

Exploring Ritual Practices and Perceptions in Healthcare among Tribal Communities in Bijadandi Block, Madhya Pradesh

Shatrughan Prasad

Assistant Professor
Centre for Studies on Indigenous Knowledge
Dr. Harisingh Gour Vishwavidyalaya (A Central University)
Sagar (M.P)

Abstract- The tribes have a strong connection with ritual and cultural activities, which they follow and practice fervently. These practices serve as a beacon of hope for treatment of internal health issues. The tribes believe in the power of magic and mysticism to prevent and becoming sick or falling ill. To gain insight into the ritual and perceptions for as a treatment among tribal communities in Bijadandi block of Mandla District in Madhya Pradesh. For this study, a primary field survey was conducted from August to November 2019. The study involved interviewing a total of 300 respondents from tribal communities, selected through purposive sampling. The survey was conducted in tribal-dominated villages with over 90 percent tribal households located in hilly and forested areas in Bijadandi block. The survey involved the use of a structural household schedule to gather information on such practices and conducted in-depth interviews with local knowledgeable individuals who are known as 'Panda/Guniya/Sela'. The findings of the study revealed that the '*Jhad-Fuk*' ritual practice is common among the tribes for curing specific diseases and health problems, including Smallpox, snake bites, epilepsy, jaundice, body pains, and other prevalent health issues in the community as this study found.

Key Words: Ritual Practices, supernatural power, Witchcraft, Bijadandi, Mandla and Madhya Pradesh

INTRODUCTION

Tribes are strongly connected with rituals and cultural activities. They follow and practice it with dedication. These rituals and practices are the rays of hope for curing disease/illness and other internal health problems. Tribes believe in magic and mystical power for becoming morbid and falling ill/sick.

Tribes still believe and deeply perceive magic and mystical power for becoming morbid and falling ill in the family. Tribes believe in magic and supernatural power if they get suddenly ill/ sick or catch up with any health issue. The Tribal live in the naturally bounded region/area. They are popularly known as people of god/nature, caste of forests, vanvasi (inhabitants of the forest), Pahari (hill dwellers), Adimjati (original community/primitive people), *Adivasi* (first settlers), *Janjati* (folk people), *Anusuchit Janjati* (scheduled tribes), and so on [1]. For several decades, tribes have believed in taboo, magic, sorcery, breach of taboo, intrusion of disease objects, intrusion of disease-causing spirit, loss of soul, and supernatural power for causes of illness for which usually they use '*Jhad-fuk*' or ritual activities for treatment which gained by their forefathers [2]. They are strongly connected with nature. They have a ritual, mysticism, black magic perception and belief in environmental, traditional, and cultural treatment rather than the modern healthcare system. Tribal peoples still believe in animal sacrifices (*Bali*) such as goats, pigs, hens, colorful cock, and birds as ritual practices for curing diseases. This way of curing or practicing always comes from ritual mysticism, supernatural power, and magic, often resulting in specific magic-religious rites [3]. They have their food habits, cultural activities, traditional healing practices for disease, and some festivals. They also celebrate specific festivals to wish for their good health and well-being. However, traditional and cultural practices for disease or ills are always the first preference or seeking and used for internal or external problems [4]. These traditional healers are usually local women specialized in dealing with pregnancy, delivery and women and child problems. They deal with childbirth, the massage of the newborn child and pregnancy-related problems. They get training from senior family members, especially their mothers, from one generation to another. Indigenous practices, usage of herbs, taboos, and superstition determine health service utilization and status among tribal groups. Cultural determinants also influence health and modern healthcare service utilization. Indigenous and traditional cultural practices are varying culture to culture and community to community in tribal and vulnerable groups because culture is the base of their health and treatment process [5]. Along with the cultural determinants, some other socio-economic and demographic determinants like education, food habits, taboos and superstition, socio-religious beliefs and practices, indigenous care system, income, communication and transportation, socio-biological practices, ecology, and genetics attributes influence the indigenous health and healthcare practices [6]. A study has shown that knowledge, beliefs, techniques, roles, norms, values, ideologies, attitudes, customs, rituals and symbols which is related to health and disease [7]. Sorcery, breach of taboo, intrusion of disease objects, intrusion of disease, spirit, and loss of soul are sometimes the main causes for falling ill. Some perceptions have been observed among tribes that are responsible factors for becoming morbid and ill [3]. In India, communities attribute health problems to deviations from customs and social norms, taboo breaks and the punishment of evil spirits [8]. Most of the tribes in Andhra Pradesh practice traditional medicines such as herbs and psychological treatments [9]. The common beliefs, customs, traditions, values and practices connected with their health and disease have been closely associated with the treatment of diseases. A similar narrative made by the local medicine man, which inhibits patients from approaching modern health institutions at the earliest. The healer narrated: "if a scorpion bites somebody, crushed

