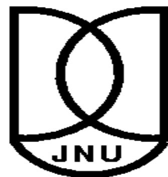
Dynamics of Health and Healing: An Ethnographic Study of the Mankirdia Tribe of Odisha

Thesis submitted to Jawaharlal Nehru University in partial fulfilment of the requirements for award of the degree of

DOCTOR OF PHILOSOPHY

ALOK KUMAR PATRA



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CERTIFICATE

This is to certify that the thesis entitled, "**Dynamics of Health and Healing: An Ethnographic Study of the Mankirdia Tribe of Odisha"** is submitted to Jawaharlal Nehru University, New Delhi in partial fulfillment of the requirements for award of the degree of **DOCTOR OF PHILOSOPHY** in **Centre of Social Medicine and Community Health**, is a record of bonafide research work carried out by **Alok Kumar Patra** under the supervision of **Dr. Sunita Reddy.** This thesis has not been submitted for any other degree of this University or any other University.

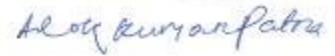
We recommend that the thesis be placed before the examiners for evaluation and consideration of the award of the degree of Doctor of Philosophy.

Dr. Sunita Reddy
(Supervisor)

Prof. Rajiv Dasgupta
(Chairperson)

DECLARATION

This is to certify that the thesis entitled, "**Dynamics of Health and Healing: An Ethnographic Study of the Mankirdia Tribe of Odisha"** is submitted for the award of the degree of **Doctor of Philosophy** of Jawaharlal Nehru University. This thesis has not been submitted for any other degree of this University or any other University and is my original work.



Alok Kumar Patra

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Abbreviations

ABY-Ayushman Bharat Yojana

BRGF - Backward Region Grant Fund

NRHM- National Rural Health Mission

CM- Community Mobilize

IMR-Infant Mortality Rate

TM-Traditional Medicine

IKS-Indigenous Knowledge System

FRA-Forest Right Act

IAY - Indira Awas Yojana

IGNOAP- Indira Gandhi National Old Age Pension

ICDS-Integrated Child Development Service

HKMDA-Hill-Kharia Development Agency

PTG-Primitive Tribal Group

PVTG-Particularly Vulnerable Tribal Group

TCP-Tribal-Sub Plan

PESA-Panchayat Extension Scheduled Area

ASHA-Accredited Social Health Activist

ANM-Auxiliary Nurse Midwife

JSY-Janani SurakshaYojana

TRI-Tribal Research Institutes

MSP-Minimum Support Price

TSS-Tribal Sub-Scheme

SCA-Special Central Assistance

NGO-Non-Governmental Organization

EMRS-Eklavya Model Residential Schools

IRDP- Integrated Rural Development Programme

ITDA- Integrated Tribal Development Agency

IWDP- Integrated Watershed Development Programme

JFM- Joint Forest Management

KCC- Kishan Credit Cards

MFP- Minor Forest Product

LAMPS- Large size Adivasi Multipurpose Cooperative Society

NABARD- National Bank for Agriculture and Rural Development

NFSM- National Food Security Mission

NHM- National Horticulture Mission

NREGA- National Rural Employment Guarantee Act

NTFP- Non Timber Forest Product

OBC-Other Backward Cast

OFDC- Odisha Forest Development Cooperation PDS- Public Distribution System

PESA- Panchayat Extension and Schedule Act

PMGSY- Pradhan Mantri Gram Sadak Yojana

PMRY- Prime Minister Rojagar Yojana

PRI- Panchayat Raj Institution

OTELP- Odisha Tribal Empowerment Livelihood Programme SC

– Schedule Caste

SGSY- Swarna Jayanti Swarozgar Yojana

SHG- Self Help Group

ST- Schedule Tribe

VDC- Village Development Committee

VLSC- Village Level Sub Committee

VSS- Vana Sangrakhayan Samiti

Chapter: I

Introduction

In this chapter, the attempt has been made to understand the dynamicity of health and healing in general and Mankirdia tribe in particular. The chapter also focuses on the fluidity or instability, changing the diverse meaning of health, and the relative context of health. There are various societal determinants that influence the health-seeking behaviour of the individual in general and tribal in specific. In addition, it briefly discusses the general understanding of health & healing. Also, it reviews various indigenous approaches or healing techniques. The second part of this chapter reviews some relevant literature dealing with traditional medicine, gender dynamics, or role in health. The chapter has also conceptualized that health is a dynamic discourse, which needs to be understood beyond the dichotomy of subjective & objective and socio-cultural vs. biological, but a relative contextual ties of health, culture remains most significant for any community or society, that may be people in general or Mankirdia in particular. The last part of the chapter briefly outlines the chapterization of the topic.

1.1 Background

The concept of health receives different interpretations from various perspectives or domains of discourse. Health is a precondition for human well-being and development and is an essential aspect of Mankirdia. It is influenced by so many factors or the determinants of the society, i.e., beliefs, traditions, customs, and other practices that are closely related to the health and well-being of the individual. It can be positioned as more than the biomedical field of the individual. In other words, we can approach a state of mental, social, and economic wellbeing and not merely absence of disease (WHO, 1948).

It may be the biomedical approach, ecological approach, and psychological or socio-cultural approaches. All these orientations of health explanation give a diverse view on health that reflects the dynamic complexity, which involves health discourse and shows the interconnectedness and relational importance of each element in health and wellbeing of people.

Health is man's natural condition; health is individual's birthright (Advani and Akram, 2008). Before going into details about the health and indigenous healing practice, it is imperative to know what health is which makes a distinction from ill-health. Health includes both biological and social that reflects the human response to a biological dysfunction, which makes it social (Sujatha, 2014).

Illness is defined by Parsons (1951) as a state of disturbance in the normal functioning of the total human individual, including both the state of the organism as a biological system, and of his personal and social adjustment. It is thus partly biologically and partly socially defined. McKeown has rightly defended that improvement of health is not necessarily on biomedicine factors rather on changes to an improvement in food security or diet; housing and other broader social and economic changes ensure people's health (Barry and Yuill, 2012).

The development of ideas on health and healing requires support and must have provided a concrete social condition that can bring the free thought of individuals, to write about body illness and healing. There are many leaps forwarded to improving human health that is not only possible due to the innovation of biomedicine, but changes to the social and environmental condition in which we live (ibid: 266). The concept of health is subjective and normative in nature and more often influenced by an individual's background and level of his or her awareness. While health is the subjective domain of knowledge, one has to define it in a more normative way that provides a standard of adequacy of relevant capacities, state of feeling, and biological functioning needed for essential performance roles expected from a member of the society (Nagla, 2007).

In addition, health is multidimensional, and it encompasses various components (physical, social, cultural, economic, and socio-psychological). In contrast to ill health includes disease; and illness, and sickness, and suffering, and physical malfunctioning; this delineates that the concept of health is subjective as well as objective in its nature, but more often it influences the orientation of people to define health that matters. The premise is not that health is subjective, but rather the focus is on the concepts that people have and these are routinized to be subjective and socially determined, hence normative (Blaxter, 2004).

Moreover, an individual’s response to this concept influences his/her background and awareness. So, the core idea of the statement is to define health in a normative way, which stresses both biological functioning as well as individual's situational feelings to perform essential activities that are required from a member of the society (Nagla, 2007).

There is another significant study by Banerji (1982), which has mentioned the importance of health, culture, poverty, caste, and other social determinants of health and that focused on a holistic perspective rather than one dimensional understanding of health. Moreover, the study highlighted the dynamic process of sub-culture and its close connection with the larger structure of society. The hypothesis underlying the study is that it is imperative to identify the importance of socio-cultural determinants of health or people's understanding (hygienic understanding, attitudes, their orientation, own remedies to cure the disease), to locate the appropriate intervention and thereby arrive at a solution. The study acknowledges that health as an objective determinable physical and biological condition), perception of the individuals and the community are determined by socio-psychological factors as well (Advani and Akram, 2007).

From the functionalist point of view, health is defined as the state of optimum competence to perform the valuable task of society. The core idea of Parson's health is how individuals can function well to perform social roles. The “sick role theory’’ of Parson says it is an inherently undesirable status in society. It has been argued that the sick status of an individual is not purely biological phenomena, social values, and norms attached to it. A sick person is unable to perform social roles attached by society. So ill health is not welcome in society or dysfunctional for society. To return to the normal status, the patients and doctors should follow a “sick role mechanism’’ that abides both of them in a rule and regulation (Parson, 1952).

Health is one of the basic parameters to determine society’s progress as well as well-being through its productivity. Thus, socio-economic development is a prerequisite for productivity and reproductive health. So, the health status of the community is determined through various factors such as literacy, income, employment, housing, sanitation, drinking

water facilities, and the accessibility and affordability of basic facilities for the community (Hari Mohanlal, 2002).

1.2 Concept of Healing

Members of each society face disease, illness, and injury and develop social practices to survive with their effects. Sometimes these social practices can also be the cause of disease and illness. To counter the disease, illness, and sickness in society, there are various medical institutions that can be regarded as culturally universal (Brown, 1991). Illness and healing are universal phenomena. It is true that the ill person seeks or attempts to heal the diseased bodies and seek help from professional help and follow the sick role (Parsons, 1970). The most significant aspect in disease theory is that each individual or unwell person searches for the right way to get well for that they operate in different ways in each different culture but the common objective to get cured and well is one. These facts present both problems and opportunities for the medical anthropologists and the historians, to raise important issues of interpretation on health and health-seeking behaviour from the perspective of both the disciplines (Vaughan, 1994).

Social scientists have described various ways to deal with medical problems that need a theoretical consolidation in this field of study. The main objective of medicine, which requires explanation, is that sickness and healing are configured and played out in different types of societies. As society is diverse, people's understanding of the disease, injury, and illness come from multiple sources, so the diversity of cultural and social phenomena, sickness, and healing need a holistic standpoint. The preconception on the dichotomy theory that disease, sickness, and healing as biological and social needs critical revaluation and adoption a comparative approach to sickness and healing needs of the hour The health and healing practice of society in general and tribal in particular encompasses various types of systems, it may be indigenous, primitive or folk medicine or Shamanism or modern medical practice (Fabrega, 1999).

In every society, there is an existing system of medical practice that is accumulated and organized by a member of the same community in personal interaction within and outside the domain of the public sphere, where free interaction is held. Moreover, it varies from society-to-

society, time-to-time, and largely depends on cultural and normative views on diseases. The concept of health care and health institutions has changed with the rise of technology, various social needs, and the influence of interest groups in a social institution (Nagla, 2008). Indigenous healing is one of the parts of the larger system. They may be a faith healer, shamanism, bonesetters, magician, ritualistic healer, exorcism, herbalist, witchcraft, sorcery, etc.

The core ideas of the tribal belief system rely on supernatural, religious belief, and nature worship (Bare, 2003). In a society, the larger social structure or culture always influences the parts of subculture, because it addresses the issue at individual, community, and society level. Also, the health requirements of the people are related to community social structure (Singh, 2008). This is also substantiated by Banerji; health is a sub-culture which changes with a change in the larger socio-cultural structure of society (Banerji, 1982).

A study on Oran Health culture in Rourkela, has mentioned the fluidity of cultural mapping of the tribal people, seeking the health choices, tribal is not confined within the static expertise of knowledge and belief system, but they also want to innovate their health needs from various available sources including Allopathic, they used to go for another system of medicine, when they internalized that, their old traditional system was not able to cure their ailments (Sahu, 1980). This shows the dynamism of health perception or conception of western medicine and reflects that health is a diverse human subject. The research focused on the de-medicalization of health shows that there is unnecessary interference of western medicine (Doerr and Carney, 2015). They have cited that kitchen is also a site of care, where a woman from six Latin American communities illustrates the form of health not only resides in a single human subject, but they have set up examples that, women do not care for only single individuals but the whole family and landscape as well. It reminds us to look at health care treatment from a more complex and dynamic angle than from a single deterministic way. So, this includes social, cultural, political, ecological, and environmental cognition. The healing practice is the creation of knowledge through our objective worldview.

The connotation of health has been discussed in various ways; individualistic or reductionist approach and other attempts to define it in a holistic model, including socio-

psychological plus ecological space, where human beings interact with animate as well as inanimate to maintain the life cycle. Health refers to a dynamic process and could be shaped by various systemic processes like holistic approach, state responsibility, system models, public health and policy strategies, and health finance (Advani & Akaram, 2008). Tribes have their ecosystems and are closer to nature. They have been dependent on the natural resources and indigenous knowledge base, passed on orally through generations to keep their people healthy. It is important to understand their health issues and the healing practices among the tribes, especially those which are remotely located compared with the tribes which are closer to the urban clusters to see the changes in the understanding of health and access to health care services.

Thus, this present study explores the dynamics engaged in understanding health and indigenous healing practice of the Mankirdia tribe of Odisha, and their internalization of cultural beliefs with the existing domain of healing knowledge as well as other systems. The structural pattern of tribal society and its determinant role in health, illness, and accessing the healing practices as per the need of the community. Apart from this, it has highlighted gender dynamics within and outside the domain of healing practices and its overall effect on tribal community life.

1.3 Significance of the Study

This study is significant for Mankirdia, a Particularly Vulnerable Tribal Group of Odisha. In the present context, the attempt has been made to understand the cultural and structural dynamics of Mankirdia and its influence on health-seeking behaviour; and selecting various methods of healing practices as per the needs of the tribe. Besides, it explores the role of different forces and approaches of health culture that are determined by the larger social structure of Mankirdia society. The most important part of the study is to understand the status role of Mankirdia women in indigenous healing practice and its overall effects on other social identities. Apart from these, it has also documented the current scenario of health service systems and the health delivery system of state government in the study village. Moreover, it investigates the effectiveness of the existing health care service to what extent it is helpful for the Mankirdia tribe to fulfill their basic needs. Their health care needs are quite different from the rest of the

population, which is interwoven with the rich socio-cultural realm and needs particular focus to be given to addressing their needs. Therefore, it explores their cultural understanding of health diseases and suffering. They adopt different healing practices to address their diseases. It also highlights the Mankirdia women's role in healing practices and its overall effect on community life.

The present study has three major importance i.e., for the Mankirdia community, state, and academic fraternity. This is beneficial for Mankirdia people, who are living across the state. Also, benefits the Mankirdia of Kendumundi village and Dengam village. The traditional health care practice of Mankirdia is extensively highlighted. In addition, the study shows the changing health culture or "Modo traditionalism" process of the Mankirdia society. The second significant aspect focused on the status of the existing government policy and programme and its influence on the Mankirdia tribe. The third importance of the study is, it enriches the larger academic world, those who are working on traditional healing practices or indigenous knowledge systems.

1.4 Literature Review

The review of literature is divided into three sections, firstly the studies which focus on socio cultural aspects of health and healing, with preservation of the cultural legacy of tribal belief systems. Secondly, the literature focuses on the dynamic aspect of indigenous healing practices, and the third one focused on gender dynamics of health and healing practices within and outside the domain of tribal community.

Indigenous Healing Practice or Traditional Healing and Tribal Health

Ayyanar (2013) has conducted a study on the availability of traditional medicine and its extensive knowledge on the ethno-botanical research, perseverance of nature by an ethnic community in Tamil Nadu. The study mentioned the importance of Eastern and the Western Ghats inhabited by the tribal population and how this acts as the resource for their traditional medicine. The study concluded that traditional plants are extensively used in primary health care of tribes. There is a need to explore more knowledge about new plants used by tribes. Besides, there are many similar studies, which have mentioned the importance of local tribal knowledge

on local plants and their use in different disease prevention and curative purposes. Also, the equivalent research studies were interpreted as similar findings.

Chander and Vijaachari (2015) conducted a study on Nicobarese tribe to know the role of traditional knowledge practitioners in the healthcare service and to document the medicinal plants. The study shows that medicinal plants play a pivotal role in the healthcare of the Nicobarese tribe. Efforts to document the medicinal plant species and the formulations used by them are necessary to prevent the loss of this precious knowledge.

Goswami et al. (2011) attempted to understand the importance of traditional medicine used by the Bhumika tribe in Balasore district of Odisha. It found that there are eighteen plant species used for controlling fertility and reproductive health issues. The study found that due to urbanization and cultural contact, young generations are getting attracted towards modern medicine although traditional medicines are easily available. It concludes that there is an urgent need to execute the revitalization plan to restore indigenous knowledge from complete extinction.

Islary (2014) found that tribal health issues, status, and health-seeking behaviour are influenced by the socio-cultural perspective of the community.

Lenka and Mohapatra (2015) studied the use of traditional medicine by two particularly vulnerable tribal groups in Odisha Particularly Vulnerable Tribal Group (PVTG). The main argument of this study discusses the socio cultural and environmental effect on tribal perception of health and health care using plants and herbs; this study shows Khond and Bhuyan tribe of Kendujhar and Kandhamal districts have used 33 types of plants to cure their diseases, showing significant role played by the healers in using the traditional medicine in the healthcare practice of the tribal community.

Kalla and Joshi's (2004) book 'Tribal Health and Medicine' is divided into five sections. Focused not just on the clinical and biological perspective of health, where it shows that the tribal population suffers from various neurological health issues as the general population, but their health has not been seriously taken up by the government. Also, some studies claim that

traditional medicine lacks validity to tackle the epidemic of Sexually Transmitted Disease (STD) in the tribal areas; so, it needs to combine with bio-medicine. Section two of this book analyzed demographic and ecological aspects of tribal health, highlighting lack of sufficient health resources, less impact of economic development on tribal, lack of biomedical facilities, health services, the market economy has ruined the health status of tribal in general, women and children particularly. It discusses the socio-cultural significance of tribal health and medicine. It says that all medical systems including biomedical practice constitutes a socially produced ethno-medical system. Besides this, some of the parts of this section also pose questions on the efficacy of traditional medicine. Section four of this book discusses the importance of indigenous science and sustainable use of local knowledge in the tribal area, and its cost-effectiveness of local herbs. It also discussed the policy aspects of tribal health and medicines, which suggest that policymakers should seek to integrate biomedical practice with indigenous healing systems to improve access to and utilization of health care among the Indian tribal societies.

There are some core issues, which come from this book; however, it lacks the systematic & critical medical anthropological perspective on the relativism of indigenous medical practices of various tribal groups and its weakness as well. Some of the chapters have overburdened the significance of primitive health practices while some other chapters have described its inefficiency to address the health need. And it has suggested a biomedical method could be an alternative solution to population health. That shows a lack of understanding of the complex cultural role played by the ethno-medical system in dealing with health and illness in any society.

Reddy (2014) focused on the dynamics of medical anthropological studies on tribal health; in India and called for a more comprehensive, systematic study that addresses the heterogeneous character of the tribal and their emerging health needs. The importance has been given to the maternal and child health of the tribal group of the country. It is more crucial like displacement; hunger, malnutrition, which needs to be understood from a political economy perspective to focus on tribal health and medicine. It has to adopt a more critical perspective instead of believing in only a cultural or ecological deterministic way, which most anthropological studies focus on, and often they are descriptive micro-level studies.

Mishra & Babu (2014) highlighted medical pluralism showing the dynamic nature of all medical systems including modern and traditional. The study was based on migrant tribal people in Bhubaneswar, where they have found health care seekers using different types of healthcare facilities depending upon the seriousness of disease and symptoms; and also mentions that tribal people explored new knowledge and behaviour, but they did not replace their tradition. Besides this, some studies have shown the complexity and dynamicity process involved in understanding the healing practices of any native community. For instance, the study by Rekdal (1999) on the cross-cultural study on East African shows, how the structural-functionalist anthropological theories and colonialist ideology and their predetermined thought about African healing practice have been the source of bias in ways that have undermined the crucial feature of African traditional medicine. It also enables to conceptualize the importance of dynamics and ideology in the healing practices, where the Author has cited the example of Iraqw (a tribal community of Tanzanian) of Tanzanian traditional African community and their acceptance of a biomedical system of medicine without any kind of hesitation. The main argument of the study was the openness of that community and the acceptance to align and unfamiliar systems.

In order to substantiate this argument Samuels study (2001) also reflects on this in his book “Healing Powers and Modernity: Traditional Medicine, Shamanism, and Science in Asian Societies”. The book addressed a number of core issues such as the contemporary status of traditional healing practices, encounters with biomedicines, politics of traditional healing through the commodification of economy, choices of patients, and clashes and complementarities between healing and biomedicine. Therefore, it has been contested that the healing practices have been altered with changing the force of modernity, cultural identity, health policies, and commoditization of indigenous healing practices and their specific effects on the local culture.

The primary objective of this book is mapping the significant role of indigenous healing practices in the ideologies and rhetoric of new Asian nationalisms, discourses of cultural identity, and construction and critiques of progress, modernity, and economic development.

The central theme of this book is to map the changing face of indigenous healing practices within as well outside impact in various forms on the traditional healing system, based explicitly in India, Malaysia, and Korea.

There are specific studies that show critical understanding and paramount importance to study native health and healing approaches. The studies of (Goswami 2015; Dash 2015) on Mankirdia Tribe of Odisha, on “Bicultural Determinants of Fertility of the Mankirdia: A Semi-Nomadic Tribe of Odisha and Anthropometric Characteristics and Chronic Energy Deficiency of the Mankirdias - A PVTG of Northern Odisha”, India gives ideas about the issues like chronic energy deficiency, and bio-cultural factors such as prolonged breastfeeding, the widespread use of contraceptive methods, and early marriage are affecting their low fertility among Mankirdia women. Goswami’s study has highlighted the Chronic Energy Deficiency (CED) percent is very high among Mankirdia Tribe like 48.4 percent of males and 59.5 percent among females, which is higher than WHO measures of 40 percent. The main argument of these two studies shows that there is a need for a critical medical anthropological perspective, not just a description of the socio-cultural and socio-economic issues of the Mankirdia Tribe.

Behera (2014; Naidu 2007; Dash 2014) have written extensively on tribal health in India Naidu outlined fundamental health issues faced by the tribal population in various parts of India. The vital point they have mentioned is that there is a lack of comprehensive region-specific studies on emerging tribal health issues such as maternal malnutrition, practices of parturition, the status of pregnant women, and their nature of the workload. They highlight the realistic development of health plans that address the felt needs of tribes. Moreover, finally, they conclude that proper health education and nutritional availability are needed for tribes, through indigenous methods, which may easily be available in a local tribal area. Besides this, the study by Dash (2014) on “Knowledge Variation in the Indigenous Health Care System: A Santal Case” has highlighted the significance of traditional knowledge of the Santal Tribe and their health expertise in various diseases. Moreover, the study also emphasizes the preservation of the cultural heritage of the community and understanding the dynamics of shamans among Santal.

The main argument of the study is to standardize the specific knowledge of the tribe that belongs to a unique socio-cultural heritage of a particular tradition. However, more important is that the study finds out the variation of tribal knowledge, which is universal to specific cultural zones but not specific to cultural groups. Besides this, Behera also identified various dynamics in tribal health and medicine; tradition is not static, but a process, it is an ongoing debate. It stands as a dialectic term between the past and the present and a synthetic process between what people know and what they learn or define the situation in the changing circumstances. Apart from this, the book has analyzed tribal health in a very comprehensive way and from a medical anthropological perspective. To continue this debate, we would put forward the study of Nichter and Lock, (2007) which also substantiates this core idea of health culture of any community changes with a change of political, social as well as a technological transformation of the community.

The significant points highlighted in these works are the; dynamicity involved in tribal health, such as status, power, understanding of religiosity from a tribal perspective. It also says that there is a need to address the risk involved in a traditional medical system that has been facing in our fast-changing world.

Carstairs (1955) study was conducted on medicine and faith in rural Rajasthan that shows the reluctance of rural people to adopt or accept western medicine, because of cultural significance. He has identified the cause of sickness as human conduct and cosmic purpose; they are presumed to be cured by rituals, reassurance, and mundane medicine. The critical aspect of that study was faith creation, and different cultural glasses were used to define or understand the sickness of a patient without bringing the trust among the local people. As a result, they rejected efficacious yet costly biomedicine. People regard their sickness or physical debility within a broader cultural system; it means culture is connected not as the summation of discrete parts, but it has certain proximity between physical debility with moral weakness. So, they preferred to go on pilgrimage or ritual baths to wash away their sins instead use tonics to cure the disease.

Marriott (1955) study was conducted on Western Medicine in a village in Northern India. In this study, the author has tried to show the socio cultural barriers of Kishan Garhi village in

Uttar Pradesh, which denied the acceptance of western doctor's relevance in disease curing or prevention or healing capacity.

Due to lack of trust, which creates suspicions towards western medicine, the western doctors needed to build trust and gain a suitable position among the villagers, which would bridge the gap between the outsider and the kinship zone. Here the author correlated people and their socio cultural sentiments to their social organization, village medical institutions, which obstructs implementation of effective medical techniques in a traditional Indian village. Though there was a sharp contrast between western medicine and indigenous medicine. Certainly, there were some similarities.

Biomedicine can be used positively if the western scientific medical practice Western can liberate certain cultural accretions and clothe itself into the social homespun of the Indian village.

Chander and Vijaachari (2015) studied the tribe, Nicobarese of Nancowry Island, and their traditional medicine. The study has found that Nicobarese tribes have extensively used 132 plants with the help of 77 traditional knowledge practitioners covering 43 ailments. Authors have given importance to document the precious plants and explicitly mentioned that traditional medicine has a pivotal role in the healthcare service of Nicobarese and the Nancowry islands tribal population. It is observed from the study that tribes of Nicobarese and Nancowry primary health care were greatly influenced by traditional medicine. This study argued for proper documentation of precious plants and herbs for future use.

Sujatha (2009) study in Tamil Nadu State on' Health Sociology of Medical Lore' understands and interprets discourse on health from a macro perspective; it tries to entangle the modified version of folk, traditional knowledge, and re-conceptualize the real thought towards traditional knowledge plus health-seeking behaviour. The book highlights the diffusivity of traditional knowledge that originated through the day-to-day living experience and pragmatic way of thinking, acting and proper understanding of the situation. Also, it has analyzed the role of traditional medicine; and that is not only confined to the area of blind belief, superstition, and static tradition but observes, interprets, and modifies according to the situation. So, it is also

rational and logical. It also blends different theoretical cognition to recognize and internalize the connection between theory and practice of medical lore in the village set up.

For instance, the author has connected the idea of Alfred Schultz's stock of knowledge; Lévi-Strauss' "The Savage Mind" is not primitive or pre-scientific but an alternative way of thinking. Like this, she has used various theoretical ideas to substantiate Traditional Medicine and its linkage within society.

Dynamics in Healing Practice

Gaweka and Rajtar (2013) study described medical pluralism and the diverse discrete field related to folk medicine and traditional medicine in some selected regions of Ukraine, Kyrgyzstan, and Polish migrants in North America. The primary objectives of this paper are to redefine the scope and meaning of the concept of medical pluralism highlighted in some study locations of the countries. Besides this, it tries to expose the duality, which exists in biomedical health services in post-Russia, specifically Ukraine and Kyrgyzstan after a post-reform period. Moreover, the most crucial part discussed is from the patient's perspective which was neglected, along with social complexity, which was also undermined, like political, economic, structural, and unequal power issues in society. Despite these obstacles, medical pluralism has been popularised through 'Global Assemblages' of goods, healing practices, and exchange of people. Apart from these, it intends to analyse the global participation in the international health arena (Medicoscapes) social process and movement between foreground and background (Medical Landscapes). Moreover, it does not end with this concept; it has also brought out the conscious limelight, the super-diversity, and hyper-diversity in the healthcare field. The major objectives of the paper are to internalize the scope of health choice, practice critically, and highlight the unexplored areas of medical anthropology. Observing the ground reality of Ukraine and Kyrgyzstan, the study has mentioned that emotion, mistrust of pharmaceuticals, and corrupt doctors force people to choose alternative pathways to cure their ailments. Also, the author has highlighted that the post-reform in the healthcare sector was not so appreciable. Moreover, that is why traditional medicine or folk medicine is regarded as safe for the patient.

As a result, they want ‘sovereignty' from the state institute; and the scope of medical diversity has been effective in Kyrgyzstan, and it has addressed the health care necessity of the people. In this paper, the author has focused on the real challenge of Medical Pluralism in a different region, and the extent of various facilities received through appropriate choices. For instance, Jehovah's witness of the patient in Germany accommodates both medical systems like the foreground medical system of German and in the background medical system of Argentina. It also pertains to highlight the Polish migrant's health-seeking options and therapeutic expressions, where it has proved that they prefer phytotherapy medication for their health-seeking behaviour; Along with their cultural ethos, sometimes influences their choice.

Taking the view of the respondent the study has stated that free medical service is in both this country with a theoretical base, but the reality is entirely different. This article can expose some unexplored areas as well as question the existing limitation of medical anthropology.

Prasad (2007) discussed the essentiality of medical pluralism in Indian society and precluded the hegemonic social structure, where the institution of the medical system has operated and controlled. Moreover, as a result, the majority of the masses are deprived of basic medical facilities. The most important part of this paper is internal social dynamics of exploitation conscious effort in segregation from the elite of the society; and tries to impose the false medical needs and knowledge, which lacks the social support from the marginalized groups of the society. The author has divided the paper into three parts such as the indigenous form of medicine, the pre-colonial phase, and the post-colonial system of medicine. The indigenous system of medicine evolved from various historical phases in the Indian society, like earlier Vedic, later Vedic, Buddhism and in the medieval period Cholas dynasty has played a significant role in medicine through ‘Vaidyasalai', ‘Matha' and ‘Agraharas '. Besides it discusses the social hierarchy, power equation within the upper caste and lower caste, and how the class has the detrimental power to take the benefit, whether health or other essentialities of the social needs. The most important factor highlighted is the Ayurveda that had not flourished under the patronage of Brahmin people, but it was by Buddhism.

