

## ETHNOMEDICAL PRACTICES AMONG THE SIDDI OF COSTAL NORTH KARNATAKA, INDIA

Anthropology and the study of tribes bear an umbilical relationship. In fact, anthropology in India originated as a discipline of tribal studies. However, tribal studies itself has ramified into various sub-fields like, tribal economy, magico-religious practices, tribal ecology, ethnomedicine, each in its own way contributing towards a qualitative development of tribal life in a more holistic and comprehensive manner. One such critical constituent of tribal development is the health and healthcare among the various tribes which live in India. However, when we scan the available literature on health status of tribal people in India, we witness a severe dearth of information on the various facets of tribal health. The reason being that, the available studies are far too specific in nature and are too isolated to cover the various patterns of development that are intricately linked to the health dimension of tribal people.

Tribes in India have specific problems. Some of them are inbuilt, inherent and endemic to them. While others are imposed upon them from outside, jeopardizing their overall development. Tribal groups are homogenous, culturally distinct whose health systems are deeply embedded in their social organization vis-a-vis their indigenous beliefs and practices. When we look at the health indicators of the various tribes across India, it can be observed that they fare much below the national average. The average life expectancy of tribals in India is around 40 years. The fertility and mortality rates are comparatively abnormal. The average age at marriage of tribal women is much close to their rural counterparts that is around 16 years. Maternal mortality is reported to be high among the tribal population, but no systematic data is available. More than 90% of deliveries are conducted by unskilled elderly female relatives at home. The tribal diet was found to be deficient in vitamin-A, C, Riboflavin and animal protein leading to severe health disorders. With the advent of modernity in the form of large scale mechanization of food production, modern political, educational and healthcare systems, tribals are encountering new and impending realities, which they have never experienced before. The present paper therefore tries to bring to

the fore the effect of modernity on health status of tribals, by answering the questions.

1. What went wrong?
2. Where to point the finger?
3. What does the situation mean for tribals?

In spite of the fact that, the government is giving top priority to tribal health, it has been observed that quality of healthcare as a concept requires clear understanding, both by the users and providers. The present paper therefore makes an attempt to understand quality of healthcare both from the perspectives of tribal people as its recipients and the medical personnel as its providers.

The present paper is based on fieldwork conducted by the author among a tribal group called "siddi". This group is located in the coastal district of Uttara Kannada in Karnataka. Their morpho-biological features denote that they belong to Negrito stock.

The determinants of healthcare among siddi are contemporary scenario:

The central thesis of present paper is that, the very concept of health and healthcare among the siddi has undergone a transition owing to the advent of various healthcare programmes implemented by the government with an intension to bring about overall development of the tribal people. The siddi people make a clear-cut distinction between the health condition of those belonging to older generation and that of the younger generation. It was observed that, people attribute four major reasons for this kind of change in healthcare practices they are, shift in occupational structure, change or fragmentation of traditional family structure, advent of modern education system and finally the healthcare system itself.

The traditional occupation of siddi is agriculture labour. The area as a whole is dependent on agriculture and other allied occupations. There were also stray instances of siddi going into the forest to collect minor products to meet their livelihood. Most of the siddi settlement in the area was surrounded by vast agricultural fields which produced paddy, sugarcane, cotton, grams and wheat, which made the tribals as well as non-tribals self-sufficient. But with the large scale industrialization, mechanization of existing agricultural practices, commercialization of food production and the subsequent shift towards monetary economy, these developments have severely altered the delicate balance that the tribals shared with the forests on one hand and the non-tribals on the other. With the fast dwindling forest cover due to large scale mining and the spread of industries in the agricultural fields, there has been an abrupt shift in their occupational patterns. These developments have finally forced the tribals to move out of the settlements in search of livelihood. The support system that existed in the form of various kin relations that took care of the sick person through various reciprocal interaction like economic and magico-religious relations have been rendered unviable. The social organisation that held together the family, economy, religion and ethnomedicine are themselves undergoing a change. This has far reaching implications on both the healthcare practices and the subsequent health status of tribals.

Under these circumstances, when a person develops Health complications, he has no other alternative, but to going for western bio-medical mode of treatment.

Apart from this, tribals say that modern education system is taking away people from their work force. They think that if they become educated, they will neither get jobs as they have to compete with the people of mainstream, nor they will be able learn the indigenous skills that could help them to earn their livelihood. They believe that, it is for this reason that their lifestyle has become sedentary and lethargic. This ultimately results in loss of physical strength among both men and women. This coupled with, change in food habits, which involves, again large scale mechanization of food production as well as food preparation, results in a complete lack of strength in the food which they

consume. There is a deep-rooted belief among the people that indigenous healthcare system goes well only with the traditional mode of food production and food preparation. The converse of this being that it won't work in the case of those people, who are use to modern means of food production and preparation.

CONCLUSION: Therefore, the age-old, cultural-temporal progression of tribal life is severely altered by the abrupt intervention of modernity. This has inflicted unforeseen miseries on their part. It is high time that we take cognizance of such a fast changing reality in their lives and accordingly formulate the policies and programmes. And this is possible only through the time tested methodologies and the perspectives adopted by the anthropologists who are the only people capable of linking tradition with change.