

Health Culture and Health Seeking Behaviour Among The Semi-nomadic Lohar- Gadiyas of Malthon Town of Sagar District, Madhya Pradesh

Ankur Yadav and A.N. Sharma

INTRODUCTION

Health is man's natural condition, therefore, it is always a major concern of community development, and problems of health are the problems of national importance. It is well known fact that health and disease are interrelated and their concept varies from culture to culture and people to people, especially in tribal and other backward communities, because their concept of health and health seeking behaviour is a part of their culture. Health status and health seeking behaviour of different tribal and backward groups is influenced by their entire way of life like culture, including social and economic condition, nutrition, living conditions, housing, education, food habits, taboos and superstition, socio- religious beliefs and practices, use of indigenous Medicare system, income, communication and transportation, ecology, demography, socio-biological practices, genetics attributes and the health service etc. These entire interacting subsystems complex as a whole is termed health culture. Some notable contribution in studying health seeking behaviour are made by Polgar (1962), Saraswati Swain (1992), Chatterjee (1993), Pandey et al. (1996), Sharma and Sharma (2000) and Pandey et al. (2000).

Here, in this paper an attempt is made to study their health culture and assess health seeking behaviour.

MATERIALS AND METHOD

The present study is conducted in Malthon town of Sagar District, Madhya Pradesh. The block Malthon in which Malthon town comes lie in between 24°01' north and 78°18' east and covers an area of 756 sq. kms, whereas Malthon town covers an area of 4 sq. kms. The Malthon town is situated exactly on the national high way number twenty six, on Sagar-Jhansi road about sixty kms away from Sagar headquarter.

The Lohar-Gadiyas are sedentized in nature,

i.e., they are seminomadic and are in a phase of transition, between settlement and nomadism. They stay in Malthon town in a camp by making their tent like houses on wooden pillars by polythene roof from first week of July to second-third week of November and than from there, they migrated to different parts of Madhya Pradesh on their bullock carts and again come back to Malthon, on the same time next year. Their main occupation is blacksmith work, i.e., they prepared the iron articles by primitive techniques therefore they are pronounced by the name of Lohar-Gadiya in Bundelkhand region of Madhya Pradesh.

The entire populations of 677 individuals distributed in 127 households were covered in the study. The present study is based on interview of 127 households and conducted by sampling and semi-participant method using structured schedule. In interview the discussion is made in large to get indepth information.

RESULTS AND CONCLUSION

The results of the study are presented in the following headings:

(1) *Concept of Health*: It has been observed during the study that cent percent Lohar-Gadiya thoughts, a person who is not having any disease is considered to be healthy person (Table 1). Whereas, about illness or sickness, most of Lohar-Gadiya belief it is caused by the combination of mercy of God, natural causes and witchery they (62.20), followed by those, who thought it is caused only by the mercy of God

Table 1: The concept of health among Lohar-Gadiyas

S. No.	Response	Absolute number	Percent
1.	Individual having tall stature	-	-
2.	Individual look healthy	-	-
3.	Individual having no disease	127	100.00
Total		127	100.00

(37.80) (Table 2). On asking Lohar-Gadiyas to tell about specific causes for particular disease, all the cent per cent Lohar- Gadiya respondent that

Table 2: The concept of disease among the Lohar-Gadiyas

S. No.	Cause	Absolute number	Percent
1.	By the mercy of God	48	37.80
2.	By natural cause	-	-
3.	By witchery	-	-
4.	By the combination of all above mentioned causes	79	62.20
Total		127	100.00

fever, headache, bodyache, skinburn, eye infection, bristles and palm wounds are caused by excess of work in heat, while loose- motion, stomachache, vomiting, toothache and oral ulcer are caused by irregular food habits and excess intake of uncooked food, snake-bite, dogbite, infertility are caused by natural causes (i.e. by accident or by luck or by mercy of God), cold due to anger of Goddess Durga i.e., Shetala matta (Table 3).

As per the respondents the major diseases prevalent among the Lohar-Gadiya's are fever, malaria, cold, headache, bodyache, bristles,

swelling in hand and foote of female, oral ulcer, skin disease, malnutrition, excess fertility rate, improper sanitation and excess death rate (Table 4).