In the colonial period, the British consciously uprooted the existence of the original source of medicine showing the criteria of efficacy, rationality, standardization of the local practitioner, their medicine based on germ theory and medicine are scientifically and clinically proven. At that time European colonized most of the countries, and their capitalist mode of the economy was flourishing, India was an ‘observatory ground' that was affected by various diseases like malaria, dysentery leprosy, etc. British took excessive state control to control the population based on class and caste; formulate health policy in that direction. Moreover, diluting the basic health needs of poor people and destroying their discourse of the health system.

In the end, post-colonial phase-out rightly welcome the biomedicine in India, despite the constant slogan of “self-reliance” by Mahatma Gandhi in all the necessary fields including health, but remain unheard and the necessary primary health facilities couldn't recover from social caste, class, and hierarchy chain as a result, the poor could not access health facility.

The conclusion of this paper is to dismantle the existing power structure of medicine, which provides legitimacy through the institutionalization process by the elite or upper caste and class people. This article is essential to understand the power dynamics of internal and external social space, and to know the historicity of the medical system.

Narayan (1983) conducted the study on the mapping of understanding of the environment and wellbeing of Kuttanad people of Kerala through environmental and socio-psychological perspectives. This study shows that the environment does not mean the only natural source of forest, land, lake, and hill but constitutes the very basic needs of housing, sanitation, the facility of drinking water, etc. And it has highlighted a systematic approach to each element towards health and wellbeing; interrelationship among various factors such as natural, physical, socio-psychological elements of society, which decides the health status of the people. The study conceptualized wellbeing as “perception, attitude and appreciation and how the people feel that location is suitable." The finding of this study shows that the well-being of individuals or communities depends on various factors of society and their interrelationship.

Sahu (1980) conducted a study in Rourkela on the Oran Tribal Health Culture, which portrays the changing domain of tribal health-seeking behaviour and the effect of Allopath on

tribal health behaviour and overall accessibility and affordability concerns among them. Also, an essential part of the study is that it was located in the displaced areas of Rourkela Steel Plants adjunct periphery; it has focused both on the traditional worldviews as well as the ongoing changing ideas of the day-to-day life of Oran tribes observed by the researcher. The study says that Oran is not reluctant to make use of allopathic medicine when their traditional medicine fails to cure the ailments. Due to the lack of facilities in the existing health institution, most of the felt needs of the Oran tribe are unmet. The study has also questioned the dominant discourse of allopathic medicine in health-seeking behaviour.

Sujatha (2014) has critically analyzed the social understanding of diseases and socio-psychological behaviour of sufferers. For that purpose, it maps the role of various institutions dealt with health and medicine and their division, to conceptualize health and illness we need to understand how this division of labour works in different sections of the society. The critical areas explored in this study reveal that societal complexity exists, and the role of the social scientist is to understand it. These are like health and medicine which will not only determine the biological concept, but it shows the manifestation in external correlates, such as organization, institution, the discourse of knowledge, symbols, language, and forms of technology and signifying the internal biological theme of health and ill-health. The direction of this debate tries to conceptualize the active or positive interrelation between the macro and micro-sociological forces that interact and influence the overall structure and function of the society, its simultaneous impact on the health of the people.

Hari Mohanlal (2002) study highlighted the changing role of the folk practitioner in the tribal society of Konda Reddy in Andhra Pradesh. It describes a vivid picture of the health and healing practices of the Konda Reddy tribe of Andhra Pradesh using the changing role of the folk practitioner in tribal society. The study tried to show the importance of interrelated factors like culture, income, employment, housing, environment, water sanitation, and other broad socio-economic factors which act as detrimental to tribal health. Besides this author has linked the traditional medicine or folk practitioner in a sub-system of the larger social structure and argues any changes, which happen within the structure will impact the sub-structure of the indigenous practitioner.

Moreover, importance is given to various existing systems of health practices in the diverse form of society; so, that it critically analyses the periphery of the knowledge domain within and among tribal society. Also, it has divided folk practitioners into various heads like a faith healer, secular healer, sacred healer, traditional healer, and religious healer, etc.

Mishra (2015) study shows that there are 70,000 traditional healers and bonesetters in India who treat 60% of all trauma patients. These bone setters are working in remote places and villages where there are no trained doctors. They cure orthopaedic diseases effectively. It is a very old practice of ethnic healing in Odisha. It covers almost seventy percentages of bone fracture cases before patients come to governmental hospitals. With some basic education and training in the field of orthopaedic care, they can become the most effective health care providers for patients.

Gender Dynamics in Health and Healing

Prince and Geissler (2001) have argued that women healers' teaching process is easily understood by the apprentice. They maintain politeness, motherly compassion, emotional and close reciprocity with their patients. Women healers are sociable and easily approachable.

Goswami (2016) has mentioned that Mankirdia women suffer more disease i.e., under nutrition or chronic energy deficiency. This study is based on five PVTGs of Odisha namely Mankirdia, Lodha, Bhuyan, Junag, and Kharia. It has also highlighted that females are more undernourished and malnourished than males. The prevalence of chronic energy deficiency is high 58.5% for females and 48.4% among male Mankirdia members. The main reasons have been mentioned: primitive agricultural technique and lack of food security.

Kaur (2019) has advocated the importance of traditional medicine in reproductive health. The study has also mentioned the significance of the integrative approach i.e., traditional and modern for improved maternal and child health. The balancing approach can bring a healthier and resistance free community & success in controlling morbidity and mortality.

Dehury and Pati (2018) have mentioned that the traditional beliefs, practices diet, hygiene, and gender biases of tribal women in Maharashtra positively develop mother and child health. It has also highlighted the importance of better education, women empowerment, poverty reduction, employment opportunities and the availability of specialized doctors at grass root health centres would bring holistic health benefits for tribal women**.**

Contractor (2018) has argued that the maternal health of the tribal needs a mixed approach and a culturally specific approach. The study also cited that due to cultural inappropriateness, language, education creates distrust among the innocent tribal to access the health service or it fails to provide better services because of the above reasons.

Dhury (2016) has described the importance of culture-specific health service and the integrated approach of indigenous medicine with modern health practice, which would be more helpful to tribal women.

Goswami (1991) has mentioned socio-biological factors have influenced the fertility of the Mankirdia women. These are traditional methods of treatment, breastfeeding practices, and some biological factors (age, conception, and menarche age).

Chatterjee 2014; Awasi et al 2009; Pramila 2014; Ghosh; have argued that the improvement in education, employment, and health can raise the status of tribal women.

Ganesh and Ggotage (2017) have argued that the semi-nomadic, uncertain habituation, livelihood, and travel have badly impacted Shepherd tribal women’s pregnancy and childbirth issues.

Swain and Nayak (2011) have mentioned that government schemes relating to reproductive and child health have not been implemented in true spirit. As a result, their health-seeking behaviour related to reproductive and child health (neonatal and post anal) depends on traditional medicine. The positive health-seeking behaviour found those *Paraja* tribes do not support abortion and absence of gender bias.

Hayden (1986) stated the low social status of women in the domestic and political field have increased their stress level. The techno-ecological factor has influenced women's status in the above two spheres more than any other.

Sutapa, Maiti, and Agrawal (2005) have explored that the increased standard of living, better education, and other demographic variables improved the health status of Non-tribal than tribal. The health care and status of tribal women remain low in comparison to non-tribal because of the above factors. The major health indicators are highlighted i.e., delivery and postpartum care, contraceptive use, and nutritional status.

Chandana and Kumar (2020) have mentioned tribal women of Bhadradri Kothagudem suffer common diseases like knee pain, weakness, dizziness. The important aspect was highlighted that vector-borne disease has reduced among the above tribal women because of the active role of grassroots health workers like ASHA. Also, this study explored that the presence of lifestyle diseases is low among the tribal women.

Pal and Kaur (2019) have described that changing sphere of maternal and child health status of tribal women. These major areas are like population growth by 7.6% with zero stillbirth, maternal, and infant mortality. This is possible because of the balancing approach of traditional and modern health care practices that impacted the above indicators.

Sharma (2017) has analyzed that the women status identified in society through role performance in the field of family, marriage, and sexual relations. And the level of exploitation they face.

Manana (2013) has mentioned that the lower educational status of the Birhor (Mankirdia) increased child marriage practice.

Contractor (2018) has argued that the maternal health of the tribal needs a mixed approach and a culturally specific approach. The study also cited that due to cultural inappropriateness, language, education creates distrust among the innocent tribal to access the health service or it fails to provide better services because of the above reasons.

Struther (2000) has mentioned that women healers of the Ojibwa community are well recognized in their society. They give importance to culture, values, and traditions, approaching a holistic life, and embracing Mankirdia's quality during healing practice.

Chakraborty et al (2015) have critically analyzed the importance of traditional medicine in gynaecological disorders among the various tribes of Chhattisgarh. The study has also mentioned the significance of cultural and ecological factors of the tribal groups residing in different parts of the state. Besides this has highlighted that tribal people don't first prefer government health services due to hesitation, shyness, and lack of awareness

Raj and Nayak (2018) have highlighted the traditional healer's role in Oran adolescent's health. Health-seeking behaviour has been heavily influenced by their cultural understanding. The study reinforces the role of culture as an important social determinant of the health status of Oran female adolescents.

Ahmed et al (2018) have described the importance of socio-cultural elements in the use of assisted childbirth among nomadic women. The modern health service should understand the societal needs of the Gossi nomadic women community when organizing health services for these populations.

Mohapatra and Kumar (2009) have explained that maternal health can be improved through better utilization of health services, health management, increasing safe delivery, and reducing MMR rate in Odisha. Maternal death has been reduced to a great extent but still, thousands of women died because of pregnancy complications. There is a need for a proper evaluation of the government policies which are related to the excluded tribal area of the state.

Wan, Colfer, and Powel (2011) have argued that women's health gets worse due to deforestation, conservation, and household responsibilities, unintended childbearing, cultural issues, collecting fuel wood from distant forests, and inhaling smoke while cooking.

Health, Healing of Mankirdia

Sahoo (1995) has argued that the prehistoric tribes were collecting various food and medicine, i.e., roots, tubers, fruits, and other essential household goods to survive. They had a rudimentary knowledge to treat disease i.e., fever, cold, cough, etc. The long experience gives rise to various empirical techniques and methods of healing which later created a different system of medicine in the different regions according to the ecosystem and cultural needs of the group. Besides the study further highlighted the socio cultural aspects of health care, which are studied as a curative term in the field of medical anthropology, medical sociology, and biology. But there is a need to study not just the cultural aspects of the group in health-seeking behaviour, but also the structural aspects of the tribe, especially the socio-economic and political factors. Poverty and marginalization are important concepts to be understood for understanding their health. The Mankirdia (Birhor) comes under the prehistoric mode of food habits and follows customary methods of medication for reducing suffering. They have strong nature-based healing practices.

Sinha (2016) highlighted the medicinal knowledge and closed relation with nature. The knowledge is not only confined within the periphery of medicine but a way of life. Chaudhary and Singh highlighted the ethno-zoological knowledge of the Mankirdia tribe. Mishra and Marih (2015) have argued the Mankirdia tribe the treasure of medicinal knowledge. They use their medicine for human beings and animals as well. There are large numbers of medicinal properties that are used for animals.

Firdos (2005) has elucidated that forest degradation has brought trajectories in the field of livelihood and traditional medicines. The population has been redistributed because of the dismantling of the traditional occupational structure instead of disappearing. Goswami (2016) has mentioned the under-nutrition or chronic energy deficiency level is highest among Particularly Vulnerable Tribal Groups (PVTGs) including Mankirdia tribe. Besides the study has mentioned primitive agriculture and food scarcity have increased the levels of undernutrition.

Mishra, Mairh, Kumar, and Mairh (2010) have highlighted the natural scientific knowledge of Birhor (Mankirdia) on plants, which are used as a medicine, food, and household

use. Due to several environments and anthropogenic reasons their number gradually decreases, so the knowledge system preserves and conserves for future use, and sustainable vegetation is the need of the hour.

Goswami (2011) has highlighted the socio-cultural and biological factors of the fertility of the Mankirdia tribe of Odisha. These factors are age at marriage, breastfeeding practices, and adoption of traditional contraception methods for family planning. The study has recommended regular monitoring of fertility trends and appropriate measures must be taken to improve women's status.

Somaware and Phulejhale (2015) have highlighted the development of expenditure and the rise of food production, not able to bring any positive results for the Mankirdia tribe. The socio-economic backwardness has engulfed and brought poor health consequences along with infant and child mortality, low birth weight, undernutrition, and malnutrition among the children is rampant. Moreover, the study of Tripathy has mentioned new industries; urbanization and deforestation have brought many structural changes in the Mankirdia tribe.

Nayak and Das (2014) have analyzed the issue and challenges faced by the Mankirdia tribal. They are one of the vulnerable tribal communities in Odisha and Mayurbhanj. Due to their less numerical strength, they face political and economic subjugation in their locality. There is very little improvement happening after absorbing the non-tribal lifestyle. The major problem is the dislocation from their traditional source of living, which needs to be addressed properly and the developmental models need to be appropriate to the local culture.

The development process is yet to touch their lives. Due to extreme poverty, the food scarcity problem further creates nutritional deficiency-related diseases among Mankirdia.

Manna, Sarkar, and Ghose (2013) have mentioned illiteracy is the root cause of child marriage and backwardness among the Mankirdia tribe. Also, the correlation between economic poverty, illiteracy leads to child marriage as a result, health complications start among the tribes. The improved education would lead to economic growth and overall well-being for Mankirdia (Birhor tribe).

Change and Development in Mankirdia Tribe

Nadal (2014) has analyzed the unique self-identity of the Mankirdia tribe and the bargaining new identity which emerges with outer communication and network. This is also mentioned that the new development model and agricultural practice have brought many changes in their life. It has further argued by Sinha that the changing life of the Birhor (Mankirdia) came through adaptive strategy and impacted the socio-cultural life. These changes are observed in the field of customs, beliefs, and the institutions of the community (Sinha, 1999).

Bose (2016) has also focused on the development and changing social situation of the Mankirdia tribe. This change is possible because of the government's development initiative and external communication of the Mankirdia tribe.

Mitra and Charabarti have argued that the traditional occupational structure of the Mankirdia tribe has changed due to closed contact with neighbouring villages and peasant communities. Also, deforestation has reduced the dependency on forest collection and shifted its dependence on agriculture and wage labourer. This is further cited in studies that proper imitation of non-tribal lifestyle of the locality would improve the livelihood and other socio-economic fields of the Mankirdia (Mitra and Charabarti, 2014; Agarwal, 2013).

Dutta (1997) has argued that the development initiative of the government makes Mankirdia people more vulnerable, landless, displaced, which has increased among the tribal because of modern industrial development. Besides the fifty-year independence has brought little power or choice in their lives, but modern development has brought them into the margin of society. In addition, indigenous culture has been destroyed.

Manna and Sarkar (2015) have argued that despite globalization and many developments the condition of Birhor (Mankirdia) is not improved. Besides certain social practices like child marriage; illiteracy and poverty, have worsened the living condition.

Besides, the study of Nadal has described that the modern housing facilities provided by the government to the Mankirdia tribe are not easily accepted because of their cultural and religious beliefs. They make the necessary changes in the modern house and then stay. But it is

also mentioned that many of them keep their old-style leaf hut as a symbolic model and few of the uses for an ancestral deity.

Panda (2015) has also described that due to the lack of good development policies, poverty and landlessness are obstructing their developmental progress.

Patnaik (2015) has mentioned the Mankirdia people face the problem of forest rights or habitat rights, which not only abstain from their traditional livelihood but also disintegrate from their rational skills of rope making and hunting activities.

Besides, they are unable to collect the foodstuff from the forest and restriction of the forest department to bring food security issues and ultimately bring starvation and acute malnutrition problems.

Nayak (2004) highlighted Mankirdia people's status has not improved by the developmental policies of the government. Besides this also says, they are politically and economically subjugated tribal in their locality, which is dominated by Hindu, Muslim population and maintain asymmetric exchange relations between them. They need cultural survival, not assimilation; it is possible only through government initiative. Their occupational structure is affected because of forest law; closed relation with peasant society that makes them labourers for different reasons.

The issue of undernourishment is frequently rising among Mankirdia because of food scarcity and lower dependency on the diversified occupational structure and less access to the developmental benefit. They can regain their traditional heritage only by environmental policies and traditional entitlement over forest resources by the government.

Sahoo (2013) has mentioned that Mankirdia tribe suffering from the confluence; that they are in between modernity and traditional living. The faulty developmental policies have brought negative results for them. They became labourers from hunter-gather because of the government-imposed living style. There is a need for a culture-specific development model.

Sarkar (2016) has highlighted that due to cultural suicide, mixed culture, cross-culture, globalization, and modernization; most of the indigenous ecological resources, settlement structure, socio-economic and cultural terrain are belonging at the edge of destruction. So, their settlement structure, demographic challenges, indigenous cultural identity, environmental sustainability, and conservation principle should be documented.

Premi (2014) has analyzed the Mankirdia tribe are losing their ethnic and cultural identity because of culturation and acculturation problems. Also, the development policies have changed their way of life, i.e., adoption of agricultural life. But the more they lose than benefit.

Ghosh and Mullick (2015) described the rehabilitation process of the Mankirdia tribe and food habit practice. Relocation, communication with neighbouring communities, and their shifting of subsistence strategy from Gatherer - Hunter to agriculture are root causes for the changing of food consumption patterns among them.

1.5 Conceptualization of the Study

The existing literature on health and indigenous healing practices summaries that health of an individual, community, or any society is not to determine by a single or absolute factor, but it is an interrelated and interconnected module, which directly and indirectly influence the life of the population within their socio-cultural and political context. Health seeking behaviour of a community involves beliefs, practices, and conception towards their sickness or ill health.

Health is such a fluid and intricate pattern, which needs a holistic process; interwoven with multiple factors of the individual, community and diverse social background and various relational essentiality to define health needs and health-seeking behaviour of the community. These are socio-economic and political development - education, lifestyle, food habits, community, social behaviour, family support, cultural and ritual practice, housing, sanitation, water facility, employment income and spiritual wellness and symbiotic relationship with ecology; all these are deeply rooted in the tradition and customs of a community or people and more especially in the tribal society.

In every society people have their definition of health, illness, disease using the stock of knowledge or recipe and closely connected with a community; varies from society to society. Health is a mixed bag that combines bio-social elements of society. Moreover, it pertains to the optimum capacity of an individual to perform the value task of the society or fulfil the expected behaviour of the society. Its expression or internalization cannot be within a single domain of human subject; it includes more than one element of a human being.

There are various forms of health needs of the people, and they come up with the various forms of healing systems for preventing, curing, promoting, and rehabilitating the ill and ameliorate the sufferings. The concept of the disease usually indicates an absence of normal health and that prevents the normal functioning of the individual's future health. Thus, the state of well-being of a person at personal as well as social levels with all aspects is taken into consideration as the determinants of health. It is observed from various countries that there are always viable options of biomedicine, where health services are not accessible or expensive to obtain.

In the case of tribal health, there is a mutual relationship to socio-magical performance. The awareness towards health and disease is blended within the socio-cultural belief, for instance, the disease or illness is interpreted as incapacitation of an individual to perform his/her normal daily routine work. Tribal health, according to Singh, is largely 'influenced by the interplay of the complexity of social, economic, and political factors" and their health behaviour by their culture. Thus, understanding the cultural, socio-economic, and political aspects of tribal groups is important to understand the concept of tribal health.

The perception and value attachment of tribal towards their health, illness, sickness and disease changes with critical interpretation, observation, reinterpretation to existing symbiotic relation with ecology, accessibility medical facility, healthcare delivery system; and faith in the medical system and decides various forms of healing to cure, prevent, promote and rehabilitate not only from the losses but further well-being.

In this study, there are four key concepts: culture, structure, status, and role, and changing health culture. The four concepts are operationalised in the following manner:

The health culture of tribal people involves common beliefs, customs, traditions, myths, practices, and conceptions related to health and disease that influence their health-seeking behaviour of Mankirdia.

These are economic, political, education, lifestyle, food habits, ethnic identity, language, family support, housing, sanitation, water facility, livelihood, income, and symbiotic relationship with ecology.

Women's status and role dynamics influence their health-seeking behaviour and health status. This status-role model is determined by the socio-cultural ethos of the respective society. Women members play a significant role in the family health care process. The health-seeking behaviour of the women is determined by several factors, i.e., culture, socio-economic condition, the existing health service system, and so on.

The changing health culture of tribal implies a broader concept. Culture is the way of life, so any change in one component brings a chain reaction to others as wells. These changing elements of tribal might be their economic, religious belief system, food habits, the institution of marriage, gender role, and so on. The above factors influence Mankirdia health-seeking behaviour and health status.

1.6 Limitation of the Study

This study is a micro-level study, which focuses only on Mankirdia tribes. However, it is essential to understand the richness and the vast knowledge of their cognitive world and the processes involved in health & healing are important markers for research insights. Moreover, the methodology of the present study doesn't allow generalization of data about the rest of the tribal of Odisha, but the purpose of doing ethnographic studies gives a nuanced understanding of the processes related to health and healing in the community.

1.7 Chapterization of the Study

Chapter: One

Chapter one illustrates a basic understanding of health discourse, more specifically the dynamic characteristic of health. Besides it also discusses the connectivity between health and

healing among the tribal people. Further, the chapter reviews existing literature related to indigenous health and various healing approaches. The focus is also given on gender roles health and healing. On the basis of a review of the literature, the chapter conceptualizes the problem and the objective of the study. The chapter has attempted to conceptualize and internalize notions of health and healing from indigenous peoples (Mankirdia tribal's point of view) point of view. In other words, it highlights the historical realities about basic knowledge about health from indigenous people's point of view as well as the healer's point of view. Also, the chapter shows close connectivity between an individual and their culture, its influence on their health. Finally, it outlines the chapterisation of the study.

Chapter: Two

This chapter discusses the problem of the study, area of the study, objectives, and methods, sources of data collection and analysis. The chapter also highlights the field experience of the fieldworker.

Chapter: Three

Chapter three is focused on the people and habitat, which describes the Mayurbhanj districts, study blocks, and villages. Also focuses on the profile of the Mankirdia tribe, which describes the overview of the historicity of the tribe. Moreover, their detailed accounts from Particularly Vulnerable Tribe Group to semi-nomadic has been described

Chapter: Four

The chapter highlights the role of social structure in the health-seeking behaviour of the Mankirdia tribe. The present chapter focused on structural elements of the Mankirdia society and its relation to health and healing. The effort has been made to understand the significant role of structure (i.e., Family, kinship, language, economic status, ethnicity, and gender in social life) in the health-seeking behaviour of the Mankirdia tribe. The structural elements of Mankirdia are such as genealogical or family structure, social networking, language occupational, political, religious, etc., and their influence on their health and healing. These structural elements play a

pivotal role in determining the health of the people of the tribal society. So, it is crucial to map its effectiveness for the health and well-being of individuals.

Chapters: Five

This chapter deals with Mankirdia (cultural) understanding of health, illness, and common disease burdens among the tribe. Besides, it focuses on the types of treatment options for Mankirdia. The second section focuses on the role of the Mankirdia healer in disease prevention and curative and rehabilitative processes. Further, the major process of the diagnosis, treatment, medicine, and payment structure of the healers are highlighted. Moreover, it also elucidates the typology of healers and their unique way of treatment and the target patients. The last section mentioned some selected case studies of patients and healers as well.

Chapter: Six

Chapter six of the study addresses women's role and status in health improvement, effective healing measures taken by women in their community. A further attempt has been made to understand their role in the healing process and patient care.

Chapter: Seven

This chapter focuses on the changing health culture of the Mankirdia tribes. It focuses on the general level of change or major agency of a change in the overall life of the Mankirdia (changes in food habits, occupation, housing pattern, social mannerism political participation, changes in religious life, marriage system and social etiquette; Second part focused on government policy and programme and its changing impact on Mankirdia tribe. The last part of the chapter discussed the changing health culture of the tribe.

Chapter: Eight

The last chapter summarizes and discusses the issues relating to the objectives given before. Besides this, it compares the result of the present study with other related work; bring similarities as well as dissimilarities. In the summary part of the study, it focuses on the major findings of the

study and its implications for society. Also, it highlights the significance of the study and its future recommendation for the related field.

Chapter: II

Methodology

Introduction

Methodology is one of the highly crucial parts of research, which depicts the whole process and minute details of the study. This chapter focuses on the methodological process of the present research. The current research is a qualitative (ethnographic) study of Mankirdia tribe in Odisha. It deals with both the ethnographic method and design for collecting data from the study community, which strive to understand the lived experience of the community and their dynamism in day-to-day life. More specifically, the study has highlighted the health and healing practice of the Mankirdia tribe.

The present research used various qualitative methods like in-depth interviews, focus group discussions, case history, informal discussions, and other essential methods as per the need of the research work. The sources of data collection are both primary and secondary. Primary sources are collected by using field notes, daily diaries, and field discussions. However, the in-depth interviews, case studies, observations, life histories are some of the tools used for the study. Observation, checklists, interview guides are used to collect empirical data. Secondary data are collected from journals, books, newspapers, magazines, unpublished thesis; the government published reports, reports from, Integrated Tribal Development Agency (ITDA), District Statistical Handbook, Odisha Scheduled Caste, and Scheduled Tribal Research Centre Bhubaneswar, Odisha.

2.1 Problem of the Study

The current study is based on Mankirdia tribe, a Particular Vulnerable Tribal Group of Odisha (PVTGs)[1]. They have migrated from Chhotnagpur plateau of Jharkahnd state to Odisha. Mankirdia change their Tanda (house) two to three times in a year. The most visited locations of

[1] Particularly Vulnerable Tribal Groups is shortly mentioned as (PVTGs).

their Tanda[2] were Halpur, Sarila, Kusudia, Chhatarpur, Chatani, Uthanisahi, Dengam, Malibasa & Ambdali (Sahoo, 2015). These are the locations of Mayurbhanj and Balasore districts. Apart from this, there are other important locations where they go for forest collection & hunting purposes. These are like Nilgiri, Kalapani, Daitari, Satkosia, Melan, Kendumundi, Patalikota, and Harichandarpur (Patnaik, 2015). In the summer season, the forest growth is affected by hot sun and forest fire. Besides, the forest resources are also destroyed by the practice of shifting cultivation and collection of fuel wood by the non-tribal people that makes it more difficult for Mankirdia people to get the required amount of Siali[3] creeper in one place. Therefore, they shift more frequent manner during summer season.

In addition, there are other significant causes which responsible for frequent change of the dwelling place. These were exhausted of food supply and short supply of Siali creeper; when the demand of handicrafts of the Mankirdia has diminished in the locality, they search for substitute market demand by changing their dwelling place; in case of death of any family member of the Tanda or internal conflict between the Tanda members that might be lead towards homicide in that case, they leave the residency. They also change their Tanda for searching bride and bridegroom for grown-up family members; in that case, they leave the dwelling place; In case of performing family rites of the distant relatives, they also leave the Tanda. These were the major reasons for their frequent change in dwelling places. As a result, they are forced to change their camp two to three times a year. But in case of the rainy season, they don't change their Tanda because the availability of bark of Siali creeper is more, which is the main forest produce of their livelihood (Sahoo, 2015).

Mankirdia are hunter-gather and semi-nomadic tribes of Odisha, particularly they reside in northern parts of Odisha like Mayurbhanj, Balesore, Keonjhar, Jajpur, Bargarh, Sundragarh, etc. The major reason is for them to choose the above districts as their destiny point of attraction and point of migration. The natural forest resource and mining areas of the district provide the required amount of forest sources and labour work. The livelihood of the Mankirdia depends on forest-based products i.e. forest collection & rope-making activities.

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[2] Tanda is the local term used to refer group of households ten-fifteen, live together.
[3] Silai is the local term used refers a raw material for rope making work.

They collect Siali creepers from the nearby jungle and make different kinds of rope and sell it to the local peasant community. Indigenous products like ropes have great demand in the local market. In order to get the Siali creeper, they change their Tanda to a temporary hut (House) which they built to stay near the forest and change it in regular periods in search of the forest resources. Nowadays they are engaged in new occupations like agricultural labour, driver, and Raj Mistri. But majority of the Mankirdia in the study villages depend on traditional occupation. Few studies have been made on the Mankirdia tribe of Odisha. Those studies have highlighted that Mankirdia tribe suffers various communicable diseases and water-borne diseases because of their sedentary lifestyle (Nayak, 2014). He also mentioned that malaria is the leading public health issue among this nomadic tribe. Besides, water-borne communicable diseases like gastrointestinal disorders, including acute diarrhea are responsible for the higher rate of morbidity and mortality because of poor sanitation and unhygienic living condition of the Mankirdia.

Patnaik (1989) has also mentioned that the common diseases among the tribes are malaria, skin disease, worm infection, cuts and wounds. The interaction between poverty and the incidence of communicable diseases is well known (WHO, 2012). Malaria morbidity and mortality are highest where the dispersion of health service is weakest, and where the majority of the population is from tribal communities (Thomas et al, 2015). Sahu (1995) has also mentioned that the food content consumed by the Birhor (Mankirdia) are deficient of nutrients, as a result they suffer deficiency diseases like night blindness, angular stomatitis, anemia, jaundice, and gingivitis prevail among them due to the deficiency of the nutrients like vitamin-A, vitamin, vitamin-B, vitamin-C, and Iron. Moreover, the poorly built body is a common character among them, because less amount of protein and caloric food intake. In addition, the study of Goswami (2016) has highlighted the prevalence of undernourished, under nutritional & chronic energy deficiency, high among them (59.5 percent for male and 48.4 percent for female). More especially the women are more affected by these diseases. Rao & Phuljhale, (2015) has made a similar kind of argument that Mankirdia tribe suffers high rates of malnutrition, under nutrition, and infant mortality because of their poor socio-economic backgrounds. This is particularly more acute in the preschool level of the children.

