Anthropological Knowledge for Human Welfare: Some Observation

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ABSTRACT The role of anthropologists and social scientists has become relevant in the sphere of human welfare. The planning of social behaviour is not particularly new in human history and some sort of vision of welfare is present in every human society in different forms. The anthropologists study mankind in totality following a holistic approach. Thus, anthropological knowledge may be utilized for the service of man. The aim of the present paper is to examine how indigenous knowledge and practices may be utilized for the service of man. The in depth study in some communities of North East India revealed that each and every community has its own views regarding the ideal size of family, some indigenous concept and ways of family planning, reproductive health care system, socializing children, imparting education through traditional institution etc. Everywhere, there are some deep-seated cultural values, which prevent in accepting/adopting the new ideas. On the other hand, some traits or beliefs may be identified whose inner aim is almost similar to those, which the new scheme emphasizes. Thus latent cultural values must be given due importance. If the social scientists trace those ‘emic’ perspectives of the people, it will be easier to convince the people by emphasizing their own view to accept new ideas for their overall welfare.

The role of anthropologists and social scientists has become relevant in the sphere of human welfare. The planning of social behaviour is not particularly new in human history and is an old story in India, having been practiced by the earliest civilizations. Though the tribal or rural development is not an exclusive task of anthropologists alone, as any development of work should be done through multidisciplinary approach, nevertheless, anthropology can play a greater role. Rigorous training in the field enables an anthropologist to be more familiar with the tribal and rural environment than others. The exponent of new ethnography goes on even to an extent to suggest that an anthropologist should enter into the head of the native. Thus he is in a better position to understand the human problems and suggest solution of them.

Human society progressed because of man’s ability to adjust and control over his environment. In the subsequent stages, various welfare and developmental measures were initiated by the Government in various plan periods for the progress and development of human society. Emphasis was given in economic development, eradication of poverty, illiteracy, and family planning programmes etc. But ‘development’ involves change and change involves adjustment in values, ideas and traditional socio-institutional system. Now the important question arises - to what extent such factors are considered in the developmental programmes?

In the present paper an attempt has been made to give some ideas, how indigenous knowledge and practices may be utilized for the service of man. Each and every community has its own views regarding the ideal size of a family, some indigenous concept and ways of family planning, reproductive health care system, socialization children, imparting education through traditional institutions etc. Thus, latent cultural and social dimensions need careful considerations for the success of any developmental schemes. Everywhere there are some deep-seated cultural values, which prevent in adopting/accepting the new ideas. On the other hand, some traits or beliefs may be identified whose inner aim is almost similar to those, which the policy makers are planning to introduce. Thus cultural policy may be considered to be a means contributing to development; a goal of development and performance and a factor which development programmes must take place.

The family is the most important asset of any community. And to have an ideal family is the desire of all human society. In every society, the couple has an opinion regarding the ideal size of a family, gap between two children, their attitude towards family planning, care during pregnancy etc. At the same time all are concerned about the training that should be given during the early years. Family welfare is a broader concept and includes both economic and social welfare of the
family. Economic programmes and social education can make valuable contribution towards the promotion of family welfare. A study relating to the development problems of the Third world indicated ‘the greatest single obstacle to the economic and social achievement of the majority of peoples in the underdeveloped world is rampant population growth’ (McNamara, 1973: 3). Thus, there was a growing concern among the planners to think about the family planning programmes. Family planning, an important programmes of directed social change in our country, particularly since the Third Five Year Plan has rightly been given top priority by our Government. The term ‘family planning’ means to bear children when desired. In other words, a couple can have limited number of children through planning according to their own conscience. Thus, family planning is also known as “planned parenthood”. But various studies have revealed that its implementation does not show any desired result. Under such situations, it is felt necessary to trace the social factors that largely determine the family size in different cultures. The social and cultural factors may be as important to the success of any welfare project as the method of preparing the project itself.

