INTRODUCTION
CHAPTER-I
INTRODUCTION

1.1 Statement of the problem:

The present study is a modest effort which tries to bring out the problem of health among the Toda tribe of Nilgiri District of Tamil Nadu. The problem of health of the tribal folk will be focused through analyzing the socio-cultural aspects which include awareness of modern allopathic medicine, practice of sorcery, availability of health units, nature of housing, electricity, availability of health workers, drinking water facilities, knowledge and uses of herbal medicines, rituals, beliefs etc.

The study also tries to find out the health problem of women – post and pre natal medical treatments. From the available literature it is understood that though many studies have been done on the health of Todas. Yet there is a gap, which exists in reference to their reproductive health systems. The principal aim of this study is while focusing on their socio-cultural practices of health it will also analyze reproductive health practices of the tribal folk.

The study will be carried out in Nilgiri District of Tamil Nadu. The Toda tribes are predominant in Nilgiri Hills, especially in four taluks (Udhagamundalum, Coonoor, Kotagiri and Kundah Taluk)

1.2 THE TODAS

The Toda of the Nilgiri Hills provides an excellent example of tribal organisation based on two moieties (The two or more primary sub-divisions in a political or kinship grouping). The Toda are an endogamous tribe divided into endogamous moieties, Teivaliol and Tartharol, the former subdivided into six exogamous totemic clans and the
latter into twelve. The large Tarthar division owns the sacred dairies and buffaloes and Teivali division consists of, among others, the sacred dairymen who tend and take care of the sacred herds. The family is patrilocal and descent is patrilenial, but enough recognition is given to either line of descent. Both polygyny and polyandry were practised which giving rise to group marriage. A Toda belongs simultaneously to a patrilineal as also to a matrilineal clan. The former membership operates with relations to property inheritance, and the latter member becomes operative at ritualistic funeral ceremonies (Rivers.W.H.R, The Todas, London 1906).

1.3 The Todas relationship with other tribes

The five tribes inhabiting the Nilgiri Hills are namely, the Todas, the Badagas, the Kotas, the Irulas and the Kurumbas.

The tribes with which the Todas come into contact habitually are the Badagas and Kotas, while their points of contact with Kurumbas and Irulas are much less important. The Badagas are not only the agriculturists of the Todas, but are the constant intermediaries between the Todas and the extra Nilgiri world. The two tribes regard each other more or less as Social equals. The Kotas, on the other hand, who are the artisans of the Todas, are regarded by them as social inferiors. The relations with the former may be considered first.

The Badagas perform definite services for the Todas and give what may be regarded as a tribute of grain at the harvest. The tribute is called ‘gudu’ (According to Breeks, the gudu is about one-tenth, one-eighth, or one-fifth of the gross product). The contribution of grain from the Badagas has usually been regarded as given in return for the use of the land, the Todas being supposed to be the original owners of the soil.

Breeks states that the Badagas are said to have come to the hills about three centuries ago in consequence of the troubles that followed the fall of Vijayanagar, but it
is certain that they have been on the hills much longer than this, from the account of Finicio in 1602 shows that the relations between Todas and Badagas were much the same then as they are now.

There is one fact which may be of help to show that the relation between Todas and Badagas in recent as compared with that between the Todas and other Nilgiri tribes.

**Todas and Kotas**

The Toda name for a Kota is Kuv. The relation between the two people is very different from that between Toda and Badagas. While a Toda regards a Badaga as his equal or perhaps even as his superior, he looks down on the Kota as inferior, as hardly to be classed as a man with himself.

Just as the Badagas do not supply grain only to the Todas but the Kotas do artisan work for Badagas, Kurumbas and Irulas. The Kotas are the artisans, not of the Todas only, but of the whole hill district.

The relation between the Todas and Kotas are strictly regulated, each Kota village supplying certain Toda clans. There are seven Kota villages on the hills.

**Todas and Kurumbas**

The Todas name for a Kurumba is Kurub, which often sounds like Kurb. In the secret language, a Kurumba is called as karthpol, "the man who watches the way". Mr. Thurston states that when a Kurumba meets a Toda, he places his hand on the kurumba's head. The Toda may visit Kurumba's village and take food with them.
The most striking feature of the relationship between Todas and Kurumbas is the belief of the former in the magical powers of the latter a belief which is shared by both Kotas and Badagas.

The Kurumbas play no part in the social life of the Todas. With the one exception of providing the funeral pole and they do not have any role at Toda ceremonies.

