

Indigenous Health Perception and Practices of the Punjab: An Anthropological Reflection

1. Abid Ghafoor Chaudhry 2. Hafeez ur Rahman Chaudhry 3. Nasir Ali 4. Aftab Ahmed
5. Muhammad Khurram Irshad

1. Sr. Lecturer, Dept. of Anthropology, PMAS-Arid Agriculture University, Rawalpindi 2. Chairman, Dept. of Anthropology, Quaid-i-Azam University, Islamabad 3. Lecturer, Dept. of Statistics and Mathematics, PMAS-Arid Agriculture University, Rawalpindi 4,5. Association for Social Development, Islamabad

ABSTRACT

Background: Anthropology is the most intimate humanistic explanation of human diversity as regards various small and large scale societies of the world. Anthropology aims to provide modern human civilization with understandable accounts of how human diversity that are not rooted in racial discrimination rather to bring us an opportunity to seek underlying rationalities and intellects associated with various historical, environmental, ecological, geographical, demographical, social, political and cultural compartmentalization and assortments.

Objective: To help health personnel to understand the local mind about the health and eudaemonia as perceived and practiced by the rural population.

Study Design: Observational (exploratory) study.

Place and Duration of Study: This study was conducted in the Union Council of Sacha Soda in the Tehsil and district of Sheikhupura district of the Punjab province from January 2011 to December 2011.

Materials and Methods: This study was based upon an intensive field works for three years in a Punjabi village Sacha Soda of Sheikhupura district on indigenous health paradigms. It is an anthropological reflection of an indigenous healthy dichotomy to which the researchers have termed “Sehat-Tandarusti” existing and prevailing in the rural Punjab.

Results: Punctuality in taking dinner (95.3%), washing hands before taking food (92.9%), mild walk after food (82.1%) and chewing sugar cane and maza as exercise of teeth (77.9%) were the most common good eating habits. Majority of the villagers were going to bed earlier (95%) and a high percent were getting up early (75%). Their first preference in case of illness was seeking help from Faith healers (86.1%) and the herbalists (88.9%).

Conclusion: There is a need to adopt the indigenous health perspective on *Sehat* (Eudaemonia) in order to promote the social awareness and effectively mobilize the populations towards better hygienic education and raising social responsibility among populations to contribute in making their livelihoods health friendly. The reinstating of the traditional health seeking system of practices can help the local populations to seek medical advices at local level as well as removing a threat from already overburdened urban health facilities

Key Words: Indigenous health practices, Medical anthropology, Traditional medicine.

INTRODUCTION

Medical Anthropology is a sub-discipline within Anthropology dealing with the Socio-Cultural attributes of Disease. It also studies the perception as well as practices related to various diseases and its peculiar curing practices within a particular society and its culture. Anthropology in its historical course focused upon the primitive societies to comprehend their socio-cultural system in order to negate the early and slanted sensing of primitive people as being ‘savage’ or ‘uncivilized’. Rivers’ work was among the earliest anthropological contribution on ‘primitive medicine’. In his apprehension and extrapolation, he viewed primitive medicine as a social institution that is erected upon certain notions, underlying faith system as well as a colligation of inter-related curing practices that mostly comprised certain beliefs, ritual performances and practices well connected into the reasons of disease embracement and its anticipated indicators along with its therapeutic measures. The Routledge Encyclopedia

of Social and Cultural Anthropology defines primitive medicine as: Primitive medicine’ was seen as a coherent body of practices underpinned by particular ideas about the causation of disease that are, in turn, shaped by the general worldview of the members of that society.¹

Primitive medicine as in modern terms ‘Ethno-medicine’, ‘Traditional medicine’ or ‘Folk medicine’ is now being recognized by the contemporary world. In this regard the observation made by World Health Organization is sufficient to grasp the importance and vitality of ethno-medical belief system and ethno-practices on various illnesses and diseases understood by modern health circles. WHO² comments on the health practices of the people in the current day world that: Although many populations in developing countries are reported as depending heavily on Traditional Medicine to help meet their health care needs, precise data are lacking. Quantitative research to ascertain levels of existing access (both financial and geographic), and qualitative research to clarify

constraints to extending such access, are called for. The focus should be on treatments for those diseases which represent the greatest burden for poor populations.

