WITCH HUNTING FROM A PUBLIC HEALTH PERSPECTIVE:

NARRATIVES FROM ASSAM

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DECLARATION

Date: 20 **/07/2018**

This is to certify that the dissertation titled **"WITCH HUNTING FROM A PUBLIC HEALTH PERSPECTIVE: NARRATIVES FROM ASSAM"** submitted by me under the guidance of Dr. Nemthianngai Guite in partial fulfilment for the award of the degree of **MASTER OF PHILOSOPHY** is my original work and has not been previously submitted for any other degree of this University or any other University.

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of

'Witch Hunting'

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"All formal dogmatic religions are fallacious and must never be accepted by self-respecting persons as final."

-Hypatia of Alexandria

(the greatest philosopher, astronomer, and mathematician of all times)

Preface

I

Witch hunting is a form of collective violence where an individual or group of individuals is/are accused of practising witchcraft and thus is labelled as a witch. A witch is assumed to be someone who has 'supernatural' power to cause harm and bring misery to a community. It is important to note that the prosecution and witch hunting occur among the members of the same community group.

The phenomenon of witch hunting has been explored by anthropologists, sociologists, and historians. Nevertheless, there has been little research on how and why it originated. As a student of Social Work specializing in Public Health, the researcher became interested in the topic of witch hunting while pursuing her Masters. The curriculum of the Bachelors and Masters Programme in Social Work required students to do fieldwork. This provided an opportunity to the researcher to try and understand ways in which political, social and economic unrest for decades perpetrated by both national and state level organizations have influenced the identity of Assam. It was also during the field work that the researcher was exposed to the notion of witch hunting as a form of violence in Assam which was markedly different from the other forms of violence being discussed and debated at the local as well as national level. With cases of witch hunts that were reported in the local newspapers, it was evident that witch hunting continues to be prevalent in the State. The researcher noted, with a sense of curiosity, the way witch hunts were reported in the newspapers. They largely were deficient in description and details.

Further, they were rarely perceived as acts of organized violence. Violence in any form can and should be prevented as it takes place in a social environment. Understanding witch-hunting as a form of collective violence aimed at targeting individuals makes the role of social determinants more important. Violence of any form creates havoc and affects the normal functioning of the society. It not only affects the individual but the community as a whole as well. Witch hunting is violence that creates a sense of fear and insecurity among the members of the community. It not only impacts the physical and emotional well-being of individuals

and the community as a whole but also has negative consequences on social functioning.

Due to the lack of proper documentation and recording of cases, the actual numbers of cases are not reported which prevent the topic from receiving due attention. The second hurdle, in this case, is that violence is seldom acknowledged as a public health issue in India, leave alone witch hunting.

To the best of the researcher's knowledge, very few studies have investigated the issue from a public health perspective. A strong desire to understand the phenomenon of witch-hunt as a type of violence and its implications for public health motivated the researcher to undertake the current study.

The Centre of Social Medicine and Community Health, JNU provided the researcher with the scope and confidence to take up the challenge. The researcher hopes that this study would be a foundation for future research work on witch-hunting as a form of violence and its implications for public health. This desire is further driven by Honorable President of India Sri. Ram Nath Kovind's endorsement of the Assam Witch- Hunting (Prohibition, Prevention, and Protection) Bill which was placed by Assam Assembly three years ago. This dawns a new era of hope and research.

II

The study is divided into five sections. The first chapter traces the history of witchcraft and witch hunt at the global, national and local levels. The chapter also goes on to describe the phenomenon of witch-hunting as a form of violence. The researcher has attempted to link the concepts of witch -hunt, violence and public health. The topic of witch hunt has also been examined through the lens of sociological theories. The researcher raises two pertinent questions towards the end of the chapter viz., How can the phenomenon of witch hunting be studied from the perspective of Public Health? And Why is it necessary to adopt a Public Health perspective to the violent act of witch hunting?

The second chapter of the study is based on the review of the existing literature. The chapter starts with the history of medicine and the role of women, which is

further explored by the health movements in the contemporary era. The researcher has tried to understand the perception of well-being, health, ill-health and diseases in a community and how it can be connected to understand the health seeking behaviour of the people. This is followed by understanding violence as a public health issue and connects it with the witch hunting cases of the contemporary time. Witch hunting has also been tried to explore as a gendered form of violence and also understanding how sexuality plays a role in violence and rape is used as a tool of violence. As in witch trials, there is no scope for defence or bargain; it is also looked upon if it can be seen as lynching which is also a form of collective violence. Displacement being one result of witch-hunting have been explored which also results in future witch hunting. The health status and cases of various kinds of violence have been explored which can be connected with the favourable environment for witch hunting. The next section of the chapter is a media content analysis where two movies, two documentaries and one news report have been presented to give an analysis of witch hunting. From the review of the existing literature, the researcher came down to seven questions that guided the future course of study.

The third chapter deals with the methodology of the study. The chapter begins with the operational definitions which are informed by the review of the literature. The objectives of the study are explained in the next section which is followed by an explanation why a particular area is chosen for the study (Majuli district of Assam for the present study) along with the universe of the study. A qualitative research design is used for the study as to understand the lived experience of violence of the respondents for the study. The study is based on primary data that have been collected from the field for three months (October- December 2017). The groups of people were interviewed for the study- one group was the respondents who have experienced witch hunting of any form and the second group were the key informants. Snowball sampling was used in the research for the study. Primary data was collected through in-depth interview of both the groups. Data were thematically analyzed. Ethical measures were paid attention as the topic is sensitive. The challenges that the researcher faced in the field was shared which would help the future researcher in better preparation to take such a topic and for better approaches.

The fourth chapter begins with the geographical, social, economic description of Majuli (the area of fieldwork for the study). The researcher has tried to bring out the elements of community belief, belief in witch and witchcraft, local healers and history of witch hunting in the community. This has been followed by the presentation of narratives from the field. The data from the field is thematically divided and explained through narratives.

In the fifth and the last chapter, the researcher has tried to connect the dots that the field has presented and the secondary data provided during the study. With the focus on the result of witch hunting is violence, the study has tried to understand the pattern and nature of violence which explores the role of the witch hunt victim and the perpetrators. The impact on the victim and the perpetrator is also an area that has been discussed. The need for public health intervention is important to ensure the well-being of the population as it can be used for preventive, control and rehabilitative measures. The role of the state has also been explored where the lack of proper law and legislature and policy gives us the impression of State's intervention in Assam. There has been anti-witch hunt law in many states of India, but the presence of witch hunt cases questions the law in place. The study is concluded with a public health approach to witch hunting.

CHAPTER I

WITCH HUNTING AND PUBLIC HEALTH: AN INTRODUCTION

The origins of the term 'witch' can be traced from the Old English verb '*Wiccian'*, which refers to casting spells. A male practitioner was called a '*Wicca*' and a female practitioner was called a '*wicce'*. The word Witch is an Anglo Saxon word which is derived from the word 'Wicca' which means 'wise one' or 'magician'. In early modern England, the term 'witch' was applied to both sexes. Witchcraft, witch trials, and witch hunts are seen to be present in both primitive and advanced societies around the world (Mohapatra, 2014). Witch hunts are not restricted to any time or space which is evident from ethnographical and historical studies where witchcraft belief was seen amongst the Hindu, Christian, Islamic and Buddhist culture (Schnoebelen, 2009). Though the origin and spread of witch-hunting are still not established, one reason for the spread of witchcraft belief and witch hunt practice can be migration (Schnoebelen, 2009). Humankind has been explored and traveling the world in the name of food, security, and trade since ancient time. Along with people their culture, norms, and beliefs also tend to travel from one geographical area to another. The global, national and local history of witchcraft beliefs and witch-hunting in the following section of the chapter draws on the similarities and differences on the issue.

1. History of witchcraft belief and witch-hunting: globally, nationally and locally

1. 1.1. Global History of Witch-hunting-

The first ever recorded case of witch-hunting was that of Hypatia who was born around 355 AD in Alexandria (Dzielska, 1995). The Greek intellect was the daughter of the Theon of Alexandria who was a well-respected mathematician. Her religious beliefs and philosophy were considered to be Pagan[1]. It was the time when there

[1] A person or a group or a community of people observing nature worship or polytheistic beliefs contrary to Abrahamic religions.

were unrest and disagreement between Christianity, Judaism, and Paganism. Hypatia was accused of witchcraft and was killed by a Christian mob (Watts, 2017).

The Greek and Roman civilizations and their ways of abolishing the 'magicians' may be interpreted as a form of violence. Michael D. Bailey (2003) in his book 'Historical Dictionary of Witchcraft' has chronologically presented the history of 'witchcraft' and laws existing since Ca. 175O B.C.E. The Code of Hammurabi, one of the first written law codes, contains sections dealing with magic and legal charges of sorcery and witchcraft (D.Bailey, 2003).

In Europe, Pope Gregory IX in the 1227 A.D. established the Inquisitional Courts for holding Witch Trials. In 1252 A.D. Pope Innocent IV authorized the use of torture which was reaffirmed by Pope Clement IV in 1265 A.D (Robinson, n.d.). *Malleus Maleficarum*, commonly known as 'Hammer of the Witches' which was published 1486 written by Heinrich Kramer and Jakob Sprenger who were German Dominicans. Witch hunting was not unknown before *Malleus Maleficarum*, but it was the first comprehensive book on witchcraft and witchcraft prosecution. It popularized the belief that witchcraft is a crime against God, the new conception of magic and witchcraft that is known in modern times as 'Satanism' and 'diabolism (Christopher S. Mackay, 2009). Until 1486, the prosecution of witches was mostly the task of the ecclesiastical courts, whose influence did not extend beyond the court. But soon, after the book, there were judicial changes and prosecution of witches became the business of the elite and the civil courts. It is also important to note that till 1678, *Malleus Maleficarum* was the most sold book other than the Bible (Hoffman & Bortis, 1999). The book is divided into three parts. The first part discusses the beliefs about 'witches' and their assumed practices. 'Witches' were considered to be someone who completely rejected God and the Catholic Faith. They had carnal relations with and offered human sacrifices to the Devil The second part of the book discussed in details methods by which witches caused harm and the manner in which it could be prevented. And the last section of the book was dedicated to the legal aspects of conviction which included taking testimonies, questioning, and torturing. (Hoffman & Bortis, 1999)

During the 15th Century, cases of witch trials were witnessed in England, France, and Germany, Approximately one hundred thousand witch hunts took place from the

period of 1450-1750 A.D. in England (Saikia, 2016). The Salem Witch Trials of 1692 started soon after a group of young girls in the Salem Village, Massachusetts, USA were claimed to be possessed by 'devil' (Purdy, 2007). Crisis-related to gender and social order were seen to be solved by witch-hunting as it served the purpose of maintaining social order in times of conflicts where witches were made scapegoats. (Chaudhuri, 2008).

E.E.Evan Pritchard in his book '*Witchcraft, Oracles, and Magic among the Azande'* presents an analytical description among the Azande community of Africa (Pritchard, 1937). The book explores the community's belief in witchcraft and how their everyday life is surrounded and shaped by the belief system. The book was mainly divided into four sections- Witchcraft, Witch-doctor, Oracles, and Magic. Witchcraft and Sorcery (bad magic) were considered to be responsible for misfortunes like diseases and deaths in the community. Witch-doctors were considered to be powerful individuals who protected the community through their power and knowledge to identify bad magic and witches. Oracles were a way of determining the source of witchcraft and most importantly, a strategy for revelation.

Many communities in Africa (South Africa, Botswana, Malawi, Zimbabwe, Kenya, Ghana, Nigeria, Ethiopia) shared and continue to share similar belief and practices regarding witchcraft which is spread over (Schnoebelen, 2009,)Federici, 2008). In the present time, in East Africa people with albinism have been facing persecution not because they are considered to be witches, but because they bring good fortune (Foxcorft, 2016).

The belief in magic, sorcery, witchcraft, and ghosts were prevalent among Islamic communities of the Middle East (Saikia, 2016). Beliefs in supernatural powers were generally associated with good fortune, health, and power. Quranic healing methods were used to heal evil spirits and demons and those not complying with such Quranic healing techniques were labeled as witches. Countries like Afghanistan, Gaza, Saudi Arabia had strict rules to arrest and execute practitioners of magic and sorcery (Mohapatra, 2014).

In the Asia Pacific region, the recorded cases of witch-hunting are spread across many countries. In 1998, approximately one hundred alleged sorcerers were killed in

the Banyuwangi district of East Java, Indonesia (Herriman, 2006). Herriman (2006) argued that the killings in Banyuwangi, Indonesia represented political and social protest rather than a conspiracy.

Social inequality, poverty, and migration were the primary causes of targeting and accusing women to be witches in Bangladesh (Schnoebelen, 2009). hunts Women who headed their families as their husbands had migrated in search of employment were often targeted as witches . The situation was similar in Nepal where the most vulnerable such as the elderly, widows, destitute and the marginalized were soft targets. Gender and caste influenced witch hunts such as the 25 cases of reported witch hunt of 2001. Out of 25 cases of witch hunting 14 were women belonging to either indigenous or lower caste communities, out of which 4 women belong to the Dalit community (age: 16-76 years) (Shrestha, 2004).

2. National History of Witch-hunting-

In India, the commonly used word for Witch is 'Dan', 'Dayini' which comes from an Old Indo-Aryan word 'Dakini'. The original meaning of the word 'Dakini' can be traced from Tantra. According to Tantric Buddhism, 'Dakini' refers to female personification of a stage of wisdom. In Buddhist Tantra, Durga, the female deity of the Aryans is called 'Vajradakini', Dakini Vidya means 'Witchcraft' In Tantric Buddhism the term 'Dakini' is used for female as the' Buddha of Wisdom'. In India, the presence of 'Dakini' can be marked in 10^{th}-12^{th}-century art and stories, where are portrait as evil. The Tibetan word for 'Dakini' is 'Khandrona' which refers to 'sky goers'(Brien, 2017; Rawson, 1978).

The history of witch-hunting in Indian literature and research is very limited. Expert opinion suggests that there are two main reasons for the neglect of witch-hunting in India as a topic of research by historians, anthropologists, and sociologists (Chaudhuri, 2008). The first reason is that witch-hunts mostly occur in tribal communities who do not represent the mainstream population. Their problems are not recognized as a general social problem. The second reason provided was that tribes and tribal issues focus on empowerment through education; employment etc. They tend to be prioritized over issues of witch-hunting.

Historical evidence of witch-hunting cases were recorded in Rajputana (present-day Rajasthan) and Jharkhand's Chotta Nagpur region during the 1840s and 1850s

along with cases from Singhbhum and the Santhal Parganas regions (Saikia, 2016). The journal entry of G.M. Carstairs that was published as a book, "*Death of a Witch, A Village in North India 1950-1981*" gives a vivid description of the village life in Rajasthan. Carstairs, a doctor explored the interaction of the social structure, health system and belief system which shaped the belief in witches and resulted in witch-hunting (Carstairs, 1983).

The cases of witch-hunt have been recorded and reported since ancient times in many parts of the country.

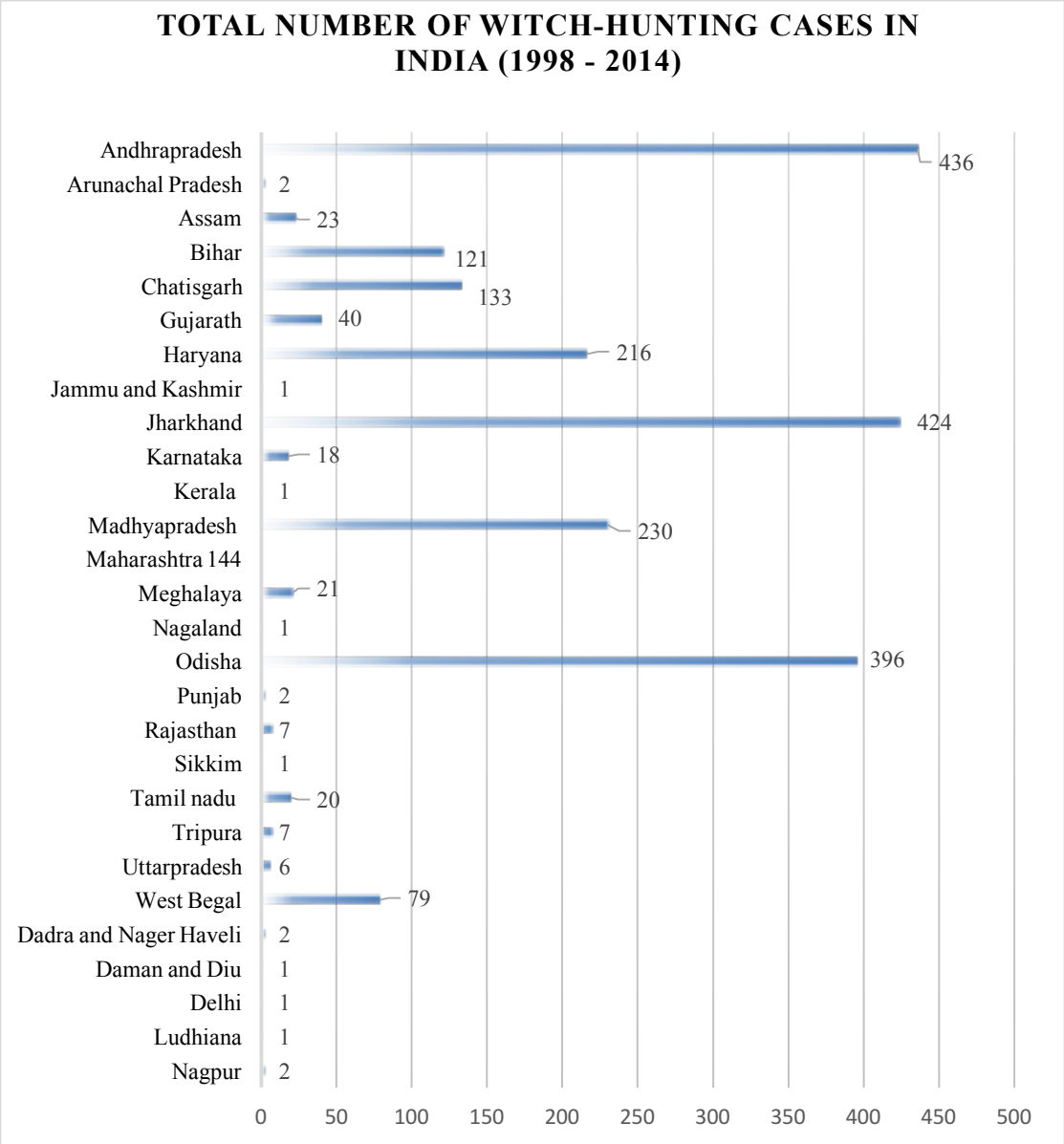


Figure 1. Status of witch Hunting in India[2] from 1998-2014

[2] Extracted from National Crime Records Bureau 1998-2014

Table 1 indicates that cases of witch hunting have been reported from several parts of the nation. Though unreported and under-reported, reasons could be different across the country.

2.1. Local History of Witch-hunting

Assam has been known historically known as the land of black magic and witchcraft (Saikia, 2016). But how and where did the cases of witch hunting first started in Assam has still not be explored as a topic of research. Most of the present day cases of witch hunt revolve around social, political, economic reasons (Chaudhuri, 2008; Daimary, 2017; Mullick, 2000; *Piecing Together Perspectives on Witch-Hunting: A Review of literature*, 2013)

National Crime Records Bureau (NCRB) has been publishing reports on various crimes in India since 1953[3]. From 2008 it has included Witchcraft violence as a crime violence and has been published statistical data of every state.

Year	Number Cases of Murder due to 'Witchcraft' under Indian Penal Code, sec. 302 and 303	Number of Cases of Culpable Homicide due to 'witchcraft' under Indian Penal code, sec. 304 and 308	Total number of Cases recorded related to 'witchcraft'	States that recorded the highest cases	Cases recorded in Assam
2008	175	1	176	Jharkhand 52 Haryana 25 Orissa 23	0
2009	175	12	187	Jharkhand 37 Haryana 30 Orissa 28	0
2010	178	4	162	Haryana 57 Odisha 31 Andhra Pradesh 26	0

[3] National Crime Records Bureau report *Crime in India* (2008-2015) http://ncrb.gov.in/StatPublications/CII/PrevPublications.htm

2011	240	3	243	Karnataka 77 Jharkhand 36 Andhra Pradesh 28	5
2012	119	2	121	Odisha 32 Jharkhand 26 Andhra Pradesh 24	1
2013	160	1	161	Jharkhand 54 Odisha 24 Tamil Nadu 16	6

Table 1. Comparison of recorded Witch hunting cases In India and Assam from 2008-2013[4]

Year	**Number of Cases recorded with Motive of Murder is 'witchcraft'**	**Top three states with the motive of murder being witchcraft**	**Cases from Assam**	**Number of Cases recorded with Motive of Murder is Child/human sacrifice**	**Top three states with the motive of the murder are child/human sacrifice**	**Cases from Assam**
2014	156	Jharkhand 47 Odisha 32 Madhya Pradesh 24	0	16	In Andhra Pradesh, Karnataka, Madhya Pradesh, Punjab, Uttar Pradesh and West Bengal 2 cases are recorded in each state. In Chhattisgarh, Kerala, Maharashtra, Telengana 1 case in each state	0
2015	135	Jharkhand 32 Odisha 26 Madhya Pradesh 20	0	24	Jharkhand 8 Uttar Pradesh 7 Andhra Pradesh 4 cases	0

Table 2 Comparison of recorded Witch hunting cases In India and Assam from 2014-2015[5]

[4] Taken from National Crime Records Bureau reports Crime in India (2008 to 2013)
[5] National Crime Records Bureau reports Crime in India (2014 and 2015)

In Table 2: It is interesting to note that according to the Bureau no cases were reported from Assam

According to the data in National Crime Records Bureau report there are only 12 cases of murder in Assam from 2008 to 2015. However, according to the Assam Government, there have been 105 cases of witch hunting from 2006 -2012 according to an article[6] that was published by Journal of North East India Studies, 65 cases of death due to witch hunting were recorded in Assam alone from 2007-2012 (Chakraborty & Borah, 2013). The Parliamentary Affairs minister Chandra Kamal Patowary of Assam said during a period of 12 years (2006 – 2018), there were deaths of 1773 women. Out of 1773, 80 cases were reported to be deaths due to witch-hunting (Press Trust of India, 2018; Indo-Asian News Service, 2018).

Data on witch hunting differs across various sources. There is a need for concerted efforts at the national as well as state level to produce uniform data on witch hunting which will enable further research and reduce confusion.

Thus, tracing the history of witch craft and witch-hunting at the three i. e., global, national and local levels shows that witch hunting and witch trials is a ubiquitous phenomenon Hutton in his book 'The Witch: A History of Fear from Ancient Times to the Present' has attempted to bring in together the global understanding of the term 'witch' shared across almost all the cultures in the world (Hutton, 2017). The characteristics are as follows:

- A 'witch' is a person who causes non-physical means to cause misfortune or inflict injury on other human beings.

- They work to harm their neighbors or people in the community rather than strangers, thus they are a threat to their community.

- They earn social disapproval by working in secrecy and motivated in action by cruelty and ill-will.

- They work within a tradition of knowledge learned from others.

[6] Pandey, A. (2013). 'In Assam, a raising trend of murders on allegations of witchcraft'. Available from on https://www.ndtv.com/india-news/in-assam-a-rising-trend-of-murdoners-on-allegations-of-witchcraft-533508
Retrieved on-1st of June, 2018.

- They can be revisited by fellow human beings who can use persuasion, counter-magic or punishment aided by a witch hunter to counter the 'witch'.

Hutton's characteristics of a witch focus on the social attributes and ability of a witch. 'Witches' are seen as supposedly able people who have access to power or exhibit powers of great supernatural evil. Witchcraft is understood as a set of actions, practices and behaviors by certain people in the community who are assumed to have terrible impact on the community. These practices are said to include harmful sorcery, done in the darkness with the help of 'supernatural' powers.

3. *The Social Construction of a 'Witch':*

The topic of Witch-Hunt violence cannot be explained without understanding the concept of 'witch', how are they constructed by the society and what is 'witchcraft' practice that the 'witches' are accused of. If we start from the present, the present day understanding of 'witch craft' is very blur and is coated with the darkest of possible shade. Magic, shamanism, sorcery are all tangled together and witch craft becomes the umbrella term to embrace all these together, which is a much generalized approach and also loosely defines 'witch craft' (Varma, 2013).

According to Mayer (1970), "a witch is the women who fails to give token of goodwill to her neighbours: she is reserved, uncommunicative or stinky, a withholder of gifts, or of hospitality, yet greedy for the good things that other people have". Labelling a woman as a witch is a symbol of patriarchal domination. While referring to witches, the perception of an 'ideal' woman emerge. The failure to fulfill the socially constructed roles is considered as different and deviant. A woman may be isolated or reserved from the community she lives in, due to various reasons. As an individual, the person may be introvert or may be more comfortable in their personal skin. Also, the structure of the society might be so rigid that does not allow equal participation of all the people, thus creating a gap between groups. Also, the picture of an ideal woman is someone who is soft-spoken, takes care of the family, raising a healthy family and fulfills the roles of good wife and mother. Thus, anyone who is outspoken, cannot reproduce or does not want to be part of social gatherings is branded as a 'witch'.

Violence has been a topic of study of various disciplines. Exploring the phenomenon of witch-hunt from a Public Health perspective has received little attention globally. Being a student of Social Work with a specialization in Public Health, the researcher undertook this daunting task of trying to study witch hunt from a Public Health Perspective.

4. Public Health, Violence and Witch Hunting: Perspectives and Prospects

In 1920, Charles Edward Amory Winslow defined Public Health as "the science and art of preventing diseases prolonging life and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principle of personal hygiene, the organization of medical and nursing services for the elderly diagnosis and preventive treatment of diseases and the development of social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health" (Winslow, 1920). In 1988, seventy years later, *The Future of Public Health* published by Institute of Medicine defined Public Health as an organized community effort to address the Public interest in health by applying scientific and technical knowledge to present disease and promote health (*The Future of Medicine*, 1988). Though many have defined Public Health over the periods of time Winslow's definition has withstood time and is considered the most comprehensive definition.

Among the different factors that affect the health and well-being of individuals and communities include violence. It has a negative impact on both mental and physical health. ; Understanding present-day violence is a challenge as it has been changing every day; new dimensions are being added frequently. Violence, as defined by the Violence Prevention Alliance, is "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation"[7]

[7]http://www.who.int/violenceprevention/approach/definition/en/
Violence Prevention Alliance is a network of WHO member states, international agencies and civil society organizations working together to prevent violence.

With reference to victim and perpetrator violence may be classified as the following:

1. Self-directed- self-harm, suicide are forms of this type of violence where one harms oneself.

2. Interpersonal –refers to violence between individuals.

3. Collective- it refers to violence by large groups or community as a whole and it can be further subdivided into social, economic and political.

Categorizing witch hunt becomes a difficult task because it can be classified as interpersonal violence (when it is at an individual level) as well as collective violence (when the act is perpetrated by a group against an individual or a group of individuals) political and military (Staw, 2009).

Examples of witch hunting as a collective form of violence can see in many parts of the world. Witch hunting is a form of violence against a person who is accused of practicing witchcraft. The person alleged to practice witchcraft is labeled as a 'witch' and is assumed to have 'evil' powers which are harmful to the community and its members. This form of violence is also structural in nature. It is interesting to note the ways in which inter-sectionality of caste, class, gender and socio-economic status all contribute to the act of witch hunt. It is important to understand witch-hunting violence as causes injury, trauma, morbidity and also pre-mature death. Though witch-hunt violence is directed towards individuals, it includes both the individual and the perpetrator. Violence of any form affects both the groups- the victim and the perpetrator, thus calls for a Public health intervention. Death due to witch-hunting remains only the tip of the iceberg, the process of labeling someone as a witch and the process of violence needs to be explored from a multidimensional framework. Witch hunting is a form of violence which violates human rights and undermines human dignity.

If Witch-hunting and violence in the name of 'witchcraft' accusation is understood as a form of collective violence, it is important to explore why it is violent and also collective. Witch-hunt violence being the reason of disease, disability and pre-matured death calls for Public Health intervention.

5. Understanding Witch-hunt Violence through Theories-

The Oxford Dictionary explains 'theory' as, a system of ideas anticipated to explain something that is based on general principles which is independent of the things to be explain. A theory is formulated to explain, estimate and understand a phenomenon and also to challenge and extend existing knowledge within the limits of critical bounding assumption (Abend, 2008). According to Eisenhart, "A theoretical framework is a structure that guides research by relying on a formal theory; that is, the framework is constructed using an established coherent explanation of certain phenomenon and relationships" (Eisenhart, 1991). Inferences from various theories can be drawn to inform the topic of the study. A range of theories would be discussed in this chapter to explore and understand witch-hunt violence.

5.1. Historical influence and violence:

Historical influence as explained by Steinmetz (K.Steinmetz, 1999) of violence is informed by Classical philosophy that gives about two distinct views of human behaviour. Philosophers like John Locke saw human being as capable of reasoning yet needs to be governed to uphold natural law. Jean Jacques Rousseau argued that the growth of society results in unbridled individualism greed, violence that results in disturbance in the society. Society is a place where social orders are broken because of the presence of evil and corruption.

On the other hand, Thomas Hobbes viewed humans as evils and violence that requires mechanism to control. Individuals are seen as morally deficient, irrational which demands for an authority to control. Both the views are rejected by Etzioni, who argues that each individual has the potential to act rationally and should have strong moral commitment for the well-being of the society.

