Introduction
1.1.0 GENERAL INTRODUCTION

The Andaman and Nicobar Islands are the homeland of probably the most primitive communities belonging to the Negrito Racial Stock, only traces of which are now left in the coastal areas and parts of the mainland. These communities, small in number and sensitive and isolated, have been under stress all over South-East Asia and the Pacific.

In the Andamans, estimates of the aboriginal population at the time of contact vary from 4800 to 8000. The numbers arrived at by the early British were not based on any actual counts. In 1899 Portman estimated the original population to be 6000, arrives at these figures through the accounts of the first administrators on the island. Redcliffe Brown (1948) estimated the original population to be between 5000 and 5650.

"Cultural man has been an earth for some 2,000,000 years, for over 99 per cent of this period he has lived as a hunter-gatherer. Only in the last 10,000 years has man begun to domesticate plants and animals, to use metals and to harness energy sources other than the human body. Homo sapiens assumed as essentially modern form at least 50,000 years before he managed to do anything about improving his means of production of the estimated 150 billion men who have ever lived on earth over 60 per cent lived as hunters and gatherers, about 35 per cent have lived by agriculture and the remaining few per cent have lived in industrial societies.

To date, the hunting way of life has been the most successful and persistent adaptation man has ever achieved (Richard and Devore, 1968).
The survival of hunting gathering communities, e.g. the Jarwas, the Sentinelese, the Great Andamanese and the Ongees, has been unique to the Andaman group of islands in the Bay of Bengal. The isolation and remoteness of the island have made the tribal situation a subject of challenge and interest to social scientists. The Andaman hunter-gatherers are typical representative of the simplest level of human culture existing in the world.

The Andaman group of islands is divided into (1) Great Andaman and (2) Little Andaman; Great Andaman is made up of the main island of North, Middle and South Andaman together with the Archipelago, the interview island, the Rutland Island and several lesser islets adjacent to its seaboard.

The negrito hunters and gatherers of the Andaman may be divided into two categories in terms of the extent of their contact with people of other cultures. The first category, comprising of the Jarawa and the Sentinelese, could manage to remain outside the scope of regular cultural contact from inaccessible habitat and determined group's hostility towards strangers, which continue unabated to date. The second category comprising of the Ongees and the Great Andamanese, have been in regular contact with outsiders for over a century and may be termed the friendly category.

In terms of resemblances in cultural traits there was a strong notion among the administrators and scholars till the 1950's that the Ongees are
closer to the Jarawa and Sentinelese then to the Great Andamanese. In fact the Jarawa, the Sentinelese and the Onges were believed to be of the same stock, whereas the Great Andamanese are believed to be of different stock. In the census report 1931, the tribes of the Andamans were divided into (a) the Coastal tribes of South, Middle and North Andaman (that is the present day Great Andaman) and (b) the Onges of little Andaman including the Jarawa of South Andaman and the Sentinelese of North Sentinel island. Similar views were offered by Man (1883), Portman (1888), Temple (1901), Radcliffe Brown (1948) and Cipriani (1959). Portman (1888) stated that the Jarawa and Onges was originally one people.

In the case of Onges the Negritos of Little Andaman, it is possible that they have been entirely isolated in their island home, and have not been affected by contact with other races, but have been free to develop their own culture in adaptation to their own environment. However, in 1886-87, Portman became the first man who dared to stay in little Andaman which he did for about two and a half months in all on subsequent visit. In 1930, three Onges were persuaded to accompany the census superintendent Mr. Bonington to Car Nicobar along with a few Great Andamanese as guard.

Since Onges were settled in Dugong Creek and South Bay (Little Andaman) are in the North Western corner and other is extremely in the south about 22 Km from Hut Bay (The Administrative Headquarters of Little Andaman). The Dugong Creek settlement was set up during 1976-77 whereas the settlement at South Bay that came into being around 1980.
Once the Ongees were living in groups over the Little Andaman now settled in very small pocket to restrict their movement and involvement with other communities to be settled in this island. This was happen due to subsequent changes in the administrative control of the territory from the British to the Japanese and back again to the British. It was only after the formation of the ‘Andaman Adim Janjati Vikas Samity’ a tribal welfare agency, funded by Government of India, that certain welfare measures were taken up for the Ongees. The Ongees were provided wooden huts for reside which have not been accustomed the Ongees; a group of worker has also been posted at both the Ongees settlement for the welfare of Ongees. However, ecological balance were maintained but simultaneously non-Ongees population were rehabilitated near by the Ongees settlement, direct or indirectly the Ongees were gradually develop the contact with these non-tribal population– It is obvious that: during contact of two or more different cultural group – there must be a cultural contact as defined in the ‘International Encyclopaedia of Social Science’ (1968, 1-2, pp. 21), that ‘Acculturation Comprehends those phenomena which result when groups of individuals having different cultures come into continuous first hand contact, with subsequent changes in original cultural patterns of either or both groups.’ It can be observed at both the settlement, how the Ongees cultures have been changed. Changes in food habits, changes in health practices and also in their social and cultural values, one time the purely hunting gathering fishing based economy with exclusive utilised a space of 721 sq. km. now a population of 14,000 and odd are inhibiting that space. The Ongees now have there resource base confined to 76 sq. km. It
is very clear that Ongees are forced to depend on the welfare agencies and also the neighbouring communities.

Health is also related with the culture of the respective group of people and now recognized as a birth right of all the citizens. It has been realised that there is wide gap between isolated population's need and the achievement in the area of health. There is an urgent need to improve the health status especially for women, children and under privileged groups like Ongees. Health is the major factor for socio-economic development and creation of a new social order. As far as the Ongees health and health practices are concerned, are not been untouched by the cultural contact and now so called modern setup.

Health is a natural condition of human. It is the result of living in accordance with natural law pertaining to the body, mind and environment. In general all diseases are environmental and genetic in origin to some extent and they manifest themselves in interaction with the several socio-cultural and demographic factors. Delineation of the causative factors behind disease requires in depth investigation into the socio-cultural, socio-biological milieu of the population groups. It may include diverse factors such as the sanitation, hygiene, parasitic load, mating pattern, preferential marital alliances, nutritional pattern, health seeking behaviour etc.

Health has always been a major concern of community development; "it is a basic requirement, not only for the fulfilment of
human aspirations but also for enjoyment of all mankind of a better quality of life. It is also indispensable for a balanced development of the individual with in the family and as a part of the community and the nation . . . . " (Mahler 1980).

Anthropological speaking, the tribal community or population from a socio-cultural view is a distinct group with any other community or population. Further social and cultural traits and religious beliefs and norms are known to differ from tribe to tribe, from area to area and between subgroup of the same tribe. Therefore, the basic concept of health and disease, in the sense, needs an empirical investigation in various societies for acquiring specific details.

Every culture, irrespective of its simplicity and complexity has its own notion regarding health, illness and health seeking behaviour and this is often referred to as "Health Culture." It is an integral component of the overall culture of the community. The health of any community, particularly of tribal community by and large is a function of the interaction between socio-cultural and socio-biological practices, the genetic attributes and the environmental conditions. The widely varying prevalent health practices, use of indigenous herbal drugs, taboos and superstitious are also responsible for determining the health behaviour and health status of the tribal group.

The tribe is a people at a distinct techno-economic stage vis-à-vis neighbouring reference community of a national mainstream. As a matter
of fact, the comparative level of technology of a tribe is low to its surrounding, often the dominant community. This is more so in case of Ongees the primitive isolated hunting, gathering, fishing tribes which was revealed in course of civilized man’s quest for new worlds and horizons.

Whenever the primitive tribes came in contact with outsiders, the population of such isolated tribes decreased invariably, all over the world, and in some cases the tribe as such became extinct altogether (Hutchinson-1985: 51).

The Ongees were hostile and the only inhabitants of the Little Andaman Island earlier. They were befriended later and subsequently the larger number of outsiders came to inhibit this island due to which the eco-culture equilibrium of the Ongees was destabilized. Further, the process of destabilization did not abate with the introduction of the welfare measures but in fact accentuated it. And a result, today the Ongees are beset with two fundamental and critical issues viz. their cultural survival and demographic survival (Awaradi 1990).

Primitive health care was concerned with cultural beliefs, local/regional environment, relevant disease producing agents, water and sanitation facilities, local economic resources and other factors which has impact on living conditions and patterns of disease. Seasonal variations like rainfall, surrounding temperature etc. were also taken in account. The Ongees during their cultural contact with outside culture and rehabilitation in one place should undergo through all the above
mentioned factors and subsequent changes will occur in their traditional practices and beliefs, we may call it cultural adaptation.

The concept of 'adaptation' is usually applied to the processes of choice and decision making by individuals and households. This concept in fact may go together with 'acculturation' or 'modernization' which refers to the appearance of some innovators, acceptability of new modes of health care and medication/cultural traits, changes of belief structures. Further many issues as receptivity to modernization, form of behavioural change are to come up automatically.

It is clear from the foregoing brief review that cultural contact, adaptation and environmental determinants affect to a certain extent health practices and habits. The rigidity of socio-cultural values acts as a barrier in the adaptation of modern medicines, nutrition, sanitation, hygiene and immunization etc. However, peculiar geo-ecological situations and environment are responsible for the development of indigenous medicines.

Thus, it is essential to know changing health practices of Ongees due to cultural contact and development efforts along with related socio-cultural practices to formulate policy for health promotion, health protection, treatment of diseases and over and above for the successful survival and proper growth in population size.
1.2.0 STATEMENT OF THE STUDY

Cultural contact and changing health practices among the Ongees of Andaman & Nicobar Islands.

1.3.0 DELIMITATION OF STUDY

The present study is conducted under following limitations:

(i) The study is limited to Dugong Creek and South Bay of Little Andaman Island.

(ii) The study is limited to the Ongees tribe only.

(iii) The study is conducted during the period of 2001-2003.

(iv) The observations are based on interview method and observation based on participant methods.

(v) The present study is conducted on all the individuals of the Ongee tribe.

(vi) The study is mainly limited to cultural contact and changing health practices among the Ongees of the Little Andaman.

1.4.0 REVIEW OF LITERATURE

In the context of this study, related literature from books, Journals and some of the major studies are referred to and highlighted. The studies associated with the field of cultural contact and changes in the life style of Ongees including health practices and reproductive health problem,
antenatal care and delivery health practices, behind the declining of Ongees population, modern food habits, both modern and traditional health care facilities has outlined. A review of literature reveals that Anthropologists have made significant contribution in these fields.

The first friendly contacts with the Ongees were consolidated by the British Administrator Portman (1886-87) whereas the first systematic monograph on the tribal of Andaman and Nicobar Islands was produced by Redcliffe Brown (1922), The Andaman Islander. Turner (1897) produced ‘Notes on the Andaman Islands from the existing information. Boden Closs (1903) ‘In the Andaman & Nicobar’, Guha (1954) studied the somatic traits of the Ongees, Gupta and Basu (1960) took up their skeletal as well as dermatoglyphic studies Nigam (1955-56) and Ganguly (1966) devoted themselves to the Ongees dialect and vocabulary respectively, Agarwal (1967) studied on reproductive life of Ongee women. Mathur (1969) produced his book as a chronicle of full two centuries – “History of Andaman and Nicobar Islands. Mann (1976) produced a paper “Defective strategy regarding a Nigrito tribe of Andaman.” Perry’s (1923) work “The Children of Sun”, can be recalled as the instance of ethnographic research of this trend. Hasan (1967) studied the cultural frontier of health in village India.

Health and health practices among the tribals, being a part of culture. It may also be studied along with the cultural change. In this regard we may refer the following works conducted by the social scientists, Anthropologists etc. viz. Baru’s (1986) work on “Genetics, Socio-
cultural and Health Care among tribal group of Jagdalpur and Konta tehsil of Bastar District, Madhya Pradesh." The Indian Statistical Institute, Calcutta (1992) published a important report of a preliminary study on infant mortality and major components in a Health Centre in Singur.


A good deal of publication related to the different aspects of development on the island and credit goes to the Anthropological Survey of India, Andaman & Nicobar Region, Port Blair and the Andaman & Nicobar Administration. Some work/studies on Ongees have already carried out in different aspect i.e., "The Changing Pattern of Ecological Adaptation of the Ongees of Little Andaman" (Raypa 1978). The economy of the hunting-gathering Ongees tribes was studied by, Pandit (1978).

Many professional journals of different disciplines brought out several research papers on the different aspects of culture and society of the land and people of Andaman & Nicobar Islands, for most among them being those of Royal Anthropological Institute, The Indian Geological Survey and the Royal Geography Society, to name of few.
The first available note worthy report on the Ongees is the survey report of Portman (1888). The British explorer and administrator, who went there to establish friendly relation with the Ongees, whereas Cipriani (1952-54) an Italian and the first anthropologist to conduct field work among the Ongees, said that the Ongees are almost the rare survivals of an ancient culture, who have preserved manners and habits which have already disappeared in other part of the world. He considering them an in-violated society and included them amongst the most backward people of mankind who have maintained a very simple form of social structure.

Ganguly (1953-57) was probably the first man to attempt a study of vocabulary of the Ongees. Nigam (1962) observe the attachment of a more or less defined or demarcated territory to each communal hut of Ongees on the basis of the sea product; procurement each communal hut aware of their rights and limitations of food collecting activities. Radcliffe Brown (1922) produced a book, ‘The Andaman Islander’ he documented in detail the social organization of widespread groups of the Islanders, their ceremonial, customs, religious and magical beliefs and myths and legends. Basu (1981-84) published a monograph ‘The Ongee’ specially touch the kinship system of Ongees, seeking the answer the question whether the Ongees can be considered in terms of elan.....”, Raypa (1978) studied the Ongees pattern of ecological adaptation in new setup in Little Andaman, whereas Pandit (1978) produced a paper on ‘the economy of the hunting gathering Ongees of Little Andaman’.
conducted a study on 'Health Culture, ethnomedicine and modern medical services among the Saora, a tribal group of Orissa.


Culture of tribes is deep rooted in their life and therefore it also shows its affect on the health of tribal people, such type of relationship was pointed out in the works of Hasan (1967), Sahay (2001), Yadav (2002) etc. A remarkable study of Sharma (2003) was conducted on slow and steady growth of tribal welfare and development in the Andaman & Nicobar Island.

1.5.0 NEED AND SIGNIFICANCE OF THE STUDY

The Andaman and Nicobar Islands has the largest concentration of primitive Negrito tribal population in the Indian subcontinent. After independence various measures have been devised and implemented for the overall upliftment of such tribal communities, but tribal welfare &
development, even health and population growth have remained very slow and steady.

Health is the most pertinent indicator of the social worth of an individual. That's why, the cultural contact and changing health practices of the Ongees is needed to study because these people are sensitive, isolated, small in size, with in cultural contact of outside society and declining in population size.

The study is also significant to go through the effect of their environment and outside culture on their habits of living with their demographic features, such as marriage pattern, marriage type, religion, birth and death rituals, traditional and modern health practices, continuity and discontinuity of traditional and modern food habits etc.

The present study was carried out to highlight the facts, that is happen due to cultural contact, new setup, introduction of modern medicine, scarcity of forest produce, introduction of new/modern technology, food habit, colony type limited area to live in limited/restricted areas for hunting, fishing are left, changes of health practices due to cultural contact.

The significance of the study is to find out and highlight the culture and society, beliefs and customs, continuities and discontinuities of traditional activities due to the contact of other culture. Valuation of social participation and interaction with the outside/neighbouring society; To find out the factors related to change in traditional food habits, activities of
traditional health practices to modern practices, which gave an impact or effect their simple life styles due to cultural contact. Major changes that took place due cultural contact or resettlement and other welfare programme. An attempt will also be made to find out the factors behind the declining of Ongees population due to modern food habit of modern health practice or by the new setup. Simultaneously, to find out the reasons behind to partial acceptance of modern health practice and other facilities; to find out the level of awareness regarding welfare activities in Ongees settlement - (Dugong Creek and South Bay) at Little Andaman; to access the level of health care facilities, both modern and traditional among the Ongees of both the settlement area; to design an effective community participation in large scale welfare programme.

An attempt will be made to suggest a permanent infrastructure and develop strategy for development of the Ongees of Little Andaman. The significance of the study is to generate critical information required for effective planning and formulation of health care strategies among the Ongees of Little Andaman. The present investigation focuses on socio-cultural and environmental correlates, in depth investigation of health profile, prevalent diseases, health seeking behaviour and vital dimensions of the study.

The result of the study will be provided to the union territory health authorities and welfare department/agencies Andaman Adim Janjati Vikas Samiti (AAJVS) of Andaman and Nicobar Administration for augmentation of preventive and promotive health care. It is a well known
fact that Ongees of Little Andaman are one of the most primitive tribes of Andaman and Nicobar Islands. The central and Island Administration are committed to improve their over all living standards, the present attempt will be useful in uplifting the health and standard of life of the Ongees of Little Andaman.

In short, Government will be benefited by this investigation in improving the living standard of Ongees of Little Andaman, which is one of the most primitive tribal communities in Andaman and Nicobar island. On the other hand Ongees of Little Andaman will be benefited directly, if the Government (Andaman and Nicobar Administration) implements the programmes based on our findings to improve the quality and standard of life. Academicians, professionals, planners may be benefited by using knowledge (based on our investigations) of herbal medicines, practised among the Ongees of Little Andaman for further researches. Thus, the significance of the present work has a very high value to improve overall regional development and welfare of the dweller of Dugong Creek and South Bay of Little Andaman.

1.6.0 OBJECTIVE OF THE STUDY

The objective of the study is to give momentum to slow and steady health programmes or efforts to uplift the health status and population growth among Ongees. However, the main objectives of the study are:
(a) To find out the facts related to changes of beliefs, customs, continuities and discontinuities of traditional activities due to cultural contact.

(b) To find out the social participation and interactions with the outside society, neighbouring community.

(c) To find out the factors related to change in traditional food habits, traditional health practices to modern practices.

(d) To find out the major changes took place due to resettlement and other welfare programmes.

(e) An attempt will also be made to find out the factors behind the declining population of Ongees population.

(f) To find out the factors to partial acceptance of modern health practices and other welfare facilities.

(g) To assess the level of health care facilities both the traditional and modern among the Ongees of both the settlement i.e. Dugong Creek and South Bay.

(h) An attempt was made to suggest a permanent infrastructure and develop strategy for development of Ongees of Little Andaman.
1.7.0 PLAN OF STUDY

In order to achieve the objectives, the study was planned in three phases:

Phase I

An Exploratory pilot survey will be conducted to understand the distribution of Ongees population in Dugong Creek and South Bay (Little Andaman). This phase is devoted to identifying the sample and consulting the library, preparation of interview schedule, etc.

Phase II

To enumerate detail field work among the Ongees of Dugong Creek and South Bay (Little Andaman) Information on the relative aspects have been collected by using appropriate schedule with participants observations.

Phase III

To compile collected data, analysis and processing, writing, typing, printing and binding of the report etc.

1.8.0 PICTURESQUE OF THE STUDY

For convenience the thesis is divided into thirteen chapters; first - introduction, second - the material and methodology, third - socio-demographic profile of Ongees, forth - historical background of cultural contact of Ongees, fifth - cultural contact and changing Ongees culture,
sixth – cultural contact and changing Onges economy: role of welfare agencies, seventh – cultural contact and changing health practices of Onges, eighth – cultural contact and aspects related to reproductive health problems, ninth – cultural contact and dietary habits of Onges, tenth – cultural contact and changing antenatal care and delivery health practices, eleventh – cultural contact and environmental sanitation, sanitary habits and personal hygiene, twelfth – cultural contact and aspects of population decline and thirteenth – summary and conclusions.

The First Chapter: is the general introduction of cultural contact and changing health practices among the Onges of Little Andaman, review of literature, statement of study, delimitation of the study, the need and significance of the study, the objective of the study, the plan of the study and the picturesque of the study.

The Second Chapter: is the material and methods consist of presenting a picturesque of Andaman and Nicobar Island, the description of field area, it includes information of the Andaman and Nicobar Island geography of Andaman district, its history, language and religion, population, climate, tehsils, town and villages, rivers, education, medical, economic structure, industrial development etc. The target population, Onges of Little Andaman Island, aspects of their origin, dress and ornaments, language and communication, occupation and economic structure, customs of marriage, adolescence ceremony (Tanagiru) death, birth, god-goddess are described on the basis of observation. Material of study, age wise distribution of samples, Methods of study, i.e. Interview schedule used,
social information, use of secondary data and demographic formula used are also given in this chapter.

The Third Chapter: This chapter is concerned with the socio-demographic profile of the Ongees of the Little Andaman. In this chapter socio-demographic picture is presented on the basis of data reported during field work. It comprises of information regarding clan/band distribution of samples, type of marriage, clan/band exogamy, preferential marriages, types of families, main and secondary occupation of families and male member of household, education, types of means of information about rest of the world, domestication of animals, monthly income of households etc.

The Fourth Chapter: It deals with the historical background of cultural contact of Ongees. This chapter highlights the situation prior and after the Ongees came in to the contact of outside world, first friendly contact made by Britihers and the Administrator of free India. Hostility towards outsiders finally rehabilitated in the areas i.e. Dugong Creek and South Bay in Little Andaman by the Andaman and Nicobar Administration.

The Fifth Chapter: The chapter deals with the factors related to change the Ongees culture in various aspects, due to the cultural contact with neighbouring/surrounding non-ongees population, impact of Ongees settlement, changes of daily life style, changes of accommodation, performance of traditional activities, limited area (forest) for the traditional hunting games etc.
The Sixth Chapter: The chapter highlights the changing economy system, introducing cash economy, appointment/engagements in government modern job, providing/imposing free ration and dole, enforced labour to work in coconut plantation, introducing of wage earning and very important person visitations of the settlements, displacement of Ongees from eastern coastal region and exploitation of forest and sea resources by the non-Ongee, rehabilitation of refugees from then East Pakistan, Sri Lankan repatriates, the Nicobarese from Car Nicobar island and Moplahs from the South Andaman Island, role of welfare agencies.

The Seventh Chapter: Changing health practices of the Ongees, it deals with indigenous health practices as well as modern health awareness, indigenous system of medicines used by the Ongees for cure of different disease such as fever, cough and cold, body and chest pain, first menstruation and during first delivery and diarrhoea, immunisation etc.

The Eighth Chapter: Cultural contact and aspects related to reproductive health problems, chapter contains information regarding reproductivity of Ongees couple, since introducing new environment, food habits and in complex cultural zone.

The Chapter Ninth: This chapter elucidates the information regarding visits to primary health centre for antenatal check-up by mother, vaccination of pregnant mothers against tetanus, intake of iron and folic tablets, span of taking rest after delivery and before delivery. Place of delivery of last child, health problems faced by mother during last
delivery, special food for pregnant mother before and after delivery for extra nutrition to mother, delivery care and conducted by, instrument used for cutting naval cord and dressing material applied on naval cord.

The Chapter Tenth: Dietary habits or intake of food among the Ongees is studies under chapter ninth - the chapter emphasizes the changes of food habits, traditional food habits and modern food preparation and consumption, maintenance of time schedule etc.

The Eleventh Chapter: deals with the environmental sanitation, sanitary habits and personal hygiene aspects. This chapter comprises of study of source of drinking water, utensils used for the storage of water, disposal of sullage water, sanitation around the residence, disposal of garbage, cleaning habits of home, habit of taking bath, material used for taking bath, cleaning habits of teeth, materials used for cleaning the teeth, cleaning habits of clothes, materials used for cleaning clothes and cleaning habits of hair or use of oil.

The Chapter Twelve deals with the aspects of Ongees population declining due to cultural contact.

The Thirteenth Chapter: The chapter deals with the conclusion and summarisation of the study in brief.