To understand the basic stance of paper, there is need to understand what is generally perceived as 'health' by Anthropology. Encyclopedia of Medical Anthropology defines Health as: "Health" as a broad construct, consisting of physical, psychological, and social well-being, including role functionality.³

Having considered the concept of 'health' inferred by Anthropology, the anthropological paradigm distinctly classifies difference between illness and disease. The Encyclopedia of Medical Anthropology further elaborates: Disease is something that is either cured, or not. But disease itself does not spur people to seek medical treatment; illness does. "Illness" is the culturally structured, personal experience of being unwell and it entails the experience of suffering.

Hahn⁴ also crystallizes the stand point on the 'disease-illness' dichotomy. He expatiates on both of the concepts as disease is anchored in body whereas illness is a mental construction and is anchored in the mind. This interpretation examines that disease is a physically verifiable entity whereas illness is the entire concept of health concerned with well-being of an individual or a particular society. The belief system of a particular society comprises a connected notion of well-being in the realm of health. This difference between disease and illness invites Anthropologists to dig out the hidden social realities attached with the social construct of illness. The sub-discipline of Medical Anthropology thus helps researchers to interact with the local populations to study the native mind to thrash out the fabrics of the constructs of illness. This is especially done with regards to allowing medical anthropology to understand native mind-set and practices in order to improve the public health in countries and nations of third world.^{5,6} Eisenberg⁷ referred by Routledge Encyclopedia emphasizes that: Efforts to characterize non-biomedical views of ill health and approaches to its treatment in relation to the biomedical paradigm led to the development of the single most utilized analytic dichotomy in medical anthropology as a whole that of the disease/illness distinction (Eisenberg 1977).

MATERIALS AND METHODS

The current study was conducted in the Union Council of Sacha Soda in the Tehsil and district of Sheikhpura district of the Punjab province. Sheikhpura District lies roughly between North latitudes 31.0 degree and 32.5 degree and East longitudes 73.5 and 74.42 degree. Its shape is roughly that of trapezoid with a triangular off-shoot to the west from the Southwest corner. The village Sacha Soda is 18 km from Sheikhpura city towards North West. Data collection was done through the exploratory method while using main techniques of participant observation, in-depth interviews, and key

informants. Participant Observation method helped in interacting with the village population in their natural life settings without making the respondents conscious about the study. This method was highly interactive and helped the team to build research rapport with the target population in their natural life setting. The most natural method of participant observation also helped in indicating the most relevant respondents (380 respondents) who were later on selected on random basis for in-depth interviews for more details about the local perceptions as well as practices. Key Informants were the gate to enter the field. These were local people from within the population having more detailed knowledge about the indigenous health's concept and the local cure remedies for specific diseases.

RESULTS

The village people usually observe this saying of prophet Mohammad (PBUH), "leaving the dinner doubles the speed of ageing" and also guide the youth to be punctual in taking the dinner. Similarly, after taking dinner the elders ask the youth to sleep without going for some other work so that the stomach effectively digests the food in-take.

Meat in-take should be appropriate in this regard a religious citation was quoted that meat eating should be at least once every forty days. In this regard, there was a myth about the meat eaters that they get into rage and are angry people.

Large quantity of liquids in-take is recommended by the elders of village in order to keep the pores of body smooth and producing perspiration, generally considered to be an indicator of good health. Drinking extremely cold water or any other form of liquid is prohibited. The justification for this habit is told that liquid channel of the body is hot and could create a freeze inside the body. Drinking liquids is said to be in sitting posture with a vessel of open mouth. The drinking habit is supported from a religious saying that holy Prophet (PBUH) desired all Muslims to sit while drinking water in three sips. This was also justified by the herbalist of village that in stomach there are fluids that help in digestion. Whereas, drinking in one go thins the liquids of the stomach that further create problems in digestion due to which bad stomach and digestion and pains are commonly reported.