(2) *Health Seeking Behaviour*: All the Lohar-Gadiya by and large aware of government medical facilities and primarily adopted Government medical facilities of Government Doctors, Primary health Centres, District Hospital (100.00 per cent) respectively and if their medicine not suited them than they went for private doctors as a second and last option, located in near by their area (100.00 per cent). All the cent percent individuals were responded that they know free medicine are distributed in Primary Health Centre and District Hospital and few of them (53.54 percent) also reported that free medicine is also distributed by the private doctor in their consultancy fee. All the cent percent Lohar-Gadiyas also reported that these free medicine are useful and allopathic, but in them about 61.42 per cent individuals reported that quality of free medicine is not good, because some time it cause side-effects on them due to which patient become more weaker and unable to work, while sometime it will not effect them to cure from diseases. They also demand for some other form of medical facilities like Homeopathic, Ayurvedic etc. which cause no side- effects to

Table 3: The cause of disease according to Lohar- Gadiyas

S. No.	Disease	Due to excess of work		Due to irregular food habit		Due to cold		Due to natural causes		Due to weakness		By the anger of Goddess Durga		Total	
		Ab	Pc	Ab	Pc	Ab	Pc	Ab	Pc	Ab	Pc	Ab	Pc	Ab	Pc
1.	Fever	127	100	-	-	-	-	-	-	-	-	-	-	127	100
2.	Jaundice	-	-	-	-	-	-	-	-	127	100	-	-	127	100
3.	Headache	127	100	-	-	-	-	-	-	-	-	-	-	127	100
4.	Loose motion	-	-	127	100	-	-	-	-	-	-	-	-	127	100
5.	Stomachache	-	-	127	100	-	-	-	-	-	-	-	-	127	100
6.	Vomiting	-	-	127	100	-	-	-	-	-	-	-	-	127	100
7.	Toothache	-	-	127	100	-	-	-	-	-	-	-	-	127	100
8.	Oral ulcer	-	-	127	100	-	-	-	-	-	-	-	-	127	100
9.	Cold	-	-	-	-	127	100	-	-	-	-	-	-	127	100
10.	Snake bite	-	-	-	-	-	-	127	100	-	-	-	-	127	100
11.	Dog bite	-	-	-	-	-	-	127	100	-	-	-	-	127	100
12.	Infertility	-	-	-	-	-	-	127	100	-	-	-	-	127	100
13.	Smallpox	-	-	-	-	-	-	-	-	-	-	127	100	127	100
14.	Skin burn	127	100	-	-	-	-	-	-	-	-	-	-	127	100
15.	Eye infection	127	100	-	-	-	-	-	-	-	-	-	-	127	100
16.	Bristles	127	100	-	-	-	-	-	-	-	-	-	-	127	100
17.	Palm Wounds	127	100	-	-	-	-	-	-	-	-	-	-	127	100

Ab = Absolute number Pc = Percent

Table 4: Health problems among Lohar-Gadiyas according to them

S. No.	Response regarding health problems	Yes		No		Can't say		Total	
		Ab	Pc	Ab	Pc	Ab	Pc	Ab	Pc
1.	Excess Death rate	39	30.70	87	68.50	1	0.78	127	100.00
2.	Excess Fertility rate	98	77.16	27	21.25	2	1.57	127	100.00
3.	Skin diseases	34	26.77	91	71.65	2	1.57	127	100.00
4.	Fever	127	100.00	-	-	-	-	127	100.00
5.	Improper Sanitation	120	94.45	7	5.51	-	-	127	100.00
6.	Malnutrition	121	95.27	5	3.93	1	0.78	127	100.00
7.	Malaria	126	99.21	-	-	1	0.78	127	100.00
8.	Polio	3	2.36	83	65.35	41	32.28	127	100.00
9.	Leprosy	-	-	120	94.45	7	5.51	127	100.00
10.	Asthma	12	9.45	108	85.03	7	5.51	127	100.00
11.	Jaundice	17	13.83	98	77.16	12	9.45	127	100.00
12.	Nightblindness	4	3.15	117	92.12	6	4.72	127	100.00
13.	Cold	48	37.79	79	62.21	-	-	127	100.00
14.	Bristles	78	61.41	42	33.08	7	5.51	127	100.00
15.	Bodyache	114	89.76	13	10.24	-	-	127	100.00
16.	Headache	108	85.03	19	14.97	-	-	127	100.00
17.	Swelling in hand & foot of females	114	61.41	11	8.66	2	1.57	127	100.00
18.	Pneumonia	13	10.24	114	89.76	-	-	127	100.00
19.	Oral ulcer	79	62.21	45	35.43	3	2.36	127	100.00
20.	Eye infection	23	18.12	104	81.88	-	-	127	100.00

them and also not expensive because available Allopathic medicines in market are expensive and heat causing and their nutritional status is low because of poor economical level or status.