In order to find out the family structure and child socialization, several studies were conducted among certain indigenous communities of Assam. A study was conducted where 186 Deori mothers were interviewed. The aim was to find out the expected and real picture of the number of children in a family (Barua and Bharali, 2000: 34). The Deoris constitute one of the distinct tribes of Assam. Linguistically, they are affiliated to the great Tibeto-Burman group and racially they belong to the Mongoloid stock. It is clearly revealed that there is not a single woman who prefers single child in a household, whereas, the highest percentage is found where mothers expect four children in a family. There are 58 mothers who prefer three children per family. While analyzing the actual picture at the time of survey, it is found that there is not a single family with one child. There are 63 mothers who have more than 5 children. Next higher percentage is found where they have four children per family. Thus, it is clear that though they have preference for lesser number of children, yet due to certain difficulties they could not materialize it. As a result, there is a vast difference between the expected and real picture of the number of children per family. Moreover, the actual practice of family planning method largely depends on the knowledge and attitudes towards the programme. The practice is not entirely dependent on the factor of knowledge. Attitude forms a very important aspect of the family planning programme. It is one of the main objectives of family planning programme to develop a favourable attitude among the mass population of the country. To find out the attitude towards family planning, a study was conducted where 25 Sonowal Kachari women were interviewed (Barua and Gogoi, 1978: 108) The Sonowal Kacharis are one of the most ancient scheduled tribes living within the geographical perimeter of Assam. Racially, these people are Mongoloid in origin and their language belongs to Tibeto-Burma linguistic group. The study revealed that 9 (36%) out of 25 respondents have been practicing family planning. Among these, it is found that weak health of the mother is the main reason of adopting family planning. It was also found that adoption of family planning method was closely related to the number of children a couple already had. Fifty percent of respondents having two children showed favourable attitude towards the family planning programme. The study also revealed that those who have not adopted family planning as they want more male child. Overall there is a difference between attitude and real application.

Attitude also varies because of certain other factors. A study was conducted among the students and faculty of Cornell University, which revealed that among the 1059 respondents, on the desirability of limiting the family size, 84 % did agree, but at least 50 percent of them wanted three or more children (Eisne et al., 1970: 97). Such finding was a surprise to the researchers itself. But the same may be expected as Burton Benedict has noted, “it is that people are not motivated to limit their families by population statistics or even by the ease and ability of contraception, but by a whole set of social factors impairing on their personal lives and changing over their life cycles” (Benedict, 1972: 97).

Thus, it is the responsibility of the social scientists to study the society in depth and to trace their traditional views regarding the family size and nourishing factors, if any. A cursory examination reveals that there are many communities who have their own ideas with regards to maintaining gap between the two issues.
Among the Australian aborigines a newborn baby will be buried alive or exposed should it be born to a mother who has a one year old or perhaps one or two children (new born is not considered quite human). Moreover they give attention towards upbringing of children. Mothers cannot pay attention to too many children and bringing up human, the Australian aborigines hold a full time job (Montagu, 1957: 60). After birth, the placenta and related matters are buried in different parts of the compound. The practices vary from culture to culture and the analysis of the processes reveal their beliefs related to the health of the newborn. Moreover, by comparing the methods of disposal of human placenta in different regions of the world, the universality of human mind and the process of diffusion may also be interpreted. Among the Tai Khanyang (a Buddhist Tai community) the placenta is buried within the compound. It is believed that deeper the pit larger is the gap between two issues (Barua, 1998: 315). More or less similar beliefs exist among the Sikligars. “After puncturation, the placenta is buried underground, where care is taken in burying the placenta deep. They believe that the deeper it is, the better will be the health of the mother and the child. It is buried with great caution and without any delay. Because according to their belief, if a barren woman happens to have it, she can trouble the baby a lot” (Banerjee, 1987: 66). It has been recorded that among the Oraons of Chota Nagpur the placenta and naval cord together with a worn out broom and an old winnowing baskets are buried. And it is not the depth of the pit for the burial of the afterbirth, but the height to which the digger of the pit raises his spade, that determine the gap between two issues (Roy quoted from Ghurye, 1963: 121). Thus the way of disposal of placenta and other related matters reveal that there exist some sort of ideas regarding the gap between two issues in every culture that are reflected in such beliefs and practices. Many more beliefs indicate their concern toward the newborn.