**Todas and Irulas**

The Irulas live on the lower slopes of the Nilgiri Hills and have few relations with the Todas. They are called Erl by the Todas and according to Mr. Thurston they are saluted in the same way as the Kurumbas. The Irulas are among the people mentioned in the remedial formula used against the effects of the evil eye and are evidently regarded as having some magical power though they are not feared in the same measure as the Kurumbas.

**1.4 Definitions of Tribe**

Majumdar has defined (The Eastern Anthropologist, September-November, 1958) the tribe as a social group with territorial affiliation, endogamous, with no specialization of functions, ruled by tribal officers, hereditary or otherwise, united in language or dialect, recognizing social distance with other tribes or castes, without any social disgrace attached to them, as it does in the caste structure, following tribal traditions, beliefs and customs of naturalization of ideas from alien sources, above all conscious of a homogeneity of ethnic and territorial integration.

Radcliffe-Brown, opines that these may have been groups comprised of four or five local groups which have friendly relations with each other and meet on occasions like festival gatherings. There local groups having no distinctive names, the possibility of totemistic association does not arise at all. A man or woman belongs to the local group in
which he or she is born. The local group may be coast or forest dwellers. They are mostly semi-nomadic although the forest-dwellers are less so. Consequently, they live in camp that may be temporary or permanent, a sort of headquarters if of the latter type. Hunting camps are a third category and are the least permanent. The group is mainly a residential kin group. It consists of material couples (i.e., the Andamanese family) and of bachelors' hut of unmarried men and widowers without children. Unmarried women and widows life attached to some families through earlier man reported a spinsters hut.

Max Weber in his celebrated essay on social structures regards an Indian tribe as converted in to an Indian caste when it loses a territorial meaning and significance. He also points out that, whereas within a tribe there may be difference of rank and status, all member of caste have one common rank.

An important distinction, rather surprisingly neglected, is the attitude towards Hindu rituals and theology and the Hindu priest. It has been reported from all those tribes which require the services of the Hindu priest, who symbolizes Hindu theology and ritual, that he, and all that he represents, is regarded differently, as alien though important and useful, than member of a caste regard him. And a tribe that has completely disowned its own religious practices or knowledge is yet not known. Tribesman in middle India, who call themselves Rajputs and profess the Hindu religion, know more about the tribal bonga than about Hindu gods, and do not disbelieve in them although they do not worship them, at least openly.

1.5 Development Approach

Our approach to the development of millions of tribal people in India is characterised by social and historical forces. The tribals have been victims of the country's social conditioning, namely, colonial-feudal domination, caste prejudices, illiteracy, poverty and isolation. The status of tribal society in the wider national civilization has been described as segmentary and autonomous. They are portrayed as
discrete categories having no linage, what so ever with the happenings which took place in the mainline civilization.

When the constituent Assembly made recommendation for special provisions for the up-liftment and protection of tribals, it was very much alive to the accounts given by our national historiography. Gandhiji had a fondness for harijans and adivasis. He initiated several programmes for the development of these historically disadvantaged groups of the country. He argued that if these groups remained neglected even in independent India, we would fail miserably to build a nation, inclusive of all.

Gandhiji entrusted the work of the tribal development to Thakkar Bapa while he himself took the responsibility of harijan uplift. Gandhiji’s approach to tribal development was based on indigenisation. He was of the view that the tribals should be encouraged on the pattern of the general village development. Their economy was the economy of the peasantry.

The birth of the constitution of India on “26th January 1950”, marks the origin of the term Scheduled Tribe. Earlier, the term ‘tribe’ referred to a cultural and historical concept. Tribe was used, at one time, for a certain population, to denote a bewildering variety of social categories that were neither analogous nor comparable. In later usage it tended to be restricted only to the aboriginals and the primitive groups. In the Indian context, it is best now to view tribe as an ethnic category defined by real or reputed descent and characterised by a collective self-image or identity and a wide range of commonly shared traits of culture.

In the constitution of India, Article 364 (25) provides that ‘Scheduled Tribes’ means such tribes or tribal communities or parts or groups within such tribes or tribal communities as are deemed under Article 342 to be Scheduled Tribes. The president of India is empowered to specify, after consultation with the Governor of a state, ‘Tribes or Tribal Communities’ to be scheduled tribes.’ Now the term ‘Scheduled Tribe’ has
become an objective one. Today in India, Administrators, planners, and anthropologists refer to the list of scheduled tribes for the purpose of recognising a ‘tribe’.

The present study is conducted in the Nilgiri District of Tamil Nadu in India. Tamil Nadu is one of the major states of southern India, consists of a few important scheduled Tribes. According to the census of 2001, the scheduled tribe population in Tamil Nadu is 651,321, constituting 1.0 per cent of the total population.