Almost all the cent percent Lohar-Gadiya performed no socio-cultural act and uses no indigenous medicine or ethnomedicine against any disease except for smallpox, jaundice, infertility, antifertility and for rest of other disease they went to doctors and hospital for treatment.

In small pox, all the cent per cent Lohar-Gadiyas offer pray and water to Goddess Durga in morning and perform no work and also take a bed rest, in jaundice 81.89 per cent individual went to doctors or hospital for treatment while 18.11 per cent individuals went for sorcery. In infertility all the cent percent respondent went for doctors/hospitals, sorcery, offer pray to God and Goddess. For antifertility purpose, Lohar-Gadiyas female eat roots of Banana tree by performing one ritual, in which they eat the roots of Banana tree twice a day (in morning and evening) by boiling it in water on the day of Diwali (a festival of light) in a year.

The maximum of Lohar-Gadiyas women give birth to their children in hospital (55.90%) followed those which gives birth to some of their children's in hospital and house both (22.83%) as per

availability than those which give birth to their children in home (21.25%). It is also found that most of Lohar-Gadiya household's immunized all their children (76.37%) followed by those which not immunized any of their children (18.11%) because they have afraid of fever and injection, than those who immunized few of their children (5.51%). (Table 5)

These Lohar-Gadiyas live near the town and cities, therefore their health seeking behaviour is majority influenced by urban communities of India so that they are well aware of Primary Health Centre and District hospital and most of the services provided by these centres.

It is suggested for the Local Administration, Government of India and non-government organizations that they should provide other form of medical facilities to Lohar-Gadiyas like Ayurvedic and Homeopathic, which will cause no side effects to them and improve the quality and quantity of medicine for all the diseases. It is also experienced during the study that there is a urgent need of Government or non-government agencies to plan some educational plan to educate Lohar-Gadiya's about cause of smallpox, jaundice, infertility and family welfare devices and also to promote the scientific knowledge of health and illness.