Among the Sind Hindus, disposal is buried with some handful of salt and a few pice and sometime with a nail. And in case of male it is buried near or under the hearth of the family and that of the female under the stand for the water jar. The placenta of a female is thrown on a heap of refuse in certain parts of the country, like Sukkur or in the nearest lake or canal as in Larkana. Those who bury the placenta believe if any animal eats it, something terrible will happen to the child’s mother. Those who throw it away do so in the hope that if a dog eats it up, the mother will be as fertile as a bitch. Besides burying the placenta (male child) under the hearth, the belief is that the boy remains bright and active. On the other hand the girl is rendered silent, peace loving, cool and pure as the water by her placenta being buried under the stand for water jar (Ghurye, 1963: 99).

The above-mentioned facts among the different communities indicate that a single aspect i.e., the disposal of placenta and other related materials reflect their desire of well being of the family as well as their cultural sentiment.

In some tribal communities by continuing a long period of suckling, they try to maintain the gap between the children. As for example, among the Bantu, there is a long period of suckling, which is continued until the second/third year of the infant’s life. The mother usually delays weaning until she is aware that she has conceived again. Sexual intercourse between husband and wife is taboo for the first two years after the birth of a child, so that the period of lactation is necessarily a long one (Piddington, 1963: 259).

Documentation of fallacies prevailing among the ethnic groups is an important aspect of understanding their emic viewpoint, which on the other hand is considered as useful tips for introducing the various welfare measures.

According to the medical report, breast milk is the best food for a baby during the first few months of his life (Harvey, 1975: 59). It has been revealed that yellowish lemonish looking fluid known as colostrums, which appears in the mother’s breast towards the last month of pregnancy, contains certain antibodies, which remain in the colostrums for eighty hours after the birth of the child. But in many communities there is taboo or restriction in giving mother’s milk immediately after birth.

Among the Jat Sikhs “the baby is not put on the breast feeding right after birth”. If a child is born in the morning, the baby is not allowed to suckle until evening, but in the meantime, the baby is given water with sugar with the help of cotton swab or a piece of cloth” (Banerjee, 1987: 118). While in the Sioux system of child rearing “the colostrums (the first watery secretion from the milk glands) was generally considered to be
poison for the baby, thus the breast milk was not offered to him until there seemed to be a good stream of perfect milk” (Erikson, 1973: 135). Among the Yuroks also, the newborn is not breastfed for ten days, but is given a nut soup from a tiny shell”. The Yurok has definite weaning time around the six months. The first solid food is salmon or deer meat well salted with sea wood. Salty food is Yurok’s “sweets” (Erikson, 1963: 175).

It has already been mentioned that beliefs vary from community to community. Traditional practices rooted in beliefs can be obstacles to the acceptance of a wide range of programmes in the fields of rural health and hygiene and practices connected with maternity and childcare. The body image conveyed by culture, views regarding the essentials of good health and theories about disease and its treatment held by the village people determine the response to modern ideas regarding sanitation and personal hygiene and prevention and treatment of diseases. It has been referred by Dube (1977: 146) “for several months, a newborn baby is not given any water to drink because this is believed to upset the delicate mechanism of the child’s body with cold effect”.