They live in dense forest base, it is very difficult to reach out to them and provide the basic facilities. Due to the inaccessibility of the area, their problems are not addressed properly by the government. Hence their plight is increasing day-to-day. In addition, certain health-seeking behaviours show that, despite modern health care facilities they prefer to use their traditional health care practice. The problem proposed to be investigated in the present study is the dynamics of health and healing practices among the Mankirdia tribe. It also analyzed its continuity and change.

The study intends to explore the socio-cultural world view of Mankirdia tribe and its relation to health and healing practices. Another aspect of this research is to focus on the structural elements of the Mankirdia society and its correlation with the health and healing practices of the community. The study intends to understand the value of the structural factors i.e. broadly socio-political, economic, education, physical identity, language, family and gender relation, etc. It aims to study their traditional health care practices and the extent to which this system and health behaviours are influenced by various structural factors and existing modern health institutions. It is great pertinent to analyze and record the traditional healing practices of the Mankirdia tribe and to what extent and why they are depending on their traditional health care practices. Further, to what extent they are utilizing the modern institutional health care/ service and treatments available to them. At present, the Mankirdia have adapted to some extent Hindu and Christian religion, beliefs, festivals, and other cultural practices, yet they retain their traditional world views. Therefore, it is assumed that, their culture may also have changed to some extent. The most recent changes are taken placed in their occupation, food habits, dress pattern, and religious world view. The indispensability status of traditional occupation (rope making and minor forest collection) has changed to a greater extent.

Although they continue their age-old occupation, gradually adopting new occupation, such as Raj Mistri[4] work, Driver and labour work in the local, area. Besides this, food and dress patterns also have changed among the Mankirdia. Earlier they had no security of two squares of meals in a day and maximum time they remain in starve or hardly arrange daily food. Presently

[4] Raj mistri is local term used for construction worker.

they not only arrange food but can manage to taste different varieties of food. Also, the practice of monkey eating has significantly decreased among the Mankirdia due to external pressure or inter-group communication with non-tribal people. Moreover, their dress pattern is changed by the influence of the outer world views. Particularly the younger generations Mankirdia are no longer want to wear the traditional dress rather want to wear modern dress i.e. pants, shirts and banyan etc.

All these above changes are possible because of the developmental approaches taken by the government and adoptive process like Sanskritisation, acculturation, and assimilative process as well. They also inhabit in new ecological condition and social milieu different from that of the original homeland of Mankirdia tribe Chhotnagpur (Adhikary, 1925). In the process of their migration (forest-based living into semi-settled life and frequent change of their Tanda or village or frequent contact with peasants society or non-tribal people) to a distant strange land and culture and due to a long dissociation from their own larger culture and community, some of their cultural beliefs and practices may have changed (Nadal, 2014; Roy, 1925).

2.2 Conceptualization of Study

The conceptualization of the study is based on existing literature on health and indigenous healing practices (it has been discussed in detail in chapter one). It is well observed that, the health of an individual, community, or any society is not determined from a single or absolute factor, but it is an interrelated and interconnected module, which directly and indirectly influence the life of the population within their socio-cultural context. Health-seeking behaviour of a community involves beliefs, practices, and conception towards their sickness or ill health. Health is such a fluid and intricate pattern, which needs a holistic process; interwoven with multiple factors of the individual, community and diverse social background and various relational entities, essentiality to define the health needs and health-seeking behaviour of the community. These are socio-economic-development, education, lifestyle, food habits, social behaviour, family support, cultural and ritual practice, housing, sanitation, water facility, employment income and spiritual wellness, and symbiotic relationship with ecology; All these

are deeply rooted in the tradition and customs of a community or people and more especially in the tribal society.

Health is also understood as a state of dynamic symmetry, including physical environmental, geographical, cultural differences, food habit etc. Good health would be self-control or holistic balance of the body or stage of homeostatic control and ill health correspond to lack of self-regulation. The possibility of good health is well integrated within the environment of the people. In every society, people have their definition of health, illness, disease using the stock of knowledge or recipe and closely connected with a community; varies from society to society.

Health is a mixed concept that combines bio-social elements of the society. Moreover, it pertains to the optimum capacity of an individual to perform the value task of the society or fulfill the expected behaviour of the society. Its expression or internalization cannot be within a single domain of human subject; it includes more than one element of human beings. These are various essential domains of the society which decides the health status of the individual.

2.3 Theoretical Framework of the Study

The study has followed an interpretive anthropological and micro-sociological theoretical framework. The present study has used the interpretive anthropological theory of Clifford Geertz's Interpretation of Cultures and Peter Berger’s Social Construction of Reality. The application of this theory is to find out how Mankirdia create their social world using externalization, objectivation, and the internalization process. Furthermore, it looks at the elements that not only understand the creation of meaning, but also attach their cognitive orientation towards the action process within the healing systems.

2.4 Significance of the study

This study is significant for the tribal population in general and Particularly Vulnerable Tribal Groups like Mankirdia. In the present context, the effort has been made to understand structural and cultural dynamics and their influence on health-seeking behaviour; and selecting various methods of healing systems as per the needs of the tribe. Besides this study map the role

of different forces and approaches of health culture that are determined by the larger social structure of tribal society. The most important part of the research is the role of Mankirdia women, in indigenous healing practice and its overall effects on their status as well as social identity.

Apart from this, it has also documented the current scenario of health-seeking behaviour and health service of the state government in the remote tribal locations. Moreover, to what extent it is helpful for the Mankirdia tribe to fulfill the basic needs have been analyzed. The health care needs are interwoven with the rich socio-cultural realm, which is quite different from the rest of the population and needs particular focus to address their needs. Therefore, it explores their cultural understanding of health and diseases, their suffering, and their adoption of different types of healing practices to address health and diseases. Moreover, it also highlights the gender dynamics in the healing practices and its overall effect on community life. However, the study also focused on the changing sphere of Mankirdia health care/service.

2.5 Rationale of the Study

The proposed investigation of the study is the dynamics of health and healing among Mankirdia tribe. It intends to study two villages namely Dengam and Kendumundi from two different bocks of the district namely Karanjia and Khunta. The rationale is to find out the level of changes and continuity in traditional health care practices in the study villages. One is very close to the district headquarter and the other one at a distant. The health status/health care practice of Mankirdia is influenced by external forces and their value system.

2.6 Research Questions

- What are cultural practices related to health among Mankirdia tribe?
- What are the various types of healing practices among Mankirdia tribe?
- How the structural elements of the Mankirdia society influence the health-seeking behaviour?
- How the role & status of Mankirdia women influence the health-seeking behaviour practice?

- What are the changing factors of Mankirdia health culture?

2.7 Objectives of the Study

The first objective of the research is to understand the cultural construction of health and healings. The orientation of this objective is to internalize the social-cultural construction of Mankirdia health, disease, sickness, and illness among themselves, and their different approaches to address the issues given above. Besides this, it explores their customary belief system in understanding the health culture, making of indigenous world view and techniques for solving various health care needs of their community members as well. The second important objective of the research is to focus on the structural aspects of the health and healing among the Mankirdia tribe. It tries to visualize the constructive and imperative role of the structural elements of the society i.e. Mankirdia self-identity or racial identity, educational performances, economic empowerment or income-generating capacity, language determinate of the health behaviour, family and kin group or social relationship makes more effective role in understanding health needs of the Mankirdia tribe.

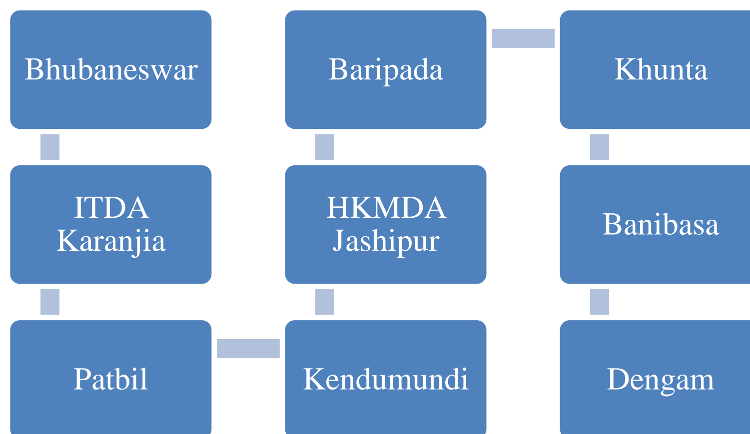
The third objective of the research is to explore the role and status of Mankirdia women. This objective of the research highlights the role set and status set among the Mankirdia women and its impact on household activities and overall health-seeking beheaviour. Besides it focuses on the role in healing practices. It is well noted that Mankirdia women have enormous contributions to the day to day life of the house for their health and well being of the family members. Thus, the objective intends to understand all these aspects of Mankirdia women. The last objective of this research is to describe the changing health culture of the Mankirdia tribe. As it is mentioned by social scientist, i.e. sociologist, anthropologist, and other social scientist that change is the unchangeable law of nature, so change is a must. In case of the nomadic tribe like Mankirdia is concerned; they also have changed many aspects of their life. There are two major sources of change marked among Mankirdia people, i.e. internal as well as external. It is possible because of many factors such as economic, educational, environmental, and change in value system etc.

Finally, it elucidates the changes in the sphere of the existing health care practices i.e. adoption of modern health care practices and maintaining the balanced approach between modern and traditional health care practices.

2.8 Overview of Fieldwork

Intensive fieldwork has been considered, for nearly seven decades, to be the major, if not the typical techniques of social and cultural anthropology (Srinivas, 2011). And until recently the discipline has been concerned mainly with the study of small-scale societies, 'primitive' and peasant. The root of intensive fieldwork has traveled far since Malinowski did his fieldwork in the Trobriand Islands. It covers both the methods and techniques used and the kind of communities and problems studied. Anthropology as a sub-discipline of social science studies holistic aspects of the human society. As the methodology of the discipline is concerned, it is known for its rigorous fieldwork or primary data from the people with whom the researcher working with. It is popular for its holistic approach, in this fieldwork researcher uses a variety of techniques for the study. In order to obtain the empirical data for the objectives, the current research has used key anthropological tools and techniques. The major approaches are adopted for the study like participant observations, informal interviews, key informants, focus group discussions, and phenomenological interviews. Besides, the researcher spent quality time in the field to collect the primary data from the study population.

Figure 2.1: Field Entry



Source: Authors' Compilations

- [Bhubaneswar- capital city of the state
- Karanjia-Block headquarter of the Kendumundi village
- Patbil-Panchayat Samiti Office of Kendumundi Village
- Kendumundi Village-one of study village
- Baripada-District headquarter of Mayurbhanj
- Jashipur-Block headquarter and Hill Kharia Mankirdia Development Agency Office,
- Khunta-Block headquarter of Dengam Village
- Banibasa Gram Panchayat,
- Similipal-National Biosphere Reserve,
- Baniabasa-Gram Panchayat of Dengam Village]

The figure cited the detailed flow of the field entry of current research work. The fieldwork was started from the top-down approach; it means the fieldworker started the initial fieldwork from the state capital to the target village. There are many important sites that have been crossed by investigator to achieve the desired result. Before starting the actual fieldwork, the researcher visited two libraries of the state; one is Schedule Caste and the Schedule Tribe Research and Training Institution and Nabakrushna Choudhury Centre for Development Studies, along with the Department of Anthropology Utkal University, Bhubaneswar.

Then the researcher traveled Bhubaneswar to Baripada, the district headquarter of the Mayurbhanj, where the fieldworker investigated various development projects undertaken by the state government for all-round development for tribal people. Also, formal permission was taken from the District Magistrate of Baripada; one round discussion was arranged with the collector, sub-collector, Project Director ITDA, Baripada, District chief medical officer (CDMO), and other important government and Non-Government Organization (NGO) members of the district.

After this, the fieldworker went to the special officer, Hill Kharia Mankirdia Development Agency, Jashipur, Mayurbhanj to look after the details of provisions and implementation process and held formal and informal three-round discussions with officials on the project. Yet again the investigator went to Project Director ITDA, Karanjia, Mayurbhanj, to know the status of tribal development policy and its operational difficulties. Then the fieldworker

entered to Patbil gram Panchayat of the Karanjia block. Thereafter, researcher reached the target village Kendumundi where Mankirdia stays. This village or Tanda is situated near the state, national highway (NH) 54 that goes towards state capital Bhubaneswar. During the stay in Patbil gram, Panchayat researcher had the opportunity to interact with the Panchayat Samiti chairman, Shri Naba Krushna Naik, and discussed various government schemes and programs and their distribution process or mechanism.

Then the researcher met the young Sarpanch Shri Karunakar Rout of the Patbil Gram Panchayat. He tried to inform the researcher regarding the unpopular work of the previous sarpanch of the Panchayat that prevents the developmental work in the locality. As a result, village was so underdeveloped; he further adds that, there was not a single complaint against him by village people, because he helps people at their crisis movement.

The pilot study was started on 21 April 2017**,** in Kendumundi village. That was one month stay in the village, at the time researcher tried to make the preliminary introduction and make informal interaction with residents of Kendumundi village. The first goal was to meet people and interact with them. Also, if possible to take their contact no and know the social status of that member and his or her influencing power within the village or locality. During one month stay at Kendumundi village researcher tried to make friendships with 7-8 Mankirdia people only. Again researcher returned to the state capital to collect more ideas about the Mankirdia through some anthropologists and social workers, those who have already worked in that district and Particular Vulnerable Tribal Group (PTG) group of the state.

Fortunately, the investigator met professor Jagannath Das, Professor Kanucharan Satpathy, Professor Devendra Biswal discussed with them. They gave various meaningful ideas to carry forward the fieldwork among the tribal group in Odisha. Particularly Professor Jagannath Das’s idea was pivotal for the researcher because, he was very close to that area. Again the researchers reached to district headquarter of Mayurbhanj, Baripada. Thereafter, the investigator went to Khunta block and the Integrated Tribal Development Agency (ITDA) of Kaptipadar, which comes under Baniabasa Grampanchayat and Dengam village. In other words,

the Kaptipadar ITDA covers Dengam village and Baniabasa gram Panchayat under its functional unit.

In Khunta block researcher met some the political activists from various parties; who are actively working on block-level for poor tribal. They also gave various inputs on government policies and the people's response towards this entire programme. Besides researcher meet some of the block-level Non-Governmental Organizations (NGOs) to understand more about the current scenario of the Mankirdia people. Along with fieldworkers also met various college students and ask about their understanding or ideas on Mankirdia tribe, it was strange that most of the students couldn't able to speak about the tribe. Some even told they didn't have any ideas on Mankirdia tribe. There are very few who could able to speak on the tribe. Then researcher-made informal and formal discussions with a college lecture to know more about the study tribal of the locality.

The final phase of fieldwork started from 2017 April to 2018 May. In that period the investigator used to stay in one of the houses in the community itself. They allowed the researcher to stay inside their village with prior permission from the village head. The fieldwork was divided into four basic parts such as become an outsider, insider or community member, as a researcher and coordinator of Mankirdia tribe and government officials. The researcher has played four important roles during the entire fieldwork. These are outsider, insider, or community member, as a researcher and coordinator of Mankirdia tribe and government officials. The first four months understood Mankirdia history, all about their coming, detail of their struggle from nomadic to semi settler, their genealogical ties, language, formulation of kin groups, marriage system, occupational structure, etc. The second four months spent on their basic issues and forming a community unit for the external world or society. This was to gain access to the issues of the nomadic people, what were these challenges, what level, why such issues, how to work out, whom to approach, and meeting with several stakeholders for bringing positive result for their all-round development.

The third phase was active involvement in their socio-cultural life, such as their rituals, religious festivals, marriage ceremony, of the Mankirdia people. It also includes understanding

the symbiotic relations with the environment. The process they follow to preserve, conserve, and maintain sacred relations with forest. The last four months were dedicated for understanding their outer world, it means the social network. The last four months from September 2018 to December was very much informative and significant because the researcher had already made space among Mankirdia and they had accepted researcher as their close aid. So they disclosed all the necessary and important knowledge about their indigenous medicine and process of social networking. Besides, they took the researcher to their relative house as well, which also helped a lot to gain in-depth into the social-cultural structure of the tribe.

2.9 Research Design

The present study has used an ethnographic research design. The major objective of this research design is to explore and describe the day-to-day lived experience of the Mankirdia tribes; and understand their health-seeking behaviour and observe and analyze the various healing approaches of the tribe.

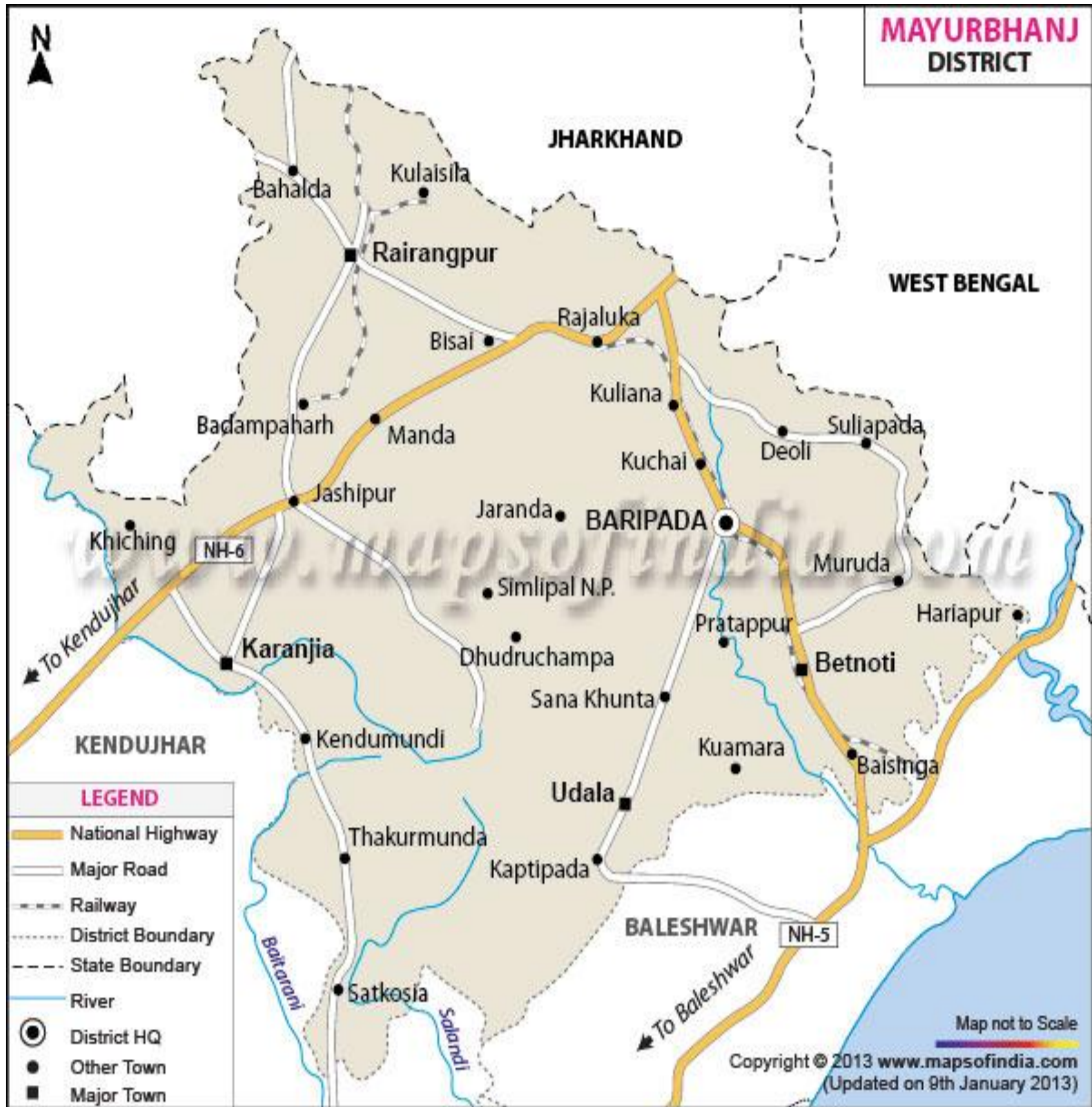
2.10 Selection of the Study Areas

Mayurbhanj is the third largest populated district and second largest in the geographical area in Odisha. It is located in the northern part of the state with the headquarters at Baripada. The district is surrounded in the North-East by West Bengal, Singhbhum district of Jharkhand in the northwest, Balasore district in the southeast, and the Keonjhar district in the southwest. The district is famous for its ecological significance, and home to Similipal Biosphere. It was a Princely state before 1949. The total population of the district is 41,974,218 out of this; the urban population constitutes only 7.66 percent.

The sex ratio of the district is 1006 per thousand males, which shows a positive picture, even better than the state average of 979; the composition of Schedule Caste and Schedule Tribe (SC & ST) population shows that ST (58.72) has outnumbered SC, which is only 7.33 percent population in the district. The study area constitutes two villages from two different blocks, namely Dengam Village of Khunta block and a Kendumundi village of Karanjia block.

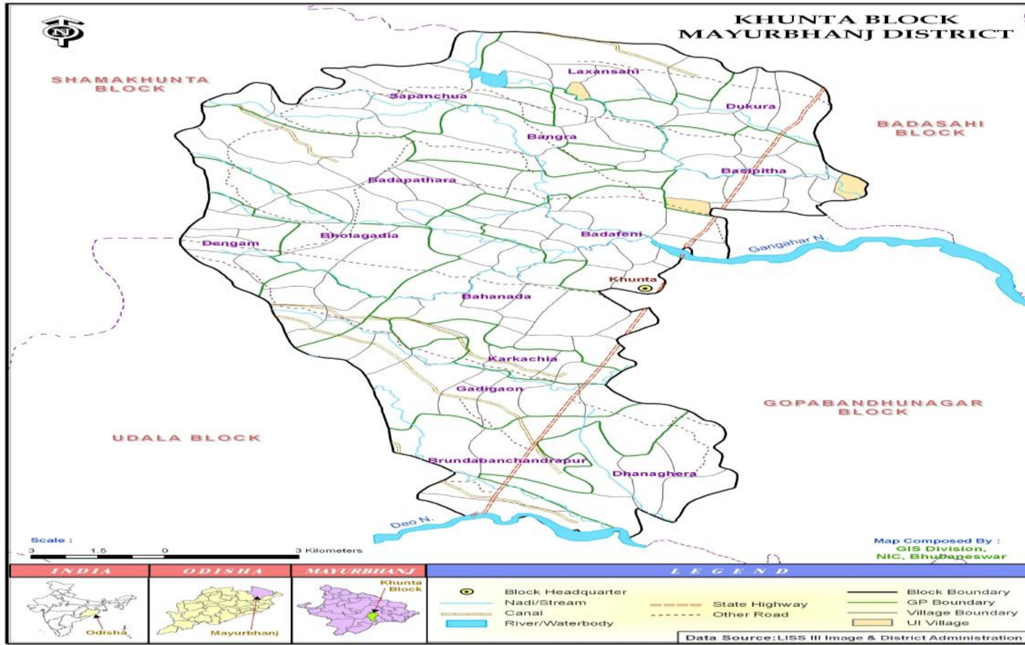
2.1 State Map

District Map

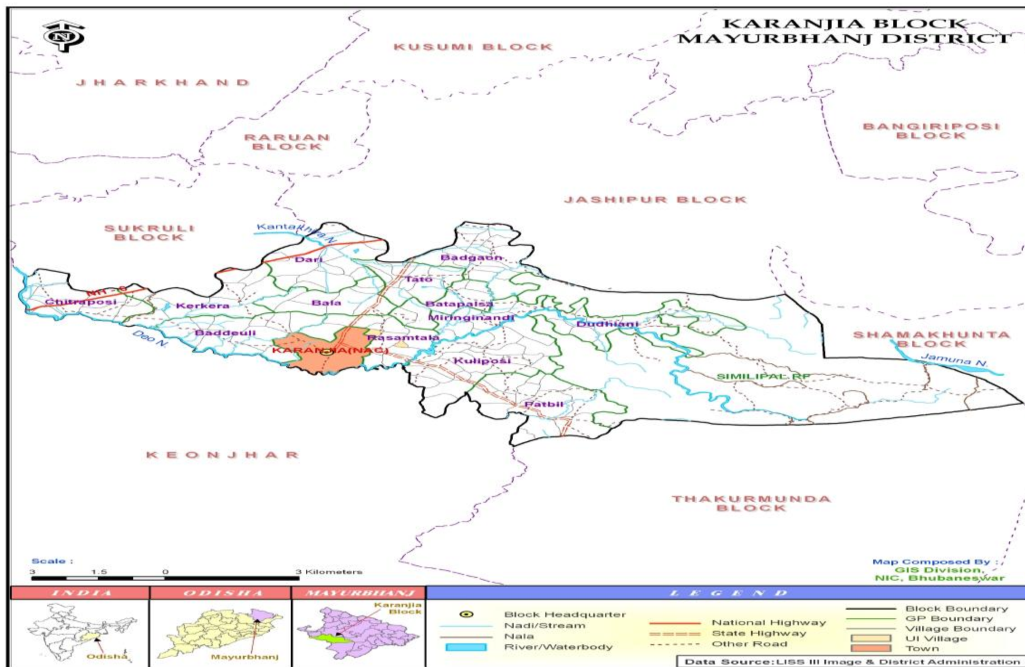


Source: www.mayurbhanj.nic.in

2.2 Khunta Block Map

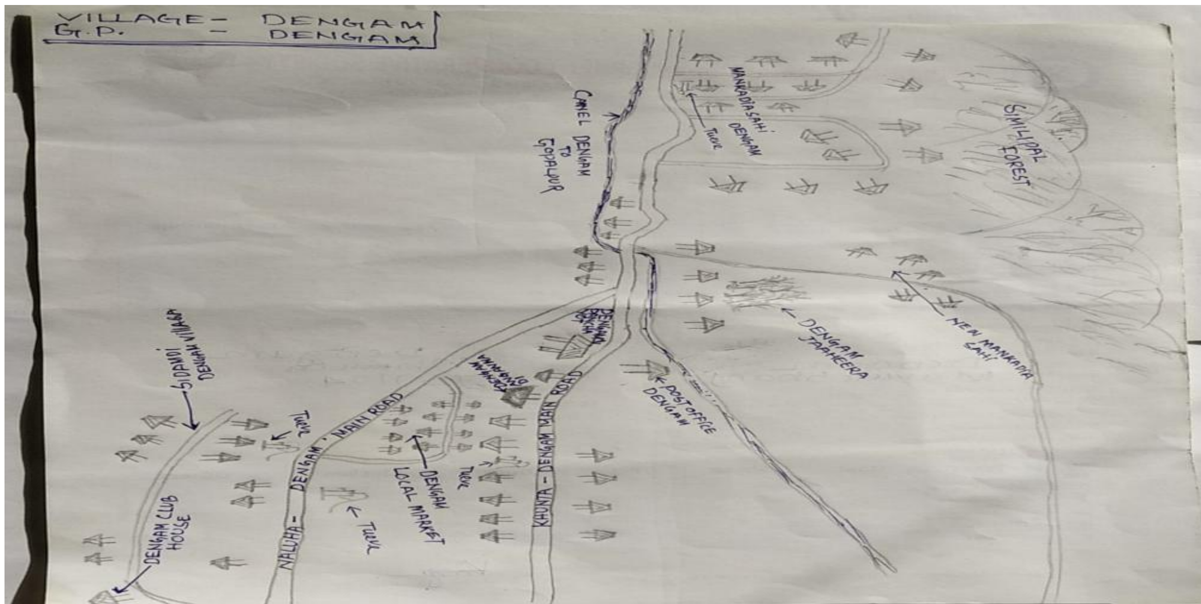


2.3: Karanjia Block Map

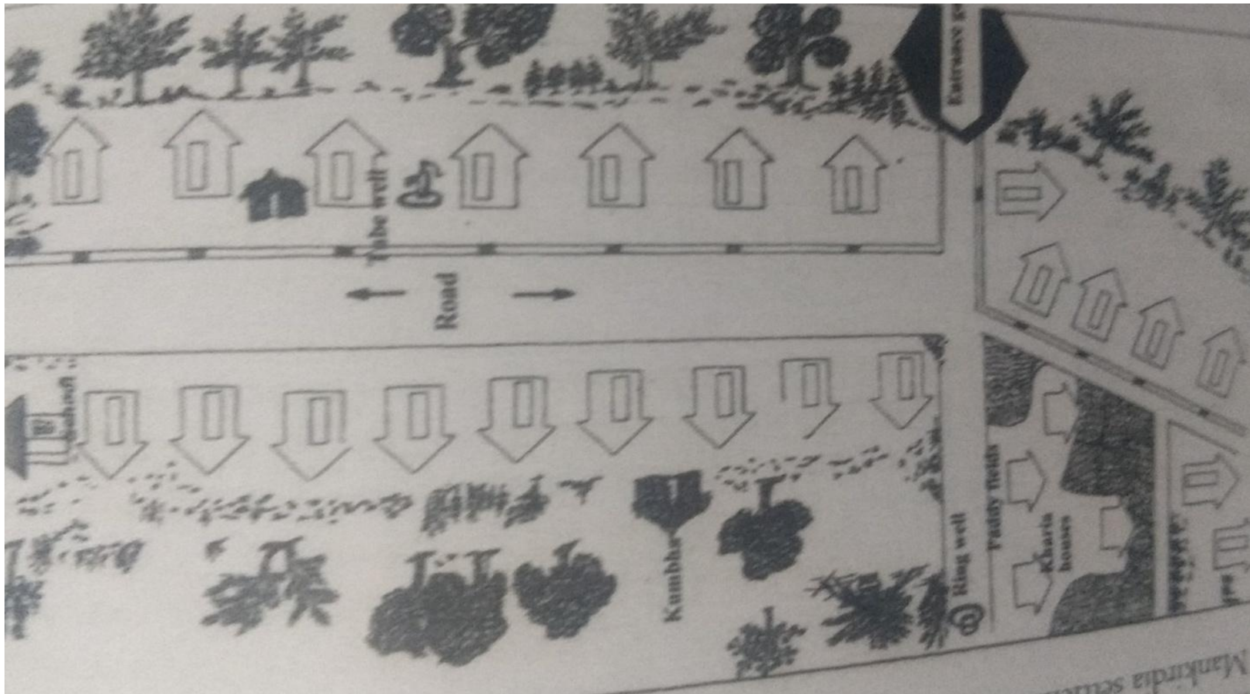


Source: www.karanjia block base map

2.4: Dengam Village Map



2.5: Kendumundi Village Map



Source: (Rout, Patnaik, and Swain, 2015).