Punctuality in taking dinner (95.3%), washing hands before taking food (92.9%) mild walk after food (82.1%) and chewing sugar cane and maze as exercise of teeth (77.9%) were the most common good eating habits. Large portion of food intake as vegetable, eating slowly, relax sitting posture, plenty of water intake were practiced by moderate percentage of the village people (around 60%). Avoiding extremely cold drinking water and standing while drinking was also practiced by vast majority. (table.1)

Table.1: Eating and drinking habits of the village people (n = 380)

| Eating & drinking habits | No. | % |
|---|-----|------|
| Punctuality in taking the dinner | 362 | 95.3 |
| Large portion of food in-take as vegetables instead of meat | 247 | 65.0 |
| Washing hands before taking breakfast, lunch or dinner | 353 | 92.9 |
| Eating slowly and maximum chewing of morsels | 217 | 57.1 |
| Relax sitting posture during eating | 255 | 67.1 |
| Eating while standing | 11 | 2.9 |
| Mild walk after food | 312 | 82.1 |
| Plenty of water intake | 251 | 66.1 |
| Drinking extremely cold water | 10 | 2.6 |
| Drinking water while standing | 25 | 6.6 |
| Chewing sugar cane and maize as the exercise of teeth | 296 | 77.9 |

Getting early to the beds was common in the villagers because of their commitment in their fields. Earlier getting up in the morning was also a ritual among most of families to get ready for morning prayers and work in the fields or getting ready for schools or offices.

The elders also recommended that during sleep the pillow should be the one that is soft about five inches high from head for providing comfort to the neck and to avoid blood flow towards head during sleep.

Sleeping on right side was recommended by the elders under religious instructions of holy Prophet (PBUH). The justification given was that on left side of chest is heart which is busy all the day while cleaning the blood. During night, when people sleep, the heart also slows down its functions and in a way it also rest. Sleeping on right side is basically releasing body weight from the heart side. The elders also recommended avoid sleeping on left side or in an upright posture giving as a reason of bad dreams.

Table 2: Common practices of village people regarding their sleeping habits (n=380)

| Sleeping habits | No. | % |
|--|-----|------|
| Get in to the bed earlier | 361 | 95.0 |
| Earlier getting up | 285 | 75.0 |
| Use of soft pillow while sleeping | 228 | 60.0 |
| Pillow was said to be about five inches high from head | 152 | 40.0 |
| Sleeping on right side was recommended | 331 | 87.1 |
| Young males advised to drink one glass of water before sleep | 300 | 78.9 |

Young males are advised to drink one glass of water before sleep to avoid the pre-mature ejaculation which according to local belief system brings physical weaknesses in the body.

Majority of the villagers were going into beds earlier (95%) and a high percent were getting up early (75%). High pillow was used by the low percentage and soft was preferred by majority (60%). Young males were mostly advised for a glass of water before going into bed (78.9%). Sleeping on the right side was a common practice. (table.2)

The people of the village, especially elders, were of the view that prevention is better than cure. Their first preference in case of illness was seeking help from Faith healers (86.1%) then the herbalists (88.9%). The moderate majority (66.1%), after failing cure by these two methods, was going to the local Homeopaths and 38.9% were going to the private practitioners for this purpose. (table.3)

Table.3: The practice of village people while seeking health consultation when sick (n=380)

| Health consultation | No. | % |
|--|-----|------|
| Prevention is better than cure | 247 | 65.0 |
| Home bound techniques | 357 | 93.9 |
| Faith healers | 327 | 86.1 |
| Herbalists | 338 | 88.9 |
| Homeopaths + Local GP | 251 | 66.1 |
| Medical facilities in urban centers | 232 | 61.1 |
| Private practitioner in a private hospital or clinic | 148 | 38.9 |

