard is one of the alarming problems for the people living in far-flung and inaccessible areas of northeast India. Until today, there is inadequate modern health care facilities and health infrastructure in many rural areas of northeast India. Whereas the practice of traditional health care to cure diseases as their ancestors followed are concerns of majority of the people living in the region. The tribal communities of northeast India occupy a unique position in India due to distinctive culture, historical and socio-demographic factors. In today's context, it has become vital to explore the socio-cultural dimensions of health, to understand the practice and effectiveness of their concept of health, illness, disease causation and mode of treatment especially among the tribal communities. The present paper attempts to explore the scope of anthropology in health culture research especially among the tribes of northeast India.

INTRODUCTION

Medical Anthropology is a field that first emerged as a coherent sub-discipline in the 1950s and has rapidly grown to become one of the largest areas of research and practice within Anthropology. Medical Anthropologists as a sub-discipline of Anthropology has exhibited a strong applied field which deals with various aspects of health and disease including comparative study of health care behavior and system. However, not much systematic involvement has made in health reform.

The tribal population of India is at different stages of social, cultural and economic development and the cultural pattern varies from tribe to tribe and region to region. Northeast India is one of the most diverse areas of Asia due to cultural diversity of the population inhabiting the area. Three major ethnic groups inhabit in the northeastern region of India viz., the hill tribes, the plains tribes and the non-tribal population of the plains. The region also consists of the highly diverse ethno-cultural groups featuring a mosaic of cultural and linguistic variations with distinctive identities. The region is inhabited by more than 276 ethnic groups [1] The numerous culturally or politically autonomous tribal groups live in a situation of contact and communication with their respective neighboring populations. It is to be noted here that overwhelming majority (89.86%) of the tribal population of the region lives in the rural and remote areas. Within the population of

northeast India, two language families viz. Austro-Asiatic and Tibeto-Burman can be identified. Only the Khasi and Jaintia tribes belong to the Austro-Asiatic whereas the Tibeto-Burman family is more widespread representing other tribal population of the region.

Northeast India in the context of India occupies a distinctive place primarily due to its geographical, historical, linguistic, social and cultural features. Northeast India is the homeland of a large number of ethnic groups who came from different directions at different historical times. The tribes of the region belong to different racial stocks, speak different dialects and have varied cultural traditions.

The tribes of northeast India lives mostly in remote underserved forest regions with little basic civic amenities like transport, roads, markets, health care, safe drinking water or sanitation. Tribal communities therefore lag behind than other communities with respect to attainment of income, education, health and nutrition. The health problems need special attention in the context of tribal communities of India because of their distinctive health problems which are mainly governed by their habitat and ecologically variable niche.

Northeast India represents an extremely unique eco-system rich in medicinal plant wealth associated with folk medicine, Ayurveda, Siddha, Unani and Homeopathy system of medicines.



Fig. 1. : Map of North East India

Table 1. : The population of northeast India according to Census of India (2001) as follows:

State	Area (Km)	Population (2011)	Population (2001)	Growth % of S. T. Pop. (1991- 2001) (1991)	
Arunachal	83,743		1,091,117	26.21	63.66
Assam	78,438		26,638,407	18.85	12.82
Manipur	22,327		,388,634	30.02	34.41
Meghalaya	22,429		2,306,069	29.94	85.53
Mizoram	21,081		8,91,058	29.18	94.75
Nagaland	16,579		1,988,636	64.41	87.70
Tripura	10,486		3,191,168	15.74	30.95
Sikkim					
NE India	255,036		38,495,089	22.64	23.0
India	3,278,263		1,027,015,247	21.34	8.08

The medicinal plants also have traditionally engaged an important position in the socio-cultural, spiritual and medicinal arena of the people in the region. Medicinal plants play an important role in supporting rural healthcare system.

Anthropology and Health Care

The culture of community determines the health behaviour of the community in general and individual members in particular. The health behavior of the individual is closely linked to the way he or she perceives various health problems; what they actually mean to him or her, on the one hand, and on the other his or her access to various relevant institutions. The holistic concept of health culture provides a valuable framework for analyzing the work of anthropologists in health fields. However, a very few studies are available in this direction, especially among the tribal population. The health problems need special attention in the context of tribal communities of northeast India. Available

research studies point out that the tribal population has distinctive health problems which are mainly governed by their habitat, difficult terrains and ecologically variable niches

Anthropology as the science of man can help in the management of health and hygiene mainly in four areas by way of a) providing information on the concept of health, hygiene, medicine, cure and so on to the health managers and planners; b) Policy formulation with regard to health and hygiene; c) Action modalities and d) Monitoring and evaluation of specific programmes from a holistic cultural-ecological perspective in term of short term and long term impact assessment.

As a total study of man, Anthropology has contributed valuable techniques concepts and facts to several branches of medicine and public health .Scientific advances in medical technology, fundamental changes in the system of health care delivery throughout the world, the ongoing transformation of

relationship between patients and healers, and the increasing recognition of cultural diversity, the realities of practice of biomedicine will continue to challenge in the field of bio-ethics. Disease in some or other form has been a fundamental problem for every society and so also every known society has developed methods of coping with disease, thereby creating a medicine [2].