The basic criteria have been followed in selecting the above location, such as distance, Mankirdia population and the availability of healers. The Dengam village is located in Khunta Block of Mayurbhanj district.

2.11 Socio-Demographic Profile of Study Villages

Table 2.1 Socio-Demographic Profile of Study Villages

Sex			
Sex	Dengam	Kendumundi	Total
Male	69 (49.8%)	118(53.9%)	187(51.2%)
Female	59(50.2%)	119(46.1%)	178(48.8%)
Age			
0-5	44(18.6%)	17(13.3%)	61(16.7%)
6-18	77(32.5%)	44(34.4%)	121(33.2%)
18-25	33(13.9%)	8(6.3%)	41(11.2%)
25-35	23(9.7%)	21(16.4%)	44(12.1%)
35-45	15(6.3%)	11(8.6%)	26(7.1%)
45-55	12(5.1%)	7(5.5%)	19(5.2%)
55-65	33(13.9%)	20(15.6%)	53(14.5%)
Literacy			
Education	Kendumundi	Dengam	Total
Illiterate	98(76.6%)	190(80.2%)	288(78.9%)
AWC	12(9.4%)	19(8.0%)	31(8.5%)
Primary	18(14.1%)	27(11.4%)	45(12.3%)
Above Matric	0	1(0.4%)	01(0.3%)
Social Identity			
ST	123(96.1 %)	234(98.7 %)	357(97.8%)
OBC	5(3.9 %)	3(1.3 %)	8(2.2%)

Religious Identity			
Hindu	28(21.9 %)	64(27.0 %)	92(25.2%)
Christian	100(78.1 %)	173(73.0)	273(74.8)
Marital Status			
Married	61(47.7 %)	114(48.1 %)	175(47.9%)
Unmarried	64(50.0%)	121(51.1%)	185(50.7%)
Separated	1(0.8%)	0	1(0.3%)
Widowed	2(1.6%)	2(0.8%)	4(1.1%)
Types of Family			
Joint Family	7(5.5%)	4(1.7)	11(3.0%)
Nuclear Family	118(92.2%)	225(94.9%)	343(94%)
Single	3(2.3%)	7(3.0%)	10(2.7%)
Separated	0(-)	1(0.4%)	1(0.3%)
Total	128	237	365

Source: Field Observation, 2018

The total Mankirdia population of the study villages is 365, out of that 187 are male, and 178 are female. The total illiterate of the two study villages is 78.9 percent. The Kendumundi is a medium-sized village located in Karanjia of Mayurbhanj district, Odisha. The total number of families resides in the village is 128, out of this 69 are male and 59 are female.

The total population of Dengam village is 543 out of which 282 are males while 261 are females. Moreover, the total child population of the village comprises 19.34% percent (0-5 year age group); the sex ratio of village is 926 lower than state average 979 as per 2011 census. The literacy rate of Dengam was 22.37% compared 72.87% of state, out of this male literacy is 26.82% while 17.89% female.

According 2011 census the total population of Kendumundi village is 1740 out of which 889 are males whereas 851 are females. The total child population of the village is 61 (0-5 age group) that is 15.80% percent of the total population of the village. The village sex ratio is 957

lower than the state average of 979. However, in the case of the child sex ratio, it is higher than the state average of 964 against 941 of the states. The literacy level of the village is 54.06% percent is lower compared to 72.87 percent of the state. In the case of a similar literacy rate, male literacy 63.95% is higher than female 43.72% (Census 2011; District Census Handbook 2011).

2.12 Study Unit

The present study was conducted in Kendumundi and Dengam village of Karanjia, Khunta blocks of Mayurbhanj district. The unit of the study is Mankirdia of above two study villages. The healers, patients, traditional birth attendants, heads of the household, health care professionals were selected for the interview including both male and female.

2.13 Nature of Data Collection

The study has used both primary as well as secondary sources for data collection. The primary sources are field-based data, including intensive engagement with the study area. Moreover, the secondary source is based on some selective literature, books, published as well as the unpublished book, articles, magazine, newspaper and other sources are used as for the purpose of research keeping the objectives in mind. The present research is mainly focused on qualitative method (ethnographic). For that, it uses ethnographic methods for understanding the health of Mankirdia tribe.

Primary Data Collection Methods

The primary method is used by the field worker to collect the data directly from the field. The important methods are used in the present research, i.e. ethnography, field diary, in-depth interview, phenomenology interview, case study, etc.

Secondary Data Collection Methods

The secondary data plays a crucial role in research. This is the first source that highlights the problem of the research. There are several sources available for research purposes, but it depends on the range of issues or problems, a researcher deals with. The researcher has followed

three specific kinds of literature 1st one which is related to cultural and structural aspects of health and healing practices, the second one related to women's status and the role, and the third one related to changing aspects of health and healing. Accordingly the magnitude of the problem, the study selects the specific secondary sources. In the present topic, the researcher used various unpublished dissertations, District Statistical Handbook, District Gazette, State Statistical Handbook, newspapers, articles, books, and various tribal development reports.

Ethnography

"Ethnography is the study of people in naturally occurring settings or 'fields' by methods of data collection which capture their social meanings and ordinary activities, involving the researcher participating directly in the setting, if not also the activities, in order to collect data in a systematic manner but without meaning being imposed on them externally'' (Brewer,2000). In addition, Fetterman (1998) has mentioned ethnography acts dual role i.e. the art and science which are used to describe a group or culture. Besides Angrosino (2007) has also mentioned that ethnography means full immersion of researcher in the field to study the lived experienced of the community. The present study has used ethnographic method for understanding the health culture Mankirdia tribe. It enlarges the scope for the investigator, not only predetermine the procedures like taking a genealogical map, selecting key informants and keeping a field diary and so.

The study attempts to understand the behaviour of the Mankirdia tribe with reasons, meanings, and context of the narratives. Besides this, It has focused on the social discourse of Mankirdia tribe and writes the complex specifies and various significant situations of the tribe. Moreover, it also looks after the clarification of the appraisals of each event of the community, for instance, to observe their "cult of ancestor worship". The Mankirdia perceives life as a continuous process from birth to death, through the phase of infancy, adolescence, youth, marriage, family, and old age. Having appraised to a specific event, it is essential to understand the whole process. Moreover, the study draws finding of the small and very close texture of facts and engage specific events of Mankirdia life. The central focus is not answer to the questions, we

raise but one which is accessible to us, answer the Mankirdia tribe who are guarding their tradition in their location; include them and record what people have thought about it.

Field Diary

It is a document created by an individual who maintains regular recordings about events in their life; at the time those events occur (Lazar et. al., 2010). Ethnography speaks a lot about the diary as a method or technique in collecting rich and timely information from the field. The present study uses this method in collecting in-depth histories of the Mankirdia tribe more specifically from the eldest member of their community. The scholar tried to grasp the cultural, economic, rituals, and changing space of the Mankirdia tribe. For example, when a researcher wants to know old age health care practice of the community, then the only source person is the oldest men and women, who could tell the stories. This needs to be written in the diary immediately to give a further reflection on the topic. This method creates a scope for the researcher to explore the feelings, experience, and most importantly, be a part of the unknown person's dairies, which allows us to merge into others' lives. The experience might be pleasant or painful for the community.

Selecting Ethnography as a Method

There are many reasons for choosing ethnography as a method for current research. The most crucial part of the research that demands the very essence of ethnographic method is; it gives a flexible amount of time to observe and record changes over time, provides a rich and detailed database for further inquiry, it gives an opportunity to treat the people as a human being not merely as objective phenomena, no need for expensive and elaborate tools for conducting research. In addition, it provides a scope to get insightful data, a free hand in selecting the study sites; it allows the field worker to collect data from a natural or realistic setting where people enact naturally.

In-depth Interview of Participants

The interview is face-to-face interaction between interviewer and interviewee. It is an oral questionnaire in which interviewee gives needed information verbally. The interview is a flexible method than any other written inquiry and allows adjustment and variation according to the need of the situation. The main intentions of the interviewer is to enter the external and inner life of persons; and to gather information pertaining to a wide range of their experiences (past, present and future life) (Kar, 2005).G.W. Allport has defined interview "if you want to know how people feel, what they experience and what they remember, what their emotions and motives are like and the reasons for acting as they do, why not ask them".

It is one of the prime methods of data collection for the present study. The main reason behind choosing informal interviews is to collect relevant information from Mankirdia tribe. As most of the tribes have less idea regarding the outside world; the process of formal interviews may not work for tribal population, where some structured questions are asked by the interviewer to interviewee. The informal and in-depth interviews are used for collecting crucial information about the understanding of health and healing among the Mankirdia tribe.

Case Study Method

The present has undertaken three types of case studies i.e. case study of migrant Mankirdia labour, a case study of healers, and a case study of traditional Midwife.

Phenomenological Interview

Phenomenology is a philosophy and a method of inquiry that focuses to understand meaning making, the lived experience of human beings at a conscious level and intellectual engagement in the interpretation process. Husserl (1939) has mentioned phenomenology is a science of human beings at a deeper level by gazing at the phenomena. Crotty (1998) has highlighted that it is a method of understanding realities, not pursuing truth in the form of appearance of phenomena of the subject's in a natural condition. Giorgi and Giorgi (2003) have mentioned it is description of concrete experienced phenomena of participants.

Phenomenological interview is one of the essential methods to engage in lived experience and understand the context of situation, events, rituals, or any other sacred as well profane activities within and outside the world of Mankirdia tribe. It has organized this technique through an understanding of three critical experiences of individuals like the past, present, and finally his or her experiences with the events or object or phenomena. In addition to this, there are two other processes to make the phenomenological interviews more meaningful. These two are phenomenological reduction and structural synthesis, in the first one where a researcher draws, essentiality phenomena or object, and then clusters the data around the main theme that describes the texture of the world views and the second one collect all imaginative meaningful as well as divergent world views of the community and describes the meaning of deep structural part of the phenomena.

Life History

It is also an important method for data collection. It collects the cultural ideas through personal observation or individual conceptualization of the society. This method seeks to explain the personal experience or subjective world view and their construction of the social world. The main objectives of this method is to understand the socialization process, critical event of that individual, explanation or description of the particular system within the community, where he or she belongs to, i.e., health practice of Mankirdia Tribe.

Photography and Video Recorder

The present study used photography and video recorder as a part of the research methods. The nature of the present study needs photography in most cases and a recorder for recording the statement of the village head members, healers, and patients. The photography plays important role in in the present research. Therefore the study needs to use the recorder and photography of the Mankirdia community and their health and healing related events for enriching the research. However, ethics in visual research has been followed.

Participants Observation

Observation has occupied as a significant place in ethnographic research. It is an important and common technique of data collection. Observation seeks to ascertain the natural activities of the people. It focuses on external or overt behaviour of the individuals in controlled or uncontrolled situations (Kar, 2005).

According to P.V. Young, "Observation is a systematic and deliberate study through eye, of spontaneous occurrences at the time they occur. The purpose of observation is to perceive the nature and extent of significant interrelated elements within complex social phenomena, culture patterns or human conduct".

The term participant observation is synonymous with ethnography research. Ethnographic study cultures, i.e., the relationships, rituals, values, and habits that make people understand themselves as members of a group or society (Kahn, 2011). Participant observation is unique in that it combines the researcher's participation in the lives of the people under study while maintaining a professional distance (Fetterman, 1998). According to Angrosino (2007), observation is the act of perceiving the activities and interrelationships of people in the field setting. The significance of participant observation in qualitative methodology is paramount importance. The study has used participant observation to get detailed happenings of the community. Moreover, it observe the health and healing process, including different rituals attached to community health.

2.14 Analysis of Data

The collected data are arranged logically and thematically. Further, it is indexed and categorized the qualitative description of important events and used the content of communication with respondents, stories, systematic description and analysis of recorded materials on Mankirdia tribe and conceptualized the observed phenomena. It has focused on the context of research, key informants, and the importance of crucial events and understood the diversity of voices and perception in the field. The researcher has maintained certain ethics while dealing with the respondents like the widow, separated, and Banjhi. Apart from this, the

researcher uses pseudo names instated of the original name of the respondents. Besides the researcher don't take any photo or videos on death rituals and hunted animals of the community. All these important ethics have been followed by the researcher.

2.15 Conceptual Definitions

A conceptual definition tells the concept means, what researcher constructs are by explaining how they are related to other constructs.

Structural Factor

Structural factors are normally referring to the macro-level social forces including social institutions and patterns of institutionalized relationships. The major structural factors which are recognized by social scientists include family, religion, education, media, law, politics, and economy. These distinct institutions are interrelated and interdependent which further help to compose the overarching social structure of a society. It influences the health behaviour of people in general, Mankirdia tribal in particular. The main intention of this objective is to explore the impact of social structures on the health status of Mankirdia tribe. The pivotal roles of kinship and family, ethnicity, gender, and social class are shown to recognize illness and uphold good health.

These variables are also examined as sources for and cause of illness, discrimination, barriers in health-seeking behaviour, and treatment of some which support persisting health inequities. Ideas are encompassing the social structures that affect people's well-being (Mechanic 2007; Sagger and Gray 2007: cited Burbank 2011).

Ethnographic Study

'Ethnography' literally means descriptions of the people or 'ethnic' group. The descriptions that anthropologists write about the people they study are called ethnographies. 'Ethnography' also refers to the actual fieldwork on which anthropologists base their descriptions. Anthropologists do ethnography. Sometimes the word is used more broadly to refer to the discipline of anthropology itself (Pool and Geissler, 2005). Ethnography is a process of

integration of both first-hand empirical investigation and the theoretical and comparative interpretation of social organization and culture (Hammersley and Atkinson, 1995). Generally, ethnographer participates in people's daily life for a longer period, where s/he observes minutely their activities and also through informal and formal interviews, collects documents and artifacts'- in fact, gather whatever data are available to throw light on the issues that are the focal point of inquiry.

Cultural Perception of Health

A culture is a society's shared, learned knowledge base, and behaviour patterns. Culture guides how people live, what they generally believe and value, how they communicate, and what are their habits, customs, and tastes. It guides the ways people meet the various needs of society. The ways in which, we interpret and perceive health and illness and our choices in providing health seeking care are influenced by our culture (Sobo and Loustaunau, 2010). Culture comprises a relatively consensual system of values and norms that provides evaluative ground for another subsystem to work (Jacobs and Hanrahan, 2005; Pool and Geissler, 2005).

Status and Role

A status is a position which is occupied by an individual in a particular social system and in a particular time (Linton, 1987). Role is a dynamic aspect of the status or behaviour associated with status (Bierstedt, 2007).

Modernization

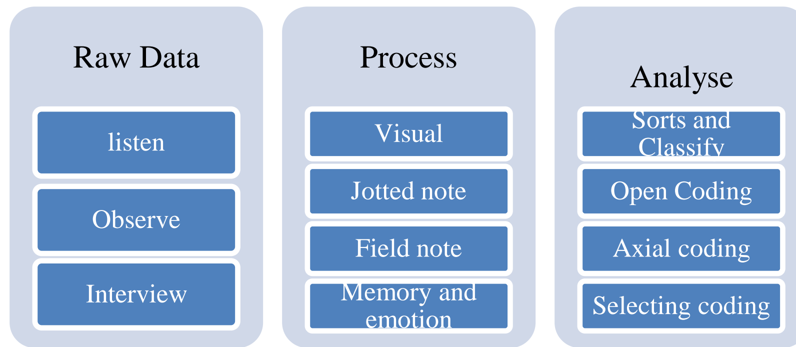
The process of Modernization indicates to a model of a progressive evolution from a pre-modern or traditional to a modern society (Samuel, 1985).

Modo-traditionalism

The concept of Modo-traditionalism indicates mixed path, where the tradition and modern both coexist for Mankirdia. Although they follow and preserve their way of life, but imitate modern means of lifestyle or assimilate many non-tribal lifestyles in their day-to-day life. It shows they neither abandon their culture nor completely modern.

The level of change in study villages experienced slow as well as fast i.e. Kendumundi village adopt mainstream values slightly faster, while Dengam village Mankirdia follow slower rate of change. This process is referred as Modo-traditionalism.

Figure 2.2: Details of Data Collection Process



(Procedure of Data Analysis Ethnographic Design)

This figure highlights the detailed process involved in ethnographic research. The present study adopts this ethnographic model for collecting, processing, and analyzing the data collected from the field. The most significant part of ethnographic methods is to carefully listen to the community or people chosen for fieldwork, critical observation, or understand the ethnographic method of people and interview about the important issues of the community. The most unique character of ethnographic research is reflexive, where study populations are allowed to open up and expressed their perspectives rather than the perspectives of fieldworker (Ellen, 1984). Besides this, the process of data is another part of this method; fieldworker has to follow certain underlying rules for better processing of the collected data like to write all the jotted notes, field notes and use the stored memory in processing the data. For instance the ideas on the Mankirdia interpersonal relation, whatever ideas or experiences are written down, and then organized it in a systematic manner. Field notes refer to the notes taken by the fieldworker, during and after the interview of the respondent.

Another part of the processing of the ethnographic data is visual images of the people. The study has used the visual image as one of the major tools to understand and interpret their day to day life of the Mankirdia tribe. The final stage of the data analysis is followed through

major stages i.e. classification of data, open coding, axial coding, and selecting the coding. In ethnographic fieldwork the open coding has very special significance because much time it has been observed that during the fieldwork, naming, categorizing, and identifying the topic of discussions with the study population. But fieldworker does it in a later stage of the interviews or discussion. The selecting code is used to integrate all the sub-coding into one or more focused way to critical analysis of the meaning of a particular action.

Statistical Tool

The use of statistical tools is very secondary or is used as a minimal way. Specifically, the current research used SPSS and excels sheets for understanding the demographic and socio-economic dynamics of the study community.

2.16 Fieldwork Experience

The fieldwork tradition in India generally looks into a dialectical process, where the fieldworker perceives as powerful to the native people they studied. But fortunately, the situation has changed after world war two; Indian scholars now are going to foreign countries for fieldwork. The earlier culture of the fieldwork image was white vs. Non-white. In India, the status of sociology and social anthropology are field-oriented, not field science. The researcher should know the noble ideas of Mahatma Gandhi that in order to understand the problems of the study community; the researcher should have certain basic knowledge about the culture of that community. It was evident from the fieldwork that, a researcher shouldn't be confined in certain methodological cage**s;** research needs to be very flexible and adaptable. The importance should be given on comparative methods for more pragmatic understanding and outcome of the research. In case of difficulty, while doing fieldwork, the Indian scholars also face the same problems of entry in into the field as do western scholars, when they go out to work in other countries. The researcher used ethnographic method in conducting the study. It simply means the researcher's deliberate participation in the community activity in order to observe and understand the social reality.

These are not so easy for a researcher to unknown or aligned place. The word unknown refers to the researcher are not belonging to the same community and the same locality or district as well. The major assumption has been the presumed inability of indigenous societies to accept someone who cannot fit into one of the known roles. So, the present researcher didn't take any specific role in the study community. The researcher maintained the status of a field worker, who is a middle-class university-educated person, and they were willing to deal with him as such and expect him to fake status equality with them. It was observed in the study villages, many Mankirdia people accept researchers to fulfill certain desires. In many cases, it is seen that large numbers of people are willing to accept foreign scholars whose mission has only the imprecise impression. It was observed that most of the time, the study communities try to use the researcher and get a favor out of him.

Here the question arises, how the field worker can resist being involved in the affairs of others and at the same time hope to involve them for his purposes when a collection of intimate data doesn't mean their involvement. In addition, it also said that fieldworker faces confusion over the involvement with study community; specifically, the level involvement that could bring the desire data (Srinivas, 2002). Besides that participation or active involvement are significant aspects of the fieldwork process. It is not possible for the field workers to do delineate the nature of his participation and portray margins beyond which he will not step. The situations arising in the field have their dynamics, and the dependability of the researcher remains high in the study community, to understand the events of the community in a proper manner.

There are many textbooks in methodology that speak about the inclusion and exclusion criteria of households for observation in a study. But they forget about the vulnerability of a field worker in the hand of the study community or in the hand of the field, where he is under surveillance. It is quite difficult for the researcher to select the appropriate inclusion and exclusion criteria and key informant for good research. There are certain things that decide on the field itself. Therefore, it is mentioned that the vulnerability of the research sometimes depends on the study community and the study area or location. Another universal phenomenon appears in the field that we involve for the best research. It means difficulty in selecting the best

key informant or respondents who can properly guide the researcher. This is universal phenomena or difficulty a researcher faces during fieldwork.

Besides researcher gains many hidden ideas from the knowledgeable persons of the study community. But it has its own limitations what the elite represents the establishment and have an interest in planning off to the fieldworker what Srinivas class the 'establishment myth'. It refers that the researcher finds difficult when he/she has to choose a particular group, who can be ideal for the local community's knowledge or socio-cultural history. It is observed from the field that it is difficult to choose the group from two opposing groups within the selected areas.

The field problems sometimes create more confusion than the theoretical one, particularly when it is important to collect the minimum reliable data from the field. Also the amount of field staying is a significant part of the fieldwork, many times it is experienced that some mistakes happened during the initial time of the fieldwork, people forget as long as that's not serious in nature. The study population more often thinks they are superior to the field worker. Because they know that researcher for the maximum time depends on their help and coordination.

In addition, the inquiries also arise among the study people, at the end of the fieldwork or when the fieldworker leaving the field, people are worried about the information and its use in the future. The most typical problem is to choose a study community and a field. It is generally seen that field workers are not ready to spend a great deal of time in the field. But it is not the case for present research as researcher gives quality time (one year has spent in the field by researcher) for field work. The field may be a village, urban slum, hospital, and any institution.

There are certain peculiar tendencies among the researchers to select the typical field, actually, there are no such things only can one get some serendipitous knowledge. If we seriously look at the meaning typicality related to the field, the researcher thinks it is only knowledge of the problem of the study, not the field. There are many anthropological literatures that show that a field worker should stay in the field maximum period and study the community (Bernard, 2006). But the practicality is quite different from reality; it means it is not so easy to study the whole community. It is also a fact that the researcher knows little about the community they study. Researchers are not in any position to formulate any hypothesis. Hence it is very

difficult to study all aspects of the field or understand the increasing knowledge complexity of the field. It is not only to diffuse if not vast to permit exhaustive coverage.

Another crucial aspect of the fieldwork is covering holism, which is very difficult to maintain in the study. Because nowadays the simple society is also changing at a fast rate, any element or aspect researcher is trying to study that is also part of the larger society. So it's neither possible nor visible in the real sense. Hence it is better to study the segment of society and try to link with a larger or complex society. If you want to study any simple society as a whole, it is better to narrow the specification of interest area which could have a vital alternative in true sense. Otherwise, it is doubtful to study the whole even it can apply to classical anthropologists also (Srinivas, 2002).

The formulating hypothesis for field worker should have studied some relevant existing literature otherwise it is difficult to develop in the field. The field guides us in the process investigation. Subsequently, there is less chance to develop a hypothesis in a vacuum. What most field workers go into the field of their interest and with as much knowledge of the region as can be derived from secondary materials. In order to become a successful fieldworker there are no single criteria, but an array of characters like, intellectual acumen, survival skill, and critical reflection on standing in a diverse background of an individual and see the world as they see it. The most important aspect of the fieldworker needs to be more interactive qualities. In intensive fieldwork, the researcher has not only to collect exact information on diverse items but also be able to think and feel like the people whom he is studying. But it depends on the rigor and the ambitions of the researcher.

The open mind, of the researcher is the most significant part of a field worker. It helps to collect not only the selected research domain but other important or unexpected areas, which sometimes change the course and direction of the research. Therefore, the fieldworker always remains open-minded and allows the research to receive diverse information from the field. A good researcher is, always remains absent from prejudice and biases, which should have not influenced the research or data interpretation. Also, the researcher remains undisruptive in the field as per to study community is concerned. The universal part of fieldwork is the expectation

of the study population or community from the fieldworker. The study community knows that researcher has resource he/she can fulfill their demands or needs. But it is not like that; many times fieldworker is unable to meet the expectation of the people. It also depends on the capability of the researcher to do that.

2.17 Ethical Consideration

Ethical review is one of the pivotal aspects of research work. Every researcher tries to cover this part through his/her research process. So the current study also takes ethical clearance from the University Ethics and Review Board. It is an academic necessity for all research scholars, those who want to conduct research. There is a certain situation or part of the research, which barely needs earlier approval of the concerned authority to get the field entry. Hence, it works as an entry gate ticket and helps in covering the sensitive areas of the topic i.e. photography and audio recording. Besides the fieldworker needs to take prior permission of the study population. The present researcher has taken the utmost care to avoid ethical issues among the study community. The confidences have been maintained with respondents like widow, infertile women, separated men not include certain healer's photo and video as per their integrity. Besides, there are certain photos i.e. hunted animals are not shown because of forest law and criminal law that might be problematic for Mankirdia.

The present research is designed, reviewed, and undertaken to ensure integrity and quality. The research staff and subjects must be informed fully about the purpose, methods, and intended possible uses of the research, what their participation in the research entails, and what risks, if any, are involved. Some variations are allowed in very specific and exceptional research contexts, for which detailed guidance are provided. The confidentiality of the information supplied by research subjects and the anonymity of respondents must be respected. Research participants must participate in a voluntary way, free from any coercion. The researcher is very much concerned and avoids future harm to the study community. The independence of research and conflicts of interest are explicitly mentioned.

2.18 Delimitation of the Study

This study is a micro-level study, which focuses only on Mankirdia tribes. However, it is essential to understand the richness, vast knowledge of their cognitive world, the processes involved in health-seeking behaviour and healing approaches, which are important markers for research insights. Moreover, the generalization of data of the present study is not suitable for other tribes of Odisha.

Chapter-III

People and Habitat

Introduction

Present chapter has elaborated detailed descriptions about the study area (District, Blocks, and Villages). It includes history, geography, socio-cultural life, tradition, custom, religion, economy, literature, natural resources, etc. Besides it has described the status of scheduled tribes, Particularly Vulnerable Tribal Groups (State and Mankirdia tribe of the study village).

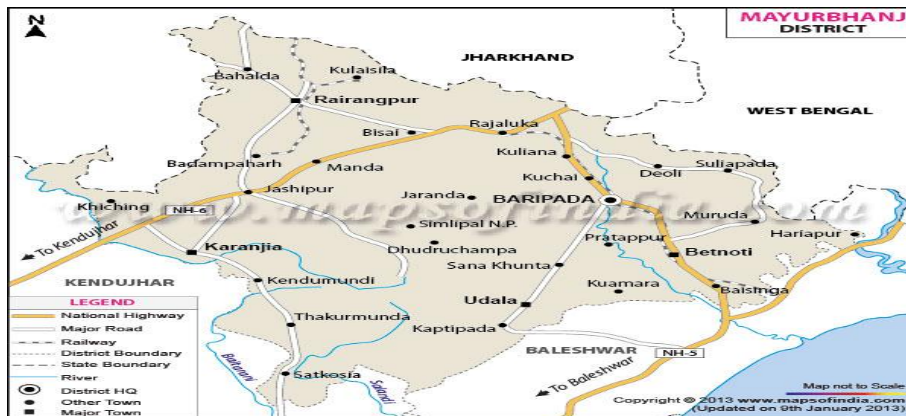
3.1 Historical Background of Mayurbhanj District

Mayurbhanj is the largest region in the province of Odisha. It is situated northern part of the state and shares its border with the neighboring states of Jharkhand and West Bengal. It represents 6.69 percent of the state's domain and spreads the region of 10,418 sq km. It is the last royal state to be converged with the Indian union in 1949. Prior to its merger, Mayurbhanj had the differentiation of being ruled by the Bhanjas for more than thousand years in royal succession.It is well known across the nation for its rich biodiversity, Similipal Reserve Biosphere, and National Tiger Park. There are many hill ranges in the district, which origins at the center with slopes gradually to the east. The district is also famous for its tribal communities, which account for the highest ethnic group in the state. According to the 2011 census report, the district alone comprises 58.70 percent of the tribal population of the state.