DISCUSSION

The majority of village people clearly distinguish between Sehat and Tandarusti. Sehat as a concept to the villagers is not mere physical well-being rather it is more than that. It covers the overall living style that is deeply influenced by indigenous health perception out of which Islamic perspective remains a strongest part of this belief system. Villagers emphasize the preventive side of health care system to be the more than eighty percent important as regarded the curative aspect. The majority of the villagers believe in a commonly stated proverbial "Perhaiz Illaj Say Behtar Hai" (Precaution is better than cure). The people believe that their simple life pattern is best source of ensuring their Sehat as they opine that modern life and curses of technology especially the modern agricultural methods are now becoming a health and environmental hazards.⁸

According to local view (71 percent), the modern life style has put people in an unending race for material gains and physical comforts due to which mental stresses and strains have captured today's man that are further making the earth an unhomey place. The struggle for material gains and getting more valuables

in life thus affects the Sehat of a man. The respondents' large majority believed that by revitalizing their indigenous life practices in terms of adopting simplicity can bring best scores regarding improvements in public Sehat.⁹

On the other hand, the modern methods in agriculture have raised the underground water pollution, loss in soil fertility, soil compaction, destruction of natural habitat for various wildlife forms as well as damaging the natural flora and fauna of the area. This phenomenon has further raised a visible decline in the health status of rural population.¹⁰ The local perception on Health consisted of two equal and complementary aspects of firstly, preventive and secondly curative side. The local population of the study area was found to be practicing both of these correlated aspects on health. The majority of the village community cites and thus practices the Islamic notion of hygiene.¹¹

The respondents reported that preventive side of their medical beliefs and practices basically deals with the local concept of 'Sehat' (Eudaemonia). The village people believed that Islamic principles are based upon the principles of nature that can only ensure providing the best of 'Sehat' or health. In the following, the most common practices drilled by the 83 percent of the village population are mentioned. The traditional paradigm on Health according to the view of local community is the physical 'stoutness' and resistant immunity system.¹² The indigenous health perspective is erected upon the notion of 'curative aspect'. 87 percent of local community contacts the health personnel including the faith healers, herbalists, homeopaths and general health practitioners in case of contracting a disease. The approaching of specific health personnel depends upon various aspects depending upon the economic status of a particular family, age group, and gender of patient. The dominant majority of population believes that preventive side of health is more important in which balanced life style and hygienic practices help people avoid many health related issues and problems. As it is discussed in case of preventive aspects of health issues which enable people lead a simple and healthy life that ensures the stoutness of people.¹³

The mainstay of village is agriculture which is laborious profession that need physical and numerical strength therefore the hard work of agriculture related practices help people to maintain their physical and mental stoutness therefore they generally enjoy good physical wellness. The local health seeking behavior requires people to be cognizant of the individual preferences regarding curing and medication. This uniquely different behavior is reflected in day to day activities of people. The curing practices commence with the home made local practices including specific foods and herbal strategies and reinforcing them with the help of village herbalist or general practitioner. In

case of psychological problems the village people (89 percent) are keen to consult the local faith healers who treat patients with the help of specific zikar (recitation) of Quranic words or verses. This set of practices includes the Taveez (amulets) in order to keep the effects of evil eyes permanently away from a patient especially a newly born infant or minors.

The local health seeking behavior starts from firstly home bound techniques; secondly, the consultations from village herbalist and faith healer; thirdly, the local homeopath or general practitioner; in case of failure in these three stages, comes the fourth stage of people seeking medical advice and cure from nearest medical facilities in urban centers. The fifth and last stage is the seeking of advice from a private practitioner in a private hospital or clinic.¹⁴

The local population describes its peculiar health seeking behavior with respect to their rural eco-systems that largely affect their local practices regarding health. The overall socio-economic environment of rural areas, existence of health department's infra-structure, easy approach of paramedical staff as well as the local cultural norms, belief system, and practices are closely interwoven.¹⁵