There are thirty six (36) scheduled tribes of varying numerical strengths in the state. The details about the scheduled tribes of Tamil Nadu, Population group-wise are given in the Table-1. Annexure (Source TRC, Ooty-4).

These 36 Scheduled Tribes are distributed in 29 districts of the state. 90.31 per cent of the tribals live in hilly areas and 9.69 per cent of them live in urban areas. The literacy rate among the tribals is about 32.99 per cent as per 2001 Census as against the literacy rate of 27.89 per cent during 1991 Census. The literacy rate among women is 20.23 per cent, which is much less than that of tribal men viz., 35.24 per cent.

All these Scheduled Tribes depict different ethnic cultures. Among them though a few tribal communities are well versed in exposing their cultural identity, but a few tribal groups among them remained non-identified socially, culturally and even economically. Mostly culture of each tribe differs from the culture of other tribal groups.

The concept of culture has been defined and employed in different ways and there is a general acceptance that culture is a system of learned behaviour acquired by a person as a member of society. Culture is shared when a group of people accept it and organize their lives according to it. Cultural systems usually pass from generation to generation through a process of learning. Thus cultures vary from group to group and make members of the same group similar to each other and members of different groups different.
1.6 Concept of health and disease

The meaning of the term 'health' as a subjective concept varies with individual and group, time and phase and sociocultural contexts. The measures used to define health greatly vary and range from purely biological and physical to social, cultural and psychological. Whereas in positive terms it is defined as a state of complete physical, mental and social well-being, it viewed negatively as the absence of disease or ill health.

The concept of 'health' and 'disease', which are relative and culture-specific, assure different meaning even in the same society. Health, for example, is viewed simply as absence of disease or infirmity.

World Health Organisation defined health as a state of complete physical, mental and social well-being. Health is defined also in purely physical terms that are height, weight and appearance. Associated with the concept of 'mental health', which has come to assume great importance with the wake in stress and tension resulting from rapid technological and social changes. Mental health as a state free from worries, anxieties, stress, tension and frustration that will greatly influence by the social environment (Basu, 1977).

The concept of disease similarly varies greatly depending upon the type of society, culture or individual. Usually, it is defined as a deviation from the normal functioning that may adversely affect the future health status (Mechanic, 1962).

The notion of disease was never governed by the 'objective facts'; rather it depended on the decision of the society (Martin, 1968). The diseases and illness were believed to be caused not only by the individual's biophysical conditions but also by supernatural beings, violation of religious rules, disobedience and the resultant wrath of the god or goddess and the sins committed by the person in the life or in the past lives. The internal disorders are believed to be the result of three humours (Tridosha) of human body, namely, wind, bile and flasom (Fillozat, 1964; Hasan, 1967) such notions about
diseases have been the root cause of many irrational beliefs and practices in treatment which tend to make the task of health care quite difficult.

Illness is viewed as a personal as well as social phenomenon. Co-observes; as long as what we feel is not communicated to others or what we do is not observed by others, illness remains a personnel event... illness becomes a social phenomenon when it becomes visible to others and when this leads to modification of the social interaction pattern between sick person and other people. Thus, sickness as a social event is known through direct observation by others, by the patients and communicating one's feeling to others.

**Epidemiological approach to health**

The social epidemiological approach to the health problems calls for the identification of whole process of causation for understanding the etiology so that the events leads to the disease can be traced. For centuries, now it has been established that lifestyle, customs and traditions, belief and practices, vocation and profession have serious consequences on the health of an individual. With the increasing attention towards prevention rather than therapy, it is now recognised that many chronic diseases can be efficiently prevented and controlled by a timely a change in behaviour, lifestyle and dietary pattern.

The class of psychosomatic or sociosomatic diseases may have genetic components but are produced primarily in groups faced with stressful situation. In both genetic and sociosomatic diseases, the commonly known vector and agent are missing since there is no virus, bacteria or chemical involved.

**Concept of Social Hygiene**

The term 'social hygienic' was used in 1838 by J.A. Rochoux (1838) the adjective 'social' with medicine was introduced first by Gu'erin in march 1948 (Gu'erin, 1948). He divided social medicine into four parts:
1. **Social physiology** as the study of relation between physical and mental condition of a population, its laws and social conditions;

2. **Social pathology** as the study of social problems in relations to health and disease;

3. **Social hygiene** as the determination of measures for health promotion and disease prevention;

4. **Social therapy** as the provision of medical and other measures to deal with social disintegration and other conditions that society may experience.

W.H.O definition, health consists of three components - physical, mental and social.