Adoption of modern practices in maternity and childcare are also governed by deep seated beliefs of the people. It is reported “a woman is not given any milk in the later part of the pregnancy and for a few months following confinement for fear that this will result in a child too big for normal delivery and will cause swelling and pus formation in the mother’s fallopian tube (Dube 1977: 146). In every community there are certain preferences/avoidance of food during pregnancy and after birth. Among the Tai Phake, a pregnant woman is not advised to eat kakila fish and crab. It is believed that if she eats such prohibited items, then her child would smell very bad (Sharma Thakur, 1982: 90). Among the Mishings, a vedvedi fish (Nandus marmoratus) is not given to a pregnant woman because it is believed that eating this kind of fish would make the child a dull one. Likewise, “in rural areas of Bangladesh mrigel fish is not given to pregnant woman because it is supposed to cause epilepsy. Similarly gajar fish is not given because it has ugly eyes and may cause the eyes of the foetus become ugly” (Maloney et al., 1981: 63). Among the Mishings, a pregnant woman never crosses over the rope, which is tied to the neck of a cow. If one does so, then it is believed that the umbilical cord within mother’s womb will wrap on the neck of the foetus, which may cause much trouble at the time of delivery and even it may make mother’s life hazardous. A Sema expectant mother avoids the meat of athoni (tortoise) because they believe that if a pregnant mother takes the meat, then the child will be lazy and will acquire a habit of shivering the head. In every community the husband observes certain restrictions also. During the pregnancy period husband is not allowed to kill or harm any animal. Among the Sonowal Kacharis it is reported that they do not bury anything during that period (Barua et al., 2000: 334). Among the Tai Turungs also, during pregnancy the members are not supposed to repair or fix handles of axe, knife etc. with a belief that such an act would make delivery painful (Barua, 1998: 156). Some of these beliefs may be pure fallacies, whereas some others may have some scientific reasons. Because in human culture beliefs develop or exist by trial and error methods. When something repeatedly happens due to similar reasons, it persists generation after generation.

Certain types of ailments are attributed to supernatural causes, such as the evil eye, magic and one wrath of gods and spirits. In case of all such diseases, the villagers find it hard to grasp the necessity and utility of preventive measures, and they tend to trust the traditional methods more than the modern methods. Measles is a kind of skin disease for which they never go for medical treatment. In most of the communities there are different ways of pleasing the goddess Ai. It is reported that the Sonowal Kacharis keep the dried umbilical cord of each child. Cage of cocoon is specially used for keeping it. It is believed that the water extracted from this dry cord is useful in disease like dysentery, fever, etc. “The Marathi speaking people use it as an antidote against scorpion-bite, it being applied mixed in water, at the spot of bite. The custom among the Muslim is to place it in a rat hole with the idea of inducing great fecundity like that of the rat” (Ghurye, 1963: 104). Among many communities of rural Assam there is a belief that when a child continued to wet bed (even after 5 years) then a curry is prepared with patimature fish. It is believed if the child eats such curry, then the child may control the bladder.

The present discussion clearly revealed that
most of the communities have their own views regarding the ideal number of children per family, gap between the two issues and beliefs and practices regarding parental care, child socialization, etc. In the implementation of any welfare programme, the confidence of the people and in particular the understanding and good will of the elders are of the highest importance. Since the development is meant to be at the service of man, one would hope that such a perspective would be recognized and valued. It is also the duty of the social scientists to stress/focus their traditional “emic” perspectives and present before the people how their traditional indigenous conception of family welfare are reflected through these welfare programmes e.g. family planning, childcare system etc. It is also a fact that the prevalence of indigenous system has not prevented the utilization of modern system where its effectiveness has been shown. This fact has been particularly emphasized by Erasmas (1961) as part of his theory of culture change. Erasmas has stressed that traditions are not blinders that keep individuals from seeing advantages in changing their behaviour. In his words: “...even uneducated and illiterate people are not simple tradition bound puppets of their culture. Given adequate opportunity to measure the advantages of a new alternative, they act to maximize their expectations”. The emphasis is to identify more precisely those practices, values and institutions that can be used for constructive social change, together with the strategies approximate to different kinds of situations and to incorporate this knowledge in specific programmes of development.

REFERENCES