5.2. Structural Theory of violence:

The social structure in the society that results in division on the basis of gender, caste, class and religion leads to conflict situations. These differences results in stress, deprivation, discrimination, inequality and increases the gaps between various groups in a society. The social structure is the reflection of power groups which leads

to domination of one group over others. Steinmetz (K.Steinmetz, 1999, pg- 21) discusses inconsistency of the status of an individual might lead to violence. Both achieved and ascribed status of an individual might generate space for hatred, jealousy and greed thus leads to conflict situations. Ascribed status is a status that is enjoyed by birth and is involuntary which part of the life process is. Gender, eye colour, race, ethnicity etc. are examples of ascribed status. While status or position that an individual achieves through merit or choses are called achieved status. Class, skills, career etc. are examples of achieved status. In case of witch-hunt violence, property disputes and greed for possession of land has been one reason for accusing people of witchcraft which results in violence against the individual (*Piecing Together Perspectives on Witch-Hunting: A Review of literature*, 2013). The power of a group of people or an individual to identify and label an individual as a 'witch' also talks in volume about the inequality in power. A group of people against one individual who is being accused and inflicted violence against is a clear example of power and authority.

5.3. Cultural theory of violence:

Cultural violence can be explained as those aspects of culture that can be used to justify or direct or structural violence which might be demonstrated by violence, religion, ideology language etc. Johan Gultang who coined the term 'cultural violence' in 1969 defines cultural violence as, "Cultural violence are aspects of culture, the symbolic sphere of our existence which is exemplified by religion and ideology, language and art, empirical science and formal science that can be used to justify or legitimate direct or structural violence" (Gultang, 1969, 1990). It is important to note that it is not justifiable to identify or describe a culture completely as violent; there might be a few aspects of culture that are violent. It is interesting to note that how the act of violence becomes acceptable and part of a culture. The mechanism in which the act of direct violence and structural violence are legitimate is the core of understanding cultural violence. The use of power and legitimization of power is an internalized factor which can be explained by two means. One way is that cultural violence is coated with moral acts and on the other hand by making reality opaque, thus making the reality least visible. Witch hunting is seen as beneficial and as a protective measure for the community. Thus, it becomes morally correct to act against the threat of the community (Galtung, 1990). The personal

motivations and social, economic and political factors are covered up by the moral act where the reality that triggers such form of violence is made least visible.

The practice of witch hunting are commonly seen in communities that belief in witches and the ability of withes to bring misfortune and harm the community. Witches are seen as the enemy of the community and are associated with deviant behaviour which calls for the community action. It also becomes the moral duty of the community to get rid of anything that causes harm to the community and to protect the community.

5.4. Constructivist Theory:

Constructivism is referred as constructions of social realities that are based upon past experiences and present situations. Violence becomes a part of the society as the action is either justified or attributed to individual psychology. For example, war and revolution are seen as inevitable outcomes of struggle over social security and group oppression. Reasons like war over using resources, struggle to dominate one group over the other are side-lined in the process. Social Constructivism focuses on how members of the society observe and interpret their world and not only the social systems they are part of. The advantage here is the ability to observe and describe different themes of violence but also keeping in mind what are the main themes upon which the observation and analysis are made. The nature, pattern and means of violence are different for different forms of violence; thus the interpretation and intervention reflects construction of perception that is formed in understanding each form of violence.

5.5. Conflict theory:

Conflict Theory sees social life as a competition between two social groups – the ruling class and the working class. Karl Marx who introduced 'Conflict Theory' in 1848 in his book, *Communist Manifesto* explains that economic and political factors that causes class division in a capitalist society are the main reasons for conflict in the society (Oxana & Lyudmila, 2014). This class division in the society are based on the distribution of resources, power and inequality. These stratifications are also on the basis of relationship between social groups to the sources of production. Max Weber supports Karl Marx that economic and political equalities cause conflict; he

also adds that social structure also causes conflict. He argues that difference in education, race, ethnicity, gender also leads to situation that might result in violence("Reading: Conflict Theory and Deviance," n.d.). Talcott Parson views conflict as primarily a 'disease' which results disruptive, dissociating and dysfunctional consequences. George Simmel presents a positive analysis of conflict in the society. According to him, conflicts are central to social life which is no doubt associated with power divisions but also brings in unity and cohesion in a group (Wieviorka, 2010). Randall Collins presents a different perspective on conflict; he argues that situations are violent and not individuals. The participants in the conflict situation are sensitive to emotions and conflict is an emotional way of communication where individual also have the potential to rationally pursue their aim (Collins, 2008).

Each theory brings in a new dimension in understanding witch-hunt violence. At times few theories seem to overlap yet add new perspective to the topic under study.

Prof. Brian A. Pavlac, professor of History in the King's College, Pennsylvania presented ten general Historical theories about the origin and causes of Witch Hunts. He calls them 'theories' as they are based on some reasonable information and makes sense in explaining the phenomenon. He further says that, no single theory is sufficient to explain witch hunt; at times when one rejects the other or one counter the other, on the other hand one support the other theory. The ten theories are as follows (Pavlac, 2001)

5.6 Illness Theory:

Outbreaks or incidents of illness related to both physical and mental health conditions were attributed to witches. Illness theory was further divided into Mass Hysteria theory, delusion theory, disease theory and drug theory. Mass Hysteria refers to peasants went a little wacky, became clinically neurotic and even psychotic. Delusion theory talks about the children fantasies and psychosomatic illness which causes panic. Disease theory argues that diseases like syphilis or ergotism (which is caused by mold on rotten bread) can cause mental instability. Drug theory accuses consumption of mushrooms, herbs to affect people's mind.

However, it is difficult to explain how so many people falling ill together, when there is no explanation for the cause related to the environment, the climate or any source of contamination. The illness theory of Pavlac is based on a historical foundation of diseases which remotely connects to the present time witch-hunts. In the present scenario, individuals are accused of witchcraft due to lack of health services and misinterpretation of diseases where witches becomes the target to blame for misfortunes like diseases and death (Chaudhuri, 2008) .

5.6. Geographic Origin Theory:

This theory talks about the origin of 'witch hunts' in respect to specific location. There are debates where the hunts started first and where it followed to. Did it first start in the mountain region of the Alps and Pyrenees or in the lowland first which later spread to the hills? Also the debate over did 'witch hunt' result out of economic differentiate between regions which are normally self-sufficient suddenly got caught in new competition because of the commercial revolution. This was again countered as it is difficult to quality and compares economic differences during those times.

The origin of witch hunting cases is still not a topic of exploration by historians, anthropologists and sociologists. But the first section of this chapter gives us a clear picture of the prevalence of witch hunting across the globe.

5.7. The Greed theory:

According to the Greed theory, the elite initiated the hunts in order to confiscate the property of others. But in many cases the persecuted people did not have much wealth; again in many cases property was not confiscated from very wealthy people. But in many contemporary studies it was found that the greed for property is one major reason for witch hunts, especially property possessed by women head of the family or by old couples.

Greed for property and wealth has been seen to be a reason for witch hunting in the India. Also the class conflict along with Greed theory highlights on how property and wealth can trigger witch hunting (Agarwal & Mehra, 2014; Nathan, Kelkar, & Satja, 2013).

5.8. The Religious Rebellion Theories:

This can be divided into two sub-theories- The Satanic Religious Rebellion Theory and the Pagan Religious Rebellion Theory. The Satanic Religious Rebellion theory refers devil worship actually existed, in particular as a subversion attack on the ruling Christian order. This was rejected by Historians of Witchcraft, Jules Michelet (1862) and Montague Summers on the grounds that it is only torture that made 'witches' confess by their words. Also there is no credible evidence that supports the existence of any actual satanic cult before the 19th century.

According to the Pagan Religious Rebellion Theory there are certain forms of worship from the ancient world which are still practiced and are continued through the early modern period and have been misinterpreted by the Christian hunters as Satanic. The Murrayite Theory, by Folklorist Margaret Murray which was discussed in her books- The European Witch Cult (1920), The Witch Cult of Western Europe (1921) and many more talks about the worship of one-horned God 'James' and ' Dianus' and is common in Neo-Pagan era. However, Murray's work was largely questioned by many scholars due to lack of any creditable evidence. It was considered as a common superstation and simple folk tradition (Murray, 2001).

5.9. The Confessional Conflict Theory:

Reformation and its resultant fights between the Protestants and the Roman Catholics led each other use 'witchcraft' attack on one another. Again it was found that adherents of one branch of Christianity rarely accused another group. It happened among people in the same group.

5.10. The Disaster Theory:

When calamities occur like war, plague, flood, drought and it affects the community; blame the supernatural and there is always a tendency to find a scapegoat and thus 'witches' were identified. This theory was rejected as many times during peace and plenty, 'witches' were identified and hunted down. Also, there has been an endemic history of manmade and natural calamities common to the European History. It is really questionable that why 'witches' were blamed when there were easy targets in the community like that of the Jews, Deviants and

foreigners and also demons could have been blamed without the aid to human witches.

Similar to the illness theory, disaster is another misfortune in the community. As disasters bring human suffering and agony it is also blamed on the practice of witchcraft by a witch who is a member of the community.

5.11. The Conspiracy Theory:

This theory talks in the late Middle Ages, how religious elites created a new and intellectual framework out of the Christian heresy and theology concerning 'Demons'. They saw 'witches' as a threat to the Christian commonwealth. The authorities were strong against the satanic cult which has little evidence. It is very interesting to explore and understand how a small idea without evidence lead people to bond together and made such an enormous effort against so many people.

The conspiracy theory can still be linked to the reasons of present day witch hunting. Conspiracy to label someone as a witch that are based on personal rivalry, hatred and jealousy can be attributes to witch hunting.

5.12. The Social Control or State Building Theory:

Early Modern Government exploited the fear of witchcraft for the purpose of centralizing authority, to increase bureaucratic jurisdiction, to impose cultural uniformity and to dominate the Church. There is a dilemma of weather the Government believed in witchcraft or not, but it is for sure that a dangerous conspiracy was set in expanding Government intention. This theory can be compared with The Church Oppression Theory, which was popular in the 19th century but held by few today, according to which the Church strongly blamed the 'witches' as to crush its opponents and grow rich.

Witch hunting can be seen as a tool for social control, to generate fear and insecurity in the community. It would give power to the local authorities or powerful groups where social structure would be the basis on which power and control would operate.

5.13. Social Functionalist or Social Accusations Theory:

It argues that the accusers act on the psychological need to blame others for their personal problems. The supporters of this theory argue that if we take witch hunts were done therapeutically, it is beneficial for the society. Witch hunts are seen to be clarifying the distinction between the right and wrong; and getting rid of the old, sick and poor, it is helping the society. The hunts were acting as the reinforcement of moral and accepted behavior.

It is interesting to note that these theories do not take the motives of individual accusations and various explanations like the religious and political factors.

5.14. The Misogyny Theory:

The Witch Hunts embodied a social hostility towards women. Such theories are often tied with popularizing feminist writings that might see witchcraft as a source of empowerment of women. With the ongoing subordination of women, they try to draw a connection between folk magic and healing which was argued that would change the views of women's status in the society. This was countered as in many cases men and children were also victims of witch hunts.

Starting with the Sociological Theories of Violence and the theories giving by Prof. Pavlac only focusing on witch-hunt violence gives a multidimensional approach to understand witch-hunt violence. A range of theories have been discussed in the above section, each theory contributes to understanding witch hunting. Exploring the belief in witches and practice of witch hunting can be explored through a constructive lens where

Two significant questions that came up with the inception of the idea for this study are-

1. How can Witch hunting be explored and studied from a Public Health perspective?

And,

2. Why is it necessary to have a Public Health approach to understand Witch-Hunt violence?

Thus, these two questions became the base of the study and also the broader objectives.

CHAPTER II

TRACING 'WITCH-HUNTING' IN LITERATURE

The existing literature would be used to seek answers to two broad questions- why do we need a Public Health approach to understand Witch-hunt violence and how can it be explored and studied from a Public Health Perspective. It is important to establish the platform to understand the link between violence, witch-hunt violence and Public Health which would guide the study for further exploration. With the understanding of violence as a Public Health issue, it opens up the scope to understand Witch hunting as a form of violence that should be explored from a Public Health Perspective.

The biggest dilemma is how to understand Witch-hunt violence from a Public Health Perspective. The history of both medicine and the history of violence as a Public Health issue can be merged at a point to give a shape to the idea for the study. The history of medicine seem to have a connection with causation of witch-hunting as mentioned by Pavlac (Ten theories by Pavlac, Theory of illness discussed in the first chapter 1), this first section would be exploring the history of medicine.

1. The History of Medicine:

Diseases are as old as life on earth. Early human life recognized pain as the disease symptom which was due to the wrath of the dead, the uncanny powers of human enemies or the revenge of the offended spirits which are seen as supernatural powers. These can be categorized as magico-religious or super naturalistic causes and thus, naturally the cure would come by pleasing the evil spirits. Daya Ram Varma in his book 'Reason and Medicine- Art and Science of Healing from Antiquity to Modern Times' says that the origin of 'witchcraft' was meant to heal and is the origin of spiritual medicine (Varma, 2013). In the book he have used the term 'witchcraft' as "primitive spiritual medicine" against the Oxford dictionary reference to witches as "woman practicing sorcery" and 'witchcraft' as "sorcery, use of magic". As the medical historian Victor Robinson wrote in 1931 that "Out of primitive man's need arose the first professional class-antedating even prostitution and older than any religion- the profession of magician or mystery man, The Medicine Man".

The advances of medicine from the birth of human life to the beginning of the modern medicine can be divided into three phases. It is interesting to observe how he uses the word 'materialistic' medicine referring to 'modern' medicine. The three phases are Intuitive medicine, observational medicine, and the spiritual medicine. Intuitive medicine involves actions like applying a tourniquet to stop bleeding or applying saliva to an injured part. Observational medicine is assumed to have been developed along with the discovery of edible or poisonous natural foods. It might be in search of herbs to soothe pain or discomfort. With the course of time and experimentation, man being to understand and register what was good and brought relief to their pain and thus was spread and practiced in the community. It is to be noted that the use of opium, quinine, and cocaine was known to many early communities and thus this is termed as the second phase. The third phase of medicine is said to be the witchcraft or the spiritual medicine which is seen as a hierarchal system of knowledge. The knowledge between the cause and effect and the human desire to control nature is part of the understanding. The period of 'witchcraft' can be considered as the golden era of therapeutics as the three greatest medicines if all times- the poppy plant (Papaver somniferum) which is the source of morphine; opium and is used for pain along with Peruvian bark (the source of quinine) which is used against fever; specially malaria and willow bark (source of salicin, known as the mother of aspirin) used against pain and fever was found and used in various communities.

Varma strongly advocates that the science of witchcraft is a complete system of its own as it links theory to practice; as it takes that if there is a cause, there is a cure. But he also says that the approach is scientific even if the foundations may be faulty (Varma, 2006).

The spiritual basis of disease led to 'witchcraft' which later changed with the shift to the physical basis of disease, which resultant in the exploration of the physical means for the alleviation of disease. The ancient Ayurvedic text *Sushruta Samhita* was written in the sixth-seventh century BC which talks about *Tridosha* which means an imbalance between three elements. These three elements are 'Vata' (respiratory system), 'Pitta' (circulatory system) and 'Kapha' (digestive system). Along with these three; *Agni* (the digestive fire), *dhatus* (the body tissues) and *malas* (body

wastes) should be balanced. It also discussed the *atma* (soul) should be in a pleasant state of mind for a person's health and wellbeing (Sujatha, 2017). Any imbalance or malfunction between these systems causes ill-health or disease.

Yang and Yin theory of China which was formulated between 700-500 BC refers to the theory of balance between two opposites. Finally, Hippocrates' four bodily senses of humor (Blood, Yellow Bile, Black Bile and Phlegm) are considered to be the milestones in the progress in medical sciences. This process also clearly sees the shift from spirits to exploring disease remedies in plants, animals, earth minerals and thus finally to the laboratory. The early man learned about diseases and its remedies through trial and error. It was then when the whole human population was exploring, experimenting and learning; thus each one was part of the discoveries which is now only the task of the specialist and thus confined among a group of people. With the growth in science and technology and with the market competition, the discovery of a new drug is only confined with the pharmaceutical companies.

The belief in 'witches' and witchcraft is now understood as a folk medicine system. In the contemporary era, the knowledge system is divided into the dichotomy of indigenous and western knowledge systems. The real problem is separating and drawing boundaries between the knowledge systems. Medicine as a knowledge system is such a subject where myth and reality, rationality and irrationality are so strongly intertwined where one is always in an attempt to establish superiority over the other.

A woman has a very important role in the history of medicine and healing. Healing has been always regarded as the responsibility of women (Minkowski, 1992). It is important to know how women have been part of the history of medicine and what status they occupied in this history.

1.1. Women as Healers:

Women have always been healers. Compared to their counterparts, women healers were considered to be more humane and had an empirical approach towards healing. Women healers were often practitioners who belonged to the poor section of the society where there were no doctors or hospitals. In case of smallpox, women working in dairy farms knew long before Edward Jenner (1749-1823) discovered

smallpox that cowpox was prophylactic against smallpox (Varma, 2013). Out of the many accused crimes against 'Witches' in Europe, there were three main accuses which were- accused of a sexual crime against men, organized in groups and possess the magical power to harm and heal. It draws attention that they were recognized as having medical and obstetrical skills (Ehrenreich & English, 1973). Many herbal remedies that were used by wise women are now part of modern pharmacology. They are well tested and measured by their doses and ways of intake in the present time. The use of Ergot, a fungus (*Claviceps Purpurea*) was used to hasten labor and aid in the recovery of childbirth; Belladonna (*Atropa Belladonna*) which is anti-spasmodic was used to relieve spasm of involuntary muscles and urine contraction in any situation of miscarriage. Women healer also used Foxgloves (*Digitalis Lanata*) for congestive heart failure, associated with fluid retention commonly known as edema, irregular heartbeat etc. Along with these the use of quinine, cocaine, opium was another form of remedies used which are still prevalent for various ailments. During the time of witch hunts in Europe; when women healers were practicing healing, the university trained doctors were practicing 'medicine' based on logic and not observation. The arguments like good and bad food causing respective effects; along with the use of leeches to drain of bad blood are few examples the imbalance of medicine in the community. Ehrenreich and English writing that in 1527, Paracelsus who is known as the 'father of modern medicine' burned his text on pharmaceuticals and confessed that he learned all he knew from the Sorcerers (Ehrenreich & English, 1973; Varma, 2013).

One should understand that the dominance of women healers was political and just not natural neither it is the women's failure to take on healing work. It is the rise of the professional dominance of men. The status of women healers had risen and also fallen, were attacked based on their gender. Women healers were people's healer, they were healing when the early men went for hunting. It was targeted mainly towards midwives, nurses and women healers which clearly reflect the gendered color of violence. They were often the medical practitioners for the people who had no doctors or no hospitals. The greatest majority that was hunted was working and belonged to the poor section of the community; the lay healers, nurses serving the peasant population which challenged the established and powerful upper-classmen. The witch hunts can be marked as the beginning of a gendered struggle in

the history of the medical profession against the women healers. It was mainly an action by the church trained doctors against the traditional healers who were mostly women (Sundar, 2001).

1.2.Popular Health Movement:

One important historical event that took place in the 1930's and 40's was the Popular Health Movement in the United States. The first formal medical school was established in 1765, in Philadelphia and with the onset of 1800's there were a growing number formally trained doctors who called themselves 'regular' doctors, interestingly that too was confined to upper-class men alone . The Popular Health Movement commonly comprised of four philosophies- the teachings of Sylvester Graham, Thomsonian botanicals, homeopathy, and hydropathy. A big list of criticism and flaws was listed to bring in attention how the 'regular' doctors were trained with least practical knowledge, poor quality theory and not much for academic engagement. On the other hand, the lay practitioners rejected heroic medicine and practiced mild herbal medication, dietary changes, focused on natural healing, educated the people about their body and tried to bring in the middle class and lower class together. The upper-class women started consulting the gentlemen of the same group rather than taking consulting the women healer for obstetric care (Ehrenreich & English, 1973). The movement popularized the belief that diseases are not sent by God but results of human action which can be prevented. The Popular Health Movement promoted rational skepticism towards the claim of medical expertise that was accumulated only by the elite men and thus raised a class conflict. It was an anti-elite movement and thus challenged the controlled authority of the upper-classmen. In 1930, 13 states declared medical licensing to 'general' doctors as legal healers which brought other practitioners in conflict with the law. Feminist and the working class played an important role; as the feminist movement, modernization and industrialization was the background of the movement which helped in shaping the movement and making it stronger. Various issues were discussed and spread by women through 'Ladies Physiological Societies' like educating about human anatomy and personal hygiene; frequent bathing, advising on loose clothing, exercise, the evils of 'self-pollution'(a Victorian Code for masturbation), drug-free childbirth, limiting family size and dietary intakes of whole grain cereals (Ness,

2004). It is interesting to note that campaigns and measures were preventive in nature rather than the popular 'regular' doctor's curative measure. One slogan of the movement was 'Every Man His Own Doctor'; thus crushing down the hierarchal structure, unfortunately, which were are still fighting in the contemporary era.

Later when the movement was at a deteriorated phase, the male medical doctor's organized more together by establishing the first American Medical Association in 1848, and soon the women and lay healers were attacked back. Women medical students in colleges were harassed and discriminated. Midwives who held a very important role in Child-birthing were attached and accused of being dirty, ignorant and incompetent. The further ban on midwifery was the greatest attack on women's last independent profession. Nursing too was seen as the gendered role of women as to teaching and nurturing. Late 19th century, Women's Health Movement marked the struggle for respectability and separated from the Popular Health Movement.

It is important to note that the perception of well-being, health, ill-health, and disease is different in each culture and society. Also, the history of medicine has an important role to play in shaping the perception.

2. Understanding Well-being, Health, Ill-health, and Disease:

The study is trying to explore and understand the perception of health, ill-health, and disease from the community which gives us a wide range of perception, tradition and practices. Each community has their own sets of norms and practices which are common in many ways to each other yet diverse in many other ways. To understand a community we need to understand their culture. Culture is a way of life which shapes of beliefs, value, and identity. A culture is a learned, shared knowledge that people in the society hold. It can also be said as a kind of knowledge that we use and work on. It always keeps on evolving and changing with time (Loustaunau & Sobo, 1997) Culture effects the perception of health and illness in many ways and thus is not uniform across communities. Rituals, customs, and values that are followed by a community are transferred from generation to generation, many go unquestioned and unchallenged. The interplay of health and culture is very complex. Understanding health from a cultural perspective is challenging as it offers a broad picture and keeps changing with time. For the purpose of understanding the perception of health from a

cultural perspective, it can be seen through the lens of Medical Anthropology. Medical Anthropology is a subfield of Anthropology that draws upon social, cultural, biological and linguistic anthropology. As Helman describes Medical Anthropology as a system of knowledge of how people in different cultures and social groups explains the cause of ill-health, the type of treatments they believe in, and to whom they turn if they become ill (Helman, 2000).Every culture has their own way of the coping mechanism when it comes to health and diseases.

Perception of health and illness has been different in different communities. It can be differentiated between two main factors- one, the natural factors and the other is the supernatural factors. The natural factors include the external body conditions like climate, environment and also its reaction by the body when exposed. And the super-natural conditions include evil eye, spiritual possessions and will of God. Thus, each factor of health and ill-health will have a different way of health seeking behavior mechanism. The perception of people also depends upon experiences of illness and health which also again have an impact on their belief and action. A sociological study in France identified four ways of defining what defines health which includes: 1) absence of illness, 2) a resource, 3) a controllable product of the individual and 4) a 'collective heritage for which society is responsible' (Pierret, 1995).

If we try to understand that health and ill-health can be understood through the 'normal' functioning of a human body. Now, here there are two important things- a) what does 'normal' indicates? b) Who decides the parameters of being 'normal'?

The shift between health and ill-health is strongly built on the socio-economic factors of the society. It is interesting to note the time taken for accessing medical care from ill-health is all in the social system of the society. Stephen Wrights discusses three components of health; which are (Wright, 1985):

a. Health as BEING which is explained as health without any illness. Being healthy can again be understood as a healthy life without any illness or disease. Here, the state of being healthy is given importance which is a condition of state and is very subjective in nature.

b. Health as HAVING which is explained as health as a reserve. Having health as a reserve is a condition which can change through various factors like- environmental,

social and economic. How a person can be healthy and maintain that state also depends on many variables in the society.

c. Health as DOING which is explained as health without any disability. Disability is a condition which is resultant due to loss or abnormality of psychological, physiological or anatomical structure or function which effects the daily functioning of an individual. Now the ability to do can be affected by accidents, diseases and also by old age.

Since the 1960's there has been an increasing urge to explore and understand the social indicators that influence health and wellbeing which Alex C. Michalos calls the 'Social Indicator Research Movement' (Michalos, 2004). The term 'social indicator of health' is used to denote social factors that have significance to health. Michalos has explained indicators as mainly positive and negative indicators. Positive indicators are those where most people assume that if their indicator value increases it will bring a positive impact on their quality of life. For example Stable income for the unskilled labor shall assure an economic stability. Whereas negative indicator is those where with the increase in indicator value will bring a negative impact on the quality of life of people. For example: an increase in maternal mortality rate in a society. It is well put forward that the increase or decrease of the indicators is not in virtue of the fact but by desirability. There is also Unclear indicators which are positive for some and negative for some, there are disagreements as well as strong agreements for the same thus leaving such indicators to an unclear conclusion. For Example welfare payments are unclear indicators, as some argue that providing assistance increases people's need which is bad. Also, it will reach many people who are genuinely in need which will increase their quality of life. It is very important to explore such indicators in the society to understand the individual and community as a whole. The Input and Output indicators are another set of indicators which can be easily seen in the society. Taking the Public Distribution System and the Public Health System in the community as Input indicators, we can see the result of the services in terms of health and well-being of the people in the community. Public Distribution System can result in the proper nutrition of an individual and the Health Service System on prevention and intervention of diseases in the community.

The seriousness of any illness and the likelihood of seeking treatment is not solely determined by the amount of pain or discomfort one goes through but strongly determined by the way health is perceived and given meaning particularly in the social context. David Robinson calls illness a 'bio-social' process (Robinson, 1973). It is very important to understand the way in which any given symptom of any health condition is perceived, evaluated and acted upon which results in health-seeking behavior. For some seeking help for chronic joint pain can be a matter of luxury which is accepted as a matter of old age health issue, and for some regular health checkups are part of health care. Robinson takes about the position of a patient and a healthcare provider in the society and the power as well as status they share which has an impact on the health status of a person.

Talcott Parsons identified the 'Sick Role' in 1951. Role refers to the expectations associated with a particular status. Here there are two sets of people, on one hand, a person occupies a social position and performs the role; while on the other hand, there are 'significant others' who identify and treat the one in social position as sick. Hereby, it is not enough to be not well and being 'eligible' for 'Sick role'. To enjoy the privilege of 'sick role', it is a matter of mutual orientation as between the symptomatic person and the 'significant others' (Robinson, 1973). The sick role has its own set of norms of expected behavior:

a. Is exempted from certain normal social responsibilities.

b. Should seek medical attention/ do as the doctor says and try to get well.

c. Is not held accountable for her/his illness.

Parsons was one of the most influential structural functionalists of the 1950s. As a functionalist, he was concerned with how elements of society were functional. The classical functionalist position of illness is considered as social 'deviance' and is not a natural state of the human body. He discusses the role of the patient and the doctor where the doctor not only helps him to recover from his illness but also helps in resuming his normal functioning of life. The medical profession thus acts as a social control for the social 'deviance'. The sick role was criticized on many grounds, the power, and hierarchy that were given to the medical professionals whereas the patients were seen as complaints, passive and grateful. The conflicting interest of the

doctor and patient interaction was also not given attention. Serving the health needs of the people in the profession of the doctor whereas the patient is vulnerable and the normal functioning is affected. The interaction between the doctor and the patient goes beyond the medical and caregiving boundaries, as both belong to some section of a bigger society.

Our perceptions are molded by experiences of both, the past and the present. The social construction of reality helps us in taking action that is also based on our perception.

2.1. Systems of Medicine-

During the mid-1970s, the term 'medical pluralism' was introduced in the social sciences to refer to the presence of many options of medicine system other than Bio-medicine. Since the 1990s, Complementary and Alternative Medicine was included by the State Health Administration in the West (Sujatha & Leena Abraham, 2009). Hans A. Baer defines medical pluralism as "the conflation of an array of medical system", he further divided societies into 'indigenous' and 'state of complex' and state that medical pluralism is a characteristic feature of the complex and diverse society (Baer, 2004).

Globally medicine systems are divided into two main categories: Biomedicine and indigenous medicine. Biomedicine is broadly is understood as allopathy, scientific, western and modern whereas indigenous medicine is an umbrella term for many knowledge systems which are also referred as folk medicine, ethnomedicine, traditional medicine, complementary and alternative medicine(Stoner, 1986).

Ethnomedicine has been defined as folk ideas and practices concerning the care and treatment of illness available within particular (usually non-medicine) cultures-which means outside the framework of professionalized, regulated scientific medicine. They commonly involve empirically based natural remedies; mainly plants and healing rituals with supernatural elements often referred to as unscientific (Marshall, 1998).

According to World Health Organization, "Traditional Medicine is the sum total of the knowledge, skill and practices based on the theories, beliefs and experiences

indigenous to different cultures, whether explicable or not used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness." And "Complementary or Alternative Medicine refers to a broad set of health care practices that are not part of that country's own tradition or conventional medicines, and are not fully integrated into the dominant health care system"(WHO Traditional Medicine, 2013).