The Santal tribe is predominant and most advance among all other tribes of the district. Except Santal tribe, there are other tribal those who live in the district are Munda, Kola, Lodha Hill-Kharia, and Mankirdia as well. The district is known for its internationally acclaimed

Chhau[5] as well as Jhumar[6] music and dance. It was evident from an archeological heritage of the district that the area has been inhabited since the middle Pleistocene age. It was manifest from lower paleolithic culture, which is found at several sites in the district. Some scholars still believe that the origin of lower paleolithic culture in Mayurbhanj starts from lower Pleistocene.

3.1: District Map



Mayurbhanj is famous for its rich historical monuments in various parts of the district. The district was ruled by enlightened ruler Sriram Chandra Bhanja. It has a unique tradition that, women pulling the car of Devi Subhadra every year in the Ratha Jatra at Baripada town. This event shows the importance of women members in their culture.

3.2 Demography

Mayurbhanj district is known for its demographic distinctive characteristics. It is the first district in size and 3rd in terms of population. Census of India has mentioned that, the district accounts for 6 percent out of the total population of the state. The total population of the district is 25, 19,738 out of which, the males are 1256213, and females are 1263525. The trend shows that the population ratio of the district has increased i.e. 4.12-fold, from 6, 10,383 in 1901; 22, 23,456 to 25, 19, 738 in (2011 Census). The decennial pace of increment was marginally higher

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[5] Chhau is a semi classical Indian dance with marital, tribal and folk tradition. This is originated in eastern part of the India. Besides the dance perform in three part of India i.e. Mayurbhanj (Odisha), Puruila (West Bengal) and Seraikella of Jharkhand.

[6] Jhumar is a popular traditional folk song of the Mayurbhanj district. This song depicts the emotion of the populace festivities, marriages and other social rituals.

than that in the state, which saw 4.07 occasions increment from 1, 03, 02,917 to 4, 19, and 74,218 over the relating time frame (Census, 2011).

3.1: Sex Ratio of the District and Mankirdia Tribe

Census Wise Sex Ratio	Mankirdia Tribe	Mayurbhanj District
1961	920	1016
1971	942	1004
1981	951	1010
1991	1001	996
2001	937	994
2011	942	1025

Source: Demographic Profile of Scheduled Tribes in Odisha, 1961-2011

Sex ratio of the district shows, 1006 females per thousand male. It was less till 1971, but it changed in the last four (1971-2011) decades. It has shown that, age sex distribution of the district; younger age groups are highest in number (70.74%). Also, the sex ratio in age group of 0-4 and 5-9 are 973.74 and 951.43 respectively. However, the pyramid of the Mayurbhanj district shows a trend of a growing population with a bulging base and narrowing end with maximum concentration in the younger age groups.

Total urban population of the region is 7.66 percent as against 16.69 percent of the state's urban population. It is the 24th urbanized district of the state. The majority of the district population come under Schedule tribe and Schedule caste categories; this comprises 58.72 percent and 7.33 percent of the district. The most urban populated area of the districts is Karanjia Notified Area Council (NAC) (29.13%). Baripada municipality shares 11.12 percent of the total urban population in the district. Schedule caste (SC) populations are highest in urban areas 11.12 percent as compared to 7.02 percent in rural areas.

3.3 Hill System

The entire central group of hill ranges and the plains are covered by Sal belt and dense forests; whereas the innermost part of the district is covered by a group of hills which are known as Similipal hills. Further, another important hill is situated in the southern extremity of this group known as the Meghasani hills. The average height of the hill is 1165.55 meters. Other important hills are the Dhudruchampa (1008.80 meters.), Gorumahisani (903.42 meters), Badampahar (832.10 meters.), Chahala (774.49 meters) and Balidiha (623.01 meters).

3.4 River System

The district is surrounded by several streams, like; Budhabalanga, Baitarani, Katra, Palpala, Chipat etc. These are the principal waterways of the Mayurbhanj district; for example the Budhabalanga which ascends from Similipal Hills and streams around 90 km through the region. The stream Baitarani isolates the regions of Mayurbhanj and Keonjhar. The stream Subarnarekha wanders through the territory of Bihar, West Bengal, and Odisha. For dealing with the normal disasters of the region, there are different stores developed over the surges of Son River and Kalo River close to Udala and Deo River close to Karanjia keeping the significance of flood control and water system. The significant wellsprings of water originate from the waterways like Budhabalanga, the Kharkai, the Salandi, and a few different feeders ascending from Similipal Hills that fall into the Baitarani and Subarnarekha.

3.5 Climate

Climatic zone of the locale is isolated into four sections, these are like; late spring, rainstorm season June to September, and the post-storm season from March to May, and the winter from November to February. The month of October and November comprise the post-rainstorm season. December is the coolest month with a normal temperature of 14 to 16 degrees centigrade. The locale is portrayed by an abusive blistering summer, high mugginess about lasting through the year. The precipitation is very much disseminated over the locale during rainstorm season. The normal temperature once in a while tumbles to 4 degrees centigrade at a couple of spots. The normal temperature of the area remains clammy during rainy season.

3.6 Rainfall

The area's yearly rainfall is less uniform over the region. The annual precipitation of the region is 1,600.2 mm. The catastrophe made disparities in precipitation, these two occurrences were 2013 Phailin[7] and in the year 2014 (HudHood) which harmed entire Baripada, Betnoti, Badasahi and in excess of 50% of the Baripada municipality region was lowered and waterlogged for more than twenty-four hours. The annual precipitation is uniform everywhere throughout the region aside from low precipitation for the Bamanghaty region. Sometimes the area faces tempests and wretchedness, which is made in the Bay of Bengal during a rainstorm.

3.7 Forest

According to the Botanical Survey of India report 1958, shows that the Similipal forest of comprises a single compact block, which represents a virgin semi-evergreen forest which expresses the climatic climax type of vegetation. The central part of the forest covers the ridges, valleys of ranges, mountains and yet, untouched by any biotic factors. The forest growth is thick and dominated by the gigantic growth of the large number of tree species. The total forest region is constituted 42.16 percent of the total ecological area. The total area of reserve forests 3330.14 sq km, demarcated protected forests 245.06 sq km, unclassified forests represents 2.20 sq km, and other forests is 814.73 sq km (SC & ST Department, Govt. of Odisha 2015).

There are various type of vegetation found in the district, among these the most important are semi-evergreen forest, dry deciduous and mixed deciduous forests or semi-evergreen, Mixed Deciduous Hill Forests, High-Level Sal, Dry Deciduous Sal Forests, Plains Sal Forests Grassland, and Savannahs. The mixed deciduous forests or semi-evergreen types are seen over the eastern side of the area. These are the overview of forest resources of the district.

3.8 Ethnic Composition of the District

Mayurbhanj district share its boundaries with neighboring states like; Jharkhand and West Bengal. As a result, the in-migration and out-migration have been continuous increasing in

[7] Phailini is one of the cyclonic storms, which made landfall near Gopalpur in Odisha on October12, 2013. It toppled many trees, power lines and affected the life and livelihood of coastal districts of Odisha.

the district. Its forest resources and vast land attracts other district and state people to settle down in Mayurbhanj. Due to this migration and cultural diffusion occurs amongst the migrant and native tribes. Thus Mayurbhanj has been home to several communities with distinct cultures, languages, dress, traditions, and behavioural patterns, etc. In spite of cultural diffusion, many of them preserve their unique culture. The district population has remained heterogeneous because of the differences in culture and ethnicity of the population, which has been a unique characteristic of the district. All these tribal communities have their own cultural identity.

The total tribal population of Odisha constitutes 22.21 percent, and the group is divided into 62 sub-groups, out of which 18 lives in Mayurbhanj district. The district tribal population constituted 57.8 percent in 1991that came down to 56.59 percent in 2001 and rose to 58.72 percent in the 2011 census. The major tribal groups of the district are Santal (45.32 percent), Kolha (17.5 percent), Bhumijas (12.29 percent), Bathudis (8.59 percent), and Bhuinyas (4.60 percent). Besides these, other important tribal groups are like; Gonds, Sauntis & Mundas etc. All these tribal groups remain within two percent population of the district. Except these, certain tribal groups remain below two percent of the numerical strength (Das, 2016).

3.9 Language

Language is the integral aspect of human being, through which communication occurs. The constitution of India has recognized 22 languages, but more than 5000 dialects are used in India (Kar, 2009). It shows the diverse character of Indian society. In the case of Mayurbhanj district is concerned, four main language groups are found. These are like; the Indo-Aryan, Munda Family, Dravidian family, and Indo-European family. The first groups of languages are spoken by Oriyas, Bengali, Hindustani, Gujarati, Kachi, Marwari, Punjabi, and Nepali. The second group is predominantly used Munda language, which is frequently used by the tribal groups i.e. Santali, Ho, Bhumija, Mahali, Kera, and Karmali. The third group belongs to southern part of the country like; Oran, Kharia, Kishan, Gondi, Tamil, Telugu, and Canarese in all numbering seven languages. The fourth group belongs to the foreign, to Indian languages; these are French and Portuguese of Romanic, English of the Teutonic group, and Russian of the Slavonic group.

3.10 Tribe

India is known for its diverse ethnic groups. Its cultural activities of the various indigenous communities show unity in diversity. These are different types of dialect, dress, food habits, different religious groups, and their various festivals (Bulliya et al. 2005). The scheduled tribe (ST) is one of the important groups that spread over the country predominantly in hilly areas of the districts. Article 341 and 342 of the Indian constitution has recognized them as schedule tribe, earlier they called as a primitive tribe but now they recognize as Particularly Vulnerable Tribal Groups (PVTGs).[8] The term Particular Tribal Group (PTG) is derogatory and demeaning, so it was changed to PVTGs.

Tribal are well known for their basic characteristics like declining population or stagnant population, low level of literacy, traditional technology or pre-modern technology, and economically backward. Most of these groups are socially and economically backward. They reside in distant areas having a helpless foundation and managerial help. In the case of Odisha is concerned, the State is known by its traditional name as Kalinga[9] during the ancient period. It got full statehood in 1936 lies in the tropical zone along the east coast of India within 17.50 to 22.30 N latitude and between 81.30 to 87.30 E longitudes. It covers about 4.8 percent of the country's geographical area. The total scheduled tribe population of the state is 22.9 percent in the 2011 census.

3.11 Identification of Particularly Vulnerable Tribal Groups (PVTG)

The term Primitive Tribal Groups had received during the Fifth Five Year Plan by the Government of India. In the year 2006, the administration of India has renamed it as Particularly Vulnerable Tribal Groups (PVTGs).

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[8] Particularly Vulnerable Tribal Group is known as PVTGs. There are 75 tribal groups are identified as PVTGs by Ministry of Tribal Affaires as PVTGs. They reside in 18 states including one UT of A &N Islands. The main objective is to make proper plan and policy for all round development of these PVTGs.

[9] Kalinga is the traditional name of the state Odisha. It is defined as the eastern coastal area of India which lies between Godavari and Mahanadi rivers and its boundaries have fluctuated with the territory of its rulers. The major part of Kalinga now covers Odisha and northern part of Andhra Pradesh and some extent Chhattisgarh.

Characteristics of PVTGs

To identify a particular tribal group as a PVTG, we need to understand the basic features of this community. The important characteristics of these PVTGs are like; the size of this community is very small, it is the sub-tribe or a part of a tribal community, simple social organization, and cultural homogenous group, depending on the simple economy, having unique lifestyle, live inaccessible areas. They have a rich legacy, convention, culture ethos, belief systems, world view, esteem direction, and so on.

3.12 Particularly Vulnerable Tribal Group (PVTGs) in India

There are total of 75 PVTGs distinguished and dispersed in 14 unified States and one Union Territory of India. The legislature of India has assessed their number to be roughly 1.36 million, which represents around 21 percent of the complete scheduled tribe populace of India (Poverty and Human Development Monitoring Agency, 2018). The details has mentioned below.

Table 3:2 PVTG in India

State	Number of PVTG
Andhra Pradesh	12
Bihar	9
Gujarat	5
Karanataka	2
Kerala	5
Madhya Pradesh	7
Maharashtra	3
Manipur	1
Odisha	13
Rajasthan	1
Tamil Nadu	6
Tripura	1
Uttar Pradesh	2
West Bengal	3
Andaman and Nicobar Island	5
Total	75

Source: Population Profile of Scheduled Tribes in Odisha 1961-2011.

3.13 Particularly Vulnerable Tribal Groups (PVTGs) in Odisha

In Odisha the total tribal groups are 62 out of that 13 belong to Particularly Vulnerable Tribal Groups (PVTGs). All the above tribal groups are divided into three linguistic divisions such as the Austro-Asiatic (Mundas), Dravidian, and Indo-Aryan. The major livelihood sources of the above tribal groups are like; minor forest collection, hunting, agricultural labourer, and shifting cultivation. Besides, they also produce various kinds of handicraft products and engaged in small businesses as well. Hence, their financial condition isn't indistinguishable.

Therefore, the vulnerable and economically backward tribal needs proper government assistance to improve their existing condition. In 1973, the Dhebar Commission made Primitive Tribal Groups (PTGs) as a different class, which are less evolved among the ancestral gatherings. During the fifth Five Year Plan (1974-79), Government of India had formulated special programme and policy to improve the status of vulnerable tribes. In the year 2006, the Government of India renamed Particular Tribal Group (PTG) as Particularly Vulnerable Tribal Groups (PVTGs). Odisha has the largest number of Particularly Vulnerable Tribal Groups (PVTGs) (13) among the states and union territory of India. They are the Bonda, Birhor, Chuktia Bhunjia, Didayi, Dongria Kandha, Hill Kharia, Juang, Kutia Kandha, Lanjia Saora, Lodha, Mankirdia, Paudi Bhuyan, and Saora. The PVTGs of Odisha are localized groups. They are found in explicitly reduced zones spread more than 12 locales over the state. These PVTGs were distinguished in Odisha in various five year plan periods beginning from the fifth five year plan period (1974-79) which has described below.

Table: 3.3 Year Wise List of PVTGs in Odisha

Five Year-wise list of PVTGs in Odisha		
Plan Period	Year	Name of the PVTGs
5th Five Year Plan	1974-79	Bonda
Plan Holiday	1979-80	Juang,Lanjia,Saora,Kutia Kandh,Dongria Kandh,Saora,Paudi,Bhuyan and Birhor
7th Five Year Plan	1985-90	Didayi, Hill Kharia, Mankirdia and Lodha
8th Five Year Plan	1992-97	Chuktia Bhunjia

Source: Population Profile of Scheduled Tribes in Odisha 1961-2011.

All these PVTGs reside in two major geographical regions of the state. One is the Eastern Ghats region of the state and the second one is Northern Plateau. Out of 13 PVTGs, six clans that are, Birhor, Mankirdia, Hill Kharia, Juang, Lodha, and Paudi Bhuyan are situated in the Northern Plateau and remaining seven are Bonda, Didayi, Chuktia Bhunjia, Dongria Kandha, Kutia Kandha, Lanjia Saora, and Saora live in the Eastern Ghats locale of the State. All these PVTGs are included in Tribal Sub-Plan[10] and Non-Tribal Sub-plan areas. Only one remains in Non-TSP zones, and two PVTGs to be specific Paudi Bhuyan and Saora possess both TSP and Non-TSP areas of the state. The remaining ten PVTGs of state are included in TSP areas. Total of 541 villages is covering 84 GPs, twenty blocks, and ten Integrated Tribal Development Agencies (ITDAs), and 12 locales. The profile of PVTGs in Odisha has described in the table.

[10] Tribal Sub-Plan concept was created in the Fifth five year plan (1974-79) and its implementation started in 17 states and two union territories. Later the operational area has increased to 23 states. The area of the tribal-sub plan is blocks and tehsils with 50% of tribal population. The major objective was to minimize the gap between tribal and non-tribal in the development parameter.

Table-3.4: Profile of the PVTGs in Odisha

Number of Districts	12
Number of ITDAs	10
Number of Micro Projects	17
Number of Blocks	20
Number of Gram Panchayats	84
Number of Villages	541
Number of Households	21,802
Number of Population	89,208

Source: Baseline Survey, 2015

In Odisha, all these Particularly Vulnerable Tribal Groups (PVTGs) can be arranged and assembled into four techno-monetary stages, specifically hunter-gatherers, shifting cultivators, terrace cultivators, and settled cultivators. The first characteristic is presented by tribal groups such as Birhor, Mankirdia, and Hill Kharia. The second groups are represented by the Bonda, Didayi, Dongria Kandha, Kutia Kandha, Juang, Lanjia Saora, Paudi Bhuyan, and Saora. The third category of tribal is represented by Saora and Lanjia Saora. The last techno-economic stage is shared by Lodha and Chuktia Bhunjia.

3.14 Mankirdia-meaning, origin, Distribution population

Mankirdia tribe (Synonyms to Birhor tribe) constitutes a semi-nomadic Particularly Vulnerable Tribal Group (PVTGs) of Odisha. The term Mankirdia comes from two Austro-Asiatic languages; Bir means forest and Hor mean men. The etymological meaning is "Man of the forest". The nature and features of this tribe categories them as nomadic tribe. They are mostly seen in the northern part of Odisha i.e. in and around the Similipal Reserve Forest and the outskirts of neighbouring villages. They are known by different names such as Mankidi in the district of Sundargarh and Sambalpur, Mankirdia in the district of Balasore and Mayurbhanj. It is seen many times that neighbouring village people employ them in their village to catch the

monkey. They are one of the primitive forest dwellings and wandering communities in the states. They wander in the forest in small bands and make a temporary house called Khumba.

They communicate with outside people using Mundary and Oriya language. They are classified into two different groups, i.e. Uthals[11] and Jagis[12]. These two categories are based on their mode of adoption. The Uthals are nomadic while the Jagis are sedentary settlers. The Uthals change their habitation frequently within a specific location. They make a group, which generally constitute from ten to fifteen members. The temporary settlement of Mankirdia tribe is called Tanda which is created near to the forest and the temporary leaf hut of Mankirdia is called Kumbha. This is a dome-shaped structure with a small opening gate. They enter into the house in a knee-bent position.

The Mankirdia falls into the category of hunter-gatherer, having trade relations and exchange transactions with the local peasant group. Instead of settling in one place they wander from place to place within a circumscribed area and therefore, known as a nomadic tribal group. Their presence is felt in different states likes Odisha, Bengal, Assam, Madhya Pradesh, and Maharashtra. In the state of Odisha they are known by different names such as Mankidi, Mankidia, Mankharkhia, Mankirdia which has been so-called mainly because of their monkey hunting and eating character. Both Mankirdia and Mankidi are the same and both are none but Birhors. According to the 1981 census, in Odisha, Birhor population was enumerated as 142 under the name of Birhor, 202 under the name of Mankidi, 1006 under the name of Mankirdia. The main concentration of Mankirdia tribe is in the district of Mayurbhanj. They are also found in the district of Balasore, Keonjhar, Sundargarh, Sambalpur, Cuttack, and Dhenkanal. They also have good number in the states like Bihar, 3,465 in 1971, 100 in 1961 in Bengal, 513 in 1961 in Madhya Pradesh, and 22 in 1961 in Maharashtra. It was observed from various studies that, the

[11] Uathalu is the sub-category of Mankirdia tribe. They are widely known for their nomadic life in the states of Odisha. They are mostly make habitat inside the forest area or adjunct area .In Odisha they are seen in the district of Mayurbhanj, Balasore, Jajpur, Kendujhar etc.
[12] Jagi is one of the sub-categories of the Mankirdia tribal group. They are in the verge of change and living like semi-settled tribal group in the state of Odisha. Their presence is widely seen in the Jajpur District, Sambalpur, and Balasore District of Odisha.

original place of this tribe was Chhotnagpur Plateau of the Bihar. But other beliefs, they were an inhabitant of the Bastar region of Chhatisgarh (Roy, 1925; Adhikari, 1978; Dash, 1992).

3.15 Physical Features

Mankirdia has medium height, broad-headed, and possess gloomy brunette color skin. They have large nose, small dim eyes, little ears usually with lobes attached and forehead is wide and diminishing. In respect of physical features, they resemble like Santal and Ho.

3.16 Settlement Pattern

Mankirdia rehabilitation colony is located at Kendumundi in plain land, on the periphery of Similipal forest. The housing structures of this village are linearly arranged, there are two rows of houses arranged opposite to each other. They have been provided with fireproof houses by the Integrated Tribal Development Agency (ITDA), Karanjia. This is quite different from their traditional leaf hut. Some of the Hill Kharia tribal has also been rehabilitated in this village. The housing structure of Mankirdia shows that, each house has single room, with verandah and the roof of the house build by asbestos and the walls are cemented. Every house has a door and two windows. There is a gap after every two houses. The major infrastructures of the village are primary health center, Anganwadi centre, lighting facilities etc. There are also two Self Help Groups (SHGs) functioning in this village, namely Maa Sandugura and Maa Chatlisi. There are a total of 38 households in Kendumundi village. The total populations of the Kendumundi village are 128; out of that male are 69 and 59 females. The housing condition is very poor; there is no repair since its establishment. Some government provided asbestos houses are in very bad condition to live. The present settlement pattern of the village has no similarity with the traditional settlement. The old conical Kumbha[13] was not arranged linearly, rather scattered in an area without maintaining any order. They have changed their housing pattern, but still few of them are staying in their old leaf hut.

[13] Kumbha is a Mankirdia language used for leaf hut. It is their traditional housing pattern and sometimes creates unique identity in the locality for them.

Most of the Mankirdia of Dengam villages live in leaf hut. It is made out of Sal leaf, and plastic Pala. The houses of village are scattered, located near to the forest. The housing facility was given only twenty families under government scheme. The remaining Mankirdia live in leaf hut has no permanent housing facilities. They live in the leaf hut that is dome-shaped having an opening to the entrance. It was made of twigs with leaves of Sal tree, woven into a framework of wooden sapling tied together with Siali fiber. The height of Kumbha or house found in Dengam village was about five feet. It covers a circular space having a circumference of 46-50 feet. Mankirdia make an earthen ridge around the outer circumference of the leaf hut to prevent seepage of water. The leaf hut has no window, but they make a small door made of twigs and Sal leaves. This settlement pattern of the villages reflects two pictures (traditional and modern).

3.17 Environment

Kendumundi is situated on plain land at bottom of the Similipal Hill Range. There is a thin coverage of Sal tree around the village. There is a networking of small hilly streams all over the forest area. The frail end of the Similipal hill range is visible from village Kendumundi. There is an isolated hillock called Dhindirirani[14] located adjacent to the Kendumundi village. Local people say, because of the discontinuity and isolated placement of the hillock, it would not connect any other hill and remain single forever. Natural resource makes the region suitable for living.

Dengam is situated at the bottom of the Similipal hill range. There was a dense coverage of Sal forest around the village. There is a network of small hilly range that visible from the village Dengam. The natural environment and plenty of natural resources make the area suitable for habitation. Climate of the area is very much influenced by the Similipal hill range and the large compact Sal forest. Monsoon rain is relatively less in this region, than the coastal area of the state. Rainfall of the area is more regulated by the forest and the hill range than the monsoon. Large coverage of the forest makes the climate cool. The temperature goes down to two degrees during winter.

[14] Dhindirirani is the local term used for hillock. This is the natural friend of Mankirdia people. It is protected the natural beauty of Mankirdia habitation. The forest, hillocks and lakes are means of their life and livelihood. This is not just as symbol of habitat but cultural meaning.

3.18 Flora and Fauna

The area is well known for its natural beauty, which attracts thousands of tourists every year. Similipal Biosphere is one of the important place, which famous for wild animals and older plants. It not only attracts the local people but brings many outside people into the area. It has been well observed that the region is rich in vegetation, Sal tree is the climax species of the area found in the maximum places of the district. It is famous for tigers and elephants, which are widely seen. There are many other wild animals like bear, deer, hyena, monkey, the snake etc.

3.19 Communication

Kendumundi village comes under Karanjia tehsil of Mayurbahnj district in Odisha. The region is arranged 142 km away from headquarter and 17 km away from Karanjia town**.** Patbil is the grampanchayat of Kendumundi village. The village is well connected with nearby districts like Keonjhar, Balasore, Bhadrak, and Jajpur. It is also well connected to national highway five to the state capital.

Dengam village is situated near to (NH-5) and well connected to state capital. The frequent bus service connects the major towns and headquarters of the district. There is also a direct bus communication from Khunta to Cuttack, Bhubaneswar, Tata, Daitari, and some other major cities. The Khunta bus stoppage is 12 kilometers from the Dengam village. It is also well connected to nearby villages.

3.20 Water Resources

Mankirdia use stream and pond water for bathing and washing purpose. There is a permanent water stream near to their village. They also use public hand pump for drinking purpose and use well water for cooking and drinking. Few of them don't like to use tube well water due to its bad smell. Stream and pond water are utilized for cleaning utensils and irrigating the backyard plantation.

Figure No 3.1 Sources of Water

3.21 Marketing System

Kendumundi people, mainly depend on the Kendumundi weekly market for their daily household goods. They visit other local markets or Hatt*15* for selling their rope products and forest products to bring essential household goods. There is a daily market at Jaliguda near Dengam village. Every Sunday and Thursday, the weekly market was arranged. It is a large multipurpose market. People from nearby villages come to buy and sell their products. Mankirdia sell their ropes-made products, i.e. Sika, Tapa, and leaf plates in that market. It has fulfilled multipurpose work, i.e. making ritual friendship, selling and buying goods, exchanging information with their relative, etc. Mankirdia sell their vegetables, lives- stocks and forest products to buyers of different parts of the state.

3.22 Educational Institution

Dengam village has one full-fledged school starting from class one to tenth class. In addition Mankirdia send their children to Anganwadi center for children's education. It was observed from their literacy ratio, they give less importance to education in their life. The literacy ratio is low among Mankirdia. During the researcher's interaction with the school headmaster and Anganwadi worker relating to Mankirdia student's educational performance, it came to notice that Mankirdia children were coming only to receive food at Anganwadi center. In addition, no serious effort was taken either from parents and teaching staff for their educational development. This is one of the major causes of low literacy. There is a college for the higher study of Mankirdia tribal. This is situated 13 km away from the village. It is located at

[15] Hatt is the local term used for weekly market by the Mankirdia.

headquarter of the block Khunta. The researcher didn't find a single college going student in the Dengam village. This year two girl students have passed the high school examination. In the case of Kendumundi village is concerned, they send their children to Kendumundi School, which is situated very near to their Tanda. They also send children to Anganwadi center and Agarpada residential school, which is specially made for Hill-Kharia and Mankirdia children.

3.23 Dress and Ornaments

The dress and trimmings of Mankirdia are indispensable. Small children of the community barely put on any garments. However, the girl child wears frocks and pants. Female members of the community hardly keep one or two sarees and preserve good one for festive occasions and dancing programme. On festive occasions, female member wear some undergarments like blouses and saya, young girls wear new print sarees, and use cosmetics like; talcum powder, Bindi, clip ribbon, etc. The male member usually wears Dhoti and Ganji, occasionally wears shirts. The use of Dhoti and sarees are known as Khichiri[16]. Female members don't pay proper attention to wearing ornaments but they wear it during festive occasions like; Makar, Nuakhia, and Raja. The major ornaments of Mankirdia were Bangle (Askum, Churla), Earring (Kundali), Nose ring (Nuput), Necklace (Khanasa), Ankel (Painri), Hairpin, etc. Earlier male members were wearing a napkin called "Bandal Bhagua[17]" and the women were wearing a small cloth at the lower part called "Putuli".[18]

3.24 Languages and Dialect

Mankirdia speak a language that belongs to Mundari group of Austric family. Their language has a similarity with other Mundari speaking groups like the Santal, the Munda, and the Ho. The basic terms used in day-to-day life like D-water, Mandi-rice, Utu-curry, Sendra-hunting, Hunu-Monkey, Jhali-hunting net, Bonga-deity, Siring'-song, Enech-dance Ene-game, Aba-father, Mae-Mother, Kaka brother, Bahia-sister, etc. They speak their language at home but speak Odia in market places while talking to other community members. There are certain

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[16] Khichiri is the local word used for Dhoti, which is the traditional dress of male Mankirdia.
[17] Bandal Bagua is a local term used for Mankirdia's male napkin.
[18] Putuli is the Mankirdia language used for lower part dress of Mankirdia women.

common words or terminology used by both Mankirdia tribe and other local tribal i.e. Bapal (Marriage).

3.25 Households

Family is fundamental unit of creation and utilization among the Mankirdia, and revolved around a typical hearth. It is privately known as Orha (actually, Orha implies house or hovel). Nuclear family is the customary unit of Mankirdia, which refers to a number of households at a site and constantly communicated regarding Orha or families. There might be a bigger number of cottages than the number of families. Accordingly, an Orha implies a gathering of people who produce, expend, and live respectively and keep up a typical hearth. Throughout hands-on work, the researcher experienced hundred families. The piece of these family units shows events of specific kinds of families.

The basic function of the Mankirdia household is to collect the Siali[19] creeper from the jungle and process and exchange in the local weekly market. Each family member contributes to the process of production system. There are certain divisions of labour, but that is not fixed or rigid. In a typical set up, the spouse goes to the forest for assortment while the wife manages the house. Other than that cooking and raising youngsters, visit town markets with ropes and rope-made items etc. The children aged group above five also contributes to the process of household work or economic activities along with their father or mother. In the case of girls, the aged group of above six or seven keeps their siblings in the house or sometimes accompanies with mother in the local market or household work. The power equation or authority of the Mankirdia family lies in the hand of the male members like the father, spouse, or the most established male members as per the organization of the family unit. This attribute was not visualized formally, but it could be easily understood in their daily life of the Mankirdia people. They wake up early in the morning at the time of 5.00 am to 6.00 a.m. Also, complete the morning work from 7.30 am to 8.a.m, then the male member leaves for the day's work. Instantaneously after they leave female member quickly, gathers some woods from the neighbouring scrub and carries water

[19] Siali is a raw material used for rope making purpose. It is the prime object for traditional occupation.

from the close by river or stream. They keep firewood and bring water from streams that are close to their tanda. After this first course of work, they leave tanda for timberland assortment.