kapur (camphor) is applied on the bitten part to remove poison. If it fails, which usually does not, then the "*Jhar-phuk*" technique is used. If bitten by a snake, like Kobra, Kaili, Padmani, and Patalhari, the *Jhar-phuk* technique and a very small tablet made out of poisonous Kalihari kund are taken with water. If it fails, then only the patient is brought to a hospital [10].

Hence, this study conducted to understand the tribal ritual and cultural practices for diseases and illness along with their perception and believes regarding ritual and cultural practices for curing of diseases and illness.

Method and Methodology

The data was collected through the primary survey from August to November 2019 with the help of a structured household questionnaire. The data were collected on ritual and cultural practices for curing of various morbidities among tribes of Bijadandi block in Mandla District, Madhya Pradesh. The household was belonging to any tribal community in the study-areas was included in this survey.

The present study was conducted in the Bijadandi block of Mandla District, Madhya Pradesh. Mandla District is one of the economically underdeveloped districts in Madhya Pradesh, according to the "District Development and Diversity Index Report for India and Major States" [11] (Sharif, 2015). It is also the fourth-highest tribal-dominated district in Madhya Pradesh, with a tribal population of 57 percent. The Bijadandi block was selected for the study as it has the highest concentration of tribal population, with 82 percent of the population being tribal, within the district. Villages were selected randomly, located within a 15km radius of the Community Health Centre (CHC), with over 75 percent tribal population.

To investigate the ritual and cultural healthcare practices during illness, a field survey was conducted between August and November 2019. The survey involved the use of a structural household schedule to gather information on such practices. Additionally, interviews were conducted with the "*Panda/Gunia*" - the practitioners who provide ritual activities to cure disease and illness in tribal areas.

For this study, 300 respondents from tribal communities in the study area were interviewed using purposive sampling method. The sample included 149 males and 151 females who provided written consent to participate. The inclusion criteria for the respondents were being 18 years of age or older, having the highest level of education in the household, and being present at home at the time of the interview and 18 years of age or older.