Ninety three percent of people in the village respond that once their livelihoods were sustainable in which they could easily take care of the health domain of the families but with the intensification and commercialization of their agricultural practices have put an incredible pressure over their meager economic assets due to which people after contracting a diseases usually prefer their homely and local practices. It is not generally the low preference given on health aspects rather it is the economic burden due to which they could not afford availing expensive health facilities available in the cities. The health facilities provided by the government in the village are not sufficient to meet the health needs of people at local levels. The rural health center usually portrays the scenes of ghost houses without presence of medical staff, doctors and acute dearth of medicines.¹⁶

CONCLUSION

To seek a health friendly environment for the nation, there is still much to do. At the same time, there is a need to adopt the indigenous health perspective on Sehat (Eudaemonia) in order to promote better health education in the country. This so because the indigenous perspective does not mean anything rooted in history rather it is the intellectual property of the local population developed and practices by people themselves. All there is an immense need to do is to revitalize the indigenous perspectives to make it according to the modern and current health standards of the nation. The indigenous perspective on Sehat can help promote the social awareness and can effectively mobilize the populations towards better hygienic

education and raising social responsibility among populations to contribute in making their livelihoods health friendly. The reinstating of the traditional health seeking system of practices broken due to current pressing economic pressure and burden can help the local populations to seek medical advices at local level as well as removing a threat from already overburdened urban health facilities. This step may also raise the self-sufficiency and self-reliance among the local population regarding health domain.

REFERENCES

1. Barnard A, Spencer J. The Routledge Encyclopedia of Social and Cultural Anthropology. 2nd ed. New York: Routledge; 2005.
2. WHO. WHO Traditional Medicine Strategy 2002-2005. Traditional Medicine, Department of Essential Drugs and Medicines Policy. Geneva: World Health Organization; 2000.
3. Sobo EJ. Encyclopedia of medical anthropology health and illness in the world's cultures. In: Carol R. Ember CR, Ember M, eds. Cultures. New York: Kluwer Academic/ Plenum Publishers; 2004.
4. Hahn RA. Rethinking "illness" and "disease". Contributions to Asian Studies: Special Volume on Southasian Systems of Healing 1984; 18: 1-23.
5. Good BJ. Medicine, rationality, and experience: An anthropological perspective. Cambridge, UK: Cambridge University Press; 1994.
6. Todd HF, Ruffini JL. Teaching medical anthropology: Model courses for graduate and undergraduate instruction (Society for Medical Anthropology Special Publication No. 1). Washington, DC: Society for Medical Anthropology; 1979.
7. Eisenberg L. Disease and Illness: Distinctions between Professional and Popular Ideas of Sickness, Culture. Medicine and Psychiatry 1977; 1: 9-23.
8. Albala, Ken. Food in early modern Europe. 2003.p. 200.
9. Oakley Ray. How the Mind Hurts and Heals the Body. American Psychologist 2004;59(1):29-40.
10. Ezeaku PI, Davidson A. Analytical situations of land degradation and sustainable management strategies in Africa. J Agri Soc Sci 2008; 4: 42-52
11. Gaffney PD. "Khutba." Encyclopedia of Islam and the Muslim World.p.394.
12. Shrestha RM, Lediard M. "Faith Healers: A Force for Change." A Preliminary Report of an Action Research Project, UNICEF, Kathmandu, 1980.
13. Neumann AK, Lauro P. "Ethno-Medicine and Biomedicine Linking." Soc Sci Med 1982;16: 1817-24.
14. Bannerman RH. "The Role of Traditional Medicine in Primary Health Care," Traditional Medicine and Health Care Coverage." World Health Organization, Geneva 1983; 318-27.
15. Hoff, Wilbur. Guidelines for Training Traditional Health Practitioners in Primary Health Care. WHO/ICRI;1995.
16. WHO. Health Systems Profile- Pakistan. Regional Health Systems Observatory - EMRO 2007.

Address for Corresponding Author:

Abid Ghafoor Chaudhry,
Sr. Lecturer, Dept. of Anthropology,
PMAS-Arid Agriculture University,
Rawalpindi.