3.26 Forest and Mankirdia

Mankirdia maintain a symbiotic relationship with forest, it is the lifeline for them. All the scanty economic activities of Mankirdia purely depend on this ecological niche**.** They frequently change their dwelling place due to shortage of water, Siali creeper, and local market. Hence their relation with forest is closely connected. They collect rice from an exchange basis of the local peasants by exchanging their rope made products and labour work. However, it is not the significant character of their economy. Since they engage in other important work as well, i.e. domesticated animals like pigs, cocks, hens, goats, dogs, etc. But the important occupation is the hunting monkey. All these domesticated animals are their economic source.

Rope making is one of the important occupations of the Mankirdia. They collect Siali fibers from the jungle to make rope made products, other than this, they also collect essential forest products like fruits, firewood, nuts, leaves, birds, animals, insects, ants, honey, soil, and other important aspects of their livelihood. All these factors influence them to settle in areas amidst the affluence of forest resources that enabling their economic activities. Therefore, they prefer to reside near the forest and change their settlement or Tanda only after the exhaustion of the forest resource.

The major parts of the occupation are fulfilled by rope making and hunting. These two have a vital role in their livelihood sustenance. Hence, Siali fiber collection has indeed played a formidable role in rope making. Thus they use all these woodland items and also sell them in the nearby market. Apart from these products, they collect several medicinal plants from the forest. Even they have good knowledge on the medicinal properties of the plants and its use. Hence, they possess a strong belief in magical power and wild herbs which they use in disease preventions. The above forest products play a major role in their foodstuff. Besides, they also collect leaves of palm trees of the dwarf variety and weave them into mats for domestic use. They also collect wood of Sal for construction of their huts and other household purposes. Therefore forest provides all the essential forest products, i.e. food resource and medicinal

properties to cure many diseases. Major medicinal plants collected like Harida, Bhada, Gada, Sinz and other tubers which bear special importance for them.

3.27 Animal Resource

Mankirdia domesticate animals for increasing their economic base. This is possible because of constant contact or interaction with locality. It was observed that they have adopted these new practices. In Dengam village, they kept more Desi hen and goats. But in Kendumundi village it was more goat rather hens. They domesticate animals for household use and business purpose as well. Despite this changing nature of the occupation, they still depend on the forest resource.

3.28 Band concept among the Mankirdia

Band is the second important social unit among the Mankirdia. The basic household work is organized by primary unit, but in case of pursuing a big game or hunting purpose, they need more manpower than a household unit. So the band acts as a major mean to organize big games or hunting purpose. It was observed in the field that, they not only hunt games for their household purpose but exchange the wild games into cash at the local market. Therefore, it provides them a scope to make get together with a couple of free families for hunting. This togetherness (like an agglomeration of a few households living, moving, and co-operating together) among the Mankirdia people is termed a Tanda. In the course of fieldwork, the researcher observed hundred households, which were organized into two small Tanda or village. Before this, the households were partitioned into a few temporary groups (Tola)[20] for living and working together, the normal size of the band is 5-17 family units.

Mankirdia community belongs to several related descent groups. The band was identified by the locality and name after the elder member band. It barely keeps any centralized power. Here, naming person of the band never controls authority or power over remaining members of the Tanda, in fact, individuals of the gathering through whose consistent acknowledgment and reliance that position comes into the center. Main function of the band or Tanda or village

[20] Tola is the temporary division of Mankirdia households or split of existing numbers.

(currently used) is hunting wild games. It is the agglomeration of some Tandas. Mankirdia organized into different types of hunting unit i.e. (Tura Jhari and Vhara Jhari)[21] games among their group members. The first one refers to small hunting and the second one indicates big games. They use Jali or nets for trapping the Mice, Gunduchi, Piegion, etc. Tura Jhari was used for small games and Ghara Jhari was used for big games (monkey hunting and deer).

Mankirdia use different types of nets to hunt the games, when they catch any wild animals sometimes they keep alive or may kill. They prepare the nets by using raw siali barks and plastic fiber. The crude barks are first kept drenched in water for a couple of days. At the point, when the barks are soaked and become dark, they take them out from the water and make strips out of them and make thin ropes. Now days, this activity is disintegrating from their day to day life, but still, few of them carry out it. In the case of small hunting, they need a small number of people including children as well. Even one or two people can do the job.

Sometimes children of the Mankirdia community climb trees and catch rats by hand. In case, on account of chasing monkeys that typically requires a gathering of ten members. They don't go regularly for hunting but they go, when they have some control over the factors of chance in hunting. Before planning of hunting, they arrange the basic necessities likes food, water, and hunting weapons. Mankirdia prefer hunting when they take some advance money from the local trader. They say that monkey hunting is not an easy task for everyone; it needs a group effort because monkeys are very clever, cunning and moves in group. So they generally prefer to catch them in a group. Mankirdia state that, monkeys move in groups of around thirty to fifty and some cases more than that, while langurs move a gathering of ten to twenty.

3.29 Hunting Process

Most of the Mankirdia families participate in monkey hunting like a journey, although there is no group leader for hunting, but any member of the Tanda having good knowledge in

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[21] Tura jari and Vhara jari are used to denote big and small hunting by the Mankirdia tribe.The tura jari is organized by the small group (1-3) members i.e. adult and children as well. But the Vahara jari is organized by the adult members and its duration is also long.

hunting can lead the expedition. However, the priest (Dhiri)[22] has some command over the individuals from his gathering; but his essence in chasing may not be consistently vital. They collect earlier information about the hunting jungle and trace the presence of the monkey in a particular jungle through their sound or Chhater or the excreta under the tress.

Figure No 3.2 Hunting Process of Mankirdia

They fix a date for hunting after the proper discussion with Tanda priest. They go for hunting in early morning, so that nobody could able to trace them. All participant members bring net, axes, sticks, and other hunting weapons. They go in a small group, each hunter carry a hatchet, a little stick (Tainina), and once in a while a tobacco box. At first they gather at a place and watch others' presence. After at some point, when they feel there is no one else to come, they leave for the forest.

[22] Dhiri is the religious head of the Mankirdia community and one of the important person of the village. Besides he also heads all the religious related rituals and function of the village.

After reaching in the jungle, they keep their nets and Tangia (Axe) at the hand of some senior members of the Tanda. Then they scattered around the jungle in different directions along with their nets, sticks and axes to find out the whereabouts of the monkeys. Following ten to fifteen minutes, they begin whistling and sound through mouth that demonstrates the returning sign for the individuals to their nets. Then, they sit and discuss where to fix their net to catch the monkey.

Then they search certain places or sides to make their hunting more suitable. In return, they exchange information and decide where to set up their nets. Especially, they fix their net at the slant of a hill with a stream, or any water source by side of the paddy field is chosen as the correct site. The nets are fixed directly and attached. At that point, the edges of the two rearmost nets are attached to trees, so that one edge stays over the other. At that point, the minor tops are extended to a great extent in an upstanding way utilizing Taini. The joints of two nets are secured with twigs having green leaves. At that point, a few people stay shut to the net and a couple of them shroud themselves, and couple of yards away before the nets. Few of them go lower side of the slant and some in the wilderness.

All the people present there, cover the net, and make a circular way but in hiding manner. All encompass the nets nearly in a more extensive semi-round way, yet consistently stay secluded from everything. Then they try to fear monkeys by beating trees and making different tones and cry. All the time they move toward the nets and narrowing the circle. Therefore, the monkey frightens to a great extent in dread, runs here and there in fear. For the most part, monkeys from the streamside run out to move up hilltops, while those from inward forest run towards the stream, to discover an exit from the jungle. In these two cases, they fall into the trap. Hunter generally tries to terrorize and approach to monkey towards nets. Once the monkey torches the nets, the sticks slip down and the nets get slack.

Then the monkey entrapped into the net. Immediately the hunter rushes upon the monkey and hit by the axes till to death. Net owner becomes the owner of the monkey. Mankirdia regard hunting is a collective effort. Further they also believe that hunting is luck; when their deities will favor then they only can catch the games, unless it is very difficult for them. There are

certain individuals those who have extra expertise in catching the games compared to others, they idealize and follow them. Many times they felt difficulty to select the successful hunter from a group activity. The hunter leaves the jungle after the completion of hunting. If some group member wants to stay for extra forest collection or hunting, they may stay there.

However, after fruitful hunting is finished, the owner found an environment of cold indifference among the group members. The net owner is to act as the distributor of the game in the Tanda. The entire Tanda members have an equal right over the hunted game. Though it is the owner, who has the extra right, i.e. he takes the skin of the game, with a left and right finger and then divides the rest of flesh along with his agnates and cognates. They also go for hunting in case they take advance money from local traders (Adhikari, 1925).

In case of advance taken from local trader, Mankirdia don't distribute games among themselves. It is also seen that traders sometimes spend night among the hunter in the jungle. In that case, Mankirdia take the rice and other essential ration materials for cooking. The hunter gives the live monkeys to the traders, but traders don't take every monkey from the hunter rather choose selectively. The amount of money received by the hunter is equally distributed among themselves for their daily household needs. The game may remain unsold, sometimes purchase by the village people or consumed by the household members.

3.30 Kinship and clan

There is no exact conception of totemic among the Mankirdia tribe. It has a connection with their religious realm and completely outside. The totemic clan has a significant place in the kinship organization of the Mankirdia tribe. There is no intermediate clan between the tribe and the totemic clan. Also, there is no further division of exogamous classes or clan divided into the exogamous unit like classes. Mankirdia give importance to three things in kinship organization, i.e. Totemism, exogamy, and father-right, etc. Clan exogamy and father's right mainly govern the kinship and matrimonial relations among the Mankirdia tribe. Nowdays they establish some consanguine relationship with other clan groups; along with this the classificatory system of reckoning relationship has gradually established additional rules in the simple system of kinship and marriage. It has been observed that a Mankirdia of one clan doesn't marry any and every

person of the opposite sex belonging to a different clan. There is another fact that comes to light in the field that a brother or sister of the same mother can marry each other after the death of their mother. It is not a popular case, possible in Mankirdia society. They don't prefer to allow cross-cousin marriage, i.e. children of brother and sister. Even their community never allows such type of marriage in their lifetime. But they used to legalize such a type of marriage.

The contracting party can arrange such type marriage after giving two Ana[23] to the head of the village after that they declare the living person as dead, to validate the marriage. It was observed that after marriage a Mankirdia man was estranged from his parental family and lives in a new hut with his wife. Therefore, the Mankirdia residence is neolocal. The neolocal family is called Wasa.[24] The Family of a Mankirdia and all of his son's family consist of the smallest linage termed Khunt[25].Mankirdia Khunt is a shared group. The group, organization called Tanda consists of two, three, or more Khunt interrelated to each other by kinship system. The broader institute of sub-clan is Banasa and the clan (Kili) is not a corporate group. Mankirdia society is not organized at the clan level. It has no significance purpose apart from regulating marriage. Sub- clan is regarded as an exogamous group. Consequently, a Mankirdia man can marry a woman of a different sub-clan of his kin. Clan exogamy is welcome (Mohapatra, 1988).

3.31 Clan Formation among Mankirdia

The Mankirdia are an endogamous tribe and divided into various patrilineal exogamous clans. These clans were totemic, may be a tree, a bird, or an animal, fruit, and flower. The researcher has found certain clans such as Bonga (a wild grass), Anduali (wild cat), Luthuma (flower), Keonduar (a kind of plant), Taga (Wild big cat), Gidhi (vulture) Sunari (a bird), etc. All these clan members of Tanda belong to a different clan and sometimes particular clan groups belong to different Tanda members. But all these members connect by marriage and food quest group. Besides certain names were derived from localities while a few names come through other tribal groups. Generally, the Mankirdia women become a member of her husband's clan

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[23] Ana (money) is the local concept among Mankirdia used for one rupee.
This is given by the bride groom family to bride at the time of marriage.
[24] The word Wasa is the Mankirdia language used for neolocal family of the tribe.
[25] Khunt is the local term used for small unit of Mankirdia lineage.

after marriage. But when she becomes a widow or divorced again returns to her father's clan. The family system of Mankirdia is basically of husband, wife, and unmarried children. Hence the nuclear family is the universal characteristic of the community.

The male member acts as the head and organizes important function of the family. Women member looks after the family matters and child-rearing work. After one year of marriage, married man builds a new hut and starts the family for procreation. They maintain the denotative type of kinship system for reckoning their relatives. They have separate terms address their father, FB, MB, FSH, MSH, and similarly for their mother, MS, FS, FBW, and MBW. All the members of a family and the members of the same clan are called Kutumb.[26] The members of the other clan are called Saga.[27]

3.32 Dormitory life of Mankirdia

The dormitory system of Mankirdia acts as a socialization center. Matured Mankirdia girl (Kuli) wears saree and boy (Dhingala*)* wears a shirt and pants. The mature boy or girl no longer sleeps with his/her parents. There was a separate house made for boys called Dhingala and for girl's Kuli Ala. The adult members of the community were divided into three age groups to provide proper guidance to both Kuli and Dhinguala. The membership varies from the school-going age till marriage. At the age of six and seven-year, children are known as Hading kula Hapan or Huding kuli Hapan. And the ten or twelve years of age child are known as Tala Kula Hapn or Tala Kuli Hapan. Besides the marriageable adults, are known as Marang Kular Hapan or Marang Kuli Hapan. In 'Kuli Ala' or Dhingla Ala*'* the members remain under the supervision of an old woman or old man or a widow or a widower. They control the behaviour of the members.

After adolescence, a Mankirdia Kuli or Dhingla becomes a full-fledged member in Tanda. Kuli Ala or Dhingala Ala consists of members of the same age group. In Mankidia Tanda, there was a Kuli Ala but no Dhingala Ala. At the time of field study two dormitories were working in the study village. They learn folk dances, folk songs, make it is a practice. Through folk songs, myths, riddles, and folk tales they know about their past culture and transmit from

[26] Khutumb refers the same clan group members.
[27] Saga refers the other clan group members.

one generation to another. They also learn many crying songs, marriage songs, happy songs, sorrow songs, etc. During Raja or Makar festivals they dance in separate male /female groups with closely one hand to others.

Their songs meant something about their way of life. They also learn their sex-role identities such as males learned their male roles such as hunting Topa, rope making, etc. interacting with other senior male members. On the other hand, the female members of the community learn roles such as leaf plate making, Topa, Siali rope making, cooking, bringing water from the stream with other female members. Women member acquire knowledge about marriage rules, regulation, sexual interplay, etc., which are avoided by the adults. Thus, it is the place both unmarried boys and girls get the scope to learn their duties and responsibilities from senior members of the dormitory. Also, get the scope to select each other's life partner during this age. Thus, their life in the dormitory helps them a lot to prepare for the future and maintain or continue their culture.

3.33 Mankirdia understanding of cleanliness and sanitation

Figure3.3: Drainage System in Kendumundi Village and Dengam Village

Concept of Hygiene and Sanitation among the Mankirdia

Mankirdia give importance for cleanliness, to look fresh and maintain a healthy life. The basic understanding of health is different from modern people's ideas of health. Cleanness is a formality for them rather than a necessity in day to day life. The idea of personal hygiene is related to health of the individual. In order to understand the personal hygiene of individuals, one

needs to know their habits which grow with practice and eventually become a part of their culture. To understand the hygiene practices of this tribe the researcher has discussed several important daily practices.

Bodily cleanness

Mankirdia rarely give importance to personal hygiene as an obligatory for their health. They don't have proper idea to correlate good health with hygienic lifestyle. Their bodily cleanness starts with of teeth. They clean their teeth with the help of twigs are like Karanj, Neem, and Santum. The modern system of brush and paste is costly affair for them. Majority of them in the study village used Dantkati to brush. Few of them use a modern brush and paste. They use different types of twigs i.e. Dantum/Dantkati[28] Sarjam, Dantum, Ram Dantum, Morti Dantum, and Karanja Dantum.

Majority of them used, Sarjam and Karanj Datum. Tombaku[29] (Gudakhu a kind of local Tambaku) is used by old and middle age person) while cleaning their teeth. The adult member cleans their mouth, hand, and feet, two times morning and evening. The adult male and female members daily clean their teeth whereas the children are seen to be neglected in this respect. After cleaning their teeth, they use to clean their tongue (Husit) with the same twig, they separate into two halves and each one is used to clean their tongue. The face and the mouth are cleaned after cleaning the teeth and tongue. They also clean their hands and feet before and after taking their meal.

Bathing Habits

Most of the Mankirdia from Dengam and Kendumundi depend on the pond, stream, and canal water for daily bath; few of them also used tube well water.Generally Mankirdia women feel uncomfortable & congested in taking bath near well and tube well. So they prefer to go nearby canal (Gadha) for bathing. Women and unmarried girls take bath in the absence of male

[28] Dantun/Dantkati is the local word used for indigenous brush for Mankirdia tribe. They use twigs of variety of tree (Daru) for cleaning teeth in the morning time. This is used for all the members of the family irrespective of age and sex of the member of the family in the community.
[29] Tombaku is the local made Zarda powder, which is chewed by the Mankirdia people. Generally all the adult and old age members of the community are used this powder.

members. Mankirdia male members have no fixed time for bathing. Mankirdia women use varieties of oil (neem oil, Kusum oil, and mustard oil) and sabun at the time of bathing. They use a dried fruit called Jinga to clean their skin. They also use earth mud (Nadkasha) to clean their hair. Female members use Sabun and scented oil. They use it at the time of fairs and festivals and clean their hair using Nadkasha. Old members and children of the Mankirdia community are unable to take bath independently in canal and stream water, so their family members bring water for their bathing purpose. Besides, they don't take a regular bath in the winter and rainy season, but take a regular bath in the summer season.

Due to their irregular bathing habit, they are affected by skin disease. Mankirdia suffers many skin related diseases because of their bathing habits. In the case of women member is concerned; they have to keep more purification at the time of childbirth and menstruation. They are considered as polluted during their menstruation period, also not allowed to cook meals in these days. After a period, they take a purifying bath and start domestic work. The process is called Uthiary, and this is 12th day of the childbirth. In the same way, in Murtary[30] rites, the members are considered impure and a ceremonial bath required for each member to purify themselves. They take bath twice, after cremation the body and completing all the Murtary rites that comes after 9th day of death.

Figure 3.4 Care of Hair, Nail, and Eye

[30] Murtary is a death rite of the Mankirdia tribe. This is performed on the 10th days of the diseased person, which is celebrated by the family members and village members. This is headed by the religious head of the village (Dhiri).

Mankirdia men do not cut their hair regularly and feel uncomfortable at the time of cutting. Generally they cut their hair at the weekly market. Female members are interested to grow long hair. They use different types of indigenous oil to grow their hair long and strong. They use Pata, Da, to cut their fingernail. They use blade (Pata) to cut their fingernails and use water to clean their eyes once a day. As a result, they suffer many skin diseases.

Cleaning of Clothes

Mankirdia don't clean their clothes regularly, but most of them clean at weekly intervals. It was found that Kendumundi village Mankirdia somehow keeps clean their clothes more than Dengam village people. Most of them use their indigenous mean of cleaning, but few of them use modern means for cleaning their cloth. Now days they use different powder and soap to clean their clothes. They use Ash (Hewoda) that is made out of hearth for cleaning purpose. They prepare a separate hearth using three stones which are placed in a triangular shape, also use separate pot for this purpose. They boil water and Ash (Hewoda) sufficiently, so that the ash will properly dissolute in the water. After that, they pour cloths within the pot and again boil sufficiently. After sometimes clothes are taken out from the pot and then they wash it in canal. This process cleans their cloth more properly than modern soap.

Smoking & Sleeping Habits

Smoking is an age-old recreational habit of Mankirdia. They smoke the locally available Bidi. It was observed that, both male and female members smoke, but female members rarely smoke. During rope making work they use to smoke. Now a day's their smoking habit is gradually decreasing. The current situation in the study village shows that only older age members are engaged in smoking. Sleeping time of Mankirdia is not fixed. The time of sleep is gradually increased according to age of children. Mother is seen to do the household work while the babies are asleep. Mankirdia sleep at 7 P.M. and wakes up at 5 A.M. Women member of the community remain busy in their work except, generally they sleep when they are not capable of doing work.

Spiting Pattern & Disposal of Sewerage Water

Mankirdia are not conscious about spitting and its impact on health. Spitting here and there is a common habit among them. Thus, the housewife does not clean immediately. Due to this habit, they suffer from various diseases i.e. cold and cough throughout the year. In these study villages, the researcher found no practical arrangement for the disposal of sewerage water. The female members clean their utensils and bath their children in veranda near a tube well. All these waters are absorbed by the soil. The drain in Kendumundi village was not properly clean. As a result, it causes many diseases among them. In the case of Dengam village is concerned, there was no proper drainage system to dispose sewerage water. Dengam village they are not conscious about the proper management of disposal sewerage water and its impact on health.

They use ash for cleaning their house. The front area of the house is cleaned by sprinkle of cow dung. The household garbage was thrown in the pit behind the house. It includes waste product of the vegetables and their children, etc. Sometimes garbage was collected and set fire in the open place. They keep clean their house and veranda every morning. They never consider it for health, but normal household work.

Defecation Practice

Mankirdia defect in the open fields just at a few distance from their residential area. After defecation, they clean their private parts with canal water which is one of the sources of pollution. The sick person is taken by the family member to nearby place for defecation. The use of toilet facilities differs between the two study villages. In the case of Kendumundi village is concerned, few of them used toilet whereas it is found that, toilet use has increased during rainy season. Consequently, seasonality is also an important factor in the use of toilet facilities among Mankirdia. It was observed that the toilet use higher among adolescent girls in comparison to other age groups. In the village area, the disposal of faecal material is unsystematic, unhealthy, and irregular.

Figure 3.5: Newly Constructed Toilet in Study Village

Children defecated in the veranda, which is cleaned by female members of the family. Mankirdia don't use any hand wash after cleaning of their private parts rather rubbed their hands on the surface. This habit creates diseases like diarrhea and dysentery, etc. Now a day's few of them use toilet for defecation but the frequency of use is irregular.

"*Kumbha or Orha is our living place; where we keep our ancestor and Sing Bonga. How can we use the same Kumbha for the toilet? This is not our way of living, this is yours. We have plenty of open fields, where we go to toilet. What we will do this special Kumbha for that, if we use this our Sing Bonga would angry and punish us. We feel uneasy inside that government provide toilet, and we don't want to use the same place for all family members. So, we prefer open field instead of a modern toilet*" [K1].

Mankirdia have mentioned that the toilet is an unhygienic place. They feel uncomfortable because of dirty smell. They also don't want to use toilet for another reason that, they consider it is very unclean to defecate at the same place, where there are already some faecal of others. Therefore they prefer a clean place every time for defecating purpose.

3.34 Food Habit

The traditional food concepts of the Mankirdia have known by-products of their individual and collective conditioning and experience. The food habit of a group is influenced by the local condition i.e. soil, climate, density of population and extents of urban contact. The

beliefs regarding nutrition are largely based on intuition, speculation, and myth, folk and are not derived from empirical experience gained through trial and error. The nutritive value of food grain, animal products, green leaves was not in the knowledge of Mankirdia people. There is an idea of good food prevalent among them. They take the foods that are heavy to the stomach and remain for many hours, is considered as nutritional food according to Mankirdia. Other food materials like green vegetables, edible roots were just taken for the sake of food to satisfy hunger. Therefore, rice and meat are the nutritional food for them, which provide strength to their body and to do work for long time. In this chapter, the researcher has mentioned different types of food consumed by the Mankirdia at different seasons. They eat rice as their staple food and also take Mudhi, Chuda, and Ruti occasionally. Adult member of the community & children eat takes rice thrice in a day. Child under one year depends only on the mother's milk and after that child takes normal like their parents.

However, there is no fixed time for food of children. In the morning, before going to the forest, the male member takes water-rice that is cooked from the last night; sometimes they take fresh cooked rice and curry. There was no compulsory curry for their food, pieces of stuff; they even take food without any curry, with salt and Mirchi. The food habit of the old age Mankirdia remains almost the same. They don't go to the forest but were engaged in household activities like rope making, minor labour work around their settlement. Sometimes they engage in household work like female members of the house. It was the case of single or two-member family. Mankirdia also do their work in shifting and exchanging ways. There was no hard and first law related to the gendered division of labour, but somehow they followed it.

Food Habits of Sick Person

There is no separate foodstuff for sick member in Mankirdia society, as they belong to a vulnerable group and their economic condition is not good. So they used to give the same food item to a disease person. Hence, they were not capable to give vitamin food required by a sick person. They only give separate food to a seriously bedridden person. Mankirdia in Kendumundi village is seen to take Peetha and bread. Most of them in the study village give traditional care to a sick person. For instance, someone is suffering from dysentery; he/she is given water-rice and

hot food avoided by the person. These types of disease are supposed to be caused by hot environment. In case of cold disease, the person is given hot rice and cold foods are avoided like water-rice, curd, and banana etc. The food was equally divided among the family members.

Food Preservation Process

They apply various techniques to preserve their food grain. Most of the food items are dried in sunlight and keep it for future household use. They collect cereals food following multiple processing i.e. threshing and winnowing processes; and then spread cotton sheets on the cots under the sun to get them properly dried. All these food grains were stored in the earthen pots in their houses. The monkey meat and fish dried in the sun's rays and preserved for two or three days. They also eat and preserve red ant known as Hoo.[31] They collect larva and ants from the tree and preserved it. It is their favourite food. This technique is applied in every food item and medicinal property as well.

Drinking Habit (liquor)

Drinking habit of Mankirdia is an age-old practice. According to Mankirdia, drinking of alcohol is not produce energy in the body but they become relax after a day's hard work. Earlier they were taken desi liquor (country-made), these are two types i.e. Handia and Mahuil. Both males and females including their children take a small share from this liquor. Hence they claim that physical fatigue reduces. They prepare drink and sometimes buy drinks from the local market. Due to conversion of Christianity this practice gradually has been decreased.

Preparation of Handia

Handia is traditional liquor of the Mankirdias. The method of preparation is very simple; first they mix the cooked rice with water to decompose it. Rice is cooked first, and then water is mixed and kept for two or three days for cooked rice to decompose. Then they mix a locally prepared medicine (Ranu, kind of wild root) with decompose rice. After following these simple formula Handia is prepared. These are available in the weekly market in terms of round pearls,

[31] Hoo is the red ant, which is a delicious food item for Mankirdia. This is meanly collected during rainy season and used in the breakfast. It is one of their favorite food stuff.

which are added to the Handia, it intoxicated and ready for use. Mankirdia buy Handia from the local market. In the summer season, they prefer to drink Handia as it cools the stomach. In addition they take tobacco powder orally which is called Dukta, and smoke Bidi. The tobacco leaves are collected from the jungle and exposed to the sun for three days. Then the leaves were kept in a bundle inside a pot for some days on application of oil. Tobacco leaves preserved six months to make Duktas suitable. The Dukta leaves were mixed with calcium and kept inside the lower teeth.

The Dukta was taken by adult old members of the village. These Dukta leaves were used for the preparation of Bidi. The Sal leaves are collected and dried and preserved by making a bundle. They poured Dukta leaves inside the Sal leaves and rolled, and then it was used for smoking purpose which is known as Punigi. These habits generally found among old age and non-converted Christian Mankirdia people.

3.35 Weekly Market

Fig : 3.6 Weekly Market

In tribal society, weekly market plays a very crucial for buying and selling purposes. It provides a platform to make a meeting ground, where Mankirdia can meet their relatives and friends for snacks and drinks. It acts as social networking for Mankirdia people. The bachelors and spinsters get a scope to meet their close relatives. They are also influenced by the modern economy, but few of them still use barter systems. It is also seen that they come to street for selling their rope made products and exchange it for Mudhi and rice. It is popular food of the district. They sell forest produce at local market. It provides them an outlet for exchanging, selling, and bartering their products and brings the required household materials. Thus the interaction of Mankirdia people in the market and forests is important. The economic condition is full of misery or subsistence level.

3.36 Marriage System

Marriage is a special occasion for Mankirdia. The marriageable age of girls and boys ranges from 14-18 to 20-25 years. The training of youth before marriage takes place in their dormitory. They stay at least two years in dormitory before their marriage and learn from their seniors about married life. The marriage within the Tanda is not allowed among Mankirdia. Cross-cousin marriage is not allowed between them. However, the levirate and sororate types of marriage are allowed in Mankirdia tribe. They practice eight types of marriage, i.e. arranged, love, marriage or elopement, marriage by exchange, etc. They allow remarriage of widows, widowers, and divorce. The bride price system is also practiced among Mankirdia. The amount includes small cash and pieces of cloth, rice, and goats.

Fig: 3.7 Marriage Ceremony among mankirdia

There is no specific time for marriages but the rainy season is preferable for them. At that time they kept some savings so without any difficulty they can entertain their relatives in marriage. The groom accompanied by his friend's relatives and other Tanda members goes on a procession to the bride’s Tanda or the houses. They receive a warm reception from the bride’s side. With pomp and joy, the marriage ceremony is solemnized by groom's smearing of vermilion on the bride’s forehead. At time of marriage both sides of parents dance and sing with the tune of their musical instruments. After the completion of the marriage ceremony, the bridegroom along with brides returns to their house.

