

Traditional Vs Transitional: Health Care System of the Santhal at Paschim Medinipur. West Bengal. India

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Abstract: Health is a state of complete physical, mental and social well-being(WHO,1984). The Santals are one of the Munda peoples who live mainly in the state of Jharkhand, Bihar, west Bengal, Odisha and Assam(Social Geography, Ahmad Ajjazuddin).The Santhals, who number more than 5 millions, consider themselves as a <<tribal>> people speaking a different language (austrasiatic) and sharing a way of life which implies values different from those of the Hindus (Tambas Lyche.M.C.2007).In case of social structure it shows that the most of the Santhal live in PaschimMedinipore, the district of WB. The people of the Santhal society mainly depends on subsistence farming They leads a very simple and distinct life . They belief in superstition, and these are the main cause of their backwardness. Their health system mainly the involvement of Ojhas including practices Black magic and sorceryfor healing from various diseases make them vulnerable. But now-a-days spread of education has improve their “life-style”, and also improve their “health system”. They are belief new thought of modern “medi-system” in daily life. It helps them to overcome from the conservative, also the society has been modified, improved their life-style and health system. There have a lot of changed in their thinking of health. As a result the Santhal have overcome their inertia and announce themselves as the important part of this beautiful world.

Key Words: Health, Medi-system, Migration, globalization.

I. Introduction

“Health as, a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity”(WHO – 1971). On the other hand health is a “state of complete physical, mental, and social well-being”(WHO – 1984). Health is the one of the most important aspects of human life. The Millennium Goals (MDG) has also emphasized “Health for All”. This goal has become important in view of the poor health status of many Santhals(tribal) man and women at the place of origin(Soren, Gurupada-2013).

The Santals are one of the Munda peoples who live mainly in the state of Jharkhand, Bihar, west Bengal, Odisha and Assam. There is also significant Santal minority in neighbouring Bangladesh and small population in Nepal. Specifically study area at PaschimMedinipur district in West Bengal (Social Geography, Ahmad Ajjazuddin).

The Santal tribes of India have a typical tribal life style. Basic needs are fulfilled by forest trees and plants. The tribes are also engaged in fishing and cultivation. These tribes are India also poses a magnificent skill of making musical equipment, mats and baskets out is worth wathing. The study concentrates on the influences of modern values and institution in the day by day of the Santal spread of education, modern technology and migrants, sociologist have noted changes in the social, economic and cultural life and also changed their health status. More particularly the have been exposed to the processes related to modernisation and globalization. The impact of such changes can be seen in their changing cultural values, occupational structure and role perception. More particularly, the diminishing significant of patriarchies in the social life of the Santal is evident. In the traditional tribal society, specific role was assigned to man and women for maintenance of their age old tradition, custom etc. Dependency on forest based economy also influenced their cultural norms, traditions and values. Bat as a result of triblas have come close to new forms of life, institutions and values that have encouraged social transformation in their society. The basic objective of this chapter is to understand the impact of spread of education, modern technology, globalization & migration on the Santal health system.

The tribal have migrated from their hinterlands to various agriculturally rich areas and urban city centre mainly in search of jobs. The tribal has brought various changes in their day to day activities, age, old customs and traditions. They have been influenced by the people and new cultural traits at the place of destination. In this sense, education and migration has exposed them to various aspect of modernity.

Keeping these arguments in mind, this paper has been dealt with linkages between spread of education, migration and modernity as well as the facets of modernisation and it is impact on the tribal society.

II. Source Of Data

1.Primary Data :-

Field Survey –

- A. Observation,
- B. interview (face to face)

2.Secondary Data :-

- A. Books
- B. journals
- C. Internets
- D. Other :
 - Contact details of Block Development officers’-PaschimMedinipurDistricts , W.B Govt.
 - Provisional population totals, W.B, PaschimMedinipur, Census of India 2001,Census Commission of India. Retrieved – 2011-04-10.
 - Department of Panchayet and Rural Development, W.B Govt.
 - Report: WHO 1980
 - Health Report govt. of W.B 2000

III. Objective Of The Study

The study was designed to fulfil the following objectives:-

1. 1.To compare between the traditional and transitional health system of the santhal at PaschimMedinipur ,W.B. India.
2. 2.To find out the spread of education changed whole system of Santhal life mainly Health system.
3. 3.To identify the factors affecting adaptation of new medi-system at PaschimMedinipur.
4. 4.To find out the special, economic and social class wise spread of new medi-system.
5. To find out the relation between economic condition and health system adoption.
6. To find out relation between occupational structure and medi-system adoption.

IV. Methodology

The present study is based on fieldwork . Conducted in 5 no Gwaldanga Gram Panchayat of Garhbeta 2no Block in Paschim Medinipur , district of W.B. A household survey of 200 households was conducted on Santhal of Paschimmedinipur district of West Bengal. In order to study gender difference, data were collected from 100 men and 100 women from these households. Men ranged in age from 35 years to 87 years with a mean age of 61 years, where as women ranged in age from 30 years to 80 years with mean age of 55 years. Data were collected from several villages Garhbeta – 2 block of PaschimMedinipur district, West Bengal. Using household survey& multi stage random cluster sampling method. Date of birth of subjects was recorded by asking them.

V. Study Area

The study has been conducted in Garhbeta-2 block, of West Bengal state. For this Research study to villages from one block were selected on the basis of three-stage multi-level sampling from PaschimMedinipur of W.B state.