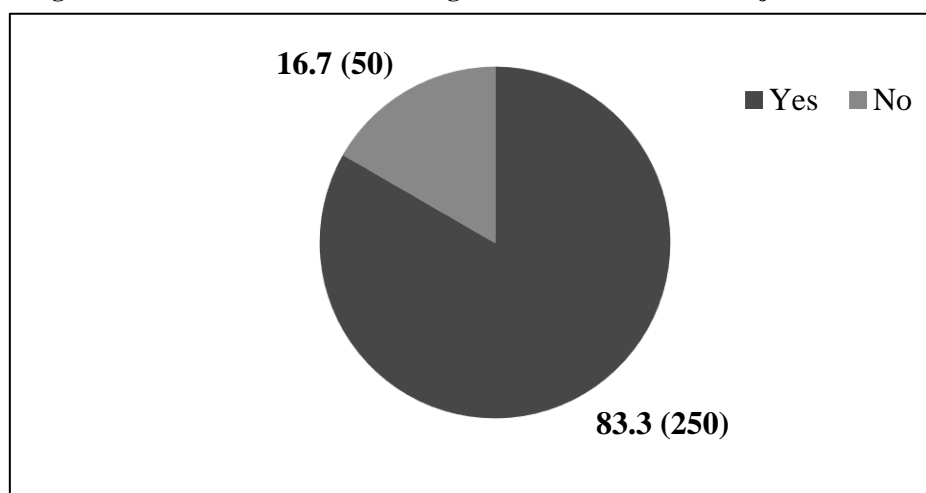
Name of Tribal Communities

In this research work found that Maravi is the most common tribe, with representing 14.7 percent (44 HHs) of the total surveyed tribal communities. Uikey is the second most common tribe, with 39 households, representing 13.0 percent of the total sample. The other tribes have varying percentages, with some having only a few households represented. The category "Other Tribes" (Included many other tribes) represents 98 households, which is the highest number, representing 32.7 percent of the total sample.

'Jhad-fuk' as a Ritual Practices for Treatment among Tribal Communities

According to the findings of this study, approximately 83 percent (250) of households in the research area have faith in the healing power of '*Jhad-fuk*'. This traditional practice is typically resorted to when allopathic treatments have not been effective. The ritual is usually performed by an individual who is regarded as having more knowledge in the community and is referred to locally as Ojha, Panda, Guniya, Shaila, among others (see Fig.1).

Figure 1: 'Jhad-Fuk' Practices among Tribal Communities in Bijadandi Block



Source: Personal Field Survey, Aug-Nov., 2019

Ritual Practices and Household Characteristics

Table 1 presents the socio-economic and demographic characteristics with ritual and cultural practices among tribes of the Bijadandi block. The data from the table indicates that 250 household respondents reported practicing '*Jhad-fuk*' during ill health. The study found that over 80 percent of respondents from all age groups believe and follow '*Jhad-fuk*' as a method for curing illnesses. The practice is reported more frequently by male respondents (85%) than female respondents (82%). Respondents with lower levels of education, such as primary and uneducated respondents, were more likely to report following and believing in '*Jhad-fuk*' practices, with the proportion decreasing as education level increases. Among occupational groups, agriculture workers and daily wage

laborers were more likely to report '*Jhad-Fuk*' practices, with nearly 86 percent of these groups reporting the practice. Conversely, the practice was less frequently reported by those without an occupation or who are unemployed (71%), as well as government (67%) and private job holders (75%). The study also found that those who were married (84%), living in forest areas (95%), and having yellow BPL cards (88%) were more likely to follow the '*Jhad-fuk*' practice during ill health.