Dunn in 1976 presents three categories of medical systems which includes the local knowledge system of medicine, religious medical system and the cosmopolitan medical system (Dunn, 1976). Local knowledge of medicine referred to the folk medicine of the community, religious medicine referred to a relatively larger community (like that of Ayurveda, Unani and Chinese medicine) and the cosmopolitan medical system referred to the global medical system. Kleinman described local health care as a local cultural system which has three overlapping categories. It included the folk, the popular and the professional sector. The folk sector includes various practitioners who practice informally and illegally like that of the herbalist, homeopathy, faith healers, and midwives. The popular sector includes the individual, the family, and community where home remedies, diet, herbs, exercises are part of the system. And the professional sector includes the practitioners and authority of both biomedicine and professionalized sector (Kleinman, 1978, 1980).

Indian medical system is recognized as the composition of six systems of medicines which are Ayurveda, Siddha, Unani and Yoga, Naturopathy and Homeopathy. Indigenous/Traditional systems of medicine in India are again divided into a codified and non-codified system of knowledge. The codified systems of traditional medicine are those who are generally recognized in the Indian form of Complementary and Alternative Medicine. Ayurveda, Unani, Siddha, Homeopathy are considered as codified traditional medicine. Codified medicine has pharmacopeias or ancient scriptures where the practices are documented which becomes the basis for practice and knowledge sharing. Where else non- a codified system of traditional includes spiritual or shamanistic healers, massage, faith healings etc. these form of knowledge was not recorded and would be transmitted from one generation to other through oral means. It is developed mainly through trial

and error method, according to the local needs and available resources in the community (Upadhaya, Hedge, Bhat, & Kholkute, 2014).

2.1.2. Health Seeking Behaviour:

Health seeking behavior of an individual or the community can be explained as the perception and knowledge of disease causation, what the health services available are and finally the 'felt need' of the people. Health Seeking Behavior can be divided into- the process and the end point, where the process is the illness response or the health seeking behavior and the end point is the utilization of the services which can be understood as the health care seeking behavior (Mackian, 2003). It is the end result of the interaction between the knowledge of a specific disease, the attitude towards it and the actions undertaken that an individual takes to cure his disease or discomfort. If the disease is seen as a form of 'social suffering', it emphasizes the need to understand the interaction of biological, social, economic and political factors in the society (Baru, 2005). As Rama V. Baru explains three perspectives in social sciences that explain the health-seeking behavior are- behavioral, social and cultural. Behavioral science is more close to a physiological domain which refers to the behavior of an individual which helps in preventing diseases, promoting health and curing illness. To maintain a healthy lifestyle one should exercise, get proper sleep and follow certain rules; also compliance towards treatment is indicators of behavioral psychology. It is a representation of the Cartesian model where bodily dysfunction seeks the role of Biomedicine to correct it. Natural science is the foundation of biomedicine as its aim is to understand the onset and treatment of disease; concerned with the disease cause-effect relationship (Radley, 1994). It is a reductionist approach where the individual is held responsible and blamed for his failure on 'desired behavior' which might make him ill. Although it is described as interdisciplinary in nature the focus is more on individual responsibility for disease prevention and being healthy. The societal perspective refers to the sociology of health where the doctor-patient relationship, power dynamics, and the authority along with social and health inequalities. It explains how the society defines ill-health though other factors are also equally important as an individual with ill-health, the cause-effect relationship of the disease and the doctor holds the authority. It

focuses on 'social causes' of disease as primary and their biomedical explanation and treatment as secondary.

Every culture is different and has their own way of preventing and coping with diseases. Medical anthropology focuses on beliefs and practices of sickness and healing of different communities. The cultural perspective brings biomedicine and everyday belief together. This helps us understanding of the relative ideas about the individual and about people's relation with the individual. At times medical knowledge and cultural beliefs are seen to be overlapping and at other times medical knowledge and cultural beliefs are seen as two conflicting poles. Thus one can make meaningful interpretations both ways. This would bring up two dimensions of understanding the belief systems and medical knowledge together and also separately where one is seen to overpower the other (Baru, 2005; Radley, 1994).

Discomfort and pain are generally the first symptoms through which a disease presents itself to an individual. The nature, frequency, and level of discomfort or pain are the strong influence on health-seeking behavior of an individual. Five triggers can be put forward that influence a patient to seek health services, which are (Mechanic, 1969):

1. Interpersonal crises make the person think about his problem. It is the crisis within the person where he is in pain and in a dilemma whether or not to go for any treatment or where to go. The problem might be acute or chronic; the individual itself is the first contact here. Also, pain and discomfort are subjective and thus differs from person to person.

2. Social interference is when the symptoms do not change and therefore becomes an obstacle in social functioning. The disease affects the normal functioning of a person which might also be a trigger to seek health care.

3. The presence of sanctioning is when others in the family or community tell the person to seek health services for his problem. With the first two triggers when the family and community recognize that a person's normal daily functioning is being affected and thus must seek health service.

4. Perceived threat when the person feels the health condition can be a threat to his/her health. Which acute yet severe pain or chronic discomfort when one starts taking the condition as a threat, it can push the person towards seeking health services.

5. Nature and equity of symptoms, this is when the person compares his own condition with that of others. With past experiences or sharing of one's condition and then comparing with own cam also make one avail health services.

Accessibility and availability of health care play an important role in health-seeking behavior. Accessibility can be defined as a way of approaching, reaching or entering a place. In health care, access to services can be understood as the opportunities or options with which people can use appropriate services according to their needs. The words access, accessibility, and availability are used interchangeably used, thus creating confusion. Accessibility to health care has been explored in length and it can be understood from various dimensions. The key players that affect accessibility are the users and the providers. The user is an individual or the community which is in need of service. The user's perception of an illness, the past experiences, and the culture one belongs to, one's social and epidemiological factors play a role in accessing services. Whereas, if we take the provider as the supplier; it would include location, availability, cost appropriateness of the services and skills to deliver services. According to Frenk, it is problematic when accessibility is regarded as a property of either resource for health care or of the population of potential users of services, which he supports with Donabedian's definition on accessibility (Frenk, 1992). According to Donabedian, accessibility is a mediating factor between the provider and user, which is something beyond the availability of resources at any given time and place. It includes the characteristics of the healthcare resource that facilitate or stand in the way of its use by potential clients. There has been a debate about how to understand accessibility; whether it is the property of the user, of the population or of some type of relationship between the two. Frenk discusses various indicators to measure accessibility; he mentions 'effective availability' of resources which helps in negotiating services between the users and the providers. He also discusses the desirability and need of both the user and provider (Frenk, 1992)

Five dimensions can be used to understand the accessibility of services, which are- approachability, acceptability, availability and accommodation, affordability and appropriateness (Leveque, Harris, & Russell, 2013). Approachability is when one is aware of and can identify existing and available services. One gets aware of the available options through transparency, outreach, and information; this would give the user the option to approach to any service which might be beneficial. Acceptability refers to the social and cultural acceptance of an individual and the community of any health service. For example, many communities around the world take sterilization as a sin which makes them not to avail services related to it. Availability is the physical existence of services which can be human resource, technology or even options to avail healthcare facilities. Unequal distribution of resources, lack of human resources, lack of proper transportation and communication, lack of options in health services affects ones' accessibility to health services. Affordability is the economic capacity to avail services, it might be in means of affordability to arrange any kind of transportation to reach the provider or the capacity to buy medicines or go for tests. This often leads to out-of-pocket expenditure and compromising on various health issues. Appropriateness is the amount of time spent determining the correct techniques and treatment. Adherence comes when a person is fully engaged in the whole process of coming with a problem, getting options to choose any health service, can afford to avail the services and is satisfied with the services offered and provided.

Apart from the major factors that influence health-seeking behavior of the community, local dynamics of the community also plays a major role. Accessibility, acceptability, affordability, and availability of healthcare services are four major factors that greatly influence health-seeking behavior of an individual and the community. Health seeking behavior is not one isolated event but is a process and mixture of many activities.

The power structure in the society also determines the accessibility of health care. It is important to understand 'who' gets the priority and 'how' services are delivered in a community. 'Who' can be again divided into variables of age, gender, class, and caste divisions in the society and thus accordingly gets priority. And 'how' another important is constant; as with the privilege of class and caste, the distance between

demands and supply gets reduced. Here, variables like class, caste, socio-economic status play an important role. Health seeking behavior is often interpreted as individual and community's potential to use services, and when it conflicts in terms of not accepting a particular treatment it is seen as lack of knowledge about a disease and its treatment (where one is seen as ignorant) or cultural resistance. Thus the focus goes on to provide health education and behavioral change programmes.

Violence has been a part of human experience since existence. The history of violence has been always resultant in destruction and brutality. With the lessons learned from the World War I and World War II, many international organizations have been established which aims to build international peace by focusing on each country that is part of it. Understanding Violence as a Public Health issue entangles many other issues which act as a trigger to violence.

3. Violence and Public Health :

Violence has been recently recognized as a public health issue. Only in 1979, the Surgeon General's Report 'Healthy Society' 15 issues were discussed and prioritized fifteen areas for improving the health of nations where for the first time interpersonal violence was taken up as a health issue (Winett, 1974). Public Health is the science and arts of preventing diseases, prolong life and promote the physical and mental well-being of the population. Understanding Violence as a Public Health issue broadens up our lenses towards many disciplines which gives us a better understanding of the issue. The multidisciplinary approach brings in medicine, epidemiology, sociology, psychology, criminology etc. for a holistic understanding of the issue. Violence is the result of interplaying of many issues in the society and thus cannot be understood in isolation. Violence leads to morbidity and premature mortality. The productivity, quality and normal functioning of life are compromised and it also increases the healthcare burden of the individual and families. Violence results in disrupting the normal functioning of life are equally disturbing as the death of an individual as it has a larger impact not only on the individual but family and society as a whole. The basic fundamental right, *Right to Life* is threatened and attacked. The initiatives of the World Health Organization (WHO) and its related bodies have been prominent to understand Violence as a Public Health issue. The "Third International Conference on Injury Prevention and Control", held in

Melbourne in 1996, produced a draft resolution on "Violence as a Public Health Priority" for presentation to the WHO. As a result, on 25 May 1996, the 49th World Health Assembly adopted a policy statement on "The Prevention of Violence: Public Health Priority", sponsored jointly by the Republic of South Africa and Australia. The resolution concludes that WHO "Declares that violence is a leading worldwide public health problem ..." (World Health Assembly 1996). The WHO Centre for Health Development had conducted an International Symposium on "Violence and Health" in October 1999 and has published the Global Atlas on Violence and Health (World Health Organization Centre for Health Development, 1999). Many other following international events has recognized and established Violence as a Public Health issue which must be explored and understood. Another important thing is to understand the increasing acceptance within the Public Health community is that the behavioral are also reasons and also solutions for many preventable health issues.

3.1.Witch-hunting in the contemporary era:

Understanding Violence in the name of superstitious killings like Witch Hunting is an attempt to understand how individuals or groups are attacked and its impact on health as a whole. 'Witch-hunting' history can be traced back to 14-17th centuries in Europe where trials were conducted, people were tortured and executed. It is also important to note that the belief in 'witchcraft' is also linked to witch hunting. The term 'witch' has both a positive and negative shade to it. They are seen to have powers which can cure, heal and also take away sufferings and in the same time 'witchcraft' is also treated as a cultural ideology which gives an explanation for every misfortune cause or experienced (Lakhra, 2017).

Over the period of time, the perception and understanding of 'Witch' have changed and this has now been limited to people who are deviant and has the power to harm people. Thus 'witchcraft' is seen as the art of doing evil or doing harm to the people (21st Century Accusations and Persecution, 2013).The Witchcraft and Human Rights Information Network (WHRIN) conducted a survey to establish, document and check the existence of witch hunting in the contemporary times. In 2013, WHRIN conducted an online monitoring and recording of media reports of cases of abuse and that of intervention carried by Government, Non-Government Organization and Human Rights Activists. The main aim was to establish an idea of

the global spread of the various spiritual beliefs that violate human rights. In only 12 months, 282 cases were recorded from 41 countries. In Asia, the highest number cases were recorded in India with 64 cases, out of which 25 cases were of human sacrifice usually of children. But there was no mention of any caste, class, age group or even geographical area which does not give a very clear picture. On the basis if the findings, it was estimated that a minimum of 856 people would have experienced violence on the basis of witchcraft belief.

Out of all the cases recorded, 164 were cases of being attacked and often killed. The range of violence was from accusing someone as a 'Witch' to beaten to death or burning alive. In most of the recorded cases; the accused is generally known to the accuser, either is a victim of family or community rivalry. It was noticed that people who do not even know the accused would join the lynching. Identifying the 'witch' is always done by paying a fee for the service to the 'Witchfinder' who is present in all societies that belief in 'witches'. As this study also focused on the response of the Government, non-government and human rights activists; it is interesting to see that no government initiative has been mentioned from India. From India, the contribution of Dr. Narendra Dabholkar[8] and their organizations, Maharashtra Committee for Eradication of Blind Faith and Birubala Rabha of Mission Birubala respectively, along with Brothers- a social organization from Assam was mentioned in the report. This is a first attempt to globally examine the presence, frequency of witch hunting but there have been many flaws in the report, some of which are already mentioned in the report. The report talks of human rights violation but does not talk about what kinds of violation are being considered for recording. To maintain a uniformity of data and remove biases, it could have used the World Health Organization's categorization of violence classification (WHO, 2002, Pg- 5, figure- 1). It also did not mention what kind of online sources were referred to for recording, was it printed media or visual media. Also, reports that were available online in English were chosen which clearly questioned the representation of data.

3.1.1. Witch Hunting as Gendered Violence:

Gender and violence are two words that have gone through important conceptual changes to reach the present state; which again is debated of inclusive and exclusive

[8] Dabolkar was assassinated in 2013 for he was seen as a man against 'God' from Maharashtra.

criteria for a definition. The typology of violence by the World Health Organization (CDC, 2009) in itself shows us the transformation of the concept of violence. Discussing the journey of gender would take us to 1960s, with the debate if gender as a division was supposed to stand opposite to the term sex. Gender would define the socially constructed difference between men and women as opposed to sex which is biological. Starting from the Witch Trials in Europe to the presence of Witch camps in Africa and the cases still reported in India, one cannot deny the connection between Witch hunts as gendered violence.

Women have always been subjected to domination and exploitation throughout history to the contemporary era. In one way or the other, women have been subjugated to the patriarchal religious values through various means and tools. Witch hunting is one such a tool that is used generally against women. Focusing on India alone, many studies found that Witch hunting is a tool for Gender Violence. The feathers of an accuser who is generally a male are someone who had no possibility of education, no prospect of making a living off the land, finding a stable source of income, failing to fulfill his role as a family provider and frustrated with self (Federici, 2008).

In a report, Assam Mahila Samata Society presented a compilation of data of newspaper reporting from September 2006 to February 2012. According to this data, 84 people were tortured after accusation out of which 70 were women. 62 were murdered out of which 42 were women and four were attempted to murder, where one was a woman, two were men and one was a child (Partners for Law in Development, n.d.). The report was a part of a bigger initiative where three zones of the country participated- Northern India, Eastern India, Western and Eastern India and Northeastern India on the same issue. The main aim was to understand the targeting of women as 'witches' and understand the pattern and prevalence of the issue along with the role of Law. But surprisingly, Southern India was not part of the project, nor was any sort of explanation provided for the exclusion criteria. Also, that data that was presented was not detailed oriented, it did not mention the marital status of the women or any age bar. There was no mention of caste, class and socio-economic condition of the 'Victims'. In a situation where there is a scarcity of

literature, reports are hope to the researcher which again does not completely satisfy many questions.

Another study was conducted by Partners for Law in Development in the states of Jharkhand, Bihar, and Chhattisgarh during the period of 2010-2012 with the support of Ministry of Women and Child Development (Agarwal & Mehra, 2014). Out of the 48 cases that were recorded during the period, 46 were women that were targeted. Police records and the reported judgment reveals that 86% of women were primary victims, thus making men secondary victims. It is interesting to note that most women of the age group 40-60 years and are married are being targeted. This can be supported by another study which was done in the state of Bihar and Jharkhand in 2010 (Lakhra, 2017). With 34 respondents from Bihar and 28 from Jharkhand; making a total of 62 respondents, there were 16 male and 46 female respondents. The respondents are people who have experienced any sort of violence in the name of witch hunting. Out of 62 cases, 54 were from the age group of 40-80 years. If we analyze this data on the basis of gender discrimination we might interpret as- we cannot deny that men are not victims of witch hunting, but primarily it is women. Also, the age group of the 'victims' draws our attention towards the reproductive age of women, which is considered as since menarche to menopause.

3.1.2. Sexuality and Violence-

As witch-hunting is seen as a gender form of violence where cases of rape are one form of violence it is important to understand the connection between gender, sexuality, and violence. The gender roles that are socially constructed are also meant to control the sexuality of an individual. The social norms and cultural rituals that are part of the socialization have an impact on individuals and community at large. The celebration of menarche in many communities in India is a mark of celebrating women's sexuality and a hope to bring in the new generation. The social customs and traditions surrounding around menarche are quite fascinating. This biological transformation is coated with the burden of social, cultural and moral roles and responsibilities. Thus, exploitation and domination start with the rules and norms set by the society as Gender roles. The notion of 'purity' and keeping a menstruating woman isolated socially and religiously is another example of sexual domination. But menopause is just seen as a transition towards the end of reproductive life and

embracement of old age. The picture is very different in India that of the developing countries. In the west where loss of beauty and youth holds important, the advancement towards maintaining a healthy lifestyle, Hormonal Replacement Therapy and cosmetic surgeries hold more importance (which is seen to be at a growth in Urban India too). But for the majority of Indian women, menopause brings in 'freedom' and 'liberation' from the boundaries and rules that had to follow all their lives. Menopause also brings a negative impact on many lives as we tend to understand sexuality and fertility together, which ends with menopause. This might make women feel no longer attracted and beautiful to her husband. The biological and social change often creates adjustment issues for the women which she herself might not be aware of (Bavadam, 2004). This is one indicator of how women are being treated and the status of women in the society. Unmarried women are seen as potential child bearers and to bring in the next generation. Childless women and with any sort of physical disability are seen as a burden to the family and thus become easy targets. The very fact that women are and will always is the charge of the future generations to come terrifies men (Nath, 2014). The fear of sexuality, insecurity, and power are some dynamics that can be explored further to understand the issue. Unfortunately, most of the times sexuality and reproductive health are used interchangeably which is problematic. Our understanding of reproductive health is limited to preventing unwanted pregnancies, family planning and reducing Maternal Mortality Rate and Infant Mortality Rate. There has been quite working on the social determinants of reproductive health yet research on sexuality holds a very little space. Sexuality has been explored, studied and explained on the basis of social, physiological and sexual behavior from Freud to Foucault but sexuality is still not researched as to improve the reproductive life (Oomman, 1998).

3.1.3. Rape as a tool of violence-

Rape is a form of sexual violence is an instrument of oppression, domination, and exploitation. It is about how to exert power over an individual and community. Rape is derived from the Latin word 'rapere' which refers to 'to seize', thus rape means an act of forced seizure. Rape is a heinous violent crime which is not only physical but with emotional and social connotations. It can also be understood as a gendered form of violence against women which limits their freedom and makes them submissive to

men. But in many cases, rape can also be seen across gender and age, which rejects the idea that it is only against women. Thus, rape is used as a tool of violence to inflict fear and terror across gender, class, caste, and age, but the mix of the above-mentioned factors together makes one more vulnerable than the other. It can be divided into various categories for clearer understanding of the nature of violence; when an individual is raped by another individual, mass rape, collective rape, custodial rape etc. Hostility and gratification can be two main motives behind rape (Ghosal, 2009). The motive differs depending on the situations. The moral and social boundaries around rape make it more painful and horrified along with the physical injuries.

3.2.Can Witch hunting be understand as Mob Lynching?

According to the Oxford Dictionary, Lynching is a form of violence that happens without a trial. Lynching can also be understood as a form of violence in which a mob, under a pretext of administering justice without trial executes a presumed offender. It is often done by inflicting torture and corporate mutilation. The term 'lynch' is derived from the name Caption Lynch who was a Virginia planter and justice of the peace. During the American Revolution, he headed an irregular court formed to punish loyalist (Abbott, 2016). Lynching can be defined as a joint function of strong partisanship towards the alleged victim and weak partisanship towards the alleged offender (Roche, 2001). Here the word 'Partisanship' was taken from Black's theory on violence where "Partisanship is a joint function of the social closeness and superiority of one side and social remoteness and inferiority of the other"(Black, 1998). Roche has divided lynching into classic lynching and communal lynching. In classic lynching, an accusation against someone is made who is relatively distant from the community. The third party generally supports the accuser and only a few or none may support the accused. Thus the accused is judged guilty and is lynched. On the other hand, in the case of communal lynching, an insider who is well known and related to the community is lynched. It clearly shows the division of power of one group over the other. Lynching happens within the close boundaries of social interaction. If the social interaction and action are understood from a multidimensional approach, the harmony and bonding in a community can be seen through various lenses. The difference in social status in a community widens the

gap of distance vertical space. The difference in language, religion, and art causes distance in cultural dimension. The social structures bring in the horizontal distance in the community. Roche explains the violence due to witchcraft accusations as the imbalance and gap created by the individuals, and blame themselves to be responsible for the gap (Roche, 2001). This can rather be seen as 'victim blaming' as nobody wants to be at the periphery and also 'vulnerable'. It is the inequality and structure in the society we live in that makes one 'victim' of a situation without even able to defend themselves.

3.3.Displacement due to witch-hunting

The presence of *Witch Camps* in Africa is an interesting yet sad case that clearly reflects the result of witch-hunt violence. Displacement is one result of this form of violence, as people either flees from the village to save their lives or they are chased out of the village. Witch camps are shelters for women who are accused of witchcraft maintained by camp chiefs. Ghana is famous for witch camps, which consists of small mud houses with no fences but the boundaries are well known by the people outside and inside the camps. Most of the times old women whose husbands married more than once and widows fall prey of being branded as 'witches'. When a woman arrives at a 'witch camp', there is a ritual which includes slaughtering of chickens to prove if she is innocent. A camp chief (who is always a man) or a male priest, known as a *Tindanas* does this purification ritual. The *Tindanas* is considered someone powerful and who possess supernatural power. Inside the camp, these women cannot practice magic as the chief takes away all their magic (ActionAid International, 2012) (Epure, 2018). These camps are living examples of atrocities on women and the strong display of patriarchy, which indirectly supported by the state. the control over women who are considered dangerous for the community for their evil powers is seen to be 'tamed' by the male chief also who has the power to check their 'purity'. Women are suppressed to such as extent that they become ready to live in these camps in the fear of being killed for the accusations. The word politics around the words 'witch camps' denotes the presence of fear and control which are nothing more but space that crushes down human rights under its feet. There has been an initiative taken by the organizations like Action Aid and the Gender Ministry to close down the camps whereas there is now a stretch more on focusing more on taking

action against violence and human rights violation. Migration is another reason for the spread of witch hunting, even settlements which are home for people who either flee or are chased away to believe in witches and also practice witch hunting (Schnoebelen, 2009).

'Witches' are always accused of all misfortune in the community, starting from ill-health, diseases to death. A close observation gives that health is one strong reason for witch-hunt violence. Misfortunes are natural as they are part of life. Some are preventable like that of accidents and ill-health but some are not preventable like that of death. It is important to understand how misfortunes are perceived in the community and why someone in the community is blamed for it. This can be understood from the history of medicine and it has been shaped to the present time.

The study is based on the Missing Community of Majuli, Assam, North East India. With the given literature it has been established that health is one factor that is connected to Witch-hunt violence. The quality of life that a population of a country enjoys can be studied by the health indicators of the population.

4. Assam- status of health and crime:

Health indicators are measures of health outcomes of a population. There are mainly two types of health indicators- direct and indirect indicators to measure health. The direct health indicators are life expectancy at birth, mortality rate, morbidity of diseases etc.; whereas, indirect indicators are education, employment, poverty etc. Various indicators are used to measure the outcomes of the health of a population. Human Development Index is a statistical tool used to measure a country's overall achievement in its social and economic dimension. Here, the aim is to get a picture of the health status of the population of Assam, therefore, three indicators are studied. The Human Development Index of Assam gives an account of the population and also in the ladder of development. The Human Development Report of Assam, 2016 brings into a discussion about the status of Assam. The Human Development Index puts Assam at 0.557 in 2015, which indicates that it has reached half of the desired level. However, it has shown a steady and continuous progress as compared to 0.368 in 2001. Drivers of Human Development achievement are found to be different in different districts. But there are greater inequalities in all

the indicators. 30% of potential for human development is lost due to inequalities in terms of achieving education, health, and income which is one-third of the potential aggregate (Government of Assam, 2014). Assam has been showing a greater gap in terms of meeting health diversity. Health indicators like Infant Mortality Rate, Maternal Mortality Rate is very high than that of the national average while life expectancy is very low.

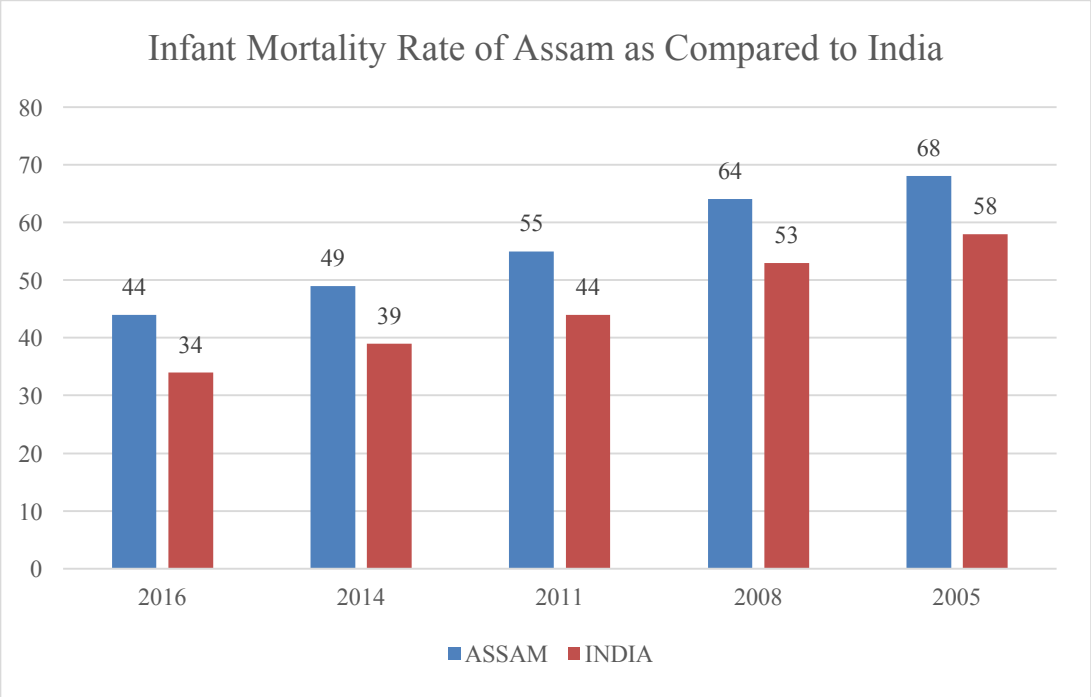


Figure -2[9] Infant Mortality Rate 2005-2016 (IMR)

Infant Mortality Rate is the number of deaths of infants (under one year of age) out of 1000 live births. Since 2005, the IMR of Assam has come down from 68 to 44, which is still higher than that of the national average.

[9] Retrieved from- National Institute of Transforming India, NITI Aayog, Date: 19th June, 2018 http://niti.gov.in/content/infant-mortality-rate-imr-1000-live-births

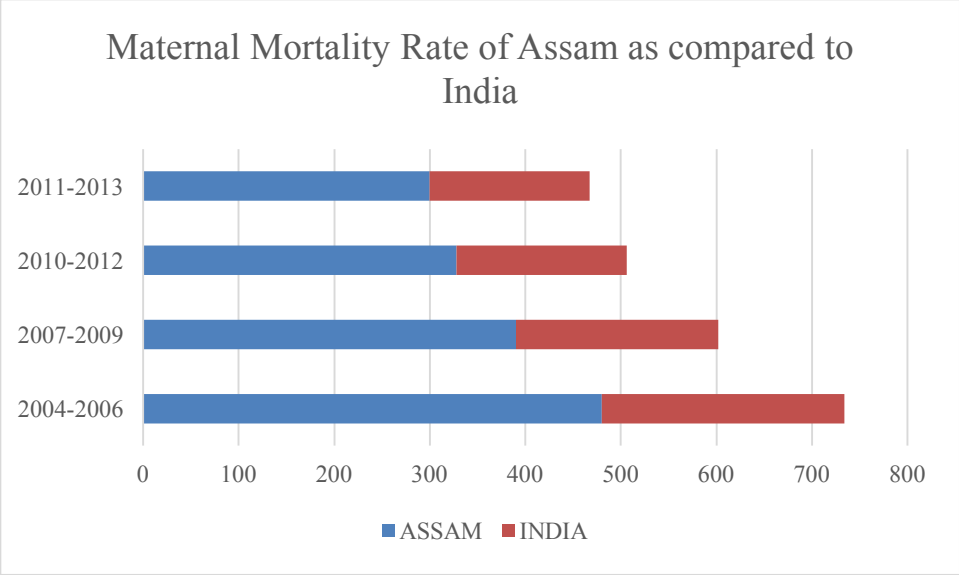


Figure- 3[10] Maternal Mortality Rate 2004-2013

The table shows the gap between the national and the status average.