Garhbeta -2 block is (community development block) an administrative division in MedinipurSadar sub-division of PaschimMidinipur district in the Indian state of West Bengal. Goaltore police station serves this block. Headquarters of this block is at Goaltore. Goaltore is located at 22 42 36 N, 87 10 16 E. Garhbeta -2 community development block has an area of 445.48 sqkm . As per 2001 census, Garhbeta -2 block had a total population of 1,31,085out of which 66,954 were males and 64,131 were females. Population density are 290 / sq km (760 /sqmile). This area time zone IST (UTC + 5.30),Lok Sabha Constituency are Jhargram , Bidhan Sabha Constituency are Garhbeta , Salboni . (Wikipedia, The Free Encyclopedia).

VI. Evolution Health System : The Role Of Globalization

“Health as, a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity”(WHO – 1971). On the other hand health is a “state of complete physical, mental, and social well-being”(WHO – 1984). Health is the one of the most important aspects of human life. The Millennium Goals (MDG) has also emphasized “Health for All”. This goal has become important in view of the poor health status of many Santhals(tribal) man and women at the place of origin(Soren, Gurupada-2013).

Despite remarkable world-wide progress in the field of diagnostics, curative and preventive aspect of health, sill there are people living in relative isolation, in natural surroundings, maintaining a socio-cultural distance from others.

Mahapatra (1994), therefore sees health among tribal groups as a functional and not clinical concept. Sachidananda (1994) sees the field of tribal health aspects as a cultural concept as well as a part of social structure and organisation which is continuously changing and adapting itself to changes in the wider society. It is a faith, prevailing among tribes that diseases are caused by supernatural agencies. Broadly, the tribal people believe in four type of supernatural powers. These are:-

1. Protective spirits who always protect them.
2. Benevolent spirits who are worshiped at the community and familial level regularly, otherwise they may bring diseases or death.
3. Malevolent spirits the evil spirits who control small pox fever, abortion etc. and
4. Ancestral spirits, the spirits of their ancestors and always protect them. The causes of ill health perceived by the tribal communities can be divided into two categories, namely, known and supernatural.

Singh(1994) indicates nine factors to examine and assess the tribal health situation in India. He highlight the effect of changing physical environment on tribal health, which is ultimately related to their economic pursuits, nutritional, availability, medicines etc. It has also been emphasized that ecology and tribal health is intimately related.

Studies of Barth (1956) reveal how ecological niche influence people’s health status.

Gurupadasoren (2013) –On the one hand, these people continues to rely on age old practices of herbal medicines which is sustainable given their closeness to nature and forests. But on a large scale diseases caused by polluted water and lack of nutrients remain untreated. On the other hand, the involvement of Ojhas including practices Black magic and sorcery for healing from various diseases make them vulnerable.

But now-a-days their health concept are fully changed. It is here that migrants see a new role of modern medicines to cure their ailments and serious, major diseases. This access to modern medicines available Medinipur Medical College and Hospital, other Block Level Hospital and Primary Health Center.

Guite and Acharya (2006) have shown that the acceptance of a particular health care system among the tribal people mostly depends on its availability and accessibility. It is interesting to note that while the tribal groups following traditional religion traditional medicines putting religious or supernatural value on it, the converted Christian tribes use the some medicine excluding its religious time. The study reveals that education has been able to heal the traditional inhabitation of tribal people to attend PHCs without ignoring the importance of traditional healing practices. Gurupada Soren (2013) this is certainly an improvement givin the negative impact of such practices on the tribal life and society. These migrants therefore feel the need to change to psychic of the tribal elites and aged persons towards the modern medicines and develop strategy to ignore the practice of black magic, sorcery for leading a healthy life. I have also tried to identify the areas of changes in the Santhal health system. Table no – 1.5 portrays the impact of globalization on the Santhal are welcome to new medi-system of Pascham Medinipur, West Bengal, India.

Table:-globalization changes HEALTH system :-

Sl.No	LEVEL OF IMPACT	NUMBER OF RESPONDENCE		
		MALE	FEMALE	TOTAL
1.	Belief Traditional health system	32(32.00%)	38(38.00%)	70(35.00%)
2.	Belief Modern health system	46(46.00%)	40(40.00%)	86(43.00%)
3.	Local Area Available	12(12.00%)	08(08.00%)	20(10.00%)
4.	Do Not Know	10(10.00%)	14(14.00%)	24(12.00%)
	TOTAL	100(100.0%)	100(100.0%)	200(100.0%)

Source:-Field work Survey

VII. Evolution Health System : The Role Of MIGRATION

According to Gurupada Saren(2013), Health is one of the important things of human life. The millennium development goals had also emphasized “health for all”. This goal has become important in view of the poor health status of many Santal men and women at the place of origin. On the other hand, this people continue to rely on age old practice of herbal medicines which is sustainable given their closeness to nature and forests. But on a large scale, diseases caused by polluted water and lack of nutrients remain untreated. On the other hand, the involvement of ojhas including practices black magic and corcery for healing from various diseases make them vulnerable. It is here that migrants see a new role of modern medicines to cure their ailments and serious type of diseases.

The access to modern medicines available at district hospital at Medinipur has helped many of them to regain lose health conditions and increases their life span. This is certainly an improvement given the negative impact of such practices on the Santal life and society. These education spread and modern technology therefore feel the need to change to psychic of the tribal elites and aged persons towards the modern medicines and develop strategy to ignore the practice of black magic, sorcery for leading for healthy life.

VIII. Summary & Conclusion

From the above discussion, it is clear that spread of education, migration, globalization has several direct and indirect impacts on the health status of the Santals (Tribe). The spread of education and technology has helped them to adopt about new methods of agriculture, cooking style and food habits, language, dress pattern, accustomed to ready-made clothes, aware to political mobilisation, and also the medical system etc. Migration to cities and towns, understanding the need of education for their children, getting exposure to modern health practices and could doubt superstitious practices and witchcraft and sorcery performance by the priests and ojha. In short, this report I have mainly highlighted the Santhal health system change for the impact of modernity.

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