Different Types of Marriage among the Mankirdia

Nam-Napam Bapla

Nam-napam Bapla indicates a status, when a young man and maiden indulge an illicit relation and have decided to marry. Then the elders of the village called on a meeting, where unmarried couples also present and give their opinion for marriage. Then the bride price was fixed at that meeting and given to the bride's parent by the bridegroom. If the bride price is not collected by the bridegroom’s family, then they can take some time for that, but have to marry the girl. Once the date is fixed by both families and the vermilion ceremony takes place, then bridegroom applies vermilion on the forehead of bride. Finally, a feast is given to whole village by the bridegroom’s family. This is known as the Nam-Napam Bapala.

Udra-Udri Bapla

It is a purely temporary marriage. In this form of marriage, the young man and women accept themselves as husband and wife secretly without informing to their families. When their secrecy is being exposed by their relatives or village head, at that point the normal bride price is fixed and then Sindur is applied. Finally a feast is organized by the family to the community.

Bola-Anal-Bapala

Bola-Anal-Bapla is known as intrusion marriage. In this marriage, the women enter into the house of the boy with a bundle of Mouha flower, monkey flesh, and firewood to whom she loves. Though she faces opposition or even abuse from bridegroom’s family but afterward, she was perceived as Bola's better half or Dukhini. The young lady is pulled into her darling's home, by some appeal or therapeutic root regulated to her through a mediator, or sometime given medication through food. Despite the girl’s intrusion into the house of the bridegroom, the family member treats the girl kindly. It was also mentioned that, if the girl is spinster, she may allow by the bridegroom’s family. The bride price was not given to the bride's family but a village feast arranged for them. The bride’s family members were invited to the feast and then vermilion applied on forehead of the bride.

Jawo-Bapala

Jawo-Bapla is kind of marriage by which expense is paid by the bridegroom’s father in advance. After marriage, the bride and bridegroom remain one month in the house of bridegroom, and then they return after one month to the bride’s house until the bride price is paid by the bridegroom.

Bonga-Kari Bapala

Bonga-Kari-Bapla is one type marriage, where the bridegroom voluntarily marriage to the bride whom he likes. Here bridegroom voluntarily takes responsibility of bride’s family to marry the bride.

Golhat-Bpala

Golhat-Bapla is very popular marriage among Mankirdia. It is an exchange marriage, where the bride and bridegroom family are exchanged their son and daughter between the opposite family, to avoid bride price. In other words, a father gives his daughter or nice in marriage to the son or nephew of another Mankirdia and takes in exchange for the latter’s daughter or nieces a bride for his son or nephew.

Sipundur-Bapala

It is one type of marriage in which, a boy who wants to marry a young lady, however, he isn't permitted to marry. So he secretly follows young lady with vermilion, when he meets her alone applies it on her forehead. The wishing boys wait for girls, in the market place; all things considered, the teenager is upheld by a couple of his companions in opposing any power by the restriction from the young lady's relative, who might be available there. If the bride’s family refused to give the girl and marry the girl to other person; then the marriage will be considered as a second marriage. The second person has to give bride price to validate the marriage. Besides, he also needs to arrange a feast for village people. At that point, the groom puts the vermilion on the forehead of the young lady.

Hirum Bapla

Hirum Bapla is considered as second marriage among the Mankirdia. When a woman marry to another man whose first wife is alive that is known as Hirum Bapal. There is certain rule related to this marriage, if the second wife is widowed, then it is known as Sangh Bapala. The validation of the marriage completes after receiving the bride price from the bridegroom. It ranges from two Ana to eight Ana with a saree. This is taken by the friends of the bridegroom to the house of the bride. In case of subsequent spouse is single, at that point, the groom needs to pay two rupees alongside the normal bride price.

Kala-Kuli Bapla (Arrange Marriage)

Kala-Kuli Bapla arranges marriage is popular among the Mankirdia. The process marriage is being start from a proposal, which is given by bride’s father to bridegroom family through a mediator. The parent of bridegroom has to give bride price to bride’s parent, i.e. sarees, goat, hen, money and a feast for village people. In the presence of Dehuri, bridegroom puts vermilion on forehead of the bride.

Kushi-Kusha Babla (Love Marriage)

Love marriage is one of the traditional forms of marriage among Mankirdia, where two young boys and girls fall in love. Many times, they secretly meet each other and when their elder members or guardian of the dormitory caught them; immediately they inform the village head and their parents. Then the couple are asked to confess their mistake before village head, and then the marriage date was fixed according to the bride price paying capacity and feast giving capacity of the bridegroom parent. Once the date was fixed, then marriage follows after some rituals.

Or-Agu (Marriage by Capture)

This type of marriage is rare among Mankirdia. In this marriage, a young man captures the girl whom he wants to marry and keep her secretly out of the Tanda. After his information spreads out among the community members, then their parent brings them back. Then all the formal procedure of the marriage is followed.

Chadra- Chadri (Re- marriage of divorces)

Mankirdia people allow their divorce member to remarriage. It is not popularly practiced, but they have no issue with this type of marriage. They have neither any problem nor any serious backing to the divorce to enter into second marital life. It is purely voluntary, if the divorced man or woman wants to remarry by their consent, then the Tanda member or village people arrange their marriage. The head of the bridegroom's family agrees to give bride price and feast, and then the date is fixed by the priest of the Tanda. After that, the marriage ceremony is performed.

Randa-Randi Bapla (Widow or widower marriages)

This type of marriage is common among Mankirdia .Because they want, this is essential for their future generation. Five cases have been observed from two studied villages. For instance, Soren Mankirdia aged 47 of Kendumundi villages; he told that when his child was just five years old, his first wife died in a snake bite. Hence he had no option to take care of the small child so; he enters into a second marriage. This type of marriage is essential to fulfil family

obligation and socialization of children. The bride has to comb her head with oil for the marriage ceremony. The bridegroom keeps oil and vermilion in a Sal leaf to smear on the forehead of bride. The bride wears a new sari and her female companions take up somewhat vermilion which is blended with oil, with a flimsy reed applies that on her hair. At that point, the bride salutes the seniors of two families.

3.37 Festivals

Makar parab 32 (festival) is one of the important religious functions. Mankirdia celebrate in their family and village. This festival is known as Pausa Parab and Parab Bonga33 among Mankirdia tribe. The preparation process of Parab is decided in the village meeting. Generally, the meeting is headed by the Deuri,[34] Dakua[35], and other experienced members of the community. The main objective of this festival is to appease their village and ancestral deity i.e. Aja Adaren[36], Logbir[37], and Buda Mai.

They believe that offerings to deities bring good health, peace, and progress. This festival starts on Makar Sankrati. They collect many decorated goods for offering Puja like rice, guda, and mangoes leaf etc. They also offer fowl, Handia, vermilion, new cloths, goat, and hen for the feast according to the capacity of their family.

Puja Process

Mankar festival is celebrated for three days i.e. the first day is called Baundi, the second day is called Makar Sankarnti and the third day is known as Mankada Nacha. On the first day, all the families of the Tanda clean their deity's house (Buda Mai and Logbir) and build a new house

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[32] Makar Parab is one of the major religious festivals among the Mankirdia tribe.
[33] Parab Bonga is another name of the Parab festival, which are the important functions.
[34] Deuri is the local priests of the Mnakirdia tribe.They also call Deuri in the name of Dhiri as well. He is the one of the highly respected person in the village. He controls all the religious work.
[35] Dakua is the local name used for the village messenger. He is one of the important parts of the political system and act as middle men between head of the village and common village people. He circulates all the important information to the village people.
[36] Ajadaeren is the male ancestral deity of the Mankirdia tribe. They worship on the occasion of birth ritual of the community. The blessing of the deity is important for new born baby.
[37] Logbir is the female ancestral deity and worship in daily life and special occasion. It means there is no special occasion to worship but they take the blessing at the time of natural disaster of the habitat or family members.

for deity. The house of Log Bir and Buda Mai are cleaned by the community members**.** A new house is built for their deity, which is made by Sal, Kendu leaf and a Bamboo. They use cow dung to clean veranda of the house and install their deities. Besides, they install Logbir in the right corner and Budi Mai on the left side of the house (Asthan). On the first day, head of the family offer Puja and sacrifice a fowl to Logbir and Budi Mai. Moreover, they also offer Puja and Bhog to their ancestral deity. They collect various types of food items from each Tanda to arrange a feast and dance party.

The second day of maker festival is more joyful than the previous one. On this day woman member prepare delicious food items in their house. They mix Chuda, Mudi, Guda, and liquor after offering food to their respective deities. Sometimes they also cut pig and distribute among each member of the village. The third day is called Mankada Nacha, (Moneky Dance) it is more pleasant than the previous days. On this day, they collect some food items and money as per the capacity of the family. This is called Makar collection, which continues for four days. They dance like a monkey and collect maker Vikhya (collection*)* and prepare Desi liquor from the collected rice. In this way, they celebrate the maker festival. Another specialty of the maker festival is the name-giving of the child. The name-giving ceremony is called Naka Kana Phoda rituals.

Magha Parab

Mankirdia observe Magha festival at Deuri's house. The objective of this function is to take the blessing from the village deity to remain happy and prosperous. To organize the festival, a village level meeting is called by the elder members of the community to discuss the amount of money to be collected and other aspects of the festival.

Figure3.8: Maga Parab Celebration by the Mankirdia

They observe maker festival to keep them safe and secure from natural calamities and wild animal attacks. This is significant for celebrating maker festival. There is a saying, among the Mankirdia people, if they don't observe this festival, they will face many natural calamities like epidemics, diseases, snake bites, bear bites & tiger bites, etc. They observe it in the house of Deuri who represents the symbol of group solidarity. To organize this festival, they collect money from each household in the village. Collected money is used in purchasing Puja items like rice, vermilion, fowl, Handia, Dhup, Dipa, and turmeric.

Norms of Puja

Dakua informs all the community members regarding Puja. All elder members of the village gather at the side of Aasthan. After completing their household work, Deuri starts Puja after taking a holy bath. Aasthan[38] of the deity resides backside of the Deuri's house where they offer prayer to their Budi Mai[39] & Lugbir. Besides, they also offer Desi liquor and fowl to their ancestral deity. In this function, a Sargi Dal is kept in each leaf hut of the Mankirdia. Each family keeps a Sargi Dal inside the newly built leaf hut (Aasthan), where the new deity is appeared. They burn the Sargi Dal[40] at the end of puja. They believe burning Sargi Dal keeps them away from disease and from the ghost. They first offer Puja in their resident and then together at the house of Deuri for Puja. He offers Puja to the deity and sacrifice a fowl, which is

[38] Asthan is the place where the household deity is worshiped. This is the symbol of reverence for all the family members.

[39] Budi Mai is the household deity of peace and prosperity. They worship Budi Mai everyday to bring happiness and wellbeing of the small children of the family.

[40] Sargidal (branch of Sargi tree) is used in Parab festival. They install a sargi dal inside the leaf hut and central place of Asthan of the deity. This is also important place for emotional bonding of Mankirdia people.

collected from the village. It is a borrowing idea from Juang and Bhuyan tribes of the locality. Until the fowl eats the offering rice given by Deuri the sacrifice ceremony will not be performed. After sacrifice, all the male members and Deuri eat the sacrificed hen and liquor.

Deuri offers the blood and head of the fowl's to Logbir and Budimai. In the evening time, each member of the community gathers at place for dancing and singing. They use Madal, Dosa, Nagara, and Tumada in above cultural programme. They also observe many other festivals such as Phaguna Bonga, Mahula Nukhia, Chaitra Bonga, Aama Nua Khia Asad Bonga, Raja, and Parab Bonga etc. They observe all these festivals like Kolha and Santal but they don't need special offerings at these festivals. They do many things i.e. dance, drinking Desi liquor and prepare variety of food items in the house; and buy Nua Khiya rice from the local market to offer deity. They never forget to offer Puja and sacrifice to their main deities.

Celebration of 25th December Christmas

It is a new religious function for them. Earlier they were follower of nature worship. Presently they have adopted the Christian religion. So they also celebrate Christmas like other festivals. During this festival, they wear new dress and offer prayer at the village Church. Sometimes they also invite their relatives from neighbouring districts to participate in Christmas. In Kendumundi village, they have been celebrating this function since 2008. But in Dengam village, they have been celebrating this function since 2013. Further, they also celebrate some Hindu religious functions as well. They follow two types of religious ethics in their life. But they are more inclined towards Christian religious ideology than others. On this auspicious occasion, they make delicious food and eat with their relatives.

3.38 Socialization Process

Socialization process starts from birth to till death. This process tends to follow a general pattern which is associated with the life cycle; birth, maturation, old age, and death. This process is not remained same at different periods of the life cycle. Status and roles vary throughout the life cycle, and each individual becomes socialized with his/her changing social position. Earlier childhood experience is important for forming an individual's personality and socialized the

individual according to the society. The process of socialization is important and unique among Mankirdia for enculturation of their societal values. The important socialization processes of Mankirdia are mentioned below;

Child Rearing Practices

Procreation is considered as an essential part of marriage and family life. Mankirdia consider children as valuable, but expect the firstborn always to be a male child. A male child when becoming a full-fledged member or adult in society is responsible to maintain the livelihood of a family. They employ children in monkey hunting, selling rope products in the market, etc. On the other hand, a female child takes care of domestic work of the family. The child-rearing practices of their society starts right from the pregnancy and continue until the end of childhood days.

Pregnancy and Child Birth (Janam)

The pregnant women (Alatam Stiaku)[41] have to maintain some restrictions for safe delivery. It is mainly related to work and eating habits. Family members help her to reduce household burdens or work. In the case of a single mother, she has to performed double burden of the household work. Pregnant women Mankirdia communities are forbidden to eat Mango (Ul), Ambda, dry fish, etc. However, starting from the day of conception until the labour pain, all the restrictions are not uniformly maintained. The restrictions of pregnant women vary with the growing age of the foetus. A separate conical hut or (Kumbha) is made for the delivery of a child. When labour pain starts, the mother is taken to Kumba and informed to the midwife (Dadul Budhi). She assist for the delivery of baby and cuts the umbilical cord (Bahanari)[42] with an arrow and applies ashes (Khyara*)* to cut the naval cord (Buka)[43] and cleans the mucous substance from the child's mouth and washes the body with warm water. Then she buries (Tupa) the naval cord (Buka) behind the Kumba.

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[41] Alatiamsitaku is the local word used for pregnant women in the Mankirdia community.
[42] Bhanari is the Mankirdia language used for (Umbilical cord) of the new born baby.
[43] Buka is the localized concept used for naval cord in the Mankirdia community.

The new born baby and mother leave for eleven days in the Kumba and Dadul Budhi[44] massages them, regularly until the purification ceremony (Uthiari)[45] which is held on the 12th day of the child's birth. During the purification ceremony, Dehuri worships and sacrifices two fowls to Sing Bonga (the sun god). After purification ceremony (Uthiari) they return to their room. The newly mother is not allowed to do household work for few months. They are given advice to drink Arakhi (distilled liquor) which is believed to be better for both mother and baby. Elder women member of their family massages new born baby with Kusum oil (Kudra) and turmeric (Sasang) after that bath in warm water. Before birth of a baby, they usually wish before the Sing Bonga (Sun God) that, if a male baby is born, they sacrifice a goat, and in the case a female they sacrifice two fowl.

Another Puja is organized by Dadul Budhi in favor of Hapdama (for father) after the childbirth. They perform this puja to protect mother and newborn baby from evil eye. After two months of the child's birth another ritual is performed by the Dehuri called Lutumale) (name-giving ceremony). Besides, Mankirdia sacrifice two fowls to Hapdam (for father) and Desh Bonga (Tanda deity). In that ritual, all the members of the village drink Handia (a rice beer) and eat Sim (chicken). Then the name giving ceremony is initiated by their maternal grandfather. If their grandfather is not alive then their maternal uncle gives the name. After the name-giving ceremony the kin members bring gift with good wishes for new born. The first hair cutting ritual (Hayan) is performed on the 7th day of the child's birth.

Infancy period

Infancy period of the child starts from birth. The child passes through different stages like Halma, (Crawling) Ritrit (sitting), and Tingu-kana (standing speaking) words like; mother (Mae), father (Baba), etc. During this period they give proper attention to infant. Subsequently, the parent takes more precautions for their child health. Many people sacrifice fowl to protect their child from the evil spirit and take Dhiri's help to protect their children from the evil eye. They

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[44] Dadul Budi is the local word used for midwife of the village. She is the important person in, Mankirdia community and helps the pregnant and lactating mother in pre-natal and post-natal care, of mother and child.
[45] Uthiary is the local term used for 12th day of purificatory ceremony of the new born child.

wear many protective charms to prevent the evil eye, for instance, they put a black cord around their waste.

Birth Ritual

Mankirdia are more protective towards their pregnant women and not allowed them to heavy work. It is believed that if pregnant women work hard it will affect their child's health. Their customary rites don't allow them to participate in religious activities and also they are not allowed to eat non-veg foods which are problematic indigestion. During labour pain the role of Dhaibudi strictly observe the pregnant women before and after birth of a baby. She uses a knife and one wooden Pata to cut the navel cord. The navel cord and placenta is buried backside of the house. The navel cord of the child is rounded with a small thread (Suta) and follows the impurity days after the birth of a child. The impurity period of delivery women continues till the sixth day or when women get take ritual birth. There are certain restrictions on the festival during the impurity period. On the sixth day of childbirth, the mother and child take birth, and mother give water from her hair to the child and she applies some turmeric paste before taking bath. There is a belief among the Mankirdia people that if the delivery woman gives water from her hair, then the child does not remain thirsty. After this, the father of newborn takes a bath, and then the rest of members follow. On the seventh day of childbirth, all ritual is performed by the Dehuri. To purify the Tanda he takes few rice, vermilion, and milk from baby's to worship Sing Bonga. . Asthan of the household deity is cleaned by members of that clan. The elder member of the house keeps rice, vermilion, turmeric, and Handia on the Asthan of the household deity. Then Deuri sacrifices a black and red hen to Budi Mai and Logbir of the Tanda. The elderly women of the family bring some new earthen pots for making curry and throw away the old pots. Father of newborn baby cut the hair of the infant. Finally all the members of the Tanda are given a meat feast.

Death Ritual (Ghelutum)

Mankirdia believe that death (Ghelutum)46 of a member comes because of an evil spirit that has befallen them. Thus, they immediately change their Tanda or temporary house (Kumbha). Due to this, it is difficult for them to lead a settled life. They have revealed that, during their nomadic time, individuals throw the assortments of family members who had passed away during their journey from the slopes, so that wild animal could devour them.

In addition to this, they also mentioned that, when the elderly people are unable to move properly or severely sick, rest of the members waits until they decompose the body by throwing it from a hill (Sinha, 1998). The fundamental goal of the memorial custom is to prevent damage from the soul of expired, and turns away from floating spirits from hurting the soul of the late perished individual. They offer food to the recently deceased spirit to appease them and avoid future harm to the member of the Tanda (Roy, 1918).

Nowadays they have started a settled life; so they do not prefer to shift to a new place for the death of any member from their community. Presently they follow non-tribal method of burial practice to decompose their dead bodies. First, the dead body is carried to open grave by a bamboo stretcher on which the dead body is placed. Generally, the family member and relatives of the deceased person carry the body to the burial ground. A trench about five feet long and three feet deep is dugout, and then the dead body is laid up in the grave, its head facing towards the north and feet towards the south. There is a standard that the cadaver would be hefted five times around the grave, and afterward lay it level, head showing towards the north-south course. The deceased's son initiates by pouring five handfuls of clay in the grave. Subsequently, erstwhile people join in filling up the grave. The used materials of the dead person are thrown away on the burial ground itself (Sinha, 1998). They take a bath after the cremation of the dead body and return to their home. After four days, the relatives of the deceased family are invited to

[46] Ghelutum is the local term used for death person of the Mankirdia community.

Dasghra[47] rites. On the 11th day of the death, the deceased family gives a feast to village members.

Puberty (Kodipun) Ceremony

Puberty ceremony is named Kodipun[48] among Mankirdia. They observe it as an important family ritual. It is observed when a girl gets the first period, she remains separate from outside for eight days. During that time she doesn't allow to enter into deity house or cooking places, etc. Every day she goes to the nearby stream to take a bath and wash her clothes. There are certain rituals observed among the puberty girl's family to make her pure. Deuri or offers prayer to their house deities and sacrifices a hen to make her pure. After offering prayer and sacrifice to the ancestor Deuri put vermilion on the forehead of the girl. It is observed on the eighth day of puberty girl. The puberty girl wears a new saree after bath. Then the girl resumes the daily life as usual in the Tanda. In the evening time, the unmarried boys and girls (Dhangda and Dhangedi) arranged a dance and song programme. They consider the puberty girl is eligible for marriage and their parent show concern to search a bridegroom for the girl.

3.39 Mankidias World View

The world view of Mankirdia is personal beliefs about their universe. Their view of the world is very interesting and strong, it cannot be changed. According to them, the sun (sing) is a male (Kala) person and the moon is a female (Kuli) person. Therefore sun is hot and cruel; on the other hand, the moon is soft and cool. The moon is wife (Ara) of the sun God; all the stars are their children. Rain is the chariot of the sun God. At the time of God's (Bonga) marriage the thunder (Hudur) and lightning (Malkano) are appeared and rained cheerfully. The Bonga (Mountain God) gives water to the fountain. When the Bonga get angry it brings storm and drought.

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[47] Dasghra is the death rites of the Mankirdia tribe. This is particularly performed on the 10the and 11th day of the deceased person of the family.
[48] Kodipun is the Mankirdia language used for puberty ritual of the community.

Sing Bonga or Marang Bonga[49], is the supreme God of Mankirdia community. They call other Bongas are known as Hapan Bonga[50]. Mountain is the first creation of Bonga on the earth, for Mankirdia people. On the same earth, stone and trees are created. For them, the earth is the ground (ate) on which they live. They believe the source of water is available in the sky (Ril). They also believe, when there is flood, the Bonga are used to visit outside. The life of an infant comes from the Sing Bonga but blood comes from both father and mother.

Bones of the baby comes from the mother, while baby remains inside the mother's womb. Sunday (Gapa) and Monday ((Mayang) are regarded as lucky for Mankirdia. The sun is responsible for day (Sindhi) and night for (Ninda). In their absence, there would not be day and night. They have mentioned Marriage (Bapla) is held for two reasons such as for sexual satisfaction and procreation. They also believe that, when the sole (Jew) leave the body the death comes. This is a very important part of their life. There is a correlation between birth and death. Old age death is regarded as normal among Mankirdia. They think that after death birth comes.

If any person is departed in an accident or during the time of delivery or in diseases or suicides their soul gets no satisfaction and becomes ghosts and spirits. They think life is a process like birth, adulthood, old age, and death. After death, departed soul goes to heaven and becomes a god and helps their community. They believe on god, ghost, spirit, and the evil eye and sacrifice goats and fowls to avoid misfortune in their life.

3.40 Social Control Mechanism

The rules and regulations of Mankirdia community operate by their Tanda, which is an autonomous socio-political unit. Traditionally, the Tanda is headed by headmen or Mukhiya.[51] It is a hereditary and dynamic role i.e. Mukhiya, Priest, and Healer. The headmen or priest doesn't receive any money but takes a symbolic share of sacrificial meat. Fellowmen of the community

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[49] Marang Bonga is the big mountain god. They give highest reverence to Marang Bonga in their life. All the happiness and sorrow of their life supposed to be controlled by the power of this god.

[50] Hapan Bonga is the smallest mountain but also respected as like Maran Bonga of the community. They are worshiped in different occasion on the basis of the needs of the Mankirdia.

[51] Mukhiya is the head of the village. All the village people supposed to control by the direction of the village head and he is a respected person. All the village function and disputes are controlled and managed by the instruction and helping hand of the village head.

give them highest respect. All the events and issues are discussed by the head man of the Tanda. Every head of the household is an active member of the Tanda council. The headman acts against the sinners or offenders of the village and socially boycotted person that is called Chindal or Began.

Figure 3.9: Village Head Meeting of the study villages

In case of any illegal sexual relation found between blood relative's Tanda acts strictly. In that case, Tanda invokes sanctions on those who make illegal relations in the same clan. Sometimes it also sanctions the person or community that is inferior to them. It is also seen that if any person who develops Maggots in their body he/she also boycott from their village. After sore is healed or cure then a purification ritual is conducted, accompanied by a common feast in their Tanda. After that the disease person is allowed to communicate again with the Tanda members. They don't prefer to take food from Muslim, Kharia tribe, and Schedule caste. If there is any break of these social norms the Tanda punishes the offender.

3.41 Entertainment Sources of the mankirdia

Mankirdia adopt many recreational methods to amuse them from day's hard work. These are Kitekite Khela, Tandi Khela, football, cockfight, Aaley Khela, Natu Khela, and Card playing. All these are important recreational methods for them.

Figure 3.10 Entertainment Sources of the Mankirdia

Source: Field observation, 04/04/2018

Alley Khela

It is a group game which is played mostly by 10-15 age group children. It is generally considered as boy’s sport. In this game they make a plastic ball from the tyre of the four-wheeler car and use a three feet stick, according to the number of players. It is not fixed, but normally 5-10 members on both sides. First, they throw the alley (tyre made black ball) either side of the team to opposite side, and then they start to hit the ball with a stick to beat the ball very hard to pass the opposite team’s defense or the opposite side hit the ball very hard to return. If the team either side able to pass the ball from the opposite team then, it counts as a number. It continues with the numbers fixed by the team. It has shown in 3.1 plate first picture.

Tyre Khel

Generally this game is played by small children. They use a four-wheeler tier and a small stick to hit the tyre that runs or rolls on the street or verandah of the Tanda. They take amusement from the game. Plate no 3.1 has shown the game.

Cockfight

It is one of the unique types of amusement among Mankirdia. They organize it in every Sunday market (Seasonal game), which also gives them financial benefits and opportunity to win extra cock from the play. It is a seasonal recreational method. The cock owner brings their cock into the play barricade at the Sunday market. The barricade is surrounded by the supporters or public, they enjoy the sports. First, the cock owner plays a trial match with his opposite party's cocks, if they are satisfied with the trial, and then they decide to compete with each other to play in the barricade.

For this, they have to give hundred rupees to the match organizer as an entry fees. Thereafter, they bring their cock into the playground (barricade is made for cockfight) try to fight each other by the owner; once they start to fight, the owner comes outside from the barricade. The fight continues till one of the cocks is dead or severely injured, when the match referee declares the winner of the cockfight. The owner of the cock is rewarded with money and the injured cock.

Card Playing

Card playing is another entertainment method. It is an indoor game which played by adult Mankirdia of the Community. Dengam Mankirdia was more interested in this game than Kendumundi village. It has shown in plate 3.1. It is played among four members who further divided into two teams. Total number of card is sixty-four divided by four; each member keeps minimum sixteen cards.

Football Game

Football is a recent and interesting recreational method among Mankirdia. In Dengam village, they organize football tournament on the occasion of Parab and Christmas. Fascinated Mankirdia Tandas are invited to participate the match. The participant team plays one league match and wining team qualify to quarter, semi-final and final match.

Other than this, Mankirdia are also entertained from cultural programme i.e. dance, music, song etc. During their pleasure time they continuously beat drums and dance. Their

dance, music, and song are closely related to their rituals. It is one of the ways to get relief from a stressful life. Their music and dances are very much similar that up Santal, Munda and Kol tribes of the state. They are experts in various types of dances, but the most common varieties are Dong, Lagre, Mutkar, Karam Jhuma, and Jadur etc. Each of the dances has special songs for example, the dong siring, the Mutkar siring and the Lagre siring, etc. All these above dances are performed with a particular song. They also have special devotional songs that are sung at the time of religious festivals. The major instruments are used by Mankirdia i.e. Dholak or Madal, Nagara, Tomka, Tirio, Kendra and Banjo etc. Male usually plays musical instruments and female dance with rhythm of a song. These are major recreational techniques of the Mankirdia tribe.

Conclusion

The chapter has provided glimpse about the study districts and villages. Apart from that, it has described the socio-cultural histories of Mankirdia tribe. It was found that Mankirdia is one of the smallest tribal groups (in numerical strength) in Mayurbhanj district. They live in an abundance of poverty and social suffering but having long-lived culture, which is different and unique from other tribes and non-tribal of the locality. There are certain elements of the Mankirdia society (food habits, occupation, religious belief system, material culture, political organization, marriage, family, and nature worship) which make them special amongst other tribes. It was also found that the living condition of Kendumundi Mankirdia is comparatively better than Dengam. There are certain factors (education, occupation religious status and impact of non-tribal community) which influence their day-to-day life. Despite of that, they maintain strong bonding with their traditional cultural ethos and specifically their relation with nature. These are the major highlights of the present chapter. The next chapter discussed the importance of structural elements of the Mankirdia society on health-seeking behaviour.

Chapter-IV

Mankirdia Social Structure and Health Seeking Behaviour

Introduction

This chapter highlights the role of social structure (Family, kinship, language, economic status, ethnicity, and gender) in the health-seeking behaviour of the Mankirdia tribe. It is well observed that, health intervention can't happen in a vacuum or health is not understood as separate entities, rather, it is an existing structural entity of the society. Social structure is a coordinated and integrated process of society, where each realm plays a significant role. Apart from this, it also underlines the inter-connectedness amongst larger structural elements of the society, i.e. social, political, and economic structures, etc. Besides, it focused on the relationship between structural elements and health-seeking behaviour of Mankirdia.

4.1 Socio-anthropological perspective of Social Structure

The term structure has been utilized for concerning human social orders. Its application is first marked in the field of biology and construction. It was first evident in the 19th and 20th centuries in the work of sociologist Herbert Spencer in England. He says "society is as an organism and the parts of which are interdependent and thereby form a structure that is similar to the anatomy of a living body". Besides this, Marx (1879) has mentioned that, the structure of the society is erected based on the economic power (structure) which corresponds to the rest (superstructure i.e. religion, polity) of the society.