Maternal Death or Maternal Mortality as defined by World Health Organization[11] is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration or site of pregnancy or its management. Deaths during pregnancy due to accidents or incidental causes are not included. Maternal Deaths are measured by dividing the recorded maternal death per number of live births in a given year of 100,000 cases.

Infant Mortality Rate and Maternal Mortality Rate are important indicators of a healthy population as it reflects the life process of a population. It includes the socio-economic factors, the environment, and nutritional status. According to the World Health Organization, every year approximately 45% of deaths occur among children under the age of five years globally resulting in 2.7 million lives lost each year. In addition to this 2.6 million die in the last three months of pregnancy or during childbirth (stillbirth) also 303,000 cases of maternal mortality each year globally. The main reasons for Infant Mortality are low birth weight, birth trauma, infection,

[10] Retrieved from: National Institute of Transforming India, NITI Aayog. Dated: 19th June, 2018 http://niti.gov.in/content/maternal-mortality-ratio-mmr-100000-live-births

[11] Retrieved from World Health Organization, http://www.who.int/healthinfo/statistics/indmaternalmortality/en/ Dated- 3/07/2018

lack of oxygen during birth etc. Developing countries witness 99% of Maternal Deaths which are mainly due to severe blood loss (bleeding during childbirth), infections during childbirth and complications during delivery and unsafe abortion. The reasons of Maternal Mortality are poverty, distance from the health service, lack of adequate services etc. Both Infant Mortality and Maternal Mortality are preventable.

The launch of National Rural Health Mission in 2005 aimed to provide accessible, affordable and quality healthcare to the rural population. It focused to strengthen access to healthcare and quality of care. To address the issue of high Maternal Mortality and Infant Mortality, Janani Suraksha Yojana (JSY) focused on safe motherhood. The data taken for analysis in Table 1 and Table 2 is taken purposefully to show how the mortality rate was down but still is higher.

Life Expectancy at Birth of Assam as compared to India						
	ASSAM			INDIA		
YEAR	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
2006-2010	61	63.2	61.9	64.6	67.7	66.1
2007-2011	61.2	63.6	62.2	64.9	68.2	66.5
2008-2012	61.2	64.8	62.7	65.4	68.8	67.0
2009-2013	61.9	65.1	63.3	65.8	69.3	67.5
2010-2014	62.7	65.5	63.9	66.4	69.6	67.9

Table 3 [12] Life Expectancy at Birth of Assam as compared to India 2006-2014

[12] Retrieved from National Institute of Transforming India, NITI Aayog. Dated: 19th June 2018 http://niti.gov.in/content/life-expectancy

Life Expectancy at Birth is the average number of years that a newborn is estimated to live if the mortality pattern at the time of birth remains constant in the future. It reflects the overall mortality level of a population which includes demography, gender, and access to health care of a population. Life expectancy can also be understood as the longevity of an individual, it denotes the quality of life of an individual. It can be analyzed as a by-product of the evolution of human biology (genetic determinism) but also is affected by social determinants of a population.

Types of Crime	2008	2009	2010	2011	2012	2013
Rape (Sec. 376 IPC)	2.70	2.95	2.79	2.55	2.21	2.23
Kidnapping and Abduction (Sec 363-369,371-373 IPC)	3.35	3.78	4.49	4.78	4.33	4.47
Dowry Death	0.19	0.31	0.28	0.18	0.18	0.20
Cruelty by husband or relatives (Sec. 498A IPC)	6.52	7.95	8.77	7.86	8.25	8.78
Assault on women with interest to outrage her modesty-molestation(sec-354 IPC)	2.39	2.43	2.27	1.79	2.37	2.64
Insult to the modesty of Women-sexual harassment (eve-teasing) sec 509 IPC	0.00	0.02	0.03	0.01	0.01	0.02
Total number of reported crime in the State	53333	55313	61668	66714	77682	86975
Total Percentage of crime against women	15.23	17.57	18.74	17.24	17.44	18.52

Table 4, Status of crimes in Assam 2008-2013[13]

[13] Assam Human Development Report, 2014

As Nelson Mandela says, Violence in a society thrives in the absence of democracy, good governance and respect for human rights (*World report on violence and health: the summary*, 2002). The types of violence that are chosen from the Assam Human Development Report, aims to understand the status of crime in Assam. The forms of violence are also seen in witch-hunt violence like that of rape, abduction, an insult to modesty, cruelty by husbands and relatives, sexual harassment etc. As the study aims to connect violence as a public health issue with special reference to Witch-hunt violence in Assam, there was observed during the literature review that Government data does not include it. It, fortunately, occupies a small section of the Assam Human Development Report, 2014 (Government of Assam, 2014, pg- 139), with the title *'Curious Cases of Witch-hunting'* which is interesting as it is just an informative paragraph. The rate of crime and violent crime in the status is seen to be alarming and if it is seen from a gendered perspective, it calls for immediate attention.

The above four tables are discussed under the title of the health status of Assam as along with the direct health indicators, the presence of violence in a society also marks the health of a population. Presence of violence creates an imbalance in the society, disrupts normal functioning and also affects the peace of the community.

5. Through the world of audio-visual media:

According to the English Oxford dictionary, media is one means or channel of general communication in the society to reach the population. Kimberley Neuendorf (2002) defines Content Analysis as a process of summarizing, quantitative analysis of message that relies on the scientific method and is not limited as to the types of variables that may be measured or the context in which the message is created or presented (Neuendorf, 2002). Content analysis is used for various purposes and in various ways. Berelson (1952) suggested five main uses for content analysis (Berelson, 1952)-

- Content Analysis can be used to describe the substance characteristics of message content.
- It can be used to describe form characteristics of message content.
- To make inferences of the procedure of a content.

- Can be used to make inferences to an audience of content.
- It can also be used to predict the effects of the content on the audience.

Along with the above-mentioned purposes, Carney (as cited in Neuendorf, 2002, pg- 52) broadly summarizes the purpose of Content Analysis as: for the purpose of description, hypothesis testing and facilitating inferences. Using a humanistic approach and behaviouristic approach is important for content analysis. The humanistic approach reflects the society and culture of the population of the community which is addressed in the content. Whereas, behaviouristic approach deals with the population to which the content is addressed, it analysis how and who is affected by the content.

For the present study, the purpose of the content analysis is to describe the cases of Witch-hunting. Two movies, two documentaries and one media report are used for analyzing how media is used to create a visual image of an issue that we have been living with. A description purpose is chosen to compare all the media content which belongs to various time zones and also from various cultural, socio-political and geographical backgrounds. There have been many documentaries, movies and audio-visual news reporting on Witch hunting in India and also from Assam to give the world a visual description of many questions that often occupies a thinking mind.

5.1.Movies:

The Oscar winning movie Agora is selected for review as it is a historical Biopic on Hypatia of Alexandria of the 4th century. She is known to be the first woman to be branded as a witch, accused of practicing witchcraft and was murdered.

5.1.1. Name of the movie: Agora

- **Time duration- 2 hours, 8 minutes.**
- **Directed by- Alejandro Amenabar**
- **Written by- Alejandro Amenabar and Mateo Gil**
- **Year of release: 2009**
- **Language- English**

The movie is set in the 4th century Alexandria of Roman Egypt where there was unrest between Jews and Christians. Hypatia was known as the Hellenistic Neo-Platonist philosopher; who was brilliant, independent, a great teacher and a courageous woman. She is known to be a great mathematician, a philosopher, and astronomer who investigates the flaws of the geocentric Ptolemaic system and the heliocentric model that challenges it. The name of the movie, Agora refers to the public space that is common to everyone which is a symbolic connotation as how the public common space turns to be a place for the more powerful and how dogmas can easily appropriate that space. Theon, the librarian of the Great Library of Alexandria was Hypatia's father and himself a great mathematician and philosopher. Theon was adamant that he will let his daughter married only to a man who would allow her to teach and speak her mind. Davis who was Theon's slave was also Hypatia's teaching assistant who was very intellectual and was in love with Hypatia. Orestes who was also her student was also in love with her and later became the Prefect (the collector who Governed Alexandria).

The movie portrays the conflict between Pagans (who are seen not to believe in any established religion of the community), Christians and the Jews. With a trigger to show power one over the other, a chain of violence goes on and on in Alexandria. It is interesting how colors are used in the movie to give represent power and hierarchy. When the Pagans were in power, they headed the Library and nobody else was allowed especially the Christians and the Jews. The Christians were shown as dirty, power and shabby while the Pagans were shown wearing White and gold. Also, Hypatia giving private lessons which were only meant for the elite also shows the class boundaries. Soon the conflict leads to destroying the Great Library of Alexandria (who were a handful of people) and wiping them off the place. Paganism

was banned and became punishable. Soon the Jews were targeted by the Christians and Jews too reacted back with violence. Hypatia lost her father during the violence When the violence crossed it's all limits Hypatia was very much disturbed and walked to the courtroom of Prefect to question the administrative negligence in controlling violence. Orestes who was a Christian was bound not to react as it would be against his religion. The presence of a lady in a courtroom who was full of men made them shocked and they felt her presence in the courtroom questioned their very masculinity. Hypatia was seen as an influential person on Orestes, as she was a woman and not a Christian she was seen as a threat and insult to the men in the courtroom. The movie clearly portrayed the picture of politics of religion. Religion is used as a tool to suppress, dominate and exploit; it is uniting people to create more complex divisions. With more hatred, the Jews were also chased by the Christians after the Pagans. It is interesting how power and religion is presented in the movie. The presence of various religious groups, slavery, masculinity, the conflict between religion and science are so clearly represented in the movie. While every factor are complex than the other and become more contagious when comes into play together.

Meanwhile, Davus joined Christianity and began to actively take part in all riots. Davus who was a curious student and hardworking slave suddenly became violent; he started killing people on the streets, always carrying stones and a long knife. Hypatia began to attract more attention and seen as a threat as she questioned everything and gave a logical explanation not blinded by any religion. With Christianity growing stronger and also its presence in the Government began to force religious conversion to give them access to community resources. Religion gave identity, power, authority, supremacy and also the right to life during the period. Soon Hypatia was declared a witch as the way she dressed, braided her hair or spoke to an assembly full of men like no women did. The religious text i.e. Bible (used as Words of God) were used against her, where she did not meet any criteria of how a woman should behave and live. She was accused of witchcraft. As she was a sensible and rational woman whom men would listen and appreciate, she was accused of using spell on them. Also, the reason why women are not wise was given that Jesus gave his Holy legacy to 12 men and no woman. When the Parabolini monks accused her as a witch he made the Government bow to the Bible and take action against her. Orestes, who was in love with Hypatia refused to bow down and was attacked. Soon

he found a way to protect her, he begged her to convert to Christianity. Hypatia being the strong rational woman refused to bow down. While the world was trying to show the strength on over the other, there were blood and death on the streets, she was accused of witchcraft; Hypatia was in her world. She was graciously practicing her religion- Philosophy and Astronomy. For her, religion cannot question anything and blindly follow everything, but she can as she is free. She was dragged in the streets, stripped naked and stoned to death. The movie is cinematographically outstanding, the zooming into life and how Alexandria is seen from outer space is a strong message. The pain and sufferings of human beings, the power conflict all echoed through space, from daylight to the dark starry nights. The natural creation remains the same with its own mystery while we try to conquer our share of the world.

Hypatia struggled in a patriarchal society where marriage was seen as an obstacle to her passion. If we compare her time with the present day we would not see much of difference. The social construction of gender roles and how a little slip of not following a dress code or hairstyle can make one suspicious of one's identity and existence. Hypatia was murdered as she was a woman who was rational in her outlooks. She was seen as a threat to the society and religion. 'Cleansing' was used to get rid of people who did not bow before the Governing religion. Using religious text was the only way to motivate people to take action against someone was who is seen to the established form of Government which was the Christianity of that time.

This movie is reviewed to see the history of witch hunting from the perspective of gendered violence, dogmatic religious ideologies, and conflicting knowledge tradition.

5.1.2. Name of the movie - Aei maatite

- **Director- Dr. Sitanath Lahkar**
- **Writer- Dr. Sitanath Lahkar**
- **Production- Angeekar Films Production**
- **Time- 2 hours 19 mins**
- **Year- 2017**
- **Language- Assamese**

The movie is a product of well-researched work on the issue of witch-hunting in Assam. The characters are fictional but based the plot of the movie is based on many cases of witch hunting put together. The story is based on an interior village of Assam, which is inhabited by Bodo community of Assam. It starts with a disturbing picture of a man confessing in a police station with a beheaded head of a woman whom he killed as she was accused of witchcraft by the villagers. This lead to a female journalist to go to the field and soon she got actively engaged in anti-witch hunting activities. The poor communication, lack of proper health facilities, poor education system, lack of employment and poverty were some of the reasons shown to be the major factors of witch-hunting in the community. A school teacher and a woman who plays active role to prevent witch-hunting are repeatedly attacked by the people in many ways. Finally the woman and also the journalist who went to the village for reporting were branded as witches and very attacked. The nature of violence is shown as dragging, beating, feeding excreta and urine and digging inside the earth alive. The failure of one or two conscious individuals against a group of people in the community to prevent witch-hunting is shown clearly in the movie. The presence of police as a symbol of the state which is so weak that cannot intervene and take action against the local bodies is also clearly shown. How of gender, class, caste and power can be the biggest reason of witch hunting is presented in the movie. The motives of greed for property, personal grievances, and refusal of sexual favours are clearly shown. The process of targeting an individual, waiting and creating favourable situations, role of the witch finder, belief of the people, finding and labelling a witch and witch hunting are woven and presented in a complete form to the audience. It is interesting to notice that how the director and writer had presented the complete picture of witch hunting based on Assam, shown each factor

responsible and also incorporated the role of media and various pressure groups in the State can act to prevent and control witch-hunting is beautifully shown. It was not clear why the movie was based on a particular community (Bodo community of Assam). The movie ends with a positive and beautiful note where people are aware of the issue and beginning of a new dawn.

5.2. Documentaries:

5.2.1. Title: Indian Witch Hunt:

- **Source: Association for Social and Human Awareness (ASHA) Organization,**
- **Ranchi.**
- **Time duration-50 minutes, 26 seconds**
- **Directed by by-Rakhi Verma**
- **Produced by- Natgeo**
- **Released in- 3rd November, 2012**
- **URL Link: https://www.youtube.com/watch?v=gmZV371th3M&t=1354s**
- **Retrieved on 2nd of June, 2018.**

The documentary starts with the introduction of Jharkhand as a state of ancient tribal hills and forests belt of India. With the frequent Witch hunting cases being recorded and reported from Jharkhand, it is now also known as the 'Witch killing hub of India'. Over 500 people were killed due to witchcraft accusation in the1990s. Sohaila Kapur, a journalist and writer who is interested in understanding the supernatural power, very much disturbed by the cases of witch hunting in the area and who also is the author of the book 'Witchcraft in Western India, 1983'.

The documentary begins with narrative description of the death of Maino Mardi who was beheaded by her own nephew on the accusations of being a 'witch'. The nephew, Gurudeo who is a teenager brought the cut head to the local police station and surrendered. The local police told that they do not have to go for the one who commits such crimes as they themselves would come with the weapon and surrender. In the statement given by Gurudeo to the police, he was clear that it is because his aunt was practicing black magic which killed his father and two elder brothers with the younger elder brother being in hospital. He was well aware of what he did and is

not at guilt, he was interviewed by Press where he would pose with the head and would say that he did right. Later in the documentary it was found that Gurudeo's father and two elder brothers died of tuberculosis which Gurudeo thought to have died of black magic casted by Maino Mardi. Gurudeo even questions Sohaila during the interview as how to understand the death of his brothers; one that was had fever for a day and died suddenly and the other on dying in his sleep, other that black magic. When Sohaila reached Gurudeo's village with many questions in his mind like: who is a witch? Do the villages have anything to do with Maino's murder? To her surprise she found that the villagers were very shocked with the incident. They did not think that such a situation would come as Maino was a very friendly and jolly woman. Gurudeo's house was deserted, only later Sohaila could meet his youngest elder brother with his wife, who strongly believed that Maino was a with and killed the whole family.

The documentary has two important and very disturbing scenes. One is where it talks about the origin of magic in India and tries to connect it with belief and practice of witchcraft. Kamakhya Temple is the oldest Shakti pith[14] according to the Indian Mythology. Goddess Kamakhya is known to be fearful and ferocious, who protects and also destroys; who is known to have phenomenal through the practice of Tantra. It gives the ailing power as well as the power of destruction. Tantric cult in India which is revolving around the fifty one sakthi piths finds a prominent seat in Kamakhya. Next the documentary covers the practice of the use of black magic by Baba Ramashankar who trains three women from the nearby villages. Baba claims to possess supernatural power, which he calls 'Daain Vidya' that can kill and destroy the enemies. His three disciples are women from very poor families and who live alone. For these women, 'black magic' is self-defense to them as this would make people fear them. The Baba teaches dummy death spells using mantras, lemons, sindoor, human excreta, scorpion and pigeon. The horrified scenes of the Baba and his disciples who go to the cremation ground at mid night and pray to Kali for power. It is interesting how in the same area when women are killed due to witchcraft accusations, few women are learning 'black magic' with the hope that it would

[14] A Sakthi peeth is a place revered by the practitioners of Tantra as the centre of divine power. The mythical account talks about it as the divine points where the body parts of Sati (previous birth of Parvati who self-immolated) has fallen. Kamakhya is believed to be a foremost Sakthipeeth where the vagina of Sati fell. The idol of the Kamakhya temple is also the divine Vagina.

protect them. The documentary did not answer to questions like are there cases where accusations are made against women who tend to learn such magic and how the people gain so much of trust that the Baba allowed them to video record his rituals and practices. Was that everything recorded on camera as clear as the things that really happen or were things manipulated before the camera? The second observation was the witch identification process, which brings in many important observations to ponder upon. A local witch doctor identifies the health problem and also the reason behind it; which is to brand someone as a witch. In Gurudeo's case the local witch doctor identified Maino Mardi as the witch that have killed Gurudeo's family and thus he killed his own aunt. Sohaila could witness the procedure where a woman witch doctor identifies the 'witch' in the village. Due to Sohaila's presence no witch trial was made the particular day and the reason for ill-health was given to spirits who would be pleased with some pujas. People in the community and also the witch doctors are well aware of the anti-witch hunting law of Jharkhand but still witch trials are very common and everyday business.

5.2.1. Title: India matters-Witch Hunting in Chhattisgarh.

- **Source: NDTV**
- **URL Link: https://www.youtube.com/redirect?v=rSNKuIArnbk&event=video_description&q=http%3A%2F%2Fwww.ndtv.com%2Fvideo%2Fplayer%2Fndtv-classics%2Findia-matters-witch-hunting-in-chhattisgarh-aired-february-2003%2F273719&redir_token=LF-bfYA-4Zois2P3bxbgLtQJ6zh8MTUzMDEwNDI2OUAxNTMwMDE3ODY5**
- **Aired on- February, 2003**

The documentary is based on Chattisgarh of India. It begins with the story of three women of Laskari village of Raipur who belonged to lower caste and lower economic background. They have been living in the village since long and in their 50s. They were accused of practicing witchcraft and killing of children in the village. They were stripped naked and beaten by around 250 men in the community space where the accused and the Vaidyas were present. Nobody came to save them, neither the members of village Panchayat council. When the Council member was asked

why he did not intervene, he replied that it is the matter of village local body where they cannot intervene. The gold and silver jewelry were taken away from the women while they were beaten. The men arrested are out on bail and the women got a compensation of Rupees five thousand whereas they were promised one lakh per head by the Government.

The documentary recorded cases of witch accusations from various sections of the society. Belief in witches as seen as only exists in tribal communities is argued as a case of Dhamtari Town, Stationpara sulm was presented. The home for many daily wage earners also accused women of practicing witchcraft and beating them up. Out of three one flees with her husband whereas other two has no choice but to live in the same community and thanking that they were not killed. A childless woman of Accholi village in Raipur was accused of witchcraft who survived on begging in 2004.

Strong belief and poor health are seen to be one reason for such accusations. Dhupmati, a woman of backward caste accused her neighbor of practicing witchcraft on her. She and her husband fail to take correct note of the medical tests that Dhupmati went through. This made Dhupmati's belief stronger that she is ill because of some spell. Her appearance seem to be anemic and malnourished, a health condition that can be prevented and controlled through proper food and medical treatment.

The documentary is descriptive in nature, focusing much on the gender, class and caste. Poor health status and role of the state in strengthening health status and also to control violence are the reasons for preventable crimes like witch hunting.

5.3. NEWS in audio-visual media:

5.3.1. Title: *In Assam, Murder on Allegations of Witchcraft-*

- **Source: In Assam, a rising trend of murders on allegations of witchcraft.**
- **URL Link- https://www.ndtv.com/india-news/in-assam-a-rising-trend-of-murders-on-allegations-of-witchcraft-533508**
- **Retrieved on-1st of June, 2018)**
- **Time duration- 2 minutes, 30 seconds**

On 4th September, 2013 NDTV NEWS reporter Alok Pandey reported about the murders of 2 people in the Kokrajhar District of Assam. The reporting started with

the reference of Dr. Narendra Dabholkar's assassination in Maharashtra and thus pushing the government for the Maharashtra Prevention and Eradication of Human Sacrifice and Other Inhuman, Evil and Aghori Practices and Black Magic Act, 2013. Just the very next day after Dabholkar's murder; a couple was murdered in Kokrajhar by 15 armed men. The couple was accused of practicing witchcraft for the last six years and finally was murdered brutally by using axes and trishul at mid-night in their own house. 8 men were arrested out of 15, who were drunk when they murdered the couple, says the local police. There has been a fear of witchcraft accusations and violence in the village. According to a Government of Assam report there has been 105 deaths due to violence in the name of 'Witch hunting' during the period of 2006-2012; highest was recorded in 2011 were 29 cases out of which 20 cases were from Kokrajhar alone. The role of local student's organization has prevented many cases of murder after someone is accused of 'witchcraft'. The government assured of action to be taken soon and a helpline number for assistance.

The report was a short clipping of 2mins and 38 seconds, which is descriptive in nature. NDTV (New Delhi Television Limited) is a national NEWS channel founded by Radhika Roy in 1988. The report starts with the reference of Narendra Dabholkar; who was an Indian Doctor, a rationalist and an author who is famously known for his struggle to eradicate superstitious belief. The murders were reported from the field by field reporter, he interviewed the daughter-in-law of the victims. The short clip was very informative as it showed the concerns and dialogue with the police; the North East Research and Social Work Networking (NERSWN) executive director, Raju Kumar Narzary and the local people. This can be interpreted as an attempt to bring in the community, the non-government organization and the state together in understanding the issue. It can be observed that at each level people are disturbed and also have bringing up reasons like poor communication, unemployment, lack of basic facilities.

Here, the purpose is to describe the characteristic of violence that has been shown in all the videos. Starting from the story of Hypatia, who belonged to the 4th Century to the recent media reporting on Witch-hunt violence, the nature and pattern are not much changed. It is important also to understand the nature and presentation of the media. There have been many news reporting on witch-hunt violence but there were

just seen to be more of reporting of the incident than exploring the situation. Lack of ground reporting is one problem which can be criticized as it might reduce the authenticity and severity of the incident. One same report is seen to be circulated, same words being used and at times same report with difference identity details are also seen which creates confusion about the correct facts of a case being reported. All the sources of media are chosen keeping in mind about the audience it addresses and also the main topic of discussion. Audiences irrespective of age, gender, religion are targeted here, keeping in mind framing of a Witch and Witch-hunt violence. While the movie 'Agora' is more for the global audience, the second movie is regional (though it has sub-titles), it was mostly focused on the local audience with a story with which they can connect easily. The documentaries are focused on India and also mainly chosen here Anti-witch hunting law have been passed but there have been no follow-up to check who and where law have intervened in the community. The news report is from Assam, as the aim was to bring down the media analysis from a global view to a local view. Also interesting to note that, Africa and Asia accepted as places where witch-hunting still prevails as most media victimizes and shows the vulnerable situations. But, how and where this problem penetrated into these societies and what role does the 4th Century's religious document play which is the reason for branding Hypatia as a Witch and murdering her is still not explored.

6. Research Questions:

The above discussion raises many questions related to the topic of discussion. The questions range from basic to specific questions. The questions are as follows:

1. Why Witch-hunting does still prevails in the present time?
2. Is Witch-hunting result of 'superstitions', beliefs and practices?
3. Can we understand 'witch-hunting' a result of conflict in the knowledge system of medicine?
4. Why is 'Witch-hunting' violent and why is it collective?
5. Can we draw converging and diverging themes to compare the violence in the name of witch hunting that happened in the global history to the present times and in relation to Assam?
6. Is witch-hunting a form of violence that the state have failed to recognized, prevent and control?

7. Is an 'anti-witch-hunting' law and legal actions bringing an end to witch-hunt violence?

Summary of Literature

Themes	Sub-themes	Main issues discussed	Researcher's remark
Medicine across time	History of medicine	History of medicine across human civilization was discussed. How medicine has evolved from antiquity to the present time.	The history of medicine was reviewed to explore the origin of witchcraft as a system of knowledge. Medicine being as old as existence of human beings draws attention to how it has changed since antiquity. Also it is seen that women played a major role in the knowledge system of medicine. The researcher has tried to explore how and why the role of women have changed over a period of time which resultant in the health movement.
	Women as healers	The role of women in the history of medicine and how they have been dominated with the institutionalization and professionalization of medicine.	
	Popular health movement	The background behind health movement and role of women in it.	
Health and wellness	Understanding well-being, health, ill-health and diseases in a community	The perception of health, well-being, ill-ness and diseases in a community is discussed which is shaped cultural beliefs and present day experiences.	The researcher reviewed literature based on health, well-being, ill-health and disease to understand the perception of people in a community. The perceptions are based on the cultural belief and also the present day experiences. The system of medicine has a major role to play in defining the health of the population. The following factors also have an impact on the health-seeking behaviour of the individuals in a community. Health seeking behaviour are shaped by both micro and macro factors. Here, cultural beliefs can be explained as micro factors whereas health policies of a State can be explained as the macro factors.
	Systems of medicine	Knowledge systems of medicine are discussed of the present time.	
	Health seeking behavior	How the perception of health and wellbeing along with availability, accessibility, affordability and acceptability shapes the health seeking behaviour of an individual and community is discussed.	
Exploring violence	Violence and public health	The history of violence as a public health issue	This section deals with literature on violence and public health. It beings with how violence has been recognized as a public health issue at the global platform. Establishing violence as public health issue helps in establishing witch hunting as an issue that needs public health attention and intervention. Also
	Witch hunting in the contemporary era	Reviewing the nature and frequency of witch hunting based on data from various sources	
	Witch hunting as a gendered violence	Exploring and analysing the social construction of gender and its relation to violence. Analysing the	

		Recorded cases from various parts of India with cases of witch hunting is used for reviewing the relation between gender and violence.	the gendered nature of witch hunting which has been tried to explored on the basis of sexuality and how rape is used as a tool of violence. The nature and features of violence associated with witch hunting brings in the question that if it can be understood as lynching. Along with direct forms of violence that includes physical and emotional trauma, displacement is seen to be another form of violence that affects the individual or groups accused of practising witchcraft. Displacement violates the basic human needs of survival taking individuals shelter employment away. Literature has also shown that displacement creates more violent situations and also adds to witch hunting.
	Sexuality and violence	Analysing the connection between gender, sexuality and violence.	
	Rape as a tool of violence	The form of violence faced in witch hunting includes raping of accused women as witches in public.	
	Can witch hunting understood as mob lynching	The nature of witch trials gives no space for defence or explanation in witch hunting which raises the question as if it a form of lynching.	
	Displacement and witch hunting	Along with physical injury and emotional trauma, witch hunting leads to displacement which again results in further violent situations.	
Health Indicators and Assam	Assam- status of health and violence	Three indicator of health- Infant Mortality Rate, Maternal Mortality Rate and Life expectancy at birth are reviewed along with status of crime in the state.	The status of health and crimes in Assam are reviewed to give a picture of the how the poor status of health prevails in Assam despite of focus of health policies towards reproductive health care. The status of violence is another marker in the State which has not being intervened through a public health approach. The relation between health status and violence has not been reviewed in the section, it has been used to give a picture of the State.

Type of visual media	Title	theme	Year and region	Main issues discussed	Researcher remark
Movies	• Agora	Biopic of Hypatia	Based on Alendria, 2009	The life of Hypatia was discussed and how and why she was labelled as witch and murdered.	The movies are from different time periods surrounding under a same issue. the construction of witches in the society

	• Aei maatite	Based on true stories of witch hunting in Assam	Based on Assam, India. 2017	The movie describes why and how one is labelled as a witch. The factors attributing to it and the role of various institutions in the society to prevent and control it.	and how violence penetrates within a community that unites the community to act together is analysed through the movies.
Documentary	• Indian Witch Hunt	Witch hunting cases based on India.	2003 India	The factors that triggers witch hunting. victims were interviewed along with the local villagers to understand their perspective on witch hunting	The documentaries are very informative as they give a complete picture of witch hunting in the context of India.
	• India matters- Witch Hunting in Chhattisgarh	Witch hunting cases based on Chhattisgarh	2013 Case study on Chhattisgarh, India		
NEWS report	*In Assam, Murder on Allegations of Witchcraft*	Field reporting of a witch hunting cases based in Assam	2013. Assam, India.	The reason for witch hunting, the nature of violence. Comment of the police, local bodies and the local people.	The duration of the reporting is short very descriptive and informative.

CHAPTER III

METHODOLOGY

The review of literature lays down the foundation for the research and brings in a new perspective to explore and analyse. Research Methodology is the process of using particular techniques and procedure for a particular topic.