Health care i.e., institutional health care in post-colonial India been made to rely heavily upon hospital or similar organizational health care system in general. The Bhore committee of 1946 and the Mudaliar committee of 1962 recommended many things for the facelift of rusted health care status in India. The hospitals as an institution in India is the apex of modern medical system which is sub-served by weak dispensaries, Primary health centers and Sub health centers all over the country. Many of the health centers in the rural and tribal areas are not functioning well due to disproportionate establishment of healthcare centers with specialist.

Ackerknecht (1942, 1946, 1947:44-45), the pioneer scholar in medical anthropology wrote “disease and its treatment are only in the abstract purely biological process. Actually, such facts as whether a person gets sick at all, what kind of disease he acquires and what kind of treatment he receives depended largely upon social factors”.

Almost all tribes in India have their own age-old method of treatment of illness, which are based on ritual, sacrifice and medicinal herbs. The ideas and behaviour related to sickness and healing are considered as a significant part of culture. Hughes (1968) applied the term as “these beliefs and practices relating to disease which are the products of indigenous cultural development and are not explicitly derived from the conceptual framework of modern medicine”.

M.N. Srinivas (1979) in his monograph 'Management of Rural Health Care' reviews efforts of government in delivery of health care services to rural people since beginning of planed era. He says people living in interior and remote rural areas do not have access to primary health care. Problem of health care service in rural areas has peculiar characteristics like their concept of health, disease is traditional, apathy towards allopathic medical practitioners, limited capacity to pay cost of treatment, transport and communication difficulties, unqualified medical practitioners, and health centers are under staffed. For making health service more meaningful to people of the country, it is necessary to bring about fundamental change in focus and approach to entire health care delivery system in general and above rural health services in particular.

Till now, three types of medical systems are known: i) primitive medicine which has its basis in the magico-religious theory of disease causation and seeks therapy through supernatural forces (Ackerknecht, 1942, b), ii) scientific medicine of technologically advanced people, iii) medicine of folk culture, where physical causes of some maladies (may or may not be correct from scientific point of view) are recognized along with the supernatural for some others. Hence methods of diagnosis and treatment include both medico-religious and physical causes. Foster George [5] states “in ethno medical accounts causes of illness are commonly describes as magical or supernatural in contrast to natural”.

The emphasis on modern systems of medicine in the health care programmes has led to the undermining of traditional knowledge and working of the traditional systems of medicine.

Tribal areas often suffer from a lack of infrastructure that is required to maintain the modern systems of medicine. Further the emphasis on curative medicine has reduced the use of preventive, traditional medicine with serious ill effects. Nutrition and health have often not been linked in the policies or during implementation. This lacuna on part of the Government and Civil society has proved to be the undoing of the good measures that these agencies sought to adopt.

Ecological model developed by [3] is a framework is a set of theoretical principles for understanding the inter-relationships between diverse personal and environmental multi-cultural factors in human health and illness, at macro level .The ecological model enables health programmes to understand the complexity of the factors influencing health behaviours and to target these factors at three different levels: individual, interpersonal and community

J. A. Trostle and J. Sommerfeld [4]describe a number of mutual methodological benefits to be gained from combining anthropological and epidemiological approaches, including: a) Anthropological knowledge of cross-cultural variability can be used to improve the development and measurement of epidemiologic variables, b) Research results can be communicated more effectively to policymakers and to a public audience when both anthropological and epidemiological descriptions are employed, c) Ethnographic and epidemiological information can be used to design health surveillance systems that return data to communities in more comprehensible forms, creating new meanings for the “popular epidemiology.”

Information, Education and Communication (IEC) has remained an integral part of National Health and Family Welfare Programmes in India since the very beginning. India recognized its importance and a strategy to organize need-based IEC for various National and State health programmes. Understanding health communication needs of the people is a first to evolve an appropriate IEC and northeast India needs to promote IEC to use healthcare to the tribal population as well as non tribal population.

CONCLUSION

Tribal areas often suffer from a lack of infrastructure essential to maintain the modern systems of medicine. There is an urgent need to promote the modern health care system and also a synthesis of the traditional health care practices of the different tribal groups living in different areas of northeast India. Special attention is needed to improve their health status and willingness to access and utilize health services, depending on their culture, level of contact with other cultures and degree of adaptability. Anthropologists provide crucial understandings of public health problems from the perspectives of the populations in which the problems occur. On the basis of such understandings, Anthropologists may develop and implement interventions to address particular public health problems, often working in collaboration with local participants. Anthropologists also work as evaluators, examining the activities of public health institutions and the successes and failures of public health programs. Anthropological critiques may focus on major international public health agencies and their workings, as well as public health responses to the threats of infectious disease.

Anthropological theory and methods have much to offer public health in the area of translating public health knowledge into effective action. Contributions range from basic issues of cultural sensitivity to enhance the acceptability and effectiveness of proven practices in clinic settings to the development of policy

for the provision of complex treatment regimens for emerging epidemics under conditions of inequity in access to health care. The culture of community determines the health care behaviour of the community in general and individual members in particular. The holistic concept of health culture provides a valuable framework for analyzing the work of Anthropologists in health fields.

Thus, the potentialities of ethno-medical studies in northeast India should be given the importance as it can provide us a lead to discover of more and potential useful chemical compounds. A detailed scientific study is required to document all those rare species of medicinal plants and protection of such traditional knowledge and their practices will be significant important for future research. A holistic research studies by the Anthropologists needs to be carried out to identify, document and study traditional health care practices for planning of healthcare management and development of the northeast region of India.

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