Emile Durkheim has also discussed the relevance of social structure in his book, (The Rules of Sociological Method) (1895). He has differentiated between social facts and individual facts, and highlighted that social order is more important for social integration. The central point is the independent character of society and its authoritative power over individuals. Besides this, micro sociologist Hebert Mead (1962) advocated, the necessity of social context (structural

elements of society or social relation) in his book (Mind, Self, and Society*)*. It focuses on the socialization process of individuals to the normative code of society.

In addition to this, Parson has also mentioned that, health and illness of an individual are not only determined by the individual act but influenced through the culture and structure of the society (Parson, 1952). Besides this Brown has defined social structure is nothing but the composition of various essential elements of the society and its correlation or coordination between the parts of the society. It is an orderly arrangement of the different elements of society and existing social relations at a given point of time (Brown, 1952). In addition to this, Nadel (1969) says "we can arrive at social structure after separating it from the concrete population and its behaviour pattern or network (or system) of relationships obtaining between actors in their competence of playing roles relative to one another".

4.2 Conceptualization of Social Structure

There are a series of approaches to study social structure, but the focus areas are also different from each field of investigation. The major social structures are such, as value orientations, networks of social relations or institutional integration, the division of labour, or the construction of social reality, status sets, and role sets or the ecosystem etc. Besides, certain features of social structure have identified differences in approach and focus. The most encompassing features of social structure are social role and positions. The social position of the individual influences social relations and the theory of social structure is more often extend the concept beyond the essential properties. For instance, Marx's economic structure or class structure is one of the important aspects of social structure that is based on the dichotomy of the productive forces with the productive relations. In brief we can say that, the basic premise of the social structure is the pattern of social relationships which constitutes the central point of discussion among the leading social theorist.

Hence the dominant social theorists inquire & elucidate the patterns of relations among people, which are constituent elements of social structure. In connection with realms of outside the social structure which are narrowly conceived, these are like; cultural, economic, technological, and psychological aspects. All these aspects influences human behaviour, hence,

act as social relations. The important function of social structure is to determine an individual's social position in a society or community that applies to social relations.

4.3 Structural elements of Mankirdia Tribe

Mankirdia customary base of the society provides information on contemporary social structure and its creation. Many of the traditional forms help them to adopt modern society. It has served as a conceptual image, providing an ideal framework within which Mankirdia action is thought to be takes place more appropriately. The major structural elements that influence Mankirdia are family, education, gender, economic status, political and social practices, etc. Moreover, it determines the health status and disease burdens of the tribe. All these structural elements influence their health-seeking behaviour and follow different healing approaches for bringing relief from illness. Many indigenous means are adopted by them to cure the disease. Hence the interaction of different social institutions intersecting political, religious, and economic can also be identified operating at a macro level. All these important structural elements are discussed below:

4.4 Role of Family

Family is one of the primary social structures that imbibe the normative codes of the respective society. It is one of the prime socializing institutions of society. Since antique times, the family has remained the central institution for child care. Children are anticipated to grow under the control of the family that acts as an appropriate rearing unit. The universal declaration of human rights prescribes that "family as the natural and fundamental institution of society. Hence it is virtually a social organization or a unit of men and women out of the relationship". American anthropologist George Murdock (1949) has inspected a sum of 250 social orders in his work entitled social structure of different sorts, both from trackers and finders, peaceful, agrarian, and industrialized. It has articulated that every one of these social orders has certain structures that fit in the meaning of family as a social organization. Therefore, despite the variety of forms in which can occur, the family is a universal social institution. He defines family as a "social group characterized by common residence, economic cooperation, and reproduction. It includes adults of both sexes, at least two of whom maintain a socially approved sexual

relationship, and one or more children, own or adopted, of the sexually cohabiting adults". Moreover, he has defined four fundamental social elements of the family that is; sexual guidelines, multiplication, financial collaboration, and socialization/instruction. These are significant characteristics of a family for individuals and communities.

Table 4:1 Family Composition of Mankirdia

Sl No	Family Composition	No of Household
1	Single Family	10
2	Two Member Family	13
3	Three to Five Family Member	50
4	Five to Eight Family Member	15
5	Eight Plus Family Member	12
Total Observation		100

Mankirdia Family is the basic domestic, small, social unit, more specifically domestic production and distribution unit, which work for daily subsistence. It is a parental family group that consists of a husband, wife, and their unmarried children. It comes to the limelight that the nomadic or simple tribe posses an elementary level of family. The family structure of this nomadic tribe is not only based on the objective of production-consumption activities, rather work as a kin group. Mankirdia family composition shows the importance of small family. But single/one-family is less preferred by them. The number of single families is highest in the Dengam village than Kendumundi village. The second least preferred is an eight-plus member family among the Mankirdia people.

There are certain households in the study villages, which have confined within two members, i.e. husband and wife. The most common size is three to five-member families. Besides, some families have exceeded five to eight members. It is important to understand that they neither go for a very small family, nor adopt large families, rather they prefer middle size i.e. three to five members. It is observed that most of them prefer nuclear family, but the

preference towards separated family is very less (one). Joint family is the second most priority for Mankirdia. A total of eleven joint families are found in the study villages. The highest number was found in the Dengam (seven) and rests are in the Kendumundi village. Whereas single-families are more in the Kendumundi village (seven) and the rest are in the Dengam village. It was evident that, they never isolate their old parents even if they are separated from their children. The above table shows the type of family preferences among the Mankirdia.

Major function of Mankirdia family lies in the socialization process, reproduction, and economic activities. Das has highlighted the significant role of kinship in the social life of Juang of Keonjhar district, Odisha. The study has highlighted that kinship not only acting as a basic social structure of the tribe, but serves as a regulating mechanism for them. Besides it contributes to the economic status, social control, and decision-making process of the tribal society (Das, 2015). Mankirdia can't attain Hapro[52] before marriage.

Therefore the married persons have special value in their community. Many rituals can only perform by the married person. They also added that, procreation is another important work of family life. According to Mankirdia "*Society respects you when you will capable to produce child, those who remain (Banjhi)*[53] *barren are stigmatized and not allowed any socio-cultural events*" They never focus on a girl or boy child but need a child, to continue generation. Economic activities are one of the important functions of Mankirdia family life. All of them work hard to fulfill their daily needs. Though few individuals are not physically strong enough to work, but their inclination towards work remains intact. But the idle persons are highly criticized among the Mankirdia community. As a result, every able person tries to work and maintain their livelihood without much dependence over another family member. They are concerned over old parents even though they live separated from their parents. More often, it has observed that the grandparents takes care small children.

They never ill-treat to their old parents, despite their hardship or economic difficulties. It gives psychological and emotional support to older parents to live long. In this way, family plays

[52] Hapro is a local term used for manhood status of the Mankirdia.
[53] Banjhi refers the barren women status, a women who doesn't able to give birth child.

crucial role sick members of the family. Mankirdia holds high collective conscience in social life and internalizes the normative code of their society. They prefer to stay in a nuclear family. This is composed of their grown-up children or unmarried children stay with their parents until or unless they get married. Once they get married, they start their new Orha and also erect a new Orha for their ancestral deity. However, supernatural power always keeps their family member happy.

It is their belief system that, the family deity moves along with the new member to the new Orha (house). The family not only gives them economic independence but the liberty to ancestral worship. Many Mankirdia describe the social connectivity is less among their predecessors' family members or kin group, because their numerical strength was very less, so that they had to travel to different places to make their new Tola[54] or Tanda.

They make a ritual guild as a platform to remember their old generation, and call them on various festive occasions. The connection between couples in a family has monetary significance. In addition they also engage household administration to upkeep their family. Besides, women are also engage in other important household works like; cooking, rearing children, and marketing etc. The socialization process among Mankirdia starts from gender assign roles and their relationship between children and parents is cooperative and affectionate.

The child is familiarized with the gender roles from their parents and especially from their grandparents. For instance, the girl child connects themselves with household work, i.e. cooking, caring for juniors, and attending the village market along with mother and grandmother, on the other hand a boy has to learn the hunting activities, forest collection, and male-line activities from male member of the community. Elder members of the family are typically cared by their children, who may keep a joint family unit. Male members of the family hand over income to their parents, who spare it for their marriage. The head of the Mankirdia family (father) ceremonially hands over the hereditary spirits Asthan to his child and allow him to another period of life. The relation between kin is most persevering and important for Mankirdia life. The important position of the family is taken by the eldest son, after his father. He takes care

[54] Tola or Tanda is used to refer a temporary settlement of the Mankirdia people.

of all his siblings i.e. all the junior brothers and sisters. The relation between the elder and younger is cordial, mutual respect and love, hardly seen any conflict between them. They share and exchange a good deal of knowledge; it is the elder member who guides and gives them direction to the younger ones. It is also observed even after marriage, brothers and sisters can move together.

In brief, the brother- brother, brother-sister, and sister-sister relationships are the most permanent ones and found to be influencing different spheres of their life. The senior siblings don't seem to have practice any effect on their more youthful kin. Rather, they tender and cherish. Moreover, it plays a solid bond that encourages them to live respectively under one rooftop and past the family as a reduced social gathering. These connections become more grounded because of the pervasiveness of sister trade marriage among the individuals (Mohanty, 2015). In brief, the sibling, sibling sister, and sister-sister connections are the most perpetual ones and are seen as impacting various sphere of their life.

The role of family is not confined within production and consumption rather acts as main center of caring for the diseased person. Most of them live in a nuclear family and a few of them remain in a joint family. Apart from this, there are few (2.7%) families live in single-family and (0.7%) percent in the separated family. Indeed, this is a reality, the family performs multiple activities to survive the fellow members and provide all the comfort to their family members. Therefore social caring is the paramount importance for Mankirdia rather than an economic one.

Family role in health care is immensely important for Mankirdia, its members are the pillar of their strength in adverse conditions, and it may be social suffering, environmental suffering, or physical suffering. The social suffering indicates the discriminatory behaviour of others Mankirdia which face in their day-to-day life (the physical or racial identity of Mankirdia and food practice). The physical injury generally happens during hunting or forest collection. Every member of the family cooperates and coordinates with each other and sharing their emotions to overcome the situation. Though they are poor, but social bonding is very high among them. It is their strength and source of care, which helps the diseased person to get well.

Besides, the single-family and separated families are not ideally helpful in the crisis period and suffering time of the individual. Few instances have highlighted the suffering of the separated family more than a joint family. They help disease persons and provide them essential services to get well. But that is not possible in the case of separated and single-family. So they don't prefer that type of family. Mankirdia family provides preventive and rehabilitative care to the diseased person and sick member of the family. Also, this institution provides care for age persons, handicapped persons, and more especially to the pregnant women and child. They not only give their indigenous medicine to the affected member but provide every possible emotional care to overcome the health crisis. It is closely related to the livelihood matter of the family. So they try to cure the diseased person as early as possible. The health issue is not separately treated but connected with the daily life of the Mankirdia.

Adult personality formation

Mankirdia family focuses on adult personality formation, which also provides emotional support to the person who suffers from stress and strain. This is caused because of injury, illness, and anxiety etc. The reason may vary and differ from person to person.

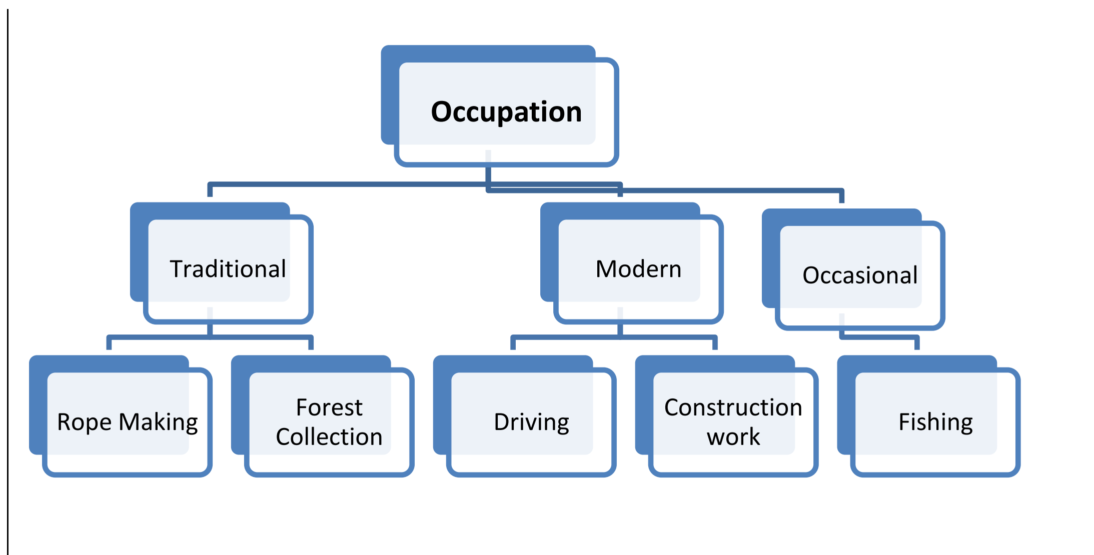
Family susceptibility to diseases

This is also one of the important factors or negative character of the family. There are certain diseases that increased because of genes or act as a platform for carrying the disease from one generation to another. There few cases are found in the study village. These disease like tuberculosis and skin diseases etc. have continued since two-generations among Mankirdia. This is rightly viewed as both sources of illness and a center for health and well being (Loveland and Cherry, 2011). They have no money to invest in modern health care and nor take regular checkups of the diseased person. So they try to cure the sick person with proper family care and their medicinal approach. Moreover, the economic status of Mankirdia doesn't allow them to depend on the modern source of care. In addition, they have fear of wage loss and time consumption while, depending on external source of health care services. But they believe that if they care the diseased member within the family, they can work around their habitat. Thus, they depend on traditional medicine rather than modern doctors or hospitals.

4.5 Economic Structure

The economic structure of the Mankirdia is based on occupations, which are divided into two parts; these are primary and secondary. The primary occupation is one on which an individual mainly depends upon the maintenance of his family. The work which is taken beyond the normal occupational hours or during leisure hours is known as secondary occupation. To survive individuals may profess several occupations. Primary occupations of Mankirdia are forest collection; rope making and wage labour etc. Secondary occupations are wage labour, where they work as a construction worker; it is observed that, they take extra occupations to supplement the main source of income. More often they engage in hard work sometimes go beyond their occupational ability to earn a better living standard. This practice helps them to grow materially.

Figure 4:1 Occupational Structure



The economy is a vital source for the survival of Mankirdia. They are restricted to a little or single-eco-zone endurance regions and embrace a wide scope of life exercises. Somawar and Phuljhale have mentioned that social and economic backwardness is responsible for their poor health status, higher incidence of low birth weight, and infant and child mortality among Mankirdia tribe. It has been for forty years back, when they were wandering around high hills

and mountains to fetch the forest resources to overcome their hunger, for that they need to travel a lot, sometimes around thirty km per day or more. During that period one-time meal was difficult to arrange for their family. Sometimes the whole family remains hungry. But the present situation is somehow better.

Figure 4.2: Traditional Occupation

From the above picture first one shows the rope products are being arranged for sale at the local market. The second and third ones are showing the jungle return of the Mankirdia with daily firewood. In Dengam village, they follow forests based occupations and try to maintain their indigenous status queue. They collect several fruits, wood, vegetable, etc. from the forest also make various rope products from the bark of the Siali. They specialize in the rope making work.

Figure 4.3: Rope making work

This picture is showing the transformation in traditional occupation (rope making). They collect Siali[55] creepers to prepare rope products, but due to decreasing Siali creepers, now they

[55] Siali creeper is the raw material used for rope making work.

have to depend on plastic Jaree[56] to produce rope products for their livelihood sustenance. Besides, it shows the original Siali creepers are dried on the asbestos (second right), and the third and fourth are showing the present-day rope making process.

Plate no 4.3 is showing the art of rope making. For rope making process, they utilize the local resource (Siali creepers) for rope making purposes. Siali creeper becomes spongy, flexible smooth in rainy season, which is easy for them to chop and make different types of rope. At first they remove green surface of the creepers that is relatively hard. Then decompose the creeper using water for three to five days.

If the surface of the creeper is flexible and smooth, it can easily decompose within a day otherwise it takes more time. At that point, the fiber is stripped off and the outside snarl is expelled from the creeper for Lashani (First phase of assembling the bark string). The climber is sliced to five feet to six long. These are brought to the Tanda and hang up on the parts of tree-like garments close to a fire to evacuate the abundance of dampness. The fiber is diverted and bent into charhi then the subsequent stage start. The final stage starts with a rope making through the use of the sharp wooden implement. This is utilized to give the last little detail for making rope differing thickness and length. The family unit individuals participate in the rope making process. The work relies upon the physical capacity of the grown-up individuals. They sell rope products and exchange at local market for their sustenance. The villagers depend on the supply of the rope products of the Mankirdia. They prepare various rope products, i.e. Pagha,[57] Sikha,[58] Sikur, etc. For instance, Jhali [59]is used as a mouth cap for animals, use mainly at the time of plowing. They also make Barhidora[60]*;* it is composed of three piles of Charhi for lifting loads of straw, bag, etc. (Chakroborty, 1976).

Furthermore, they make other rope items, for example, Joti (a sort of thin rope for residential use) and rope holders (Sika). Besides, they utilize Topa, sort of little bin which is made out of barks utilized for removing oils from oilseeds and a couple of assortments of Shika,

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[56] Jaree is a plastic bag, which is also used for rope making work.
[57] Paga is a kind of rope, which is used for tethering of cattle.
[58] Sika or Sikur is a kind of rope that is used for carrying poles and other things on shoulder.
[59] Jhali is kind of rope which is used as mouth cape of the cattle.
[60] Barehidora is a rope, it is used to carry water from well by means of pots.

sort of rope utilized by the potters for conveying earthen pots. It is a pivotal occupation for Mankirdia, but they make it maximum in the winter and summer season. During rainy season they face difficulty for the collection of Siali creepers (it is raw material for rope making work).

The availability of raw materials (Siali creeper and the local market) is key to select their new Tanda. It is observed that, Dengam Mankirdia depend more on the traditional occupation than Kendumundi village.

After rope making work, the second most preferable profession of the Mankirdia is hunting. They hunt various animals and birds like; squirrel, rabbit and taga nearby jungle. This is called small hunting. Besides, these small animals, they also hunt big games, that is called Sendara Bonga[61]. They use net for hunting and trapping various wild animals like pigs, rabbit, squirrels, rat, etc. They eat some of hunted animals and sell the remaining to neighboring communities. As a result, all the traditional settlements of the Mankirdia are found near forests. All men and women and even capable children also contribute towards this activity. But sometimes they fail to hunt and remain starved for a few days.

Table 4.2: Rope Made Items of the Mankirdia

SL. No	Mankirdia Term	Local Term	Price per piece	Utility	Daily Selling
1	Sikur	Sika	Rs.95.00 per pieces	For tying domestic animals	Two-four pair per head
2	Paga	Paga	Rs.80.00 per piece	Rope for tethering cattle	10-20 pair per head
3	Barehi	Barakai	Rs.125.00 per piece	For drawing water from wells	5-10 pieces per each person
4	Kadadogaha	Pandachhati	Rs.135 per two-piece	Rope to tether buffaloes	5-10 pieces per head
5	Meromloda	Chhelipaga	Rs.220 per piece	For tying goat	15-20 piece per head
6	Dhaunri	Jaunli	Rs.140 per four pieces	Tying cattle fat the time of harvest	5-7 pieces per head

[61] Sendra Bonga is the local term which indicates big hunting of Mankirdia.

Apart from this rope making, they also collect different types of edible roots, firewood, honey, chopped etc. In Dengam village the secondary occupation is wage labour. Now days in Kendumundi village the wage labour is the prime occupation, forest collection and rope making are the secondary occupation. Mankirdia collect Siali fiber from the jungle and make varieties of ropes and sell it at local market. In the present time, it is quite difficult for them to sustain their livelihood. Like rope making, hunting game is also seriously affected by new forest regulation. In the case of Kendumundi village, most of the families engage in labour work, driving, Rajmistri and few of them depend on rope making and forest collection. This dynamics exist because of environmental closeness, accessibility to forest products and the location of villages.

Figure 4.4: New Occupation

From these above pictures, the first one show the construction work (Raj Mistri) in the local area; and the second one focuses stone quarry work of the Mankirdia people and third one is a tractor driving work. Moreover, they work in nearby fields as agricultural labourers, or as wage labourers on brick-kilns or in government department. Their women also work as a daily labour. However, wage paid to women is lower than men. They accompany men in work fields as a daily labour. The wages of females are given Rs. 150 while the male member earns Rs. 200 per day.

Few of them are employed as skilled labourers like Rajmistri and driver. Due to lack of Siali creeper, forest produces and forest restriction, this compels them to alter their traditional way of life. The basic difference between two villages lies in income-generating capacity and

level of Sanskritisation, acculturation into Hindu society, and dependency on forest. Their status has been characterized by pervasive feelings of helplessness, dependency, marginality, and powerlessness. Their economic condition is not so good in both study villages (Dengam and Kendumundi).

But a few households of Kendumundi village are slightly in good economic condition in comparison to their fellow men. It was seen that, those Mankirdia who work as driver and Raj mistri, which improve their living standard. So their income is slightly higher than the other. But, majority of Mankirdia remain under the basket of oppression and poverty. However many of them express their opinion that, the present condition is comparatively better than the previous one. Now they are also getting some government benefits like the Public Distribution System (PDS), and other benefits which helpful to their income-generating capacity.

"Sagra Mankirdia is the senior-most member of Kendumundi village recalls the challenges like collection of Siali fibers, household goods and the market for selling our rope products etc. The earlier life was so difficult for us; for that we more often remain starved and sometimes could collect rice from nearby the peasant community. In addition, most of the time we remained in the forest to collect daily household needs" [K4].

Relation between Hunter and local peasant

Mankirdia people have been constantly making relations with local peasant communities for trade relation. They exchange their rope made products (Paga, Sikha, and Tapa) with local peasant communities. Both Mankirdia and peasant community are equally depended on each other and exchange their products at local market. This makes dependence on exchange to adjust the yearly work shortage. It is very hard to decide the degree to which the worker network relies upon the exchange connection with Mankirdia. But the peasant community exchanges their food items with hunting animals and rope products. There is a reciprocal relationship between Mankridia and local peasant. The peasant communities are getting benefit from protein requirements and rope work of Mankirdia whereas Mankirdia equally benefited from the local peasant. The major items of Mankirdia which exchange with peasant communities are rope, mats, baskets and wooden bowls, etc. They also harvest a modest quantity of backwoods lumber which is reasonable for making bowls and tubs utilized locally and exchanged.

Division of Labour

In Mankirdia society, all age groups contribute to their economy. Division of labour governs them for task assignment in the resource gathering activities. Mankirdia male members are primarily concerned with forest collection, labour work, hunting, and fishing etc. During the time of hunting, they gather a variety of vegetable items for immediate consumption. Besides, they also collect various other items like silly fiber, firewood, bark, roots, stem, and honey. Their division of work is administered the task in the asset gathering exercises. Male member of the family are principally engage in backwoods collection, wage work, chasing, and fishing. At the time of chasing, they accumulate and collect vegetables for fire utilization. In addition, they also collect many raw materials for their day to day tool making purposes such as bow and arrow, hunting net, fishing net, bamboo knives, etc.

In the case of a woman works is concerned, they collect a larger portion of their daily livelihood. Many times they are accompanied by their children. Mankirdia Women are primarily engage in child-rearing, cooking, washing, cleaning etc. Apart from this, they also collect various roots, tuber, seeds, fruit, chop, & firewood from the forest. Besides, rope making is another important work for Mankirdia tribe. Further, they act huge labour force for their family. They engage in wage labour, agricultural and construction field. So they are not only confined to the household work but viable labour force in other field as well.

Their children also assist their parents in household work. The male child support, their women members of the family (mother, sister, grandmother) in gathering firewood, bark, restorative spices, reeds, and different sinewy materials used to create exchange merchandise or to be straightforwardly traded for farming items. Their teenage boy help them in small hunting chase little game, squirrel, winged creatures, while a young lady encourages her mother in the family unit works and take cares their little youngsters. Likewise, they also care for local creatures and take them out for touching. Many times both men and women worked as labourer in construction work.

From the early morning, the male members of Mankirdia community start to twist the slashed fiber to set up a rope. After the morning meal they go to the forest either to hunt or to

assemble cut. Women folk of the community go for the forest collection and collect various roots, flowers, fruits, mahua, tubers, etc. At the advent of winter, they collect forest products and engage in hunting activities, also engage in agricultural and handicraft work during the rainy season. These are the major economic structure of the Mankirdia tribe.

Income and Household Expenditure

The income pattern of the Mankirdia shows that maximum (72.9%) comes under below Rs.1500. Second one shows that 4.7 percent of the Mankirdia belong to above two thousand income groups. Third category comes under 2-4 thousand, which accounts 9.8 percent of the Mankirdia. Fourth income group is 4-6 thousand, which accounts 9.0 percent of Mankirdia. Fifth one is 6-10 thousand that contributes 3.0 percent Mankirdia of the study villages. It was observed that first two income groups are almost same in the study villages. The highest income group (6-10 thousand) 7.8 percent belongs to Kendumundi village, while 1.3 percent in Dengam village.

The major income source of Mankirdia comes from forest produce and wage labour, which determine their household expenditure. It was found that, most of the households of Dengam village belong to the category of less than five thousand while Kendumundi village had three percent of households belong to this category. It shows thirteen percent gap between the two villages. Nine percent of Mankirdia belongs to less than five thousand category. Thirty-nine percent of Kendumundi Mankirdia expenditure comes under five to ten thousand category, which is higher than Dengam (thirty-two percent) and the overall thirty-five percent from two villages' expenditure five to ten thousand annually.

A total of thirty-nine percent Mankirdia of Kendumundi expenditure comes under ten to fifteen thousand category, while forty-four percent of Dengam expenditure belongs to ten to fifteen thousand groups and forty-two percent of Mankirdia expenditure comes under ten to fifteen thousand. The last one indicated that eighteen percent of Kendumundi Mankirdia expenditure comes under above fifteen thousand, while it was just fourteen percent in Dengam village. But the overall eleven percent Mankirdia from two villages expends above fifteen thousand. These are the overall expenditure picture of the study villages.

Poverty

On the basis economic status, poverty of Mankirdia is categorized into three groups. These groups are like abject of poverty those who come under below fifteen hundred categories, second groups comes under the category of two thousand to six thousand are called impoverished and third group those having slightly higher income comes under the substantial category. The divisions of these groups are based on the following criteria i.e. income, education, and accessing the government benefit and material growth. The income status of Mankirdia shows that most of them come under below fifteen hundred categories. The second criteria is the educational development of the Mankirdia; further, it has been divided into three major groups, one represents the illiterate, the second one is primary education and the third one represents the above matric level of education. The Abject of poverty represents the illiterate category; the impoverished group represents the primary school level education and the third group that shows the matric level education, which is less among the Mankirdia people. Apart from this, the third criterion of poverty among Mankirdia is the improvement in material growth. It not only focuses on old traditional agricultural, household, hunting weapon of the Mankirdia people, rather the present-day material goods like TV, Motor Bike, Radio, Mobile phone, availing the government schemes, etc.

Case Study I: (Abject of Poverty)

Bulu Mankirdia 42 age lives with his wife and three children in Dengam Village. All three children are below 15 years of age. The family depends on Bulu’s earning. He owns a small leaf hut which is further divided into two tiny rooms. He works as labourer in the nearest village. Besides, he possesses some of the earthen pots and aluminium plates for cooking and storing water. The dress pattern Bulu is concerned, he kept two pairs of locally made clothes, and his wife also keeps two pair of saree. He has two towels that he wears in daily work. Sometimes it is seen old women like a mother or the mother-in-law wear torn clothes or daughter-in-law’s old cloth. Children manage to wear the very old cloth of their parents.

With the increase of his family members; he searched another income source to maintain his family. According to Bulu, it is very difficult to work under Sadara Mahanta the landowner;

because he demands more work with low wage. Though he was interested to work in forest department, but unsuccessful because he couldn't release himself from Sandra Mahanta's house. Due to this, he couldn't able to search for new work outside the village. Generally, rainy season remains good for agricultural work and the summer season for forest collection and hunting activity. So he planned to work in the summer and will go outside the village. Bulu said he has no money in his hand unless he could have taken other work.

During summer, they collect various flowers and dry them under sunlight and stored for lean times. Bulu's family support him, collect as much as they can, and save those Mahua flowers for crisis period. Many times they face wild animal attacks during their collection of Mahua flowers nearby forest. They sell some flowers in the market and interchange for daily needs like rice; chilly, salt and other household goods. They sell a small portion of their saving and keep the remaining parts for future use. Besides, women members of Bulu family engage in the rope making work and make varieties of ropes and sell at local Hatt. After all, the only hope for Bulu is the forest, where he collects varieties of mushrooms, tubers, and roots for daily household needs. All the family members go to the forest for the collection of wild food. Generally, they wake up at 4 a.m. and get prepared and go to the forest at 7.30 after taking a cup of leftover water, rice in the morning and return home late evening with a basket filled with wild herbs, fruits, tuber, and mushrooms. All these are used as their foodstuff.

Sometimes it has observed that, despite of their illness they continue their work. According to Bulu, "illness is very common in the rainy season, but we don't care about it because, if we do not work, then our stomach remains empty. We have to work for our