1. Operational Definition-

Operational Definitions are the articulation of operationalization or statement of procedures used in defining the terms needed for a particular context. The same term can be used differently based on different context based on a different situation. Operational definitions are precisely used to define a particular variable used for a specific topic of study. Based on the review of available literature few key words are selected and operationally defined for the present study. The definitions that would be used for the study are as follows-

1.1.Witch-

Witches are any individual (both men and women) who are assumed to have supernatural power which has the potential to cause death and destruction in the community. A witch is considered to practice ‘evil' power which is referred to as Witchcraft. Anyone can be labelled as a ‘Witch' irrespective of age and sex in a community. It is important to note that the victim belongs to the same community as that of the perpetrators.

1.2.Witchcraft-

Historically, Witchcraft was a system of healing which gradually was associated with the practice of supernatural power to harm people in the community. For the present study, witchcraft would be defined as a negative system of knowledge which gives the ‘witch' power that can cause harm to the people.

1.3.Witch trials-

Witch trial is a process in which an individual (it can also be a group) can be identified as a Witch, who is accused of practising witchcraft that causes harm to the community. Witch trial is a process of accusation, identification and execution. There is no space for defending or proving that the accused is not guilty.

1.4.Witch-hunting-

Witch-hunting can also be understood as the abolition of an individual that is seen as a threat to the community. Unlike, African Witch trials where an individual who is accused of practising witchcraft is chased away from the village and takes shelter in witch camps, in India it is rarely seen as they are either murdered or have to flee from the village. A witch hunt is 'taken to refer to a situation whereby a person is accused of witchcraft and perceived as the cause of other's misfortune, illness and death through supernatural means' (Piecing Together Perspectives on Witch Hunting: A Review of Literature, 2013)

1.5.Violence-

Violence in the context of the present study would be defined as a planned process of intentional use of power in various means like verbal abuse, physical force that causes trauma, injury, death, mortality and morbidity to an individual or group of people. Violence can be of any form, which might range from verbal abuse, chopping off body parts, rape or murder. It results in effecting both the emotional and physical well-being of an individual.

1.6.Collective violence-

Collective violence would be defined as a form of violence which is executed by a group of people. In the case of witch hunting, it is always seen to be collective and includes a specific age and sex group who is involved in this form of violence. A group of people who are violent to an individual of the same community who is accused of practising witchcraft is referred to as collective violence.

2. Research Objectives:

For the study, a few objectives are drawn from the research questions which will guide the study and will give the study a structure.

The research objectives of the study are as follows:

- The study will try to explore and study the lived experiences of the people who were labelled as a 'witch'.
- The study will attempt to understand the perception of well-being, ill-health, disease, death and violence of the people and how it shapes their world view.
- To study and understand the nature and extend of 'witch hunt' violence in the community.
- To study the response of the state and other organizations in addressing the issue.

3. Selecting the area of study:

The area for the present study was selected according to the convenience of the study and limited time of the study period. The researcher tried to get in touch with many Assam based organization that has been working or part of any project that worked on witch hunting. The researcher could not get any positive as well as immediate response, which is one challenge faced by the researcher. As most of the projects were done long back and there is no follow up on the cases. It was informed to the researcher that in recent years there had been no witch hunting cases. Therefore the focus was changed on other areas like that of women empowerment, education, vocational training etc. With some help of a research scholar (senior of the same Centre as that of the researcher), the researcher got in touch with a group of people who have been working in their village (Few villages in Majuli District of Assam) due to conscious effort to fight against violence. The researcher travelled from Guwahati to Majuli, accompanied by a male friend who is working in Dhemaji District of Assam. As the geographical area was new to the researcher, the friend guided the research who has friends in Majuli had offered great help and guidance. The researcher got in touch with a young lady from Majuli who have just started an organization in Majuli. The lady is Momee Pegu who completed her masters in Social work and has started an NGO in the community who helped the researcher to

get into the field. She introduced the researcher to Hemanta Doley and Jadav Doley who have been actively engaged in the community. Jadav Doley is interviewed as a key informant for the study. They helped in identifying the respondents for the study

Initially, the researcher was not sure if the researcher would be able to interview Majuli as the field was completely new. As an individual from outside the community, the researcher was not sure about the acceptance by the community. The researcher came across many reported cases from Majuli, but the researcher was warned by many well-wishers and people working on the field about safety and inconvenience about the field areas. Finally, Jengrai Gaon, Jengari, Miri Gaon and Kumar Gaon are three villages in the Majuli District from which respondents were interviewed for the study. First, a respondent from Jengrai Gaon was interviewed from where more respondents were identified through snowball sampling. One respondent who was identified and requested for an interview, could not continue the interview as he fell sick, another woman refused to participate as she was angry that people come to her would record her story was she could not receive any sort of help to ease her pain.

4. The universe of the Study:

The study was conducted in Majuli District of Assam covering three months for field work. The people who were targeted as witches of the area is the universe of this study.

5. Research Design:

For the study in-depth interviews were taken to explore study and understand the theme of the topic surrounding round the objectives. The study is qualitative in approach and descriptive in nature. A qualitative approach was used to explore and understand the meaning individuals and groups ascribe to a human problem (Creswell, 2014). The macro picture that is statistically presented in table 1 and table 2 in the study clearly shows how blur and underreported ‘witch hunting' is as a form of violence. A qualitative approach is used as an attempt to draw the dots for the researcher so that a new picture can be created to understand it from a public health perspective. The study is ethnographical which intends to obtain an overview of the topic while the emphasis is on crafting out the everyday experiences of the individual

in their natural setting. The researcher is interested in getting the 'subjective' and deeper realities of the communities where cases of witch hunting take places. The social construction of realities is through the everyday interactions, the past experiences and the subjective meaning of each experience. Subjective meaning is a complex set of information which differs with each participant in a study reflecting upon the complex and dynamic picture of an issue. The interviews were taken in the natural setting where the researcher could observe the social interaction of the individuals with others and also the community. The focus was to understand the participant's perception and experiences and how they make sense of it in their day to day life. The study is to understand multiple realities and how overlapping they are, in attempting to capture the whole picture reveals how people describe and structure their world.

6. Sampling Techniques:

The study was conducted in Jengrai Miri Gaon, Kumar gaon and Jengrai Sapori of Jengrai block in Majuli District of Assam. Two sets of participants were selected for the study; snowball technique was used to identify participants for the study. The researcher would use the word 'respondents' for the people who have experienced and survived violence in the name of witch hunting instead of words like 'victims' or 'survivors' for this study. The use of the word 'victim' or 'survivors' itself pushed a section of people to be vulnerable and characterizes as a weaker section. More than empathising with these people the focus is on the dignity and rights that are taken away.

The two sets of participants were; one group were the people who were branded as 'witches' and experienced any sort of violence in the name of 'witch hunting' in the community. The research interviewed five respondents who were identified through snowball sampling. The respondents were mainly from a lower socio-economic background and were from the age group of 45-67. Out of the five respondents, three were women, and two were men. And the other group were key informants who are social activists, an advocate, a doctor, an ANM and traditional healer in the community. The interviews that were conducted in the field to collect data for the study is translated from Assamese to English and then coded

Table 5: Presentation of respondent's profile with respondent code number[15].

Sl.No	Respondent Code Number	Age	Gender	Employment	Education
1	A-00	67	Female	Weaver	illiterate
2	A-01	55	Female	Homemaker	Illiterate
3	A-02	62	Male	Daily wage earner	10th std dropout
4	A-03	49	Female	Homemaker	5th std dropout
5	A-04	52	Male	Daily wage earner	9th std dropout

Table 6: Profile of the Key informants with code number[16].

Sl. No.	Key informants Code Number	Name of the key informants	Age	Gender	Profession	Organization/ Field area/ specialization
1	B-00	*R[17]	42	Female	Lawyer	An Assam based organization
2	B-01	Jadav Doley	47	Male	Social activist	Rigbo (non-government organization), Majuli
3	B-02	Dr Natyabir Das	51	Male	Doctor and Social activist	Mission Biruwala
4	B-03	Dr Abir Hazarika	27	Male	Doctor	A doctor posted on rural service for a year in a P.H.C in Majuli
5	B-04	Minoti Pegu	55	Female	Faith healer	Specialist in Poison healing (poisoning due to snake bite, dog bite, Scorpio bite)
6	B-05	Mona Doley	59	Male	Faith healer	Specialist in curing Jaundice

[15] Field notes
[16] Field notes
[17] Identity of the person and organisation not shared due to reasons of confidentiality.

7	B-06	Jaya Pegu	40	Female	Accredited Social Health Activist (ASHA)	Working in Jengrai gaon under National Health Mission.

Two sets of categories were developed from the data sets; A was used for the respondents who have experienced and survived some sort of violence in the name of witch hunting. Thus each respondent was given a code: A-00 for the first respondent, which was followed until the last (fifth) respondent with A-04. Whereas B was used for the key informants, who included a lawyer, a social activist, a doctor who is also a social activist, doctor, two local healers and an ANM. Each of the key informants was given a code B-00, B-01 to B-06 respectively. Core Themes are drawn from the data set that was transcribed, and major themes are drawn from it and then thematically analyzed.

7. Source of Data Collection:

The study is primarily based on first-hand data or primary data. In-depth interview was conducted among the respondents and the key informants. Face-to-face interviews were conducted in the field for the respondents to collect data. For the key respondents, few face-to-face interviews were conducted while some were interviewed through the telephone. Secondary data such as Journal articles, books, book sections and reports by Government and Non-governmental organization are used to support the primary data.

8. Tools of Data Collection:

An individual in-depth interview was the main tool that was used to collect data from the field. As data were collected in a very natural and uncontrolled setting, the researcher had to pay attention to time management. The interviews were mostly informal. As the research design is qualitative and based on narratives from the field, an interview schedule was prepared with an attempt to make the participants comfortable to participant in this sensitive topic. The interview guide helped the researcher to remain motivated and not deviate, as the field offers so many new insights and each participant opened up something new. Due to limited time, the

researcher could not afford to incorporate each and everything that the filed offered. Thus the interview guide kept the researcher focused.

9. Analysing data:

The main aim of the study was to collect narratives from Assam on the issue of Witch-hunting and analyzing it from a public health perspective. The objectives of the study guided the researcher to find answers to questions based on the subject of study. Each participant that was interviewed gave the researcher a story which was a part of them, the lives they lived and the future to come. The research is mainly built upon two major themes which are wellbeing and violence. Wellbeing is both objective and subjective while both the dimensions interplay an important role. Wellbeing comprises of individual's experiences of their life as well as a comparison of life circumstances with social norms and values. The subjective meaning is shaped by the perception of health, ill-health, disease, and death and how these shape the world around them. The objective dimension of wellbeing can be measured by indicators like- life expectancy, mortality rate, morbidity rate, etc. Violence can be considered as an important experience of human life which is strongly connected to the wellbeing of human life.

Here, as narratives approach is used for the study, the focus will be on the subjective quality of the themes under study. Thematic Analysis is a method for identifying, analyzing and reporting patterns within data (Barun & Clarke, 2006). Themes are generally drawn from data that are based on research questions; it presents a certain pattern which gives a meaningful interpretation of the data set. After the data was collected from the field, it was transcribed from Assamese to English. Patterns were identified which are focused on the objective of the study that is either shared in most interviews or draw attention while adds new knowledge to study. These identified concepts are put into categories. Themes are drawn from each category which is similar to that of the patterns that were derived from the raw data, but the themes are more precise and focused on the study.

10. Ethical Consideration:

‘Witch', ‘Witchcraft' and ‘Witch-hunting' are very sensitive terms that have to be used very carefully in the field. The people who are labelled as ‘dainis/dainas' are

stigmatized, and their character is questioned which is very closely related to one's existence. The researcher first communicated the purpose of the research to the respondents in the language they are comfortable in. As the respondents were mainly from the Mising community, a social activist who helped in contacting the respondents translated the purpose to the people in their language. The interviews were taken in Assamese which both the respondent and the interviewer was comfortable with. The in-depth interviews will be audio recorded with the consent of the respondents. At the beginning of each interview, the respondent was informed that participation was voluntary and they can refuse to answer any question they are not comfortable with and withdraw at any time they want.

11. Challenges:

1. Initially, the study was based on content analysis of newspaper articles based on reporting of Witch-hunting in Assam. But it was found that the archives of Assam do not have much of such newspaper and also reporting is another problem. As ground reporting of such incidences is still not an active part of media in Assam, it is very difficult to get such report. Most of the cases where the individual or a group survived the violence are now documented by going back to the field and documenting through recall memory method. Thus, it becomes difficult to trace the history of witch hunting cases in Assam.

2. The interviews with the respondents were not conducted inside the village. The men were interviewed in their workplace, and the women were interviewed in places fixed by the key informants. Only respondent A-00 was interviewed in her house she was not well and has issues in mobility. This may have restricted the researcher in understanding and observing many things if the interviews would have been conducted in their comfortable settings. Cases of witch hunting and violence due to 'witchcraft' accusation are refused by the villagers as it is considered a taboo and nobody wants to admit that such incidents.

3. During the interview out of the six respondents, five got too emotional; there were an emotional breakdown and silence for long. The researcher expected of such situations but was not confident how to handle it. The researcher stopped the interview many a time, and it was continued later when the respondents were ready

again. For two respondents it took five weeks in two shifts to complete the whole interview. While the other three continued the interview on the same day the interview was conducted. The respondents belonged to the older age group; it becomes difficult for the researcher at times to empathize with the respondents when they were talking about the experiences and when they got emotional. Belonging to the Social work background, the researcher was trained to empathize and not to get emotionally involved in the field, but at times the human emotion would fail a trained mind.

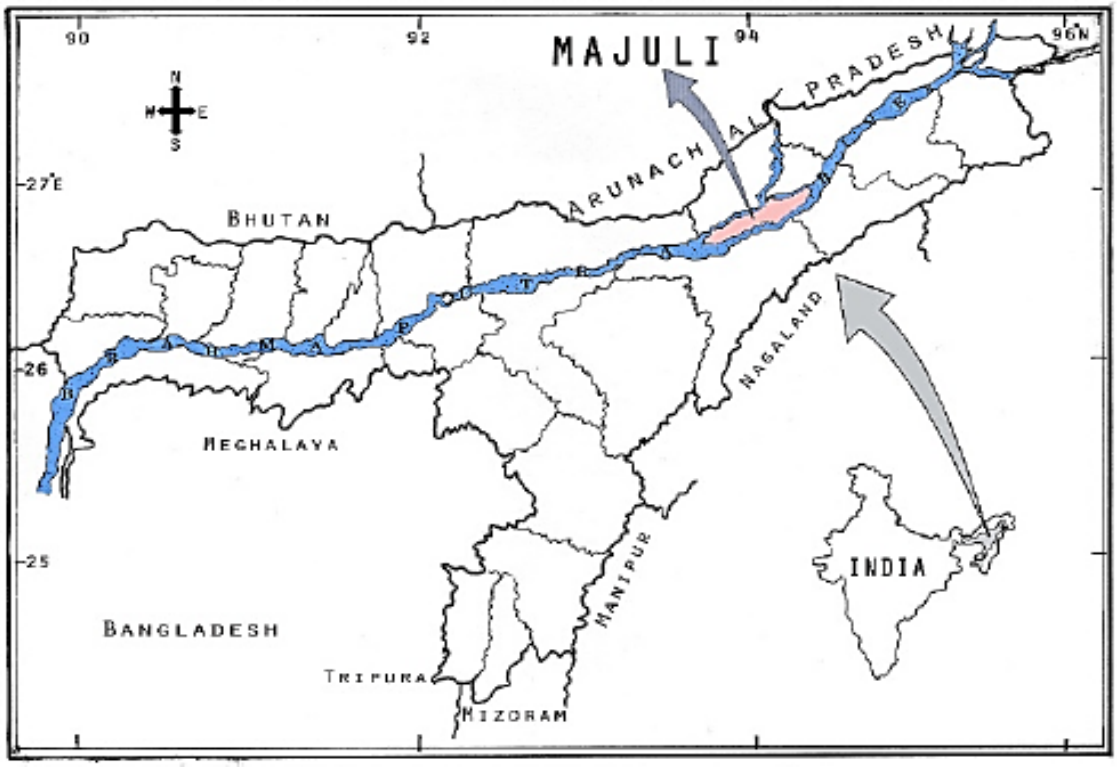
4. The researcher came across various people who are in some way or the other involved with the topic. Most of the people were very supportive and encouraging, while some taught work and personal ethics to the researcher. It taught the researcher how to interact with people and also maintain a professional relationship.

5. Though many reports and projects have been done on the issue lack of proper documentation and recording is one barrier that limits the scope of research. One tends to get confused where and how to start from.

6. Majuli has been declared as a district only in 2016. Thus the availability of data specifically on the district is not available. Majuli was part of Jorhat District until 2016.

CHAPTER IV
MAJULI AND 'WITCH-HUNTING': AN ETHNOGRAPHIC EXPLORATION

1. Majuli



Majuli is the world's biggest river island in the Brahmaputra River, Assam. In 2016 it became the first Island to be made a district in India. According to 2011 census, it has a population of 149,451 approximately[18] which is home to Mising, Deori, Sonowal Kachari, Ahom, Chutiya, Kalita, Brahmin and Kewat community. With frequent flood and erosion the island has been shrinking in size, which was earlier the capital of the Chutiya Dynasty and known as Ratanpur. Majuli has been the cultural hub of Assamese civilization since the 16th century with the Neo-Vaishnavite Moment called the Vaishnavism with the establishment of monasteries and hermitages known as Satras by the pioneer, Mahapurush Srimanta Sankardeva. Mask making is one of the famous traditional craft skill that is still practised by the Sattras (monasteries). The masks are made of clay, mud, bamboo cane, cloth, wood

[18] Collected from Villages and Towns in Majuli Circle of Jorhat, Assam
http://www.census2011.co.in/data/subdistrict/2076-majuli-jorhat-assam.html

etc which are still used in religious dance and drama. Majuli is known for the Raas Mahotsav, which is celebrated as a four day festival starting from Raas Purnima usually in the month of October- November.

The main source of economy is agriculture, fishing, dairy, handloom, pottery etc. Majuli, a wetland is the hub of flora and fauna. The beautiful serene beauty along with the rich cultural history attracts tourism and researcher from various parts of the globe along with the domestic tourism. The means of communication to the island is mainly by ferry service through Brahmaputra and also via frequently flood affected roads which are always in bad shape.

1.1.The Mising Community of Majuli:

The word 'Mising' comes from the word 'Mi' and 'anshing' which means man and worthiness respectively, thus Mising means man of worthiness. The tribe are decedents from South East Asia and have roots tracked back to Abo Tani (who are believed to be the first men on Earth) who hails from the Chinese and Mongolian communities. They are said to migrate in early 16th century to Assam. The Mising community practice Doni (Dony means the sun) and Polorism (Polo which means the moon) which is the worship of Sun and Moon God. It is believed that the origins of Abotani were the son of Sun and Moon God. The Mising community has been known as 'Miris' and not 'Mising'. Edward Gait mentioned in A History of Assam (1997) that the word 'Miri' means the 'middle man' , they are regarded as the one who worked as businessmen between the hills and the plans (I. Pegu, 2017). They are mentioned as 'Miri' by the Constitution of India (Scheduled Tribes) Order 1950 as amended (modification) Order 1956 and SC/ST Orders (Amendment) Act, 1976. Due to some unknown reason, the term 'Miri' is regarded as derogatory and instead Mising is preferred.

The literature and Ahom Chronicles make frequent reference about the connection of the Miris with the Vaishnava saints and the Ahom Kingdoms. The two main festivals that are celebrated by the Mising community are – Ali-aye-ligang and Pohrak. Both are related to harvesting, Ali-aye-ligang is the starting of the sowing festival and Pohrak is the post-harvest festival. They are in the list of Schedule

Tribes since 1950s in the Indian constitution and in 1881 Assam Census Report; the Mising community are divided into two sections- Barogam and Dahgam .

The Mising population of the island is mostly settled along the riverside. The traditional house of the community is known as 'Tāle`ng Ukum' or 'Chāng Ghar'[19]. Assam has an enormous ethno-biotical wealth along with a rich cultural heritage. Mising Tribe is the second largest tribal community of Assam who are very close to nature and has a rich tradition of religion and nature. Every part of a plant is used in some way or the other; the bark, twigs, roots, leaves, flowers, fruits, seeds etc., are offered to God or used for medicine purposes.

1.1.1. Beliefs and Practices:

Mising community believes in different spirits which are divided into good and bad spirits. As Uma Kanta Sharma and Shyamanta Pegu . Discussed about what how close is the Mising community to nature, they finds that the Mising community worships the spirits which they considers are the forefathers and are called *Uie* which roams at night and are considered hostile to humans. Worship of supernatural beings can be distinguished in to four categories: Uie or Uyu, Urom Po:sum, Epom- Yapom and Gu:min-So:yin. Uies are the powerful invisible spirits like that of thnder, lightening etc. Urom Po:som are the spirit of the dead who meet unnatural death. They are malevolent and can harm a person or a family. Epom-Yapoms are forest spirits living trees capable of living in trees that can cause harm to people. Gu:min So:yin are guardian spirits of the households and surrounding. All these beings are commonly known as Uie and therefore any ritual related to them is called Uie Inam or Uie Mo:nam. Nomgu spirit is believed to be a bad spirit that cause harm, disease, poverty, destroys agriculture etc. and is related to all the pain or misfortune caused to human kind. It might come in the form of air, water, lightening etc. There is no particular God-Goddess or any idol worship that the community worships, thus there are no guidelines. Rituals are practiced orally and thus followed generation after generation. Traditionally the community's religious belief falls within the purview of Animism. The concept of animism was given by Sir Edward Burnett Taylor in 1871 in Victorian British Anthropology '*Primitive Culture*'. Later, Sir Taylor used it in

[19] Chāng Ghar are traditional house made of bamboo, wood, mud and hay which are made on raised platforms, around 4-6 feet from the ground.

'*Religion in Primitive Culture'*, 1958.Edward Burnett Tylor defined animism as, religious belief that objects, places and creatures all possess a distinct spiritual essence (Padan, 2005) (I. Pegu, 2017).

1.1.2. Beliefs, Rituals and Practices related to Health and Death:

Ya:lo (a-) means shadow which is believed to be one's invisible spirit that protects life. The separation of the spirit means death. At times when a person goes through shock or has been suffering from long term illness it is believed that the spirit might have been away from the individual. Thus to call the spirit back rituals are performed by a Miboo. Also when a person is not performing well in work, academically or has been ill for a long time. If Miboo identifies some spiritual cause for it offerings like hens, pigs and ducks are sacrificed, along with *Apong* (rice beer) is offered.

The Misings bury the death bodies. Based on the reason of death, there are many burial rituals which can be divided in two types-

a) Natural death – natural death are caused due to old age or illness. The corpse is washed and cleaned and clothed. But everything is done in the reserved way; the dresses are worn back to front side. After wrapping in five layers of cloth, the body is placed in a platform made of bamboo.
b) Pre-mature death- death that are caused due to accidents, suicides, illness (without any signs and symptoms, sudden death etc.)

For both the causes there are certain burial rituals and rules. As part of the belief the people throw cooked food and take five dips in the river if they go to the graveyard. Every village has a plot of land outside the village that is used as a graveyard. After three days rituals are performed in the house of the death. Until three days the individuals cannot go out of the house, after three days when the Miboo performs prayer in the house they can go out. Dod:gang (a-) is a very important ritual for the community. They believe that the death's soul does not leave the earth immediately after death. Dod:gang is performed generally within a fear of a person's death but it might extend until the family is financially strong enough for the ritual. Food drinks and meat is offered to the grave of the death or any place

outside the home. It is believed that if it is eaten by any bird or animal, the individual in whose name it is given has accepted it.

Apong holds a very important places in the Mising community, it is offered to the diety, the guests and is prepared in every household. Offering Apong is a symbol of respect, affection and honour. Earlier it was said that as many as 50 plants were used to prepare *Apong* earlier, whereas now around 20-25 plants are used for preparation. It was found during the study conducted by Sharma and Pegu that Mising women understanding about medicinal plants than the men in the community.

Mising community has a rich knowledge of traditional healing practices just like most tribal communities in the world, which are based on herbs and natural products. Traditional Healing and traditional healers are an important part of the Mising community. A traditional healer is someone from the community who are recognized by the members in the community who is competent to provide health care using vegetables, plants, animals, minerals based on the socio-cultural and religious background of the community. It is based on the prevailing knowledge, belief and attitude of well-being and disease causation in the community.Various studies have been done on the Mising community and their healing practices. It is seen that they have a strong knowledge of ethno medicine for various diseases. They are known to have good knowledge of treatment for Jaundice, Malaria, Fever, Joint Pain, Menstrual problem etc. They also have a strong knowledge to treat poisoning by snake bite, scorpion bite etc. Thus, the knowledge and practice ranges from home remedies of daily ailment to specialized procedures like bone settings, snake bites, midwifery to mental disorders. In a study '*Traditional Healing Practice and Folk medicines used by Mising Community in North East India'* it was found that 55 medicinal plants are used by the Mising community for treating various diseases. Out of the 55 plants, 15 are tree products, 8 are from shrubs and 30 are herbs and climbers. Malaria and Jaundice are two prominent diseases in the North East India are widely treated by traditional healers and as many as 86 herbs have been recorded in treating Malaria and 88 herbs in treating Jaundice (Shankar, Deb, & Sharma, 2012). These medicines are used orally in powered form or mixed with water and taken orally; paste is applied; for preventive purposes of diseases many a time the leaves or barks are kept in the house.

1.1.3. Religion, conversion and the Mising Community:

Religion plays a strong place in the lives of the people as Indraneel Pegu explains; the people are living from hand to mouth without any saving, which he blames the economy for it (Pegu, 2017, pg- 115). But it also important to understand the closeness the community shares with nature and frequent natural calamity in the form of flood they experience. The social, economic insecurities which are never address by the policies of the Government are strong reasons why it is geographically still away from the attention it deserves. The unmanaged roads and modes are communications are clear indicators of the importance it gets. Though Majuli is known as the cultural hub for Assam but the Ministry of Tourism have paid little attention to develop the island in terms of communication, hostel or even the places to visit. Many options of vocational training, development of local entrepreneurs are some new developments are seen in the community which is a ray of hope.

The Neo-Vaishnava Movement which was started by Mahapurush Sankardeva and was popularized by him and his disciple Mahapurush Madhabdev in the 15th century. Sankardeva spread the idea of Eka-Sarana-Naam-Dharma which has its root in Srinad Bhagvat Purana (Bhagavati Dharma). It worships Vishnu and his various forms of reincarnation. He was against the unorthodox religious beliefs and practices which divided the society into castes boundaries. He was against the darkness of ignorance, superstations and irrational beliefs. The Neo-Vaishnavism philosophy aimed for social reform, to promote secular ideas and based on universal brotherhood. It strongly beliefs that enlightenment can be attend only through universal brotherhood. This brought a wave of social and cultural reform in Assam.

Socio-religious institution 'Namghar' was established; which was a social platform that belonged to every section of the society. The teachings of Neo-Vaishnav Dharma were popularized through art and culture. Sankardev's *Kirtan Ghosa* and Madhavdev's *Naam Ghosa* are still the writings through which Neo-Vaishnav Dharma is living in the society. The tribal and non-tribal population of Assam who have accepted Neo-Vaishnavism are called Saranias. In the case of the Mising community of Majuli; through Vaishnavism has an important impact on their lives, they have not completely converted. There has been exchange of culture, beliefs and practices with the Misings with various social and religious groups but a

blend of all practices are seen. Characteristics of various practices are clearly visible in the community. The village where the study is done has a Shiv temple, a Namghar and also sacred place where the community rituals are also practiced.

The influence of Vaishnavism is partial in nature in the community. As the people go to the Namghar and performs Naam-Kirtan and also perform puja to ward off evil spirits. As Vaishnavism does not promote any kinds of sacrifice and also does not allow consumption of meat and alcohol. The Mising community who beliefs and practices animism though have accepted Vaishnavism practices both. Also it is interesting to note that the community is accepted even though still they practice their beliefs and rituals. During unfortunate times like that of ill-heath, disease, natural calamities they offer prayer in the temple, offer prayer in the Namghar and also offer sacrifices of animals.

1.1.4. Belief in Witches, Witch-craft and practice of Witch-hunting in the community:

In the Mising community, a 'Witch' is called Morunam (a -) who is known to have power that causes trouble, pain and death in the community. Many scholars have debated on the entry of such belief in the tribe. As Misings are known to have migrated from Tibet before the spread of Buddhism (N. C. Pegu, 2005). According to Tantric Buddhism, 'Dakini' refers to female personification of a stage of wisdom. In Buddhist Tantra, Durga, the female deity of the Aryans is called 'Vajradakini', Dakini Vidya means 'Witchcraft'. 'Witchcraft' was regarded as a positive form of energy which only a few could possess by channelizing its energy (Rawson, 1978) (D. G. White, 2000). Thus, this rejects the validity that the belief of '*Witch'* and '*Witchcraft*' came to the community from their place of origin (Tibet).

According to Durgeswar Doley, the exposure to Tantricism, Saivism and other sects of Hindusim can be one reason where the community might have encountered with such beliefs (Doley, 1998). The Hindu ritualistic practices in the community can be explained as evidence of the beliefs. Many a time the community also visits and offer puja to people who claims to get possessed by Gods. This is commonly known as 'Gukhai gaat utha' (Possessed by God). Interestingly these are Hindu Gods, most of the time Shiva, Krishna or Kali. There is not much explanation as to why these

three God only but with a closure observation one can find the connection. The connection that can give an explanation is to understand how these Gods are perceived in the Hindu religion and what status they holds. Shiva and Kali are seen as ferocious while Krishna is seen a soft and calm. 'Normal' people are possessed by God, they neither have any special power nor practice any form of healing (as spiritual healers claim to have connection with the supernatural). The ones who are possessed by God are offered anything they would demand, people come to them from far places to take blessings and to find solutions to their problems.