Table 1: Household Characteristics and '*Jhad-fuk*' Practices

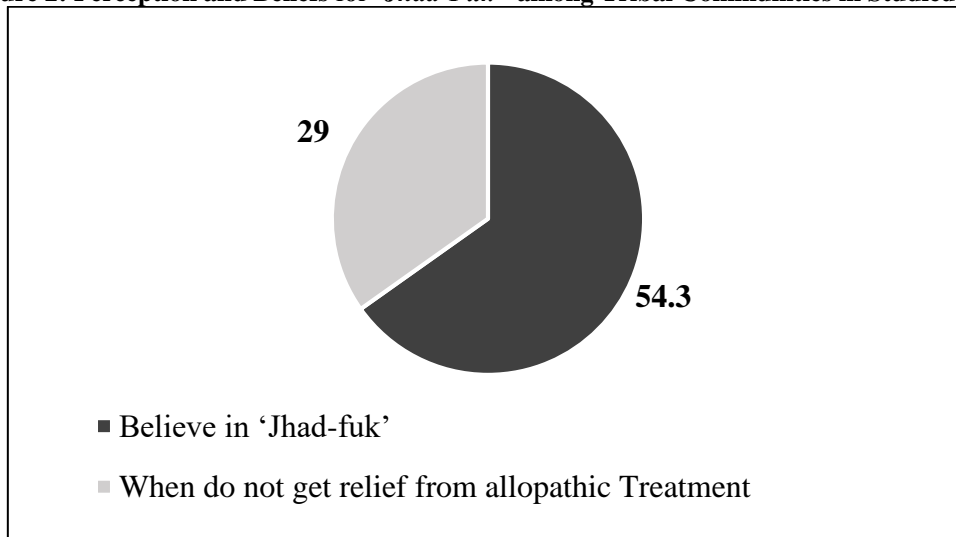
Household Characteristics	Total	Yes	Percent
Age Group			
18-24	53	47	88.7
25-29	42	35	83.3
30-39	62	50	80.6
40-49	61	53	86.9
50-59	39	32	82.1
60-69	27	22	81.5
70 & above	16	11	68.8
Sex			
Male	149	127	85.2
Female	151	123	81.5
Level of Education			
No. education	110	93	84.5
Primary Level	56	48	85.7
Middle Level	44	41	93.2
High School	44	33	75.0
Higher Secondary	28	21	75.0
Graduation & Above	18	14	77.8
Occupation of Head of HHs			
No Occupation	17	12	70.6
Farmer	149	128	85.9
Wages of Labour Workers	100	86	86.0
Govt. Job	9	6	66.7
Private Job	4	3	75.0
Others	11	9	81.8
Marital Status			
Unmarried	34	27	79.4
Married	235	198	84.3
Widowed	31	25	80.6
Types of Location			
Hilly	166	128	77.1
Plain	56	48	85.7
Forest	78	74	94.9
Name of BPL Card			
Yello Card	64	56	87.5
Blue Card	192	162	84.4
White/No Card	44	32	72.7
Total N	300	250	83.0

Source: Personal Field Survey, Aug-Nov., 2019

Perception and Beliefs for '*Jhad-Fuk*'

Fig. 2 shows the reasons for practicing '*Jhad-fuk*' among the tribal community in the studied area. Overall, 83.3 percent (250) of households reported practicing '*Jhad-fuk*' for treating illnesses and diseases. Out of the total 250 households who reported practicing '*Jhad-fuk*', 54.3 percent (163) reported believing in it as a primary mode of treatment for illnesses. Additionally, 29.0 percent (87) reported that they only practice '*Jhad-fuk*' when they do not get relief from allopathic treatment.

Figure 2: Perception and Beliefs for ‘Jhad-Fuk’ among Tribal Communities in Studied area



Source: Personal Field Survey, Aug-Nov., 2019

Illness Perception

The tribal community believes in certain reasons for being ill or experiencing internal health problems. About 69 percent of the tribal households reported that they attribute their illnesses to supernatural or divine power. Around 48 percent of households believe in ‘Jadu Tona’ or witchcraft, while 19 percent believe in ‘Nazar lagana’ or the evil eye as the cause of their illness or health issues. These findings are presented in Table 2.

Table 2: Illness Perception among Tribes

Reasons for Being Illness	Percent	Total (N=300)
Jadu Tona	48.0	144
Najar Lagana	18.7	56
Ghost or Supernatural Power/Devine Power	69.3	208

Source: Personal Field Survey, Aug-Nov., 2019

‘Jadu-Tona’ (Witchcraft)

The practice of ‘Jadu-Tona’ (witchcraft) is typically employed when a person does not find relief from allopathic or home remedies for their illness. A local healer known as ‘Panda’/‘Gunia’/‘Ojha’ performs this ritual by waving their hand (‘Jhad-Fuk’). The healer reads the patient’s palm like an astrologer and informs them if someone has cast a spell on them.

“Nazar Lagana”

The tribal community also attributes the cause of illness to the evil eye (Nazar Lagana), particularly among children under five years old. The evil eye is believed to be a form of black magic (Jadu-Tona). To counter this problem, tribes perform various ritual activities such as Najar Utara, which involves using soil, water, or mantras at home to ward off the evil eye.