Table 5: Health seeking behaviour of the Lohar-Gadiyas

S. No.	Responses	Yes		No		Total	
		Ab	Pc	Ab	Pc	Ab	Pc
1.	<i>Place for Treatment</i>						
	<i>(First Option for Treatment)</i>						
	(i) Primary Health Centre	127	100.00	-	-	127	100.00
	(ii) District Hospital	127	100.00	-	-	127	100.00
	(iii) Government Doctor	127	100.00	-	-	127	100.00
	(iv) Private Doctor	-	-	127	100.00	127	100.00
	(v) Private Clinic or Hospital	-	-	127	100.00	127	100.00
	<i>(Second Option for Treatment)</i>						
	(i) Private Doctor	127	100.00	-	-	127	100.00
	(ii) Private Clinic or Hospital	127	100.00	-	-	127	100.00
	(iii) Ochaha (Local Priest)	78	61.41	49	38.59	127	100.00
2.	<i>Institution for Free Medicines</i>						
	(i) Primary health Centre	127	100.00	-	-	127	100.00
	(ii) District Hospital	127	100.00	-	-	127	100.00
	(iii) Private Doctor	68	53.54	59	46.46	127	100.00
	(iv) Private Clinic	-	-	127	100.00	127	100.00
3.	<i>Is Free Medicine are Useful</i>						
	(i) Useful	127	100.00	-	-	127	100.00
	(ii) Not useful	-	-	127	100.00	127	100.00
4.	<i>Quality of Distributed Free Medicine</i>						
	(i) Good	49	38.58	78	61.42	127	100.00
	(ii) Not good	78	61.42	49	38.58	127	100.00
5.	<i>Type of Medical Facility Utilized by Them</i>						
	(i) Allopathic	127	100.00	-	-	127	100.00
	(ii) Ayurvedic	-	-	127	100.00	127	100.00
	(iii) Homeopathic	-	-	127	100.00	127	100.00
	(iv) Traditional	-	-	127	100.00	127	100.00
	(v) Household	-	-	127	100.00	127	100.00
6.	<i>Mode of Treatment of Disease Except for Jaundice, Small Pox, Infertility, Antifertility</i>						
	(i) Hospital	127	100.00	-	-	127	100.00
	(ii) Doctor	127	100.00	-	-	127	100.00
	(iii) Sorcery	-	-	127	100.00	127	100.00
	(iv) Offering pray to God or Goddess	-	-	127	100.00	127	100.00
7.	<i>For Smallpox Treatment</i>						
	(i) Hospital	-	-	127	100.00	127	100.00
	(ii) Doctor	-	-	127	100.00	127	100.00
	(iii) Sorcery	-	-	127	100.00	127	100.00
	(iv) Offering water to Goddess Durga	127	100.00	-	-	127	100.00
8.	<i>For Jaundice and Infertility Treatment</i>						
	(i) Sorcery	23	18.11	104	81.89	127	100.00
	(ii) Hospital	104	81.89	23	18.11	127	100.00
	(iii) Offering water and pray to God/Goddess	23	18.11	104	81.89	127	100.00
	(iv) Doctor	104	81.89	23	18.11	127	100.00
9.	<i>Place of Delivery</i>						
	(i) Hospital	71	55.90	56	44.1	127	100.00
	(ii) Home	27	21.25	100	78.75	127	100.00
	(iii) Some in hospital and some in home as per availability	29	22.83	98	77.17	127	100.00
10.	<i>Level of Children's Immunization</i>						
	(i) Immunized all their children's	97	76.37	30	23.63	127	100.00
	(ii) Immunized few of their children's	7	5.51	120	94.49	127	100.00
	(iii) Not immunized any of their children's	23	18.11	104	81.89	127	100.00

KEY WORDS Health Culture. Health Seeking Behaviour. Lohar-Gadiya.

ABSTRACT The Lohar-Gadiya of Malthon town are a backward group of people who move periodically between the two fixed place in the certain months of years with their bullock carts; and engaged themselves in blacksmith work by indigenous techniques. The present paper is based on the interview of 127 households, using structured schedule by random sampling and semi-participant method. Objective of the present study is to assess the health culture and health seeking behaviour among semi-nomadic Lohar-Gadiya of Malthon town of Sagar District, Madhya Pradesh. It may be concluded that the health culture and health seeking behaviour among them is highly influenced with urban communities, but for few disease their concept are very poor which is to be uplifted., by medical officer's by organizing medical camps and visiting their houses etc.

REFERENCES

- Chatterjee, K.K.: Health status of tribal women. *Social Change*, **23 (4)**: 53-55 (1993).
- Mishra, P.K.: *The Nomadic Gadulia Lohar of Eastern Rajasthan*, A.S.I., Calcutta (1977).
- Pandey, G.P. et al.: Socio-Cultural characteristics and health seeking behaviour of Khairwars of M.P. *Journal of Family Welfare*, **42**: 31-34 (1996).
- Polgar, Steven: Health and human behaviour areas of interest common to the social and medical science. *Current Anthropology*, **3**: 159-205 (1962).
- Sharma, A.N. and Sharma, N.M.: Indigenous health practices related to fever among Bharias of Patakot, Madhya Pradesh, *Tribal Health Bulletin*, **6**: 6-8 (2000).
- Swain, Saraswati: Health diseases and health seeking behaviour of Tribal people of India, pp. 13-25. In: *Tribal Health in India*, Salil Basu (Ed.). Manak Publication Pvt. Ltd., New Delhi (1994).
- Yadav, Ankur.: *The Study of Health, Illness and Health Seeking Behaviour Among Semi-nomadic Lohar-Gadiyas of Malthon block of Sagar District, Madhya Pradesh.*, Department of Anthropology, Dr. H. S. Gour University, Sagar, M.Sc., Dissertation (Unpublished) (2000).

Authors' Address: Ankur Yadav and A.N. Sharma, Department of Anthropology, Dr. Harisingh Gour University, Sagar 470 003, Madhya Pradesh, India
E-mail: ankuryadav2000@yahoo.com