The first ever documented witch-hunting case of the Mising Community of Majuli was in 1982 that is presented as part of case study by Indraneel Pegu in his book (I. Pegu, 2017). The first case took place in Borpothar where a man was accused of practicing witchcraft, a trial took place which is locally known as Kebang (meeting), and he was taken to the river and murdered. If once a person is accused of practicing witchcraft, even his/ her children are at risk of being accused. Since then there have been many cases of witch-hunt violence in the community.

1.1.5. Healers:

The traditional healers in the tribal communities are generally known as 'Ojha', 'Bhopa'; In the Mising community they are known as 'Bej', 'Ojha' uses a range of practices in healing. This includes herbal remedies, cauterisation, divination, exorcism etc. Miboo is the traditional priest of the community who is known to have power to know everything. He is respected for his gifted power to know about the misfortunes and the reasons of the misfortunes, also he knows how to solve them. He is also known to have supernatural power and communicate with the supreme power. 'Mi' means man and' Abo' means father or knowledgeable. Thus a Miboo has to be a man, who is believed to destine to be one and is not a hereditary process. He is also known as the 'medicine man' as he gives solution for health ailments also. He uses various means and ways to detect causes of various ailment, problems and diseases of the community. These people are socially accepted and highly respected in the society. There are traditional healers known as *Dhodai or Bez* who is known to have extreme knowledge on herbal medicine. They use plants, animals' part, natural minerals etc. for treatment. They prescribe herbs either in raw form or mixed into a paste or power for different illness and also mode of application. Ojha are known to

be the experts for pain and poisoning, some uses herbal treatment, some uses ritualistic healing and some uses both. There are also traditional birth attendants who are generally elderly women in the community who have experience and knowledge about birthing practices, bone setters and veterinary experts in the community.

Traditional healers practice their knowledge system for various purposes which can be categorized as the following (Shankar, Deb, & Sharma, 2015):

a) Commercial healers- healers who practice purely for commercial purposes comes under this category. They give appointment to people and have a fix fee for their services.

b) Semi- commercial healers- healers who are not completely dependent on healing as their only source of earning come under this category. Apart from practicing healing, this section of healers is engaged in other activities for a earning.

c) Subsistence healers- this category of healers practice depending on their need. They do not practice for earning, they are generally old and poor and prefers food and things of daily usage for living.

d) Humanity based healers- this category of healers normally does not practice, they practice only during emergency conditions, when there are no alternative available. They neither do not demand money nor generally accept money; they provide healing purely on humanitarian ground.

2. NARRATIVES FROM MAJULI

An ethnographic approach was used for the study where narratives of people were collected based on the objective for the study. An ethnographic study focuses on description and interpretation of shared and learnt patterns of values, behaviour, beliefs and language of culture shared by a group. It provides a researcher validation in understanding the people in the community, the social institutions and the interactions between them. Using narratives in an ethnographic study brings in a new dimension to qualitative researcher (Creswell, 2007).

Narratives offer an alternative mode of knowing, the relative advantage of using this mode may remain vague (Czarniawska, 2004). Narratives are not only words, signs, objects, images and concepts but a blend of all together to produce a system of

knowledge. Narrative research is an umbrella term that captures both the micro and macro dimension of any experience over time and takes account of the relationship between individual experiences in the socio-economic and cultural setting. As Polkinghorne says, people without narratives does not exist (Polkinghorne, 1988). Every human has their own stories and their own narratives. Narrative research is used both as an approach of qualitative research and also as a technique of inquiry i.e. narratives can be used in a case study, a biographical study, a phenomenological study or an ethnographic study a form of representation (Creswell, 2007). The narrative approach would also include two individuals or two parties; one as the teller and one as the listener, one as the writer and one as the reader. It begins with the documentation of the account of stories given by people, lived experiences of people and then drawing meaning from the experiences.

2.1.Lived experiences:

Recall memory method was used to explore and understand the lived experiences of people who experienced witch-hunt violence. Memory refers to retaining information from the environment and experiences of daily life and storing it for a period of time. It involves the process of encoding the information, storing it and then retrieving it whenever needed. There are mainly two main methods of accessing the memory; recognizing the event and recalling it. Thus recall memory refers to the subsequent re-accessing of events or information from the past, which is stored in the brain and bring it to the present. Memory can be discussed with three stages, which are- encoding, storage and retrieving. As existing literature explains that witch-hunt violence is traumatising and shocking; for a member of a community would least expect to be attacked by his own fellow members for something which is a false allegation. Here, the themes associated with the traumatic memories and its implication on the individual are discussed-

2.2.Flashback:

"*Even after so many years of the incident, I wake up in the middle of the night with a shock feeling like someone will kill me. So many long sleepless nights I have seen all these years. Now I keep a bottle of apong (homemade rice beer) whenever I am not able to sleep I drink and then I fall asleep ..." (Respondent: A-02, Age-62)*[20]

"I still dream that night, I still get afraid if I see a group of men together at night. I get nightmares very often and would not be able to sleep the whole night. I dream them coming for me, dragging me out of my home and beating me" (Respondent: A-00, Age-67).[21]

The respondents got emotional during the interview. Even though it has been at least ten to twelve years ago incidents, people still tend to have a visibly strong memory of the incidences. All of them mentioned about flashbacks, panic attacks, nightmares and disturbed sleep even now since the incidents.. According to the Diagnostic and Statistical Manual of Mental Disorder, traumatic memory is a personally traumatic event (*DSM-IV Diagnostic and Statistical Manual of Mental Disorder*, 2012). It also explains the symptoms of Post-Traumatic Stress Disorder (PTSD) as when a person experienced or witnessed an event that involved threatened to life or serious injury which involves an intense fear, helplessness and horror (*DSM-IV Diagnostic and Statistical Manual of Mental Disorder*, 2012, page no- 427-431). The events lead to disorder when even long after the events are experienced a person still gets intense flashbacks, nightmares and it becomes difficult to cope. The state of mental health in places like the field area of the study is given least attention.

It is important to note that traumatizing experiences are disturbing, but it depends on what events leaded or resulted in these experiences. Trauma of labelling one as a 'witch' not only affects the individual and his immediate family but also next generations to come. According to Brewin (2001), trauma memories can be categorized into Verbally Accessible Memory (VAM) and Situationally Accessible Memory (SAM) which he called the Dual Representation Theory (Brewin, 2001). Brewin explains VAM as memories that contain information which an individual had experienced before, during and after a traumatic event. The experiences received by

[20] Field Notes
[21] Field Notes

strongly and transferred to the brain that can be deliberately retrieved SAM refers to the experiences of the individual where extensive traumatic scene also includes physical response. It is more subjective as it restricted to individual experience of pain and humiliation. . SAM results in trauma related dreams and flashback that an individual experiences which are features of Post-Traumatic Stress Disorder (PTSD).

2.3.Social exclusion:

"...I and my family were completely excluded from every social function and festival. We were not invited and welcomed to any function, we were not allowed even in the traditional rituals. Though we were allowed to stay in the village but it was like that we did not exist..." (Respondent A-02, 62 years)[22]

After one is branded as a witch, they are socially excluded from the society. They are chased away from the village or kept isolated, interaction is avoided. As they are considered evil in the society, they are not invited to any social function like marriage, the birth of a child or even community rituals. Even the relatives are not allowed to be in touch with the people once they are identified as 'witches'. They are also not allowed to use any community property like common pond or playground. At times when village is so strict that they are not allowed inside the village and at the time though these people are allowed inside the village their movement is restricted. There are also instances when one man who was accused of witchcraft in the village was not allowed to visit his daughter who was in the Primary Health Centre. The doctor did not allow him to go inside the Health Centre as the doctor who was posted in the village was not from the village. The hope of acceptance and support as an outsider was the reason given by the doctor to not let the man inside the health center.

2.4.Witch trials':

The 'witch' trials are clear power game show where there are different categories of key players. The accuser, the accused, the witchfinder and the believers, all of these people play their own role. Witch trial is a process of finding if the person accused of witchcraft is really a 'witch'. It generally happens after someone is identified as a 'witch' by a 'witchfinder' or an 'Ojha'. The process of 'witch'

[22] Field Notes

identification is very interesting. The 'witchfinder' is generally known to be more powerful, who has the power to identify the 'witch'. He can be from the village or outside the village. He is first approached by a group of people who seek a way out from the misfortunes. If he says it is because some evil spirit is unhappy; many options are given like rituals to be done (like worshipping a deity or *yagya*, animal or bird sacrifice etc. If a 'evil' spirit is found behind the misfortunes, then the Ojha would capture the spirit and leave it outside the village. Many a times, there are tension and conflict between two villages if the spirit of one village is left on another village. As it is believed that the spirit would bring disease and death in the other village. When the 'Ojha' tells that the misfortunes are done by a 'witch' in the village, he is invited to the village to identify the person. As he is not well aware of the people he will stay in the village and try a way into the local silent conflicts inside the village and family. At times the group also provides names of doubtful individuals from which 'witch' is identified. The witch finder would invite a man of Libra sun sign (Tula rashi) as they are known to have the power to see the face of the witch on his thumb nails. Mustard oil would be put on the nails to give a clear picture and he utters the mane of the person identified as a 'witch'. Then the accuser would bring the accused to the public and in front of the local governing body where the evidence would be brought into account. Evidence like people would accuse the accuser of roaming alone at night, seeing the accused early in the morning alone near the river or at midnight, accused of having powerful magical powers that can destroy one. Every attribute that commonly is associated with the construction of 'evil' in the community is pushed to the person. Normally when in trials both the parties get to defend their sides, in case of witch trials the accused rarely gets any chance of defending neither his innocence nor his life. Witch trials generally happen at night and in front of the whole community. It is also important to note that in many cases no trials take place. The person is beaten or murdered even before one realizes that they are identified as 'witches'.

2.5.Friends or Foe:

"I would never forget that night, how from a small crowd the whole village was standing in my courtyard and I was dragged out of my house….. I still remember those faces as they are all my relatives and brothers from the same village… they

knew me so well, we hang out together, share our happiness and sorrow and today they labelled me as a morune[23]" (Respondent A-04, 52 years)[24]

The accuser is someone who is generally known to the accused, it might be a family member or someone close to the accused. It is interesting to notice during the interviews that all the respondents told that the accusers were someone very close to them. As it is a small homogeneous community, people are either relative or know each other very well. It takes almost 6 months to 2-3 years for a gossip to start of naming someone as a 'witch' which results in witch hunting. The people, who are closely known, have a good idea of all the daily activity in one's life. They are also aware of the strengths and weaknesses, thus it becomes each to label someone as a 'witch' out of personal grievances or greed.

2.6.Impact on social functioning:

The normal functioning of a person who is identified as a 'witch' is totally disrupted. The smaller homogenous population as that of the field area are constantly interacting with each other. The community resources are shared like that of the common pond, the temple, the namghar (the prayer houses), the weekly market and even the local healers. Once a family is declared to be isolated from the village which is known as aghoria[25], if anyone from the village interacts with them or keeps contact with them they are also declared to be isolated from the village.

2.7.Aftereffect:

After one survives the violence the impact is long-term in their life. Not only has it affected the lives of the individual who is accused of practicing witchcraft but his family also. One cannot walk freely in the village, nobody wants to talk to them and they themselves start withdrawing. Once the person is aware that he is identified as a 'witch', it emotionally shatters one down. All the respondents shared that they felt insecure in their own house, among their own people. Their identity was questioned and also their moral. When they start living with the trauma; they are discriminated by the people, the children of the family face the same discriminated and it becomes

[23] Mising word for witch (locally used word)
[24] Field notes
[25] Being isolated from the community, it is a way of punishing individuals or families who do not follow the norms set by the community. The local body holds a meeting to punish the community members if found guilty.

difficult to even to get married. While there have been many driving forces and multiple factors that have combined to produce a situation that results in the fear of witches, there is a consensus that the root cause of witch hunts is a fierce struggle for survival that takes as part of the intergenerational struggle.

2.8.Communication, miscommunication, and Gossip:

Communications through verbal and non-verbal means are ways of life through which human civilized. Communication involves a sender who would encode some information, which would follow through either verbal or non-verbal ways (through any medium) and reach the receiver. Now the receiver would decode to make sense what the sender meant, any obstacle that might happen during the process of receiving the information may lead to misinformation. Miscommunication may happen due to prejudge at both ends, failure to receive the content of the message or due to various barriers. Now many things are communicated and gossips and rumors are part of human communication. Rumors and gossips are seen to be one have played an important role in accusations. According to the Oxford Dictionary; rumor means a currently circulating story or report of an uncertain or doubtful truth. On the other hand, gossip is a casual unconstrained conversation or reports about other people which typically involves details which are not true.

In each case, the respondents told that it all started with rumours and gossips about them practicing magic and bringing misfortune in the community. When beliefs about 'witches' are strong among the people, rumours and gossip form the basis from which accusations of witchcraft may be made. The rumours and gossips give shapes to an individual and when each attribute of 'witch' is attached to one, it takes the shape of reality against the person. It leads to tension, misunderstanding and thus conflicts (Stewart & Andrew, 2004).

2.9.Violence:

Any form of violence involves two parties: the 'perpetrator' and the 'victim' and also a favourable condition for violence to occur. In case of violence due to the accusation of 'witchcraft', it is important to pay attention to the nature and pattern of violence. As this form of violence is neither recognized as a form of community or structural violence, there is no particular approach to its response.

2.9.1. Forms of violence

Violence: During the interview, the respondents and also the key informants who experienced and witnessed violence very closely and mentioned various form of violence. If we try to fit the forms of violence into the typology given by the World Health Organization's typology of violence, it involves- Physical violence, sexual violence, psychological violence and deprivation (nature of violence). The forms of violence that were mentioned by the respondents can be represented as follows

Table 7 : Typology of violence[26]

NATURE OF VIOLENCE	MEANS OF VIOLENCE	EFFECT OF VIOLENCE
Physical violence	Pushing Dragging Dragging by the hair Kicking Punching Spitting Beating with bamboo sticks, Rods Forcing to eat human excreta and urine Shaving head Cutting body Parts	Broken bones Multiple fractures Joint displacement Permanent damage to body parts Memory loss Blindness Chronic pain Difficulty in mobility Heavy blood loss Death
Sexual violence	Paraded naked Rape	Trauma Emotional breakdown Depression Injury Heavy blood loss Chronic pain Death
Psychological Violence	Calling names Abuse Using local slangs Calling 'witch'	Humiliation Anxiety Panic attacks Emotional breakdown Trauma

The effect of violence can also be divided into short term and long term. Short-term effects are immediate injury, blood loss wounds, fractures, anxiety, blackout etc. Whereas long-term effects are a chronic joint pain, immobility, blindness, panic

[26] Field notes and Review of Literature

attacks, insomnia, post-traumatic stress disorder. Surprisingly no case of self-harm or suicide came across during the interviews.

2.9.2. Symbolic violence:

When human interaction leads to constraints and subordination of humans (as individuals or in groups) it is a form of violence. It can be termed as symbolic violence if the subordination is inflicted indirectly without visible, overt and explicit acts of force or means. It is a very common phenomenon of everyday life. Symbolic Power is introduced by Pierre Bourdieu (Bourdieu, 1991), which refers to the unconscious modes of cultural or social domination in everyday life. The notion of symbolic power can be interpreted to understand the inequality in society. The domination of one group over the other to exclude an individual or group from social interaction can be understood as the difference of power dynamics in the society. How a few people in the community become so vulnerable that they can be identified as 'witches' by another group of people and there are least chances of the accused to claim his innocence; is an important mark of symbol power. Symbolic violence can also be explored ain the form of symbolic interaction in the community among individuals. How one person interacts with another explains a lot about the nature of power dynamics and divisions in the community.

Symbolic Interactionism is a micro –level theory that focuses on the relationships on the basis of communication within a society. Communication refers to exchange of meaningful interaction through both verbal and non-verbal modes of communication. These interactions results in constructions of people's social world where they live. Herbert Blumer (1969) who coined the term 'symbolic interactionism', explains it as human interactions with things based on meanings that comes through interaction with others in the society; the meaning to those things are interpreted when dealing with a specific situation. It is also described as a phenomenological perspective because it emphasis on the individual's view and interpretations of social reality (Haralambos & Heald, 2016, pg- 651-652). Blumer discusses three core principles of the Theory- meaning, language and thought. Meaning refers to the content of communication, language is a medium which helps in expression and negotiation and the last principle is thought that modifies and reflects human behaviour (Karpagam, 2009). Both verbal and non-verbal mode of

communication with meaningful content which can give an impression to an individual would shape the behaviour of an individual.

2.9.3. The pattern of Violence:

During the interview, something very interesting was noticed, the cycle of violence. Violence works in a circular pattern. If we see the trigger factors in violence, we would find personal grievances, greed for the property and refusal of sexual favours as main triggers for the accusation of 'witchcraft' violence. These triggers are seen to be also used as means of violence. If we discussion each trigger, it would bring a circular pattern of violence. When a personal grievance is taken out by accusing someone as a 'witch', it not only projects the power one has on another but also used as a tool of social control. For greed of property it is seen that in three cases out of six respondents, they were asked to give up their land as it was fertile than the nearby agriculture land. When they refused to give up their only plot of agricultural land, they were accused of practicing 'witchcraft', they were asked to pay a fine through cash. Now, the one who had an eye on the land offered a small sum of money to buy the land. As the respondents have no choice but to sell his land as it is the one way to save his and his family's life. Thus the cause of 'witchcraft' accusation also became the way out of it. But, how few greedy minds plotted the trap and how the unprivileged becomes burdened and trap that there seems no way out. Similarly, also the refusal of sexual favour is reason when someone is labelled as a 'witch'. Naked parade and rape (especially for women) are used as a form of violence. Incidences of women being raped multiple times in public have been reported before killing them in many witch hunting cases. Again here, when sexual favours are not enjoyed in silence they are raped. Where else this is not seen in case of men who are accused of practicing witchcraft. It can be interpreted as moral boundaries of men not having sex with men for raping men and also how a woman's body and sexuality is seen in a patriarchal society.

2.9.4. Sexuality and Violence:

Sexuality can be understood as a complex as well as a dynamic phenomenon composed of one's sexual identity, orientation, gender identity, sexual desire, and practices. It is very subjective and differs based on socio-cultural factors.

Understanding sexuality from a human rights framework does create conceptual and practical as well as legal debates (Fried, 2004).

The understanding of body and self with the emic and etic view are shaped by the cultural, material, socio-economic and political condition one is in. No case of rape was shared by the respondents during the interview but calling names; abuses using local slangs (which have generally sexual in connotation) are used. Also stripping naked and naked parade was experienced by the respondents.

But the key informants (B-01, B-04) have mentioned cases of rape and sexual violence cases that they have come across. Cases of women being victim of such violence are more than that of men.

2.10. Perception of Well-being, health, ill-health, and death:

"Till I can work, I am fine…" Respondent A-00, 67 years

The perception of well-being and health is very simple in the community. For the respondents, if one is able to work and function normally on a daily basis the person is healthy and has no disease. The boundaries between well-being, health and ill-health are very blurred. The respondents are from the age bar of 49-67 years, which clearly represents an early elder age to old age. Various sort of health issues is clearly seen among this population like that of Gait disorder (falls), osteoporosis, urine incontinence, deliurm, hypertension, arthritis, sleep disorder etc (Kumar, Sharma, & Kaundal, 2015; Salagre, 2013). The conflict in understanding if the health issues faced by the respondents are due to age or the long-term effect of the violence they experienced. As the respondents have experienced the worst form of violence, for them now normal functioning is if they are able to function on their own. Chronic pain and falling frequently unwell has become more of a normal phenomenon for them.

Compromising of health and ill-health to earn a living is commonly seen among the respondents, except one who is not directly affected by the violence made on the basis of accusations of 'witchcraft'. The respondents are mainly living on their own; as they either live with their wife or live alone. Most of the children of the respondents have migrated to the cities for better job and opportunities. Some sent

financial assistance to the parents which are not enough to meet the daily expenses. The pain of surviving on the income of the children was also shared by two respondents.

"*I cannot afford to stay more at home. Who will feed me and my wife?" A-02, Age-62 years.*

Death is understood and interpreted in different ways based on the cause of death. Death due to old age is seen as normal and natural, whereas pre-mature death is associated with *Karma (deeds)*. Again if death due to age is painful or bedridden, it is also associated with Karma. According to the Oxford Dictionary, Karma means the sum total of a person's actions in this life and previous state of existence, viewed as deciding their fate in a future existence. It is nothing more than boundaries moral actions to control human beings. Two respondents strongly told that the violence they went through is because of their *karma* and *bhagya* in the past life.

"How can one be safe, if misfortune is written in your life?"

"it was written in my Bhagya, so it happened"

Physical and mental health is understood as an overlapping concept by the respondents. They shared that sometimes they are low moods, at days when they are physically not well or in pain they are in low mood. At times situation makes them angry or unhappy but that does not persist for long. When they were asked about mental health and if they are aware of mental disorders; they said may be because of 'dukh' (sadness) one behaves such or alcohol consumption.

2.11. Disease Causation:

"..... Anything can make you ill, whom will you blame? I did not have food in the morning yesterday so I was feeling weak. Today I am fine, also I keep falling ill the weather is not good, I am also growing old..." Respondent A-02, 62 years

Blaming the 'beya botah' (bad air) for the reason of diseases and 'beya botor' (bad weather) for the reason of ill-health was seen in the community. Life experiences and community perceptions are also closely linked and this shapes the perception of heath in the community. People have a strong belief that pox is related to the deity, known as 'Hitala Maa'. There are strict rules for what to eat when to eat and what to

avoid. Thus they do not go to a doctor. For diseases like cold, cough and fever the community does not visit a doctor as here natural healing is strongly believed. Many times, when the people have a fever for a longer period of time when they visit a doctor. Also, the intensity of the suffering acts as an indicator when to visit a doctor. Joint pain or digestive problems for the elderly population is considered as an old age problem 'logot jua bemar' (this issue with till I am alive) and thus they do not visit a doctor. The 'dactori upai' (medical treatment) is replaced by community healing techniques. Many even argue that on relying only on doctors, people are forgetting the community healing methods.

2.12. No one medicine is enough:

Medical pluralism refers to the co-existence of two or more systems of medicine. The existence of different forms of knowledge system in medicine where people can chose one from the other should be the ideal meaning of pluralism. The respondents clearly shared their views on using various forms of medicine as for them one system of medicine is not enough for their entire ailment. The presence of the primary health care, the baidya, the daima and ojha are clear determinants of the presence and utilization of different forms of knowledge system in the community. During the interview it was informed that, the people in the village generally do not go to the primary health centre for cases of snake or scorpion bite (poisoning cases), jaundice, pox or viral fever. There are few people in the village and the nearby villages who treat poison cases and jaundice. To cure poison cases, a brass plate is used with some mantras which get attached to the person's body until the poison completes goes away from the body. It is believed that the brass plate absorbs the poison and will fall down once there is no poison in the body. In case of jaundice, holy water (normal water that turns holy with some mantra) is given to the patient to use daily for seven day. Some healers also use mustard oil, mantras and dubori bon (scientific name- Leucas aspera). When the patient start getting cure the mustard oil starts turning black in colour. The most blackish, the better are the signs of treatment.

The common diseases in the area are seasonal diseases (viral fever, common cold), skin problems etc. People visit the primary health centre for joint pains, skin infection, fever etc. According to the doctor and the Auxiliary Nurse Midwife (ANM) that were interviewed as key informant, informed that the major health

problems in the community are joint pain, Urinary Tract Infection due to lack of hygiene and sanitation, gynaecological problem (where women comes only when one is in too much of discomfort or pain), skin infection and diseases due to water borne diseases like diarrhoea, dysentery, cholera, typhoid, malaria.

People tend to travel between different systems of medicines based on past experiences, availability accessibility and service satisfaction. There are few individuals who are known for their knowledge on traditional and indigenous medicine who are approached by many people from far off places. These 'specialist' are known for treatment of infertility (they treat by use of generally a fruit like banana and mantras. Mantra was found to be an important part of the folk healing system. Mantras are use of words or phase that produces sound or hymn which are thought to have healing powers. Mantras are used by the healers to heal for supernatural causes (Subedi, 2013). According to Ayurvedic medicine, chanting a mantra has healing power, especially to balance the mind, consciousness and body to nourish harmony and spiritual growth. Mantras are generally Sanskrit words or phrases that carry energy and vibrations (Navarro, 2015).

Since the 1970s, public health policy, planning, and implementation have been severely criticized on the ground of not benefiting the needy, poor and the marginalized section of the society. The focus on techno-centric perspective had limited the scope of the traditional knowledge system. Poor functioning of government programmes and services are some reason of division and alienation in the society. Instead of more investment in health budget and inclusive health policies the focus lies elsewhere. The study of health perceptions of the lay people is problematic as it has been largely been targeted to find out how much they know about bio-medicine and the outcome of their health is only revolves around the interaction with bio-medicine (Mehrotra, 2000). This information leads to the shift in the focus of the government towards 'health education' and behaviour change communication.

3. Healers and medicine in the Community-

3.1.Traditional local healers-

The presence of 'Bej','Ojha' is seen almost in all the communities in Assam. 'Jora Pani' 'Tabiz' and 'puria' are some of the form of remedies that are given by the community healers. Due to easy accessibility and availability in the community itself the people visit them very often.

The un-availability of quality health services within reasonable reach of the people breaks the barrier of accessing health services. The health center is not functional in terms of human resources and medicine. The communication and transportation is also very poor in the rural areas, especially in Majuli. Also the geographical local and the frequent flood make the connectivity weaker. Accessibility is also affected when the health workers does not treat the people with respect and dignity. It was found in one interview that the doctor did not allow a man who was labeled as a 'witch' by the community. After the incident the man stopped going to the health center, which he used to visit for his chronic pain and mobility issues.

Sometimes these healers are from the community itself and sometimes from other villages. At times people would be told that God has come onto someone (Gukhai Jokise) in another village and to take his blessings, people go to the nearby village. If someone is suffering from a long period of time, they are also taken to seek blessings. Offerings are made in the form of local alcohol and hens, ducks or vegetables; also money is also offered.

3.1.1. The poison healer-

A woman who is in her fifties heals patients who are bitten by animals or insects to take out poison from the body. She places a copper plate on the back and keeps on chanting some mantras. They plate gets stuck and only falls when the poison seems to go away from the body. Many people come to her for healing mainly bitten by snake, scorpion and dog. She never demands anything, people happily give her cash and in kinds. She was taught by her father-in-law. It is interesting how her father-in-law had more faith in her than his own son as his son was always busy with local liquor. She is a well-respected woman in the society. During the interview (as she is on key respondent) while she was asked if she ever witnessed any risk of being

accused of 'witchcraft' she said that she initially feared but then as she was taught by her father-in-law who was well known and as she does not use any medicinal plants she was sure that she would not be accused. She shared that she is not sure whom to teach this system of healing as the present generation (her children) are busy and not interested and who else will be come to learn it from outside the village. She gets sad if this will die with her, as there is no such other expert other than her in the community.

3.1.2. The Jaundice healer-

A man in his early sixties practices healing with roots, mustard oil and water for healing jaundice. Only three days of mantras and use of the above mentioned ingredients heals any patient. While a bowl of mustard oil is kept on the head of the patient, dubori bon (scientific name- Leucas aspera) is moved around the head and suddenly the oil turns black. With three days of the same ritual the patient is healed. He is a daily wage earner who hardly gets any kind of daily job due to his old age. He lives with his young son and wife in a small mud house. Every jaundice case from the village and the neighbouring village comes to him. When he too was asked if he was ever accused of anything like witchcraft (he is also a key informant), he said that his God protects him from such things. At times he was scared of practising healing, he was not practising for more than four years but when his own son fell ill with jaundice he had to start practising again. He learned this system of healing from his father and refused to talk more into details about the learning process. He said that it is painful that even his own son could not learn it as he is not interested

3.2.Modern medicine and the community-

A chemist shop in the community is a savior in times of emergency for the people. The long queue early in the morning with demands for medicine for symptoms like fever, cough, body pain, dysentery was seen in front of the shop. The chemist who is not a trained in pharmacology but have been guided by the doctor and his para-medical qualified educated him about the medicine. He takes out medicine from boxes labeled for fever, headache and so on. He writes down the name of the patients and medicine taken with the amount to be paid and date. The chemist, Jadav Doley who is also a key informant tells that he gives 'normal' medicine which has no side

effect. He also shared that people want medicine with instant action. They are mainly daily wage earners who want to get back to work immediately.

According to the respondents, at times they are not comfortable with the primary health center as visiting it is often a sad experience. Lack of health professionals and medicine was one problem as the people realized that they were given 'paracetamol' for pain, fever and also eye infection. Rapport building is very important for health service provider and the receiver. It takes time and commitment to nurture any relation. It was seen that the service provider and the community does not share a healthy relation. Lack of availability of doctors and staffs on the regular basic creates a barrier in accessing health services. Also un-availability of medicines in the health centre and services like ambulance, boat clinic creates problem in accessing health services. It was also expressed that the existence of health centres are only felt when they organize health camps and awareness camps. The rush and crowd in the camps are indicators how health is neglected. And many a times, the camps would have limited supply of medicines that can be distributed and thus many people fail to get any benefits from such camps.