Supernatural Power or Devine Power

Tribal communities in the study area believe in supernatural power, which is considered a major reason for sickness and illness. Witchcraft and ghosting also fall under this category. To deal with these problems, tribal communities rely on local shamans or magicians called ‘Panda or Gunia’ who perform magical rituals to remove the supernatural power causing illness. According to the study, about 48 percent of tribal respondents reported being affected by witchcraft (‘Jadu Tona’), which is only cured by ‘Jhad-Fuk’. In addition, 19 percent of respondents believe that their children or family members fall sick due to evil eye (‘Nazar lagana’). Moreover, more than two-thirds (69%) of respondents believe that supernatural powers are responsible for worsening the health of tribal and non-tribal people alike.

Ritual Practices Provider at Village: Known as “Pand/Gunia/Sela”

In the tribal area, ritual and cultural activities are provided by individuals known as “Panda/Gunia,” who practicing ‘Jhad-Fuk’ for various internal problems and diseases caused by ‘Nazar Lagana (Evil-eye),’ supernatural power, and ‘Jadu Tona (Witchcraft).’ These providers offer their services not only to tribal people but also to other villagers, who also strongly believe in these ritual and cultural practices. Every village has a “Panda/Gunia/Sela,” and interestingly, the head of the “Panda/Gunia/Shaila” is always a member of the tribal community who performs the ‘Nikasi’ of the village. ‘Nikasi’ is a tribal ritual activity performed every year at the end of the Hindi month of ‘Savan,’ aimed at curing the village of external forces such as ghost’s power on villagers. During this process, all villagers clean their houses and keep one clay pot and an old broom at a distance from the village.

The practitioners of ‘Jhad-Fuk’ are trained by their forefathers, and some of them believe that they have a God-given gift for healing. They hold the belief that the illnesses are caused by the anger of their community’s goddesses or gods, and to cure them,

the 'Panda/Gunia/Sela' of their community prays at the temple. These practitioners offer some items such as coconuts, local wines, colorful chickens, incense sticks, and goats to their community's goddesses or gods as a part of the 'Jhad-Fuk' practice for protection from sickness and diseases.

Ritual and Cultural Practices for some Particulars Health Issues

The following section provides details on ritual activities practiced to address specific diseases, illnesses, and injuries. Among tribes, smallpox, snake bites, and epilepsy are the three most common problems for which they follow ritual practices to overcome. For these specific problems, they prefer using techniques such as 'Jhad-Fuk' and 'Pooja-Path.' Below the details of the ritual activities used to cure these particular problems are given-

Epilepsy

The tribes use both allopathic and home remedies to treat epilepsy, which is a life-threatening disease that weakens and renders a part of the body useless. However, their first line of treatment is usually 'Jhad-Fuk.'

In this paragraph, we learn about the traditional rituals and practices that the tribes follow to cure epilepsy. They have a temple dedicated to a goddess named 'Banjari Mata', located in the forest, where a priest or 'Panda' provides 'Jhad-Fuk' treatment for epilepsy. This goddess is highly revered by the tribes, and people from both tribal and non-tribal communities come to seek her blessings. The 'Panda' who performs the 'Jhad-Fuk' belongs to the tribal community and makes a promise to the patient or their family members that if they are cured, they must offer something to the goddess. After being cured, the patient and their family members follow through with their promise, as instructed by the 'Panda/Poojari'.

During the survey, another ritual treatment for epilepsy was discovered among the tribal people. If a person experiences epilepsy for the first time, the tribes will cut off the little finger of the patient's left hand and place it near their nose. They believe that the patient will be cured immediately by smelling their blood. This is a common practice among the tribes in the studied area.