1. **Physical Health**

   The physical health of an individual is manifested by a normal complexion, clear skin, bright eyes, lustrous hair, firm flesh, normal breath, good appetite, sound sleep, regular activity of the bowels and bladder, smooth and co-ordinated body movement. The resting pulse rate, blood pressure and exercise tolerance should be within normal limits according to the individual's age and sex.

2. **Mental Health**

   Which is associated with the 'social soil' of the individual and community. A mentally healthy person should feel comfortable about his person and feel reasonably secure and adequate; neither should he be able to accept his short-comings to correct it; he should have self respect, he should be able to feel a part of a group without being submerged by it; he should be able to take responsibility for others; do something reasonable about the problems that may arise; he should be able to set reasonable goals for himself and for others; be capable of shouldering the responsibilities of daily life and should not bowled over emotions of fear, anger, love or guilt.
3. Social Health

Social health has become an important issue for medical scientists. It has come to involve abilities like creating bonds of friendship and sustaining them; assuming responsibilities in accordance with one's capacities; achieving satisfaction, success and happiness through accomplishment in one's field. Living in harmony with others and displaying consideration towards other beings.

Social health can also be defined as the fullest exploitation of an individual's genetic heritage. A person should be capable of exiting in harmony with his environment. So that his genetic potentialities are transformed into phenotypical realities.

Concept of Disease

Disease usually refers to a deviation in the normal functioning of the body that produces discomfort or adversely affects the individuals' future health status.

Disease can also be explained in terms of an invasion of an organism by germs, bacteria or other pathogenic agents that disturbs the homeostatic balance and result in some form of malfunctioning.

Sociological context of disease

In the sociological context disease is associated with a particular way of life. More specifically, vulnerability has been thought to be high among people with one or some of the following characteristics: marginality, isolation, geographic or social mobility, inability to fulfil role expectations, changing, discontinuous or ambiguous role structure, inadequate social support, status inconsistency, blocked aspirations, lack of consistency or uncertainty in outcome of important events, value polymorphism and rapid social changes.
1.7 Concept of Tribal Health

Elwin has shown a great interest in tribal health and medicine and made a number of studies on tribal communities where some information about tribal health and medicine are available. In the ethnographic studies made on tribal communities by S.C. Roy, D. N. Majumdar and others. Most of the studies made on tribal communities have indicated the importance of understanding the sociocultural dimensions of health and disease. A number of deities are often associated with diseases or disease is connected with the interference of supernatural agency and naturally the nature of treatment such in cases are also made accordingly. In fact, there is a great need to understand and identify the case of illness and the nature of treatment is intimately connected with the cause identified.

Tribal concept of health, of disease, of treatment, of life and death is as varied as their culture. Accordingly, the tribal society is guided by traditionally laid down customs and every member of the society is expected to conform to it. The fate of individual and the community at large depends on their relationship with unseen forces, which intervene human affairs. If men offend them, the mystical power punish by sickness, death or other natural calamities.

Disease is caused by bad spirits and the spirits are bad either because one has not properly propitiated them. Thus, to a tribal mind, the real enemies of human health and prosperity are the gods and the dead. The usual theory of disease in tribal society is that it is caused by the breach of some taboo or by hostile spirits, the ghosts or the dead. Sickness is the routine punishment for every lapse and crime meted out to them by the spirits.

The illustrated primitive concept of disease classification of Clement and Rivers Biswas (1934), which may be represented as -
Dr. F. E. Clement's classification:

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<thead>
<tr>
<th>Concept of Disease</th>
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<tbody>
<tr>
<td><strong>1. Supernatural Agency</strong></td>
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<tr>
<td>- Soul loss</td>
</tr>
<tr>
<td>- Spirit intrusion</td>
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<tr>
<td>- Spirit of sickness</td>
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<td>- Breach of taboo</td>
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(in all its phases)

The Santal tribes have a theory of disease, which in their scientific viewpoint is as natural a cause as infection caused by bacteria. But we can look upon as an agency that is natural and yet supernatural and sometimes also diffused with human agency. Accordingly to Clement and Rivers, disease would be caused by a Tijo (Bodding, 1925), which may be large or very microscopic. There Tijos enter the body through food, etc., and cause leprosy or hydrophobia, etc. The Tijo germs are often believed to be collected by witches for spreading diseases.

The Bongas are worshipped and propitiated with the sacrifice of animals, offering of rice beer and the blood of the sacrificial animal. Troisi (1978) while analysing the worship of the Bongas of the sandal, considered two interrelated aspects i.e., the instrumental and the expressive.