3.2.1. The 'Dactor' Babu:

The presence of 'quacks' are commonly found in the community. They offer injection, saline and medicines for fever, headache and common health issues. They are always available in the community and accessible. They can be called in the darkest hours of night or even at early morning. They have a fix fee for every service. They are seen to be gap filler between the modern medicine and the traditional healers. The doctor and ANM who are interviewed seem to be worried about their presence due to their untrained service. No case of any side effect or service failure was shared during the interview.

Witnessing the Traditional healing practises-

The researcher could witness the healing practice of two traditional healers. Both were expert in their own ways- one is a poison healer and other is the jaundice healer.

3.3.Witch-hunting due to competition in the healing system-

A very interesting case came to light during the interview which added new light in the research. The researcher did not image that competition between healers can also be a cause of witch-hunting. Respondent A-03 who is a daily wage earner now

was once branded as a witch and tortured. He started earning at a young age (15 years) as a carpenter help. He lived with his parents and got married at the 19 years of age. After the dead of the parents, the respondent and the wife began to live alone as they did not have children for 12 years of their marriage. People began to call the wife names and they started facing humiliation. The respondent's friend who lived in Dibrugarh district of Assam gave him a book on naturopathy assuring him that it would be helpful. The respondent who could read and write started using the book. The plants were easily available in the community and could be administered easily with the help of the book. After 1 and a half year the couple could conceive and this made the villagers shocked. Soon after the birth of a healthy baby, people began to come to the man and he would give them medicines. Soon he became famous and this created conflict among the other healers in the village. Once his medicine got a pregnant woman miscarriage (where he claims that he was not aware if she was pregnant and he gave her some strong plant remedy) and this is when he was accused of witchcraft. He used to hang a skull of his domestic buffalo in his house which was another trigger. People told that they saw him at dead hours of night or early morning roaming around which only witches do. While according to him he used to go in search of the plants and roots to be used as medicines. The conflicts between healers in the community lead in this case.

4. The hidden factors

Nutritional status is very poor in these areas. Health camps record and interview of the doctor and ANM shared the same story. Most of the women and adolescent girls are anemic. The stock of the health center showed less and irregular supply while supplements provided by the NGOs during flood reliefs lies in a corner of a key informant's house. When asked why the supply was still not distributed, the question was smartly covered by changing the topic.

Lack of proper drinking water and nutritional food also marks poor health. Lack of proper sanitation and hygiene is another issue. There are no toilets in the schools and no water. It was also seen in case of Majuli that funding and inspiration to build on toilets or resources which are permanent are poor as it is a flood affected area. The poor socio-economic condition creates a barrier for the people to afford private health care services. More than paying for a medicine in cash they would prefer to give a hen to the 'bez' as it is available at home. Also the out-of-pocket expenditure

is high as people takes medicine from the chemist shop. The health Centre is far and the lack of proper road makes difficult to avail health services. There are times where patients were taken in bikes or cycles to the health Centre. Few can only afford to rent private vehicles to visit the civil hospital.

5. Need for an Anti-witch hunting Law

The need for a special law as a measure of anti- witch hunt has been shared by the key informants who have been actively engaged as activists and in the field. Many states of India have anti-witch hunting laws as part of the legal dimension for prevention and control. But unfortunately, Assam Witch Hunting (Prohibition, Prevention and Protection) Bill, 2015 is still pending to get approved as an act. This makes it difficult for recording cases by any authority which effects in the data of recorded witch hunt cases. The National Commission for Women (NCW) proposed a national law on witch-hunting with the title "The Prohibition of Atrocities on Women by Dehumanizing and Stigmatising them in Public"; the lines were derived from an older Rajasthan bill which was proposed by the State Commission for Women (Mehra & Agarwal, 2016). While the Indian Penal Code covers a maximum range of violence and offences but few offences and actions that are seen in witch hunting like parading, cutting of hair and body parts, blackening of face are not covered under any law. Detailed research on the form and nature of violence would help in creating an inclusive framework with special attention to witch hunting.

6. Experience during the study:

The researcher could enter a new dimension of the world through the topic of study. It has been quite an adventurous and thrilling journey. Each has been much twist and turns which added new colours to the study which was not much expected by the researcher. Many topics came up during the study which could have been explored and added to the present study but due to time constrain and focus on the objective was not added in the present study. The researcher was very sure of the topic to be studied but went through lots of confusion about how to conceptualize and frame it.

6.1.Experience from the field-

The researcher tried to get in touch with many Assam based organization that have been working or part of any project that worked with the topic of study. The researcher could not get any positive response as most of the projects were done long back and there is no follow up on the cases. It was informed to the researcher that in recent years there has been no witch hunting cases, therefore the focus was changed on other areas like that of women empowerment, education, vocational training etc. With some help of a research scholar, I got in touch with a group of people who have been working in their own village (Few villages in Majuli District of Assam) due to conscious effort to fight against violence. As these people are active members of the community, I was easily accepted in the village. It took around a week for me to be able to understand the village setting and observes what I trying to see. The respondents were taken based on snowball sampling; one could not continue the interview as he fell sick, one woman refused to participate as she was angry that people come to her would record her story was she could not receive any sort of help to ease her pain.

The researcher learnt that due to lack of a proper legal policies rather than punishing the people who accuse someone of practicing witchcraft, it is seen that the accused in taken under police custody for protection. Taking someone who is accused of practicing witchcraft under police custody is seen to be a protective measure, to save the individual from violence and to save life of the individual. Unfortunately, it is never question that for how long will the accused be save as he has to go back to same violent environment against him.

As Gubruim and Holstein (2008), explains that Narrative Ethnography is an 'emergent method' of the present times (Gubrium & Holstein, 2008). Narrative ethnography can also be explained as the ethnographic study of narratives. Narratives are not the mere reflections of experiences but a blend of experiences, storytelling practices, descriptive styles, the purpose at hand and also the environment for the moment when the interview is conducted. It was also observed that when an individual is asked to narrate a story, in his first attempt he would be descriptive and would add details more to the story. But the same story would be cut short when it has to be narrated many a times. This too was faced by the researcher in the field, the

respondents have been narrating their stories for quite some times now and the tendency would be to cut short during the interviews. With probe questions the researcher tried to get more details of the events. The interviews were taken in a natural settings but it was not taken at the house of the respondents or any familiar place. It was mostly taken outside, at places where the respondents would be comfortable and would not be gathered by village people as the researcher being outside the village was already drawing attention. But again the natural setting of the environment where the respondent was interviewed did not seem to make the respondent comfortable as observed by the researcher. Consciousness and guarded behavior through verbal communication and body language was observed by the researcher. Though with time and interaction, the respondents seem more comfortable but the researcher still wonders what more could have been observed by the researcher and narrated by the respondents if interviewed in their homes.

Ethnographic narratives helped the researcher to explore the cases of witch-hunting from an emic as well as an etic view. Etic view refers to how an outsider views a community and emic view is how an insider views the community. Here, for the study emic perspective for the research would refer to how does witch-hunt violence is seen among the individuals and institution of a community, where the practice of witch-hunting is prevalent. On the other hand, etic perspective refers to how the 'outside' world perceives the practice of witch-hunt in a given culture. The etic perspective of witch-hunt violence can be seen to have been identified as inhuman, unjust, violation of human rights, and threat to human life (*World report on violence and health: the summary*, 2002). Therefore, organizations like Partners in Law for Development (PLD), Witchcraft and Human Rights Information Network (WHRIN), Mission Birubala etc. are few organizations that have been working with an aim to eradicate Witch-hunt violence. The emic perspective of a community on witch-hunt violence is not explored in this study, as only the respondents comprised of only individuals that have experienced witch-hunt violence. The community's perspective on witch-hunt violence was shared by two key informants during their interview. As the objective of the study did not include witch-hunt violence from the community's perspective, it is not much highlighted in this study. The experience of the key informants during rehabilitation of a witch-hunt violence victim, explains a lot about the community's perspective. Instances where outsiders not being allowed

inside the community during witch trials, involvement of police or any authority is not allowed and also the individual who is identified as a witch is not allowed inside the community if flee or are chased out. Cases of threat, attack and violent action against social activists are shared by the key respondents. The scope of exploring the etic and emic perspective of witch-hunt violence in future research might highlight many new dimensions to the existence knowledge.

CHAPTER V

CONNECTING THE DOTS

1. Outcome of Witch-hunting

Violence due to witchcraft accusation has been prevalent for long and still a ‘want' at times. As this form of violence is a planned and voluntary action thus it can be understood as ‘want' that is executed under favourable situations. When violence is seen from a public health perspective, it should be understood and addressed regarding preventive and rehabilitative measures. Promoting health can also be one frame through which such form of violence can be prevented and relented. One needs to question that it is enough to understand ‘witch hunting' as violence in the name of ‘witch' accusation, as gendered violence or the only result of the belief system. There are many factors in the society which have not been yet tried to bring in together to understand ‘Witch-hunting' from a broader lens. Most of the works have been done in the field of Sociology and Anthropology which are ethnographical studies, either exploring the causes or explaining the socio-economic conditions of the community.

While understanding the collective violence, one should understand that all collective conflicts are not always violent and all violent conflicts are not always collective (Roche, 2001). Lynching involves three groups of people; the accused, the accuser and the observer. If we try to position these three groups in the frame of ‘witch-hunting' violence we get; the accuser who accuses someone of practising ‘witchcraft', the accused is the individual or group of people who are assumed to be in practice of ‘witchcraft' and the observers. Here the observer is the third party who observes the whole episode of violence but tends to be dormant or plays the role of passive participants. The collectivization of violence is also directly proportional to the closeness of one group to another which is theorized as ‘partisanship' by Black (Black, 1998). It is the solidarity between the accuser and the third part that we can consider as the ‘observer’ is seen to be intimate, homogenous and also interdependent. Solidarity of the community is a feather of a group that can be described as a state of mind if a community is prepared to position a collective or group action. The accuser needs the engagement and approval of the ‘witch finder’

and the people of the community to support either physically or through silence to hold witch trials and then to punish the accused.

Collins discusses violence as both, a micro and macro theory. For him, it is the situation and not individuals that are responsible for the violence. He argues that the interaction should be at the centre of analyzing the violent situation and not socio-cultural background or even motivation. Each violent situation is different, and thus each needs to be explored and understood differently. He argues that fearful, insecure and threatened situations lead to violent situations (Collins, 2008). Psychologists have described two categories that can be the reason for violence- 'four main evils of violence' and 'algebra aggression'. 'Four main evils of violence' can be further divided as (Cavanaugh, 2012)–

1. As a means to an end.
2. In response to threatened egotism
3. Misguided effort to do what is right and
4. As a means of achieving sadistic pleasure.

On the other hand, the 'Algebra aggression' is where an individual calculates the cost and benefits that may associate with the act of violence and aggression. At the community level, Witch-hunting is seen as an end to the misfortunes which threatens the peace and life of the people. On the contrary, it is a calculated and planned form of violence at the individual level, due to many factors like greed, jealously and power control driven by the strong belief system and a threat of death. The most common practice is that a 'witch' is either chased away from the village after being identified or killed; as it brings a sense of relief in the community which can be associated with sadistic pleasure. It can be analyzed that the result of witch-hunt violence would be beneficial for the community. The form of violence is a conscious calculation for the benefit of the community. But again 'what' and 'who' calculates the benefit and for 'what' and 'whom' are interesting intersections.

Witch hunting can be explained as lynching which is collective violence as it includes humiliation of the 'victim', a strong process of punishment where the 'victim' has no means to participate to defend himself. The collectivization of the people to attack the accused comes from getting excited to take action against someone through means of humiliation, isolation, intimidation and even taking one's

life which is seen as end process of further conflicts. It is very important to understand that what drives the whole community to come together for such an action where the sentiments are so high that goes beyond the moral boundaries and fear of law and government (Saikh, 2017). Emotional contagion can also be one important factor for collectivization of a group. Emotional contagion is "a process in which a person or group influences the emotion or behaviour of another person or group through conscious or unconscious induction of emotion states and behavioural attitude" (Schoenewolf, 1990). This is also called the ripple effect, as a tiny droplet in creating ripples in the water. A study was conducted to understand emotional contagion and influences on group behaviour in a laboratory setting. The aim of the study was to if moods are transferable among people in a group and how it influences group dynamics. It was found that people are 'working mood indicators' who continuously influences the moods and then the judgments and behaviour of others. Emotional contagion has a deep and strong impact on the functioning and action of a group (G.Barsade, 2002). In a homogenous group where interactions are closer, emotional contagion seems to be an explanation to have a stronger influence.

Violence in the name of the 'witchcraft' accusation can also be understood from the point of the 'victim', the perpetrators and the spectators. Violence starts towards the 'victim' or the accused when an individual is accused of inciting fears that are stigmatized. An emotionally and physically paralyzed individual carries the fear and pain all their life. During the act of violence, it was found to be shared that traumatized brain fails to recognize the faces of the individuals. The fear of death, pain and humiliation act together, making it difficult to find meaning in things happening at the moment. The exhausted brain and body try all means to come back from death; which also is one reason why most people confess of the crime they are accused of, just in the hope to escape violence and death. The impact of witch-hunt violence is so traumatizing that it either makes one bold and strong or more vulnerable. Instances of crushing down an individual completely and making someone so strong that they no longer bother loss of anything in life (and become emotionless beings) were also shared from the field. The respondents showed high symptoms of anxiety, sleep disorder, panic attacks; Post Traumatic Disorder (PTSD) along with physical disorders was also reported. This gives us the quality of life they are living. The lack of mental health services in the community is one major reason

along with the minimum accessibility and availability of public health services is one major reason for these conditions. They tend to defend their state of powerlessness with a blanket of fate and *'karma'*.

On the part of the perpetrator, it is interesting to note that Violence action is carried out in groups in case of witch-hunt violence. The major question here is how and why do people collectively become violent on behalf of a group? What motivates that to come together to harm someone from the same community?

One of the distinct features of this form of violence is carried out by the 'normal' people who do not show any symptom like that of sadistic[27] personality or psychopaths. A strong sense of belonging and group identification is a reason for the collective approach of violence in a community for the case of witch-hunt violence. It was also observed during the interviews that every case had one identified violent and active group in the community who instigate fights, quarrels for any social participation. Violent groups promote violent behaviour among the members where the moral and psychological boundaries of right and wrong actions are sidestepped. One violent action towards a situation leads to another violent reaction to a similar situation. Two infamous experiments in the history of psychology can be cited here to understand social situations and human behaviour, the Milgram's experiment of Obedience (Obedience experiment) and the Stanford Prison Experiment. Milgram Experiment[28] found that there is a higher tendency to obey and there is increase in compliance due to the presence of authority. The experiment involved teachers and students, where teachers gave shock for each incorrect response to students. It was found that about sixty-five per cent (65%) (26 out of 40 participants) delivered extreme shock whereas fourteen per cent (14%) stopped before reaching extreme shock. Though the participants expressed anger, distraught during the experiment eighty-four per cent (84%) reported that they were glad that they participated while only one per cent (1%) regretted. The insights that can be drawn from this

[27] Sadistic personality disorder refers to a disorder in a person who derives pleasure, especially sexual gratification by inflicting pain and humiliation on others (*DSM-IV Diagnostic and Statistical Manual of Mental Disorder*, 2012)

[28] In the 1960s, Dr Stanley Milgram, experimented to understand human behaviour under the background of the massive genocide of the Holocaust during the World War II. The experiment aimed to understand one's willingness to obey the authority and one's conscience. 40 men participated in the experiments that were paid $ 4.50. The group was divided as teachers and learners. The teachers have to press shock buttons for each incorrect answer, and the buttons were levelled as a slight shock, moderate shock and dangerous, ranging from 30 volts to 450 volts.

experiment are that the participation was voluntary and each was well-informed about the nature of violence. There were options on the level of action and reaction as the level was shocking was from 30 volts to 45 volts. Thus the participant can go with the low level and also had the right to withdraw (Pattern, 1977). If we draw inferences from this experiment and try to analyze the role of authority in witch-hunt violence, two groups can be described. The ‘witch-finder' who identifies someone as a ‘witch' along with the local governing body or the community leaders can be seen as the authorities. After an individual is identified by a witch-finder, the next step is to get rid of the ‘witch'. The community obeys the decision as part of commitment towards the community of protecting the members by getting rid of the threat which is psychologically becoming an expected behaviour. This leads to inflicting violence on the individual accused of witchcraft. Again, Stanford Prison experiment of 1971 conducted by Philip Zimbardo, it was planned for fourteen days but lasted for six days. It was aimed to understand human behaviour and what role situation plays. As it was based on the setting of prisoners and guards; it was seen that even when the interaction between both the grounds was allowed in any way, the guards were seen to be hostile, abusive, and aggressive while the prisoners showed extreme stress and anxiety. It showed how powerful role situation plays in human behaviour and it has a long-term effect on it. Drawing from the field of study it can be understood that how power gives one authority over the ones who are less powerful or in powerless positions. The people who are victims of witch-hunt violence are either old, widows, women etc. who are socially constructed as vulnerable in some way or the other. Both the experiments do not provide completely quality in analyzing the topic of study yet inferences can be drawn to inform section of the study. Both the experiments were under the controlled situation and environments, and situations suited best according to the aim of the experiments. Also, both the experiments were criticized on various grounds; the Stanford experiment was criticized for unrepresentative samples (as most participants were white and middle-class male) also it raised many ethical issues. Unlike a situation that rises in the natural setting like that of in a community where interaction between various class and gender are taking place. But interestingly human has the conscience of not being violent in a situation and also to understand between the levels of violence. As violence ranges

from humiliation to a slap and from a slap to murder, it must be questioned why rape, chopping off body parts and murder are seen to be the outcome of witch-hunting.

Intergroup conflict also rises due to the scarcity of resources due to unmet needs and imbalance in demand and supply of resources. Traditionally, India is an agro-based economy, where land is the main resource for productivity. Occupying land was not a question with abandonment quality and quantity of land. Neither legal acquisition of land was a question. Dr Natyabir Das (key informant from Mission Biruwala) points that at present with the growing demand for land as property and also for economical purposes. Thus land has been valued, and acquisition has become greed. According to Dr Natyabir Das (who was interviewed for the study, November 2018), most people of Assam who belong to various tribal communities do not own land legally but uses the plot of land either to make houses or for agriculture becomes victims of witch-hunting. With more agricultural land means more productivity, this leads to conflict and the situation of tension within the village. Witch hunting in tribal Bihar and West Bengal has been explored on the relation of land rights to widows. According to the tribal law, women have limited rights over land; the right to manage land and produce and the right to share the produce of the land. Widows are seen to be vulnerable as branding them as witches would not only deprive them of their land rights but also from the future challenge for conflicts (Kelkar & Dev, 1991, 2001). The competition for possession of the property and individual greed among classes with the difference in gender and age leads to vulnerable individuals and situations(Nathan, Kelkar and Satja, 2013).

In the present time, the incidents of violence actions can be studied through various visual mediums. Here, Collins appreciates the video tapes and picture of violence to understand violence, which can be studied through various means to understand the situation; it is highly debated in the present time. With the domination of technology in our daily life, there has been an unexplainable and serious thrust to record everything and share in social media. With a mobile phone and network connection, the gap between the visual word and real word has grown smaller, cheers to the digitalization projects. With hate crime and violent crime videos getting viral in social media and fulfilling the demands of ‘exclusive' news, the appreciation for video tapes can be critically questioned. While exploring for videos for media

content analysis for the topic of study, the researcher came across many live recorded videos. While this gives us a picture of the visual reality but at the same time the psychological and emotional aspects of the individual who records such incidences would also bring in interesting prospects for understanding violence.

Understanding violence from a public health perspective was an attempt to build a foundation for further exploration on the topic from a public health approach. Witch-hunting can be argued as a psycho-social fear which works both in the space of the individual and the community together. One cannot deny the fact that 'witchcraft' is not a knowledge system and was as strong as a system of medicine. With time, history and technology, the meaning and understanding have been undermined and misunderstood, thus making the mystical system of knowledge more mysterious and feared.

2. Can law bring an end to Witch Hunting?

The history of witchcraft violence is difficult to trace yet there are many pieces of evidence of its presence during the colonial rule. During the colonial rule, the practice was under watch as such practices were labelled as barbaric, inhuman and based on superstation. Thus this was seen to be used a mode and tool against the British rule by many communities. Witch-hunting during the colonial rule represented a mode of resistance, which was more indirect, less confrontationist and involved greater community sanction. Skaria (as cited in Sinha, 2007) pointed out that the ban by the colonial government was reacted more with hostility and resistance. 1857 is marked as a time of the rise in witch hunting in the British India (Sinha, 2007).

It should be noted that the colonial administration failed to acknowledge the degree to which the belief in witches and witchcraft was associated with the community. It was something that was socially accepted and universally embedded. When the colonial administration banned witch-hunting declaring it as barbaric and inhuman; it was seen a violation of way of domination against the local communities. With the exploitation by the colonial government in all possible ways the local communities became prone to ill-health, diseases, misery and poverty. As the belief in witchcraft and witches remained strong within the community; the diseases,

misery, misfortunes were associated with the practice of witchcraft, the ban on witch killing by the colonizers was seen to be the reason for all of these. Thus, witch-hunting was used as a tool to rebel against the colonial rulers for the ban. The victims took shelter with the colonial authority, and this led to Wilkson's specific instruction against Witch murders (Nathan et al., 2013)

The violence of any form is resultant due to inequalities in power regarding political, economic or social. Violence has been a part of history from time to time due to various reasons. In 1948 with the aim of universal brotherhood and peace, the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights (UDHR). It provided comprehensive protection to all individuals against all forms of injustice and human rights violations. UDRH defines specific rights, civic, political, and economic as well as cultural rights. India, who is a signatory country to UDRH, has adopted much from it in the Indian constitution. United Nations adopted the International Covenant of Civil and Political Rights (ICCPR) in 1966, but it came into force only in 1976. ICCPR attempts to ensure the protection of civil and political rights of every individual and undertake to promote their conditions within the state. India is also a part of ICCPR. UDHR and ICCPR together are called the 'International Bills of Human Rights'.

India established the National Human Rights Commission with the Human Rights Act, in 1993 which aims to ensure the basic rights to every human being irrespective of race, caste, class, gender, greed, language religion etc. Human Rights is defined as "the rights relating to life, equality and dignity of the individual guaranteed by the Constitution or embodied in the International Covenants and enforceable by Courts in India"(National Human Rights Commission, 1993, 2.(1)(d).

Violence in the name of witch-hunting is due to discrimination, injustice and inequality in the society. There is no specific and particular law that penalizes violence in the name of 'witchcraft 'accusation and witch-hunting at the national level. Therefore, different sections of Indian Penal Code (IPC) are used as an alternative way and means of penalizing. As we can see in the introduction chapter in table 1 and table 2, an account National Crime Records Bureau report Crimes in India shows that for murder in the name of 'witchcraft' IPC section 302 and section 303 are charged. And for Culpable Homicide in the name of 'witchcraft' is charged

IPC section 304 and section 308. As various means of violent actions are taken upon the ‘accused' like that of rape, robbery, outraging woman's modesty, assault, hurt etc. and accordingly penalization is done under IPC (Government of India, 1860).

Interestingly when there is no recorded case of ‘witchcraft' violence in Bihar under National Crime Records Bureau, Bihar became the first state in India to come with an anti-witch hunt law in 1999. It is further important to notice that if Bihar passed an anti-Witch-hunting Bill in 1999, why it was not counted as a part of Crimes in India report of NCRB until 2008? Even before Bihar's anti-witch hunting law, there were many materials (like scholarly articles and records) that gave evidence of the presence of violence caused by witch-hunt.

Also, it was observed that all most every report or research that was conducted on the topics has referred to the data of National Crime Records Bureau, how one would validate the data that itself is confusing at times and raises so many questions that have neither been answered earlier nor explained. The Prevention of Witch (Dayan) Practice Act, 1999 describes four instances that would be punished under the law. This includes identification of Witch (Daain) where identification through words, actions or manner would be punished by imprisonment for three months or a fine of Rupees 1000 or both. Second is if damages are done of any kind, that of physical or mental either deliberately or otherwise would be imprisoned which might extend to 6 months or fine of Rupees 2000 or both. If there is abetment in the identification of Witch (Daain) intentionally or inadvertently abets, conspires, aids instigates any other person or person of the society whether in the identification of any woman as a drain with an intention to cause by anyone to that to harm. This would call for imprisonment for a term which might extend to three months or with a fine of Rupees of 1000 or both. And lastly, if any act of so healing allegedly or purportedly and of curing any woman said to be Witch (again) by doing any act of ‘jhadphook' or ‘totka' and thereby causing any kind of physical or mental harm and torture to that person identified as a Witch in any manner. This would be punished by imprisonment for a term which might extend to one year or with a fine of Rupees

2,000 or both. All the procedures would go for a trial, and all offences of this act shall be cognizable and Non-bailable[29].

After Bihar, Jharkhand declared 'Anti Witchcraft Act, 2001'. Similar to the Bihar's 'Prevention of Witch (Daain) Practices Act; this act too focused on actions against identification of a witch, curing of a witch[30] and protection from any damage caused to them. In 2005, Chhattisgarh Tonahi Pratadna Nivaran Act, 2005 was passed to prevent atrocities against witch hunting. In 2013, the long waited 'Maharashtra Prevention and Eradication of Human Sacrifice and other Inhuman, Evil and Aghori Practices and Black Magic Act, 2013' was passed by the Maharashtra Government. In the same year, Odisha Prevention of Anti-Witching Bill, 2013 was also passed. Rajasthan passed the 'Rajasthan Prevention of Witch-hunting Act, 2015' in 2015.

It is very interesting to note the definition of 'witch' in almost all the Acts of the states. 'Witch' is defined as a woman who has been identified as someone to have power, practices black magic, evil eyes or 'mantras' with an intention to harm people as individuals or the community (*The Rajasthan Prevention of Witch-hunting Act, 2015*) (Anti Witch Hunting Bill, 2016). This definition which is now part of the country's legal system given us a confirmation that 'Witch-Hunting' is a gendered form of violence. This brings us to other sets of the question if 'Witch –Hunting' is a gendered form of violence why is it not declared as violence towards women. There have been many cases of witch hunting, where men and children are also accused of practising 'with-craft'. How will law cover and protect them from violence in the name of witch hunting? There is no discussion on rehabilitation or resettlement of the 'victim' back into the community. The Acts mainly seems to generate some sort of fear of punishment that would restrict them from doing violent actions. It is also quite interesting to see how with each law the use of the word 'witch hunting' has been changing over the period.

[29] Retrieved from http://abhishalprakashan.blogspot.com/2015/11/prevention-of-drain-practices-act-1999.html
https://blog.ipleaders.in/laws-which-prevent-witch-hunting-in-india/

[30] Curing a witch here refers to the process where an Ojha/ Bez claim to take the power of witchcraft away from the Witch who would make the accused individual powerless. As the Ojha/ Bez is seen to be more powerful and associated with healing powers, they are seen to have the power to 'cure' a witch.

Discussion on violence, witch-hunting and legal provisions brings in many questions. The questions have been raised by the non-government organization, pressure groups, individuals and social activists. But these questions have been least answered by the state. Many initiatives have been taken which have failed to neither draw any attention nor prevent violence. In Assam, the Project Prahari has been a great initiative by Dr Kuladhar Saikia, who has been recently appointed as the Director General of Police in Assam. When Dr Saikia was posted in Kokrajhar during 2000, and this is when he came across cases where records of murders for 'witchcraft' came to his notice. Soon he realized how this is a problem that has been present for a long time and still prevalent. Soon he started taking initiative to prevent this form of violence. He started with awareness camps and community management teams. It was an initiative which focused on community participation while making them aware and engaged at the same time. Thus in 2001, Project Prahari was started which was soon adopted as a State project under the order of the then Director General of Police, Hare Krishna Deka (Pisharoty, 2012) (Business Standard, 2014).

Mission Biruwala has been another important organization that has been working under the leadership of Birubala Rabha since 2011. Birubala Rabha belongs to Goalpara District of Assam, Thakur Villa Village which is in the Assam Meghalaya border. Birubala Rabha was accused of practising 'with-craft' by the villagers since 1985 where her 12-year-old son was diagnosed with the mental ailment, and her husband was falling ill frequently. In 1985 when her husband died due to a throat infection, the villagers were sure about their accusation and branded her as a 'witch' which soon escalated to violent actions towards her. As a victim of witch-hunting violence, she was determined to do something for the women who were accused of 'witchcraft' and soon started working by forming various support groups like *Mahila Samiti* and *Borjhara Anchalik Mahila Samiti.* Soon she could make an impression by making people aware of the form of violence and the injustice in the society, thus in 2011 Mission Birubala was started. Her contribution is immense in the society against witch-hunting violence for which she is acknowledged with many awards at the local and national level, and also nominated for the Nobel Peace Prize in 2005.

The Mission works on five main areas [31].

a) Rescue and rehabilitation- When there are cases when the suspected accused is attacked, or there is a strong probability of being attacked, they are rescued from the village. After a period when things seem to settle down, they are rehabilitated in the same village. Both the process is very challenging as the villagers do not allow people from outside the village and community. At times the members of the Mission have to take police support to rescue and also to rehabilitate in the community. Once the person is taken out of the village, it becomes challenging and risky to rehabilitate back into the community. The suspected accused is not accepted back and thus being isolated. Many times the members of the mission were also being attacked and threatened by the community. However, it is seen that with repeated and frequent intervention by the members the suspected accused is accepted in the community and starts enjoying a normal life.

b) Awareness camps- Camps are organized in the communities to make the people aware of the issue and make them aware regarding the violation of human rights, injustice and discrimination.

c) Sensitization camps- During the sensitization camps the community is sensitized of the use of the word 'witch' and how it can have an impact on the people when they are called names as accused. They are sensitized about the use of words and also as the violence someone face with the stigma and taboos related to such victimization.

d) Free Health checkup camps- Health has been identified as one important area which needs immediate attention and also access to health care facilities as a reason for witch-hunt violence. Thus free health checkup camps are seen as one means through which the community can be addressed of access to health care.

e) Formation of Student cell- Students are seen as a community resource as they belong to the community and would have a rational understanding of things. Also, they are the future of the country and also the future which can bring in changes. Student's cells engage active participation of the community as if each household has one individual who can connect with a network that can bring in development and consciousness among the people.