Snake Biting

In the tribal areas, when someone is bitten by a snake, they first seek treatment through the traditional practice of 'Jhad-Fuk' before seeking allopathic treatment. The belief is that by performing 'Jhad-Fuk', the poison will not spread throughout the body, thereby reducing the risk of death. According to the community, the 'panda' who practices 'Jhad-Fuk' has the power to bind the poison and prevent it from spreading throughout the body. Additionally, the 'panda' can extract the poison from the body through 'Jhad-Fuk'. Once the person is cured through 'Jhad-Fuk', they and their family visit the 'panda's' home to offer worship to his god on the day of the festival 'Rishi Panchami'.

During the research, a festival was discovered that the tribal people celebrate when someone is cured by 'Jhad-Fuk' after being bitten by a snake. The festival was observed firsthand during fieldwork in the tribal area, where the author participated and asked locals to explain the event. They explained that the festival is held on 'Rishi Panchami' and is a worship of snakes, which are considered a form of Lord Shankar. The festival is celebrated with the belief that if a person is bitten by a snake and the 'Panda' performs 'Jhad-Fuk,' the poison will not spread throughout the body. This festival is held annually on the fifth day of the Hindi month 'Bhadra' or August in the English month. On this day, people from nearby villages gather at the main panda's house, where the main panda and seven other pandas assist him. The pandas worship snakes by offering milk, incense sticks, and coconut fruits, and sing local songs in their language related to the god/goddess. They also walk like snakes during 'Bhanv (Devi/Devata Aana)'. The person who was bitten by the snake and cured during the 'Jhad-Fuk' is present at the festival and performs the process of getting poison from the mouth by the pandas. The festival is concluded with the person offering coconuts fruits to "Kher Mata" and to everyone to feed at home after recovering.

Traditional medicine is also utilized by the tribe for treating snake bites. Typically, traditional healers who live in or around the village provide the traditional medicine. The traditional healer would first tie a tight knot above the wound to prevent the poison from spreading in the body. Then, they would cut the affected area to remove the poison blood and apply a paste made from traditional or locally available herbal plants.

“Rishi Panchami” Celebration at Tribal Home



Source: Personal Field Survey, Aug-Nov., 2019

Small Pox

Tribal consider smallpox a kind of divine power, and they have said it happens to those on whom this goddess is happy. Over 95 percent of tribes have reported following certain ritual activities and practices during this problem. They follow the practices like-

- The mother of the patient or head of the household takes an early morning bath every day and offers water to “*Kher Mata/Kher Mai*”, known as the village's goddess of tribal. Moreover, this practice is done for 7-9 consecutive days.
- "During an outbreak of smallpox or when any member of the household is infected, the women of the house worship the *Peepal* tree."
- The tribes prohibit the consumption of oily food or non-veg in the house during smallpox infection, as it is believed to make the disease more visible and last longer, according to their beliefs.
- The 'Neem' leaf is kept around the bed of the patient until they are completely cured.
- After recovery, coconuts fruits are offered to "Kher Mata" and everyone at home as a gesture of gratitude
- Women are prohibited from carrying water in two pots placed on their heads simultaneously from the tap or well
- The tribes believe that failure to adhere to precautions may anger the goddess, resulting in a prolonged illness.

Conclusion

Ritual and cultural practices have been an integral part of health and healing for many communities, including tribal societies. Among the tribes, there is a strong belief in the efficacy of ritual practices, such as "*Jhad-Fuk*," for the treatment of diseases and illnesses. The '*Jhad-Fuk*' providers, known as '*Panda/Guniya/Sela/Ojha*,' are always from the tribal communities, and they perform '*Jhad-Fuk*' for almost all kinds of internal problems and diseases. They believe that some illnesses, such as smallpox, can only be cured through '*Jhad-Fuk*' and other cultural rituals, and they prefer this technique over allopathic treatment. The tribes have identified three primary ritual reasons and perceptions for falling ill, with the most common being '*Jadu Tona*.' The other two reasons are '*Najar lagna*' and supernatural or divine power, which are also curable through '*Jhad-Fuk*' activities. The '*Panda/Guniya/Sela*' who provide '*Jhad-Fuk*' get their training from generation to generation, and some also claim that they have this specialty of curing as a god's gift.

The '*Panda/Guniya/Sela*' also take some items like coconuts, local wines, colorful chickens, incense sticks and goats for giving to their '*Kul Devi* (Community goddess) and *Devta* (gods) to protect them from being sick, diseases and falling ill. The head of '*Panda/Gunia/Sela*' always from the tribal communities only who do '*Nikasi*' of the village, which is a tribal ritual that keeps all villagers from external forces like ghosts' power. This '*Nikasi*' is done yearly at the end of '*Savan*,' where all villagers clean their houses and keep one clay pot at a distance from the village along with one old broom.

Despite the significant progress made in modern healthcare facilities, tribal societies still strongly believe in these rituals and cultural activities as a part of their life. They have been passed down from their forefathers' times and continue to be used today. Overall, these practices reflect the rich cultural heritage of tribal communities and their unique way of approaching health and healing.

In conclusion, this study reveals that '*Jhad-Fuk*' remains an integral part of the tribal community's life, utilized when they encounter sudden illness or sickness. These practices have been passed down from their forefathers and have persisted, even with advancements in modern healthcare facilities.

Acknowledgements

The author thankful to Ph.D supervisor and director of Institute to give permission to conduct a small survey for this study. Author is also gratefully acknowledged to the tribal people of Bijadandi block for sharing essential information regarding this study.

Sources of Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Conflict of interest

It is certified that author do not have any conflict of interest with respect to the publication of this manuscript and approved the final manuscript.

Ethical Clearance

Ethical clearance prior to data collection was obtained from the Student Research Ethics Committee of the Institute. Written and verbal informed consent was obtained from the participants and assured confidentiality and informed that the survey data would be used for research purposes only.

REFERENCES:

1. Vidyarthi, Lalita Prasad, and Binay Kumar Rai. *The tribal culture of India*. Concept Publishing Company, 1977.
2. Panigrahi, N. Health Services Delivery and Tribal Communities Of Odisha: An Empirical Study. *Tribal Health Bulletin* 23 no. 1 (2016): 1-16.
3. Balgir R.S. Khonds-Health Status, In: Madhava Menon T, Sivathanu C, Prasanth KP, Sasikumar M, Mathur PRG (Eds.). *Encyclopedia of Dravidian Tribes*. Trivandrum: The International School of Dravidian Linguistics, (1997), pp. 21-29
4. Krippner, S. Models of ethnomedicinal healings. Paper presented at the ethnomedicine conference, Munich, Germany, April 26-27 and October 11- 12, 2003.
5. Kar, R. K., and Juri Gogoi. "Health Culture and Tribal Life: A Case Study among the Noctes of Arunachal Pradesh." *Man and life* 19, no. 1 (1993): 29-53.
6. Mitra, M. "Health culture and health seeking behavior among Ambujmaria and Kamar, primitive tribes of Chhattisgarh." *Tribal health* (2001): 44-50.
7. Ali. A. Study of health culture of Lamabadha of Amobodh toda unpublished thesis, Department of Anthropology, School of Social Science, University of Hyderabad, 1996.
8. Mukherjee, B. M. "Cultural aspects of health in Jowhar of Maharashtra." *Studies of Tribes and Tribals* 1, no. 2 (2003): 163-164.
9. Tekhre, Y. L., and Sharma Alka. "Indigenous health practices among Andhra tribals." *Health and Population-Perspectives and Issues* 32, no. 1 (2009): 47-53.
10. Chaudhary, Shyam Nandan, and Ram Prasad Singh. *Tribes of Pachmarhi Biosphere Reserve and Their Indigenous Knowledge*. Vol. 4. Indira Gandhi Rashtriya Manav Sangrahalaya, 2006.
11. Shariff, Abusaleh. "District development and diversity index: Report for India and major states." *Occasional Paper* 6 (2015).