The Malpaharias, the Saurias and other Pahariyas of the Rajmahal Hills of the Santal Parganas in Bihar also believe that one of the causes of disease is the intrusion of the bits of stone or wood, etc., by sorcerer and which is cured by surking out there things from the body.

The Hos of Singhbhum believe that women dying in childbirth transform themselves into alignment spirits and delay delivery and also cause other complications.
Children suffer from rickets owing to the influence of spirits who are but the disengagement souls of dead children. The Hos also believed in a witch known as 'Rakti Bhawani which shoots arrow at night.

The Korwas believed that fever in women and children is caused by 'churail' which is a female spirit and extremely mischievous.

The Birhor (uthlu) takes up some arwa rice in his hand and invokes his 'Nasan' spirit and throws the rice in the direction of the enemy (house) and injures him.

According to S.C. Roy (1912), "The Mundas are great believers in the power of evil eye, and in cases of repeated sickness in family or among the cattle of a family a witch-finder- the Sokha, Mati or Bhagat is appealed for detecting the witch". Thus, the Mundas have a doctrine concerning sickness and functioning group of cures. They also attribute a few disease to particular deity, as for instance, epidemic diseases like Cholera, Smallpox etc., are attributed to a deity called sitala. With an effort to avert the diseases, they annually worship the deity.

According to D.L. Sills (1968), in all human groups, no matter how small or big, there exists a body of beliefs about the nature, causation and cure of diseases and their relation to other aspects of group life. Religion, morality, disease and its cure are frequently supposed to be interlinked. The Boro society is not exception to this general pattern. They believe that good health is the outcome of an honest and pious life, where as disease and suffering are results of dishonesty, immorality and incest, etc. The magnitude of suffering depends, they believe, upon the extent of one's sin. It is also considered that a person's immoral act can bring disease to the entire village community.

Rivers (1924) subscribed that the disease in primitive society are caused by (a) the projection of morbid objects or substances, (b) abstraction of something from the body, and (c) the action of sorcerer on some part of the body or some objects once
connected with the body of a person. This concept of disease is based on the concept of supernaturalism and sorcery as an expression of contagious magic. The Birhors, of course, have similar concept of disease in respect of first and third conditions of diseases subscribed by Rivers.

Singh, B., (1993) Inadequacy of micro studies of tribal women: There are a large number of studies on tribal communities but only a few are focussed on tribal women. Reviewing the studies of tribal women, K.S. Singh (1988) has concluded that there is "need for generating studies which can fill the information gap about variations that exist and about the role and status of tribal women from one region to another and one community to another". Singh (1993) has also reiterated that there are materials on tribals in general but the existing literature specifically on tribal women is limited. Health statistics also give an overall picture and data on gender differentiation of longevity, level of health, extent of mortality, infant mortality, nutrition, etc. are not available. Emphasizing the need for baseline data on at least certain basic parameters relating to tribal women as they differ from one another.

Nurge (1958) discussing the medical belief and practices in a Philippine village, speaks of supernatural and natural causes of illness. The former are agents of disease such as spirit gods, witches, and sorcerers. The latter include indigestible foods, sudden change in temperature, strong winds, and blood or air "trapped in the body".

Harley (1941) found that among the Mano of liberia," Disease is unnatural, resulting from the intrusion of an outside force usually directed by magical means. Disease and early death are thought to be caused by external forces, or witchcraft".

Jelliffe(1957) who encountered a great deal of kwashior kar and other nutritional deficiencies in children in West Bengal, has described some of the cultural "blocks" that aggravate the basic dietary limitation of that region due to poverty. Among these 'block' the adequate infant nutrition in west Bengal are those based on the classification
of foods as "hot" and "cold". Food classified as garam (hot), which includes eggs, meat, milk, honey, sugar and cod-liver oil, are not given to children during hot-weather (which lasts during a large part of the year) or when children are suffering from illness. All of these ways of cultural practices add to the already serious limitations in nutritional possibilities open to the poor village mother in West Bengal.

_Foster and Anderson_ (1978) Write that "a major gap in the traditional dietary wisdom of tribal and peasant people is their frequent failure to recognize that children are considered, for nutritional purposes, simply as little as adults".

1.8 Chapterization

The present study is divided into five chapters and each chapter is devoted to one specific aspect of the study. The First chapter of the present study begins with Introduction. It starts with population group wise classification of the scheduled tribes. The Second chapter contains the review of literature pertinent to the theories and empirical research related to tribal health carried out in India and other countries. The Third chapter continues with methodological aspects. The Fourth chapter continues with analysis and interpretation, the fifth as the last chapter outlines findings, conclusion and suggestions of the present study.