[31] Retrieved from the website- Mission Birubala
http://missionbirubala.com/

Assam Mahila Samata Society, North-East-Network, Action North-east Trust, Brothers are some of the active organizations that have been working in this area. These organizations have been conducting awareness camps, street plays, lectures and discussions on Witch –hunt violence in Assam on different occasions. Various projects under Partners with Law for Development (PLD) along with North East Network, Partners with Law for Development have been conducted in many states in India along with Assam. The findings open up new dimensions to understand this form of violence and become the foundation for new themes to explore and study.

Will an anti-witch hunting bill be the end of this form of violence? Though there has been a huge demand for an anti-witch hunting law in Assam since long now. But awareness and information about anti-witch hunting bill and actions through legal means have not marked an end to this problem. As in many states like that of Jharkhand and also in Assam, there are recorded cases where the accused was beheaded, and the person who killed the accuser brought the head to the police station and surrendered (P.P.Singh, 2006). When such cases of surrender happen, it questions the law of the state, as people are aware of the violent crime that have committed and are in the conscious mind to come and surrender. This is much of a serious issue when the law cannot prevent death, nor register these cases as 'witch-hunting' cases but to just punish the people who commit the crime. A Public Interest Litigation was filed by Guwahati, Assam based layer Rajib Kalita in 2013 to the Guwahati High Court which revealed that from the period of 2002-2013, 130 people were killed in 17 districts of Assam. Also in June 2015, Rockybul Hussain told the Assembly that from 2010-2015, 93 cases were recorded out of which 35 women were killed (Madhukalya, 2016). In most of the cases were murdered (have been 'hunted'), raped and beheaded in Assam (P.P.Singh, 2006) (Amrita Madhukalya, 2016) (M. Das, 2015; P. K. Das, 2015) (Sarma, 2015). It is very unfortunate to come across that one case has been reported and re-reported in different information and NEWS mediums without verifying the real and authentic information and ground reporting. The pressure that could have been created by media is lacking because of this reason.

Data on recorded cases of Witch-hunt murders might not match each other, but one cannot oversee the fact that the violence has been going on and there has been no

stop on it. Many cases of witch hunting lay before the judgement of the appellate court that is appealed against the convictions by the accused including that of the state had not appealed against acquittal in a single case that has been reported (Mehra & Agarwal, 2016). To bring a new law against witch-hunt violence is a failure of the government and also the local pressure groups and various organizations. In 2011 a proposal was submitted by the Assam Women's State Commission which was not discussed further (S. Karmakar, 2017). On December 2015, Assam Witch Hunting Prohibition, Prevention and Protection Bill were forwarded to the Ministry of Home Affairs. The Bill described Witch-hunting as a cognizable, non-bailable and non-compoundable offence. Police officials and Lawyers (during the interview conducted by the researcher for the study) shared that a separate law is necessary that should be treated as an emergency, as the Indian Penal Code is not enough to deal with this form of violent crime. With the community being involved; the police fails to draw witness and evidence from the community. And without witness and evidence, no action can be taken, nor cases can be registered most of the time thus many cases go unreported and also many cases are not fully reported (S. Karmakar, 2017). The Bill has been still waiting for approval as the Guwahati Court asked to prepare a report on Witch-hunting in three months. There is neither discussion on the report nor any strong action to prepare a report by the State Government. Also, the draft failed to define the terms like Bej, Ojha, Witchcraft and Witch-hunting. As various dialects are spoken in Assam, the draft failed the represent an officially inclusive definition for the bill. The draft of the Bill included imprisonment, fine to the accusers and also discusses rehabilitation and compensation victims. The draft pointed out something important about the role of the police about investigation and response. If immediate action is not taken after a First Information Record (FIR) is filed it would be considered as neglect in the investigation along with any other sort of neglect in the investigation, withholding of facts and evidence; shall call for action against the authority (K.H, 2017).

It is important to note that criminalizing the issue and strengthening legal systems would not eliminate this issue from the society. There has to a collective effort at the individual, community, national and international level to address it.

Witch-hunt violence can be addressed only through many ways. Discussion and debate on with hunting in public can be one way to make the people aware which is

being done by many NGOs as part of sensitization and awareness camps. While putting the responsibility on the local administration and governing body on prevention of witch hunting is another measure put forward. Along with the local bodies; local women bodies and support groups can be one way to make the community aware and also prevent witch hunting (Mehra & Agarwal, 2016). Anuradha Chakravarty and Soma Chaudhuri present micro-credit groups as an anti-witch hunt mechanism. Bringing together women from the community to form micro credit groups strengthens community mobility but also the social capacity and leadership roles. As micro-finance is a group based structure, to function it, all the members have to come to bonding that it would be beneficial for them. This bonding and participation by each make a group strong which can be a tool for social change (Chakravarty & Chaudhuri, 2012). National Commission for Women, Assam initiated a syllabus on 'Dayan Pratha' for primary schools in Eastern India, Assam which is still not incorporated in the syllabus nor discussed further.

Witch-hunting is not only a problem in itself but also leads to many other issues. Along with effecting the normal functioning of life, it can create terror and a sense of insecurity among the people. It also leads to displacement-either forced to live the community or people flee who are identified or have a high chance that might be identified as witches.

The very difference between crimes, violent crimes and violence are neither discussed in the report. Only putting the number of cases reported under a heading and calling it 'crime' is not enough. Crime refers to breaking the established set of rules in the society whereas violence involves intended harm doing using physical means. Crime is a violation of law which is considered as deviance. Now, we should understand that all crimes are not violence but violence itself is a crime. For example- crimes would include robbery, theft; while violence would include murder and rape. A violent crime involves both aggression and deviance. It can be the result of an impulsive action or can also be a planned action.

3. Witch-hunt Violence from a Public Health Perspective:

A healthy population is the foundation of every society. Maintaining a standard of life as defined by Government of India refers to, more equitable distribution of

resources and opportunities for and benefits of development, a peaceful environment and equity in the society. To maintain a standard of life the basic needs of food, cloth and shelter have to be fulfilled. Health and employment are two major needs that help in maintaining a balanced life (Gandhi, el ta, 2011; Planning Commission Government of India., 2002). Standard of life can be maintained not only by focusing on health but by the wellbeing of an individual and the community, as a whole. Measuring and quantifying wellbeing becomes difficult thus the focus is a shift on health indicators and outcomes to address health needs.

Exploring and understanding the determinants of well-being in a population has not been a new phenomenon Classic concept of wellbeing was given Aristotle for the first time in Theory of Happiness in *Nicomachean Ethics* where he argues that happiness is the ultimate end of human life. The Greek word for 'happiness' is *Eudaimonia*; which refers to the ultimate end and not momentary episodes of one's life (Ross, 1999).

He is happy who lives by complete virtue and is sufficiently equipped with external goods, not for some chance period but throughout a complete life (Nicomachean Ethics, 1101a10).

Happiness was seen not as any particular attribute that an individual may or may not have but as an individual's potential of leading a self-determined and satisfactory life. Happiness is often understood as subjective and constantly changing; every pleasurable moment, favourable condition and benefiting things bring happiness. On the other hand, anything that challenges the favourable condition and pleasurable moments take us away from ultimate happiness. Daniel Kahneman, who won the Nobel Prize in 2002 in Economics, focuses on hedonistic evolutions of 'Wellbeing'. According to him, a person's wellbeing is the theoretical sum of all momentary feelings of both good and bad phases of life. If we tend to understand 'wellbeing' as both objective and subjective perspectives, it gives us more hope of a comprehensive picture. Thus, for a uniform measurement and comparison Human Development Index was introduced. Human Development Index (HDI) is a composite statistic which uses life expectancy, education and per capita income as indicators to measure the development of a country. The Human Development Report of 2016 beings with two basic but important questions- Who has been left out in progress in human

development? And how and why did that happen? (UNDP, 2016). The report argues that identifying only the inequalities and comparing is not enough. Human development can be achieved through social functioning where people can voice any issue and enjoy the freedom to make choices. Universalism is seen as a way for human development, also understanding the barriers to achieve it. With the transparency, accountability and evaluation the participation and outcomes become meaningful. Universal policies with the support of national policies that include people's participation at the ground level shall be more of an inclusive approach. But again this universal approach is debatable, as with the global division of inequality in development and power who would exercise more authority and gets to negotiate is questionable. Also, the share of power and how strong would be 'underdeveloped' and 'developed' countries would be heard is another question. What mechanism would be used to make the universal policies reach to the people is very important to understand. How will be the global diversity see and understand the national and local diversity and who will enjoy the fruit of development?

The post-Independent India came up with a well-planned and documented committee to build a strong health care delivery in the country. The Bhore Committee of 1946 was the first initiative to provide 'modern' health care from an institutional framework with qualified doctors and health policies. Unfortunately, the recommendation that was given by the committee is still a dream project in the Indian health care scenario. Though one cannot disagree with the improvement in the health status of the country, which is well documented and reflected by the health indicators. The improvement in life expectancy which was 49.7 years during 1973 has grown to 67.9 in 2012 (Registrar General of India, 2016), improvement in Maternal Mortality Rate and Infant Mortality Rate etc. The burden of communicable and non-communicable diseases is also very high in India.

The barriers to health services are explored and debated under major themes of accessibility, availability, affordability, availability and acceptability in a community. The further debates have been between public and private health care services, between biomedicine and complementary and alternative medicine. Three theoretical perspectives can be used to explain the unequal accessibility of health care, they are (N.Purendra Prasad, 2007).

a) Theory of Colonial supremacy-

According to the colonial theory of supremacy, during the colonial period allopathy (western) medicine was introduced and slowly it started to dominate the Indian system of medicine. Western medicine got formally into the state health care system which also took over the ideology and practice of the people. Indian system of medicine was undermined and marginalized to such an extent that it has been adjusted as Complementary and Alternative Medicine. It has been struggling to make a place in the formal health sector until AYUSH was established to mainstream and recognize the Indian system of medicine. Many other forms of medicine and healing which were part of the Indian folk tradition either have been being a forgotten practice now or are in the verge of being extinct.

b) Theory of Privatization and Globalization-

With commodification of health and technological medicine, the gap between the health care providers and receivers are increasing. The shift of health care delivery from the public to privatization is increasing the out of cost expenditure and results in inaccessibility and unaffordability.

c) Theory of Discriminatory Continuities and Consistency-

The external factors that have been discussed in the above two theories, apart from that there are many internal factors which are relevant such as the existence of medical pluralism; where one system of knowledge dominates the other. These power dynamics results in a conflict of choices which are also shaped by historical events, socio-political consciousness and economic status.

The history of the indigenous system of medicine in India gives us a clear picture of how it was ignored and practices only a few sections in the society. The ‘Vaidyas' of Bengal who belonged to the Vaisya caste and the Vaids of Kerala who was a Brahman sub-caste are some of the sections in the society where this traditional form of medicinal knowledge was practised. For Ayurveda and Unani, the texts were in Sanskrit and Urdu thus making one literate to enter into a system of knowledge. During the Colonial rule; under the project of ‘civilizing' India, western medicine was introduced to the people. The existing system of medicine was questioned with

the 'tropical' germ theory thus verifying the existing medicinal knowledge as unscientific. Even after 67 years after Indian Independence from the Colonial rule, we still cherish the very 'civilizing' process, 'white man's burden' as Western Medicine continues to dominate our health care system. Also, it is important to notice that both indigenous medicine and western medicine have a similar social history. It is interesting to note that why there is no democratization of all medical system to the masses rather than stressing over why one system control the other (N. Purendra Prasad, 2007)

The major reasons for inequality in access to health services are:

1. Historical inequalities- With time the knowledge of medicine has been shifting hands and thus creating division regarding knowledge and power. The history of medicine is as old as human existence and thus has been evolving with time. During the Colonial rule and introduction of Western medicine, the medicine system of India was subjugated and dominated. Even after Independence, the focus was mainly on Western medicine which still struggles for mainstreaming and integration.

2. Socio-economic inequalities- The social inequality by gender, caste and class leads to inequality in economic status too.

3. Provision and access to health services-Provisioning and access to health services are shaped by policy formulation and implementation. Investment on Health budget, insufficient public funding and lack of proper surveillance are some factors that lead to provision and access to health services.

Enhancement of public investment with a focus on strengthening infrastructure and human resource is one way to meet the needs for unequal demands. Strengthening human resources also calls for incorporating more factors that would attract and provide secure modes of employment in the health service system which includes regular salary and increment for their contribution.

The sociology of health and illness can be understood from three important approaches- the functionalist approach, the political economy approach and the social constructionism. Cure and healing are an important part of health and ill-health. Our understanding of well-being has become more concentrated on a cure. The Oxford dictionary meaning of 'cure' is to relieve from symptoms of any condition or disease. Whereas, healing is a process that refers to the restoration of

health; remedy from discomfort or diseases in wholeness. The best example to explain the difference is; wounds heal whereas diseases get cured. Healing generally leads to cure, but the cure does not always heal.

It is very unfortunate that the fate of developing countries like India is still decided by the international organizations. The knowledge systems that have documented evidence since the sixth-seventh century in India and that was available to each section of people in the society had to go through validation of the Biomedicine. Ayurveda, Siddha and Unani still struggle to be completely accepted as part of Indigenous System of Medicine, whereas Biomedicine that was introduced during the Colonial rule is the dominant form of medicine (Sujatha & Leena Abraham, 2009). Again Homeopathy and Naturopathy that was also introduced during the colonial rule got a place in the Indian system of medicine with the establishment of Ministry of AYUSH[32].

It is important that we understand each system of knowledge as per its history and philosophical grounds. Each system of knowledge shares many things in common and at times overlaps. It is very common as each system of knowledge has been born to add to the demands of time, civilization and as the advancement of the existing system of knowledge. The divisions of the medical system of knowledge into biomedicine and Complementary and Traditional Medicine; and further dividing Traditional Medicine into a codified and non-codified system of knowledge gives us a clear picture how each there is power division in each form of knowledge. The non-codified system of traditional medicine raises many questions about the scientific and rational approach. Though there is concrete and distinct difference drawn to distinguish each system of knowledge; this division is still questioned and debated.

Galtung (1990) explains violence by a violation of basic human needs. The basic needs are classified as – Survival needs Well-being needs, Identity-meaning needs and freedom needs (Galtung, 1990). Violence effect survival needs as it results in death and threatens life through various means. Both physical and emotional aspect

[32] In 1995 the Department of Indian Systems of Medicine and Homeopathy was established. In 2003 the Department was renamed as Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH). In 2014 the Ministry of AYUSH was established to ensure optimal development and propagation of AYUSH. Retrieved from http://ayush.gov.in/about-us/about-the-ministry dated- 13/06/2018

has an impact on the life of an individual. The well-being needs are negotiated as it results in misery and pain. The trauma and humiliation one has to go through after experiencing violence affects the well- being. Isolation and alienation from the community that the individual closely belong to effects the identity needs of the community. A person who is accused of witchcraft is seen as the enemy of the community. Thus they are isolated and lives an alienated life. They cannot associate themselves with the community as they are not accepted part of it; they are not included or invited to social gatherings. Their movement and participation are restricted which leads to suppression. Maslow's Hierarchy of Needs can also be used to analysis the impact of violence on the individual and society (McLeod, 2018). Maslow divided needs into three broad categories- Basic needs, Psychological needs and Self-fulfillment. The Basic needs are further divided into- physiological needs and safety needs. Physiological needs are the bodily needs or biological needs for survival that includes food, water, shelter, clothing etc. Security, employment, health, education comes under safety needs. The Psychological needs are also divided into two sub-categories which can be explained as belongingness and love as one category and esteem as the other category. Belongingness to the family and community, sharing solidarity, social in the community gives a sense of security and attachment which is important for each member of society. Self-esteem, respect, recognition in the society, freedom to participate enhances the esteem of the individual which can be categorized as Psychological needs. Self-fulfilment, personal growth and achieving one's full potential are only possible when Basic and Physiological needs are fulfilled. Self-fulfilment is also called self-actualization which refers that the need for an individual's growth and discovery of his worth is present throughout life. Violence affects each category of needs which creates chaos in an individual's life. When one particular need is not met, it creates a barrier to fulfilling other categories of needs. In case of Witch-hunt violence when there is a fear of witch accusation, there is fear, panic where people do not feel secure in their community. After being accused of witchcraft; the individual loses his close relations, as nobody defends with the fear that they too might be accused. The taboo associated with witch accusation, humiliation, violence against the individual attacks the self-esteem, social status and respect of the individual. An individual, whose basic and psychological needs are not fulfilled, could have difficulty in realizing and

achieving his full potential. Both the social and emotional well-being of the community and individuals are compromised to the fear and trauma which draws public health attention.

If we tend to understand that the result of witch-hunting is public health and law is a way of prevention, control and rehabilitative measure; a public health approach would bring in more insights. The researcher would also like to highlight on the fact that witch-hunting have been explored and researched on various dimensions but no data was found on the harm or consequences on health due to witch hunting

4. A Public Health approach to Witch-hunting: conclusion-

Understanding Witch-hunting from a Public Health perspective widens the scope of the topic understand the study. Epidemiology of violence helps in understanding the frequency and pattern of violence, which can be an area of intervention. As Public Health has a multi-disciplinary approach, it gives a multi-dimensional nature in understanding witch-hunt violence.

Understanding violence from a public health domain widens the topic under study as public health itself is a sum of a life process of a population. Various approaches have been used in understanding violence from a public health perspective. Under social justice where violence is seen as deviant behaviour and in conflict with the law; it was seen that violent situation leads to further violent outcomes. One the other hand, from a 'holistic' approach where violence is seen to have resulted from poverty, due to social structure, discrimination, lack of equitable resources etc. Policies have been tried to strengthen and close the gap between the causes of the effect of such factors. But it is said to be time-consuming and economically expensive to get any fruitful results. A new dimension to Public Health approach was shared by Dr Debra Furr. Holden during an interview[33] , she emphasised on understanding from a public health perspective where it should be looked into from a disease model. But unlike in a disease where understanding its aetiology to prevention and also the future of the disease is important, in violence, the focus can

[33] This interview was conducted by Primary Care with Dr Lonnie Joe produced by Our Heart Media Network. It is weekly half-hour health talk show where medical conditions relevant to the health and acre of relevant are discussed. The interview with Dr Debra was titled "Violence- a public health issue" published on 24th June 2017. The video was analyzed for the study, retrieved from https://www.youtube.com/watch?v=RKa1yaakW7M dated: 15th June 2018

be shifted to understanding the risk factors and also who can be the perpetrators. She also argues that as Public health is both an art and science is its approach, it is more structural which is not based on the grounds of moral or social values to understand and prevent violence. It has one good way of understanding violence as it can be applicable in understand violence at different time and space. It would be helpful in understanding a same form of violence under different circumstances and in a diverse background. But then again how can we built a future from the present and outstepping the past. Only with the past experiences and evidence, we can find the characteristics of the people at risk and the perpetrators, the factors that trigger such violence.

The social-ecological model framework can be used to understand and prevent violence. This model includes many factors to understand violence; this is- individual, interpersonal, community and societal. But another dilemma is how to see Witch-hunt violence in this framework? Should it be a top-down approach or a bottom-up approach?

The first United Nations workshop in 2017 on Witch hunting is hoped to many lives under threat. Also international organization like The Witchcraft and Human Rights Information Network which are trying to build in a strong network of different countries where Witch-hunting is reported from and bringing in a structured response to it through research. It is trying to build on a global platform where every country can be represented and voice their cry to bring and bring in justice to them. Until now, each country where it is reported from has been fighting this struggle alone. India too is a part of it and has a good representation from the start. But Witch-hunt violence is yet to be explored and understood from a public health approach which would include preventive measure along with promoting a health and peaceful life.

Public Health approach can be applied to Witch-hunting through the following steps-

1. The first step is to accept Witch-hunting violence as a problem. It is a problem as it causes an imbalance is a population. It affects health, leads to injury, various diseases, results in disability and also results in death. It is very important first to answer the ‘why', ‘who', ‘where', ‘how' and ‘when' question. In case of Witch

hunting is important to understand who are the people who get labeled as ‘witches', who identifies them, where are they identified (do they belong to the same community or same clan), how are these individuals identified and is there any specific pattern or time when these cases are more. Epidemiology of violence helps in understanding the magnitude of the problem where frequency, nature and pattern of violence would be monitored. Recorded cases of witch-hunt violence are limited due to lack of witness as it is a collective form of violence. Moreover, without anti-witch-hunting law in Assam, where the study is based makes it even more difficult to record a case.

2. The second step is to find the risk and also the protective factors of the problem. Identifying the risk factors helps in prevention and control by intervening the risk factors. Protective factors can be strengthening that can help as preventive and control measures. The risk factors in case of Witch-hunt violence are lack of access to health care services, lack of employment, the presence of unregulated health care providers etc. All these factors create inequality in the society regarding class, gender, caste, socio-economic status. The protective factors are the individuals, Organizations which are aware and conscious about this Witch-hunt violence and has been trying in many possible ways to prevent it. The law of the state against witch hunting also acts as a protective factor. But unfortunately, the law sees witch hunting only as social deviance which should be prevented and controlled through legal actions. While making a law or any policy, the background work that can be built upon the various field of knowledge through a multidisciplinary approach would make the law more inclusive and strong. Therefore, the public health approach to law against witch hunting is important.

3. The third step is to develop strategies that would involve the individuals, community, the State and also an international organization to combat Witch-hunt violence. This would also include a contribution from each field of study that would come together and strengthen the strategies. It should also be kept in mind that the strategies would be inclusive in respect of cultural, geographical, religious, political and social differences that would engage the local and also the global platform.

4. The fourth step is to assure widespread adaptation. India has been part of many national and international conventions, yet there has been least done to control and

prevent violence in the community. Regular monitoring and evaluation can be one way to assure the control of violence. Regular meetings for feedback and generating goals can be one way to strengthen the approach. Priorities can be shifted to a high-risk population and places that report more witch hunting. Lessons can be learnt from the success experience of the approach.

In India, the main issue is. Violence is still not considered a public health problem. It is not part of the National Health Policy. Though the National Health Policy mentions reducing gender discrimination, the word ‘violence' cannot be found. In case of Witch-hunt violence, it still gets the tag of being practised under superstitions. The topic has been well researched in the field of Law, Sociology and Anthropology; the existing knowledge can be used to strengthen the cause of the problem and more engagements to understand the issue. This study has tried to build a platform in understanding Witch-hunting Violence through a Public Health perspective which would guide in exploring greater depths of the issue.

On 16th of July, 2018; Principle Secretary (Home and Political) L.S. Changsan informed the State that the most awaited Assam Witch-Hunting (Prohibition, Prevention, and Protection) Bill, 2015 has been approved by the President of India on 15th of June, 2018. The offences under the act will be non-bailable, cognizable and non-compoundable. The Act prescribes a prison term of up to seven years and up to a fine of 5 Lakh Rupees fine for calling someone as a witch. It also has provisions to come with Section 302 of the Indian Penal Code (punishment for murder) if someone is killed in the name of witch hunting. The punishment for leading to the death of a person to suicide may be extended to lifelong imprisonment and a fine of 5 Lakh (R. Karmakar, 2018; PTI, 2018). The Act brings new hope among many sections of the society which who have been working actively against witch hunting since long. The Act would have added a new dimension to the present study which also gives new hope to the research to look forward in understanding, exploring and analyzing the Act in continuation of the topic in greater and in-depth details. The study can also be taken forward by first mapping cases that are recorded across Assam across various communities. The topic also gives us the scope to compare and understand the pattern of violence across various communities and various time periods which can also be compared with the national data. The consequences of witch hunting for both

physical and emotional well-being can be explored to understand the quality of life. Understanding witch hunting from a public health perspective has the potential to understand and explore this form of collective violence in a way that it has never been explored before.

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APPENDIX: I

INTERVIEW SCHEDULE FOR RESPONDENTS:

Nomoskar!

I am Shilpi Sikha Das; I am pursuing my Masters in Philosophy (M. Phil) from Jawaharlal Nehru University in the Centre of Social Medicine and Community Health. This interview is for collecting data for my dissertation in the partial fulfilment of my M. Phil degree. The title of the study is '*Witch Hunting from a Public Health Perspective: Narratives from Assam'*. The study will try to explore and study witch hunt violence in the society as a public health issue. The study will focus on the nature and form of violence related to witch hunting and the response of the state in mitigating the problem

I assure you of full confidentiality of your identity and data shared. Your identity will neither be disclosed nor shared with any individual, institution or organization at any point of time. You are free to refuse participation or decline answering any question if you are not comfortable or you feel your privacy has been breached.

By signing this document you agree to understand the study completely and give approval for your participation.

Signature:

Thumb print:

Date:

Respondent code-

Place of interview-

Date-

Time-

1. Name-
2. Age
3. Sex-
4. Educational Qualification-
5. Employment-
6. Information related to family-

Sl no.	Name	Relation to the respondent	Age	Sex	Educational Qualification	Employment

7. Information related to perception wellbeing, ill-health, disease and death.
    a) What do you understand by wellbeing?
    b) How would you define ill-health?
    c) What do you understand by disease?
    d) What do you think are the reasons for death?
8. Information related to perception of disease causation-
    a) Why do you think we get unwell?
    b) According to you what are the common diseases in the village?
    c) What are the causes of the diseases?
    d) Where do people prefer to go to when they are not well?

9. Information related to healers
    a) Who are the healers in the community?
    b) What form of healing do they practice?

c) How often do you go to them and how satisfying are their services?

10. Information related to Health service system-

a) How far is the Primary Health Centre?

b) Do you know who the ANM of your village is?

c) When was the last time you visited the Primary health centre? Please share your experience.

d) How often do you visit the Jengrai Chemist shop? How is your experience with the Doctor in the Chemist shop?

11. Information related to witch-hunt violence-

a) Can you share how and why were you accused as a witch?

b) Why do you think someone is accused?

c) How did the villagers respond?

d) What was the role of the police?

e) Do you think law can help to prevent violence?

APPENDIX : II

INTERVIEW SCHEDULE FOR THE KEY INFORMANTS I:

Nomoskar!

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By signing this document you agree to understand the study completely and give approval for your participation.

Signature:

Thumb print:

Date:

General Information:

1. Name:
2. Age:
3. Sex:
4. Profession:
5. Educational qualification:
6. Any specific Organization associated with: (if yes, number of years):

Specific Information:

7. How long have you been associated with the issue of Witch Hunting?
8. How have been your experience working in this area?
9. According to you since when did witch hunting start in Assam? How and Why?
10. Any recent cases? Any community or tribe that has been witnessing more of such violence?
11. Has there been any recent change in the witch trials and violence?
12. According to you, is there any specific pattern to Witch hunt Violence? Or is it similar to any other form of group/community induced violence?
13. What are the factors that lead to such violence? Is it similar to other states?
14. Are there any pattern? Seasonal when the diseases or misfortune are more?
15. Do you think that Violence should be accepted as a Public health issue?
16. Do you think that Public Health interventions can prevent and control violence? if yes please explain how.
17. What is the status of witch hunting bill? How much will it address the issue?
18. How do you think Witch hunting can be prevented?

APPENDIX:III

INTERVIEW SCHEDULE FOR THE KEY INFORMANTS II

Nomoskar!

I am Shilpi Sikha Das; I am pursuing my Masters in Philosophy (M. Phil) from Jawaharlal Nehru University in the Centre of Social Medicine and Community Health. This interview is for collecting data for my dissertation in the partial fulfilment of my M. Phil degree. The title of the study is '*Witch Hunting from a Public Health Perspective: Narratives from Assam'*. The study will try to explore and study witch hunt violence in the society as a public health issue. The study will focus on the nature and form of violence related to witch hunting and the response of the state in mitigating the problem

I assure you of full confidentiality of your identity and data shared. Your identity will neither be disclosed nor shared with any individual, institution or organization at any point of time. You are free to refuse participation or decline answering any question if you are not comfortable or you feel your privacy has been breached.

By signing this document you agree to understand the study completely and give approval for your participation.

Signature:

Thumb print:

Date:

INTERVIEW GUIDE FOR THE KEY INFORMANTS II

General Information:

1. Name:
2. Age:
3. Sex:
4. Profession:
5. Educational qualification:
6. Any specific Organization associated with: (if yes, number of years):

Specific Information: (for the Doctor and the ANM)

7. How long have you been working in the village?
8. How have been your experience working in the village?
9. What are the major health issues in the community?
10. Have you encountered any kind of challenge in the Health centre with the limited resources and infrastructure?
11. Do you know of any other forms of medicine or medical practioners you see in the village?
12. Can you please tell us of any form of violence in the community that you have witnessed?
13. Have you heard of Witch hunting? If yes, have you come across any such case in your area?
14. Do you think violence needs to be address as a public health issue? Why and how to address the issue?

Specific Information: (for the healers in the community)

15. How long have you been staying in this village?
16. Where did you learn this form of healing and why did you learn it?
17. How long have you been practising? What have been your experiences?
18. Why do you think it is important to practice these forms of healing?
19. Can you give a profile of your patients?

20. Have you taught any one this knowledge of healing? (If yes, whom and why/ if no, do you plan to teach?)
21. Have you heard of witch hunting?
22. Do you know anyone who has been accused as a witch? If yes, what do you think are the reasons?