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# Health care practices among Agrarian Lambani community

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### ABSTRACT

Pluralism in health care practices needs the pragmatism to have strong roots in the cultural practices. Any community which has to have continuous confrontation with nature develops methods which are not disturbing the balance which is naturally established and existing. Further these communities opt for the methods which are easy to follow and easy to practice. Migrating communities have more opportunities to face different kinds of environment and certainly develop more methods to face the disturbances in health conditions. Lambani community is one such community with history of migrating life style. Lambani community is characterized by the socio-cultural practices which are connected to nature, especially to forest and products of forests. Being a community with long history of nomadic life styles, is having greater chances to accommodate various health practices found in other communities while dealing with them during their migratory course of community development. Further, unique language and life style of this community prevented whatever information gathered in community to remain within the community for long time. Thus this community got more chances to collect knowledge than sharing health care practices which involve utilization of forest products are more easier to follow and practice few of these practices existed even today the community to maintain health under certain conditions. Information about their health care practices passes from generation to generation. However, certain resource persons who adopt the life style to serve community with their health care knowledge are also present in this community. These persons though some time collect nominal reward for having rendered their service as knowledge resource of the community. A study of these practices and those of knowledge resource persons have been made in Davanagere District of Karnataka state, India. Role of knowledge of health care practices and resource persons in community has been discussed. Pressure of modernization on these practices and reaction of the community have been observed and recorded for the discussion.

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### Introduction

Lambani community is a unique tribal community having long history of maintaining certain socio-cultural practices despite its communication with other communities which are changing their cultural practices with time and space. Dress code of women is unique and attracts attention of others even today. Reasons for strict following of dress code and adoration practice have been attributed to assist the recognition of women while they are dealing with other people. Since women play vital role in income generation, usually through selling the forest products to city dwellers these women preferred to have dress which helps them to move easily and attracts the attention easily.

Being basically a community living in close proximity of forest this community adopted utilization of forest products to maintain health. With the advance of time some members of the community changed their life styles. Those who got the land entered into farming. But they maintained the certain traditional practices; especially most of the women still maintain their traditional style of dressing and adoration. Their adherence to their language and specific women dress and adoration are unique. A community with this kind of love for tradition certainly seems to have knowledge resource following the generations. There are various studies dealing with life styles and cultural practices among Lambani community (Halbar 1989, Sannaramu 1999). When any community adapts to the situations

arising out of modernization, certain amount of cultural practices either get lost to the community or exit with modification in the community.

Lambani community which used to generate income through trade of forest produce when shifted to other mode of income generation gradually followed the life style which provides little interaction with forest. However, those who shifted to agriculture and related activities still have opportunities to live close to nature. Since their life styles changed in recent years, these farming members of the community unlike other farming communities have specific knowledge about dealing with the health problems. These farming Lambani communities after settling to the agriculture utilized their collected information about health care practices and shared them with other communities. It has been observed that certain members of the Lambani community are serving as herbal healers in various parts of Karnataka (Sannaramu 1999). Even within the community certain families adopted herbal healing as family profession and were recognized as herbal healers.

Health care practices which were once not confined to any particular family lead to the recognition of certain families as herbal healers due to change in life styles is a clear evidence of pluralism and pragmatism.

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These herbal healers sometimes adopt certain behaviours and force some restrictions to get the benefit from them. Usually restricting of healing consultations on full moon day or on new moon day is common. Further, getting fixed amount of money or any agricultural product is usually followed. Healing in the name of certain deity or goddess is quite common and some healers involve worship of their deity as a part of healing. For mind set of tribal community visiting hospital with modern equipment always seems to bring pressure on their faith and traditional following. But an herbal healer from their community assures them that they are not violating the traditions through consulting them. However this type of cultural change influences the community in various aspects. In certain cases it has been observed that certain families get modern facilities of medicine only after suggestions from these herbal healers. Community members usually find no contradiction in adapting any method until it is under the purview of herbal healer in whom they have faith. Thus there exist groups of community members who seek help from different healers.

These herbal healers in this community with their specific knowledge of healing occupy the social status which can be considered as superior to others. Not many studies have been made on these healers and their role in the community. Traditionally those sections which were considered as inferior within community were also herbal healers. Those Lambani families which use to serve as messengers and treated as inferior were getting importance due to their engagement in herbal healing has been observed. Health care practices influencing the socio-cultural structure are clearly evident in Lambani agrarian community. It has been considered that study on these herbal healers and their role in community helps to understand the pluralism and pragmatic approach of health care practices. Accordingly a study has been undertaken in Karnataka state (South India). Davanagere is a district with considerable population of Lambani community which shifted to agriculture and settled life. About ten herbal healers belonging to ten Lambani settlements have been interviewed and Lambani families in these villages were approached to collect the data needed.

#### **Material and Methods**

Davanagere is the prominent district in the Karnataka state of India. District is known for the cotton mills. Agriculture and cotton business dominates the economic activity. In habitation of Lambani community in this district dates back to pre independence days. British records support the inhabitation of Lambani community during their ruling period. Land reformation activities and further reformations of tribal communities involve adaptation of agriculture of agriculture by Lambani community.

Lambani abode, usually recognized as 'tanda' are residential areas of this community. During nomadic migratory period these abodes are temporary residential areas away from the nearby main villages. This type of keeping the distance use to allow the members of this community to follow their cultural activities without disturbing the people of nearby villages. Since Lambani community was not included in the list of untouchable communities by traditional people construction of tandas away from village seems to be only to keep safe distance to perform cultural activities which usually involve singing and dancing. As the cultural changes got into modern wheel distance between tandas and main village gradually reduced. Further tandas turned into villages by incorporating people from other communities.

However there are many villages with tandas under their village government at present. Some villages are named with suffix "tanda".

Tanda, a Lambani dominated area usually consists Lambani families. In case of extension of village up to tanda may result in tanda getting the status of part of the village. Sometimes tandas over extend the village and resulting residential area may get the status of village and recognized as tanda of that village to which was close by in early days.

Tandas unlike typical village have residential areas usually in uniform pattern. Though some differentiation in material used and space occupied by rich and poor could be noticed, there exists no strata based on any other obvious categorization. Tandas provide opportunity to study the village structure by single community.

In the present study ten randomly selected lamb ani abodes were included. Since these involves healthcare practices among agrarian Lambani community, herbal healers of these villages and their clients especially those belonging to agriculturally active Lambani families have been consulted for the data collection.

Information collected through interviews with healers and with clients. Among the randomly selected healers three women healers are there. For collecting information frequent visits and rapport building sessions were held and questionnaire was filled with the answers from respondents.

#### **Observations**

It has been observed that, herbal healers treat various common health problems. These are some specialists claiming successfully treating barrenness in few of the women. Most common women problem which needs definite treatment seems to be irritable vaginal discharge usually referred to as white discharge. While there are majority of male healers the majority of patients involve female. This probably could be due to more complicated health problems of women and also due to confidence of women to share such problems with familiar person.

Apart from treating people these herbal healers are treating animals also. In agricultural atmosphere cows, buffalos, sheep and bullocks getting some health problem are common. Most of the materials use to treat involve some common herbs and materials. Instructions to use the required material at needed amount are suggested by the healers.

It has been observed that cow's milk, urine of cow, neem, and pepper are more commonly used. Among the problems of people, jaundice, while discharge, cough, cold, wounds, dysentery are common. Women healers are expert and known for helping in delivery. It has been reported that some families prefer to take assistance of these healers in delivery than going to hospitals. However, number of such families is few (only 5 families out of 850 families consulted).

#### **Healers and faith in super power:**

Out of ten healers seven healing attribute their healing success to the deity they worship and give flowers and banana kept before their worshipping deity. In three healers this god is mythological Hanuman and in four cases it is female. Superpower referred to as Kariyamma, Daymavvaa, Jattamma and Chowdamma. In case of healer from Mavinakoppa tanda who insists on five lemon for any treatment offer those lemon to deity and return one lemon to patient and recommends that be kept bedside till the entire cure and disposal into well after the completion of treatment.

Except of two healers there seems to be strict attending day of the week. Usually Tuesday and Thursday are preferred. Healer from Benkikere offers treatment on every new moon day for menstrual trouble which involves only eating of betel leaf along with jiggery lime. It has been reported that this medicine that is just eating this on that day at that place cures problems of many. However, this healer treats other problem with other medicines on other days. It appears that healers follow certain procedures which are very different to put into cause and effect logic.

#### **Healers Social Status**

Among the people of tanda herbal healers are treated with respect. Some healers are famous and their fame is not restricted to tanda where they inhabit. Female herbal healer in Kabla tanda is known for giving medicine to barrenness in women. She gives medicine which is concealed in the banana pulp and asks the women patient to swallow there only. However she asks them to come on any three days in between their monthly period. Here success in removing barrenness is attracting people from other tandas and other villages. She says she got her healing system from her mother. Though she belongs to Dhaddi, a small group of Lambani community known for living based on performing instrument during festivals and celebrations. She gets respect from all community members due to her healing capacity. Another healer from Devarahalli belongs to Dhallya group which is a sub group traditionally depend on carrying message from one abode to another abode. Usually these members of Dhallya groups were considered as inferiors, but herbal healing activity of member of this community provides respect has been observed. It appears that service offered is valued than the traditional status of the healer.

#### **People depending on herbal healers**

It has been observed that majority of the women belonging to agrarian Lambani community then males seek the help from herbal healers women belonging to age group above 40 years appear to depend more on herbal healers than the younger groups. However, no respondent among women or men reported to depend entirely on herbal healers. Usual practice is to approach herbal healers at early stage and waiting for the treatment for few days and then turning to primary health centres to get allopathic medicine. Further few families reported that they go to herbal healers only after their namely treatments fail to treat. Among the homely treatments for common problems using of honey, pepper, onion, garlic and turmeric appears to be common.

Men seeking help of herbal healers usually approach them for jaundice, fractures, and snake bite and rarely for impotence. Out of 875 males interviewed only 23 males spread across age group of 20 to 60 reported to have been consulted herbal healers for impotence whereas out of 984 females, about 55% of female above the age of 20 have been reported to visit herbal healers for their menstrual problems at least once in their life time. Next to menstrual problem, problem of back ache seems to be second major health problems which makes the females to seek help of herbal healers. In case of male breathing problems and stomach ache constitute major health problems which forces to seek help from herbal healers.

Among the diseases of children, vomiting and stomach troubles constitute major health problem in age group below 10 years (64%). It appears that children below the 10 years age group get very little help from herbal healers since parents usually prefer to consult primary health centres.

#### **Discussion**

Establishment of herbal healers along with the establishment of agrarian families indicates that health care practices play important role in socio-cultural structure of the community. Community members feel safe with the herbal healers belonging to their community. Further women in this community play dominant role in income generation and thus her decision to seek help from healers despite the availability of hospital service is accepted.

Women in this community usually know some traditional methods of treating common health problems has been reported (Naik, 2007, Sannarama 1999, Allan K., 1995). In case of families which are active in agriculture and restricted their movement find it difficult to collect and search certain herbs needed for treatment have no option but to consult herbal healers.

One of the reported prominent aspects of Lambani women is to have tattoos (engravings on skin) to avoid certain diseases seems to be disappearing in the age group below 30 years. Percentage of women getting at least once tattooed decreased to 12% in age group, 20-30 and 0% in lower age group, whereas percentage of tattooed women in age group 60-70 years is 63% followed by 58% in 50-60 years age group. This indicates that faith in role of tattooing in curing diseases is either decreasing or women are avoiding tattoos. This could not be attributed to increased faith in herbal healers since many of the women expressed that they are not finding opportunity to have tattoos and not finding experts to inflict tattoos in traditional way. Their unwillingness have tattoos by electrical instruments as expressed suggests that they have faith in tattoos but not in the modern methods of tattooing. Observations recorded revealed that in a community with a traditional history of migratory lifestyle when settles with agricultural practice adopts the pattern in which certain individuals take the responsibility. In Lambani community persons with resource of knowledge as observed in study follow the procedures of healers established in village structure. Their receiving of reward is not different from the other traditional villages. Further tribal culture background allow very little to change the attitude of people. Usually tribal people turn to traditional healers during illness, main reason for this kind of behaviour has been attributed to readily available familiar service at the doorstep (Naidu, et.al. 2007). Healers under study seem to establish faith in their patients by religious activity which is not uncommon in the history of medical anthropology.

#### **Conclusion:**

Present study of herbal healers and their patients in Lambani dominated residential areas with agricultural activities indicate that there exists scope for understanding the role of healthcare practices in establishing the socio cultural practices suitable to community. Herbal healers those who play important role in community can be approached to invite the reforms in healthcare practices since they form the bond between people and their health care needs. Study reveals that tribal socio-cultural atmosphere allow modification within the community than seeking solutions outside the community. Establishment of healers with treatment knowledge resource suggests this aspect. Accepting the healers from lower sub groups suggest that health care is the important aspect and treatment knowledge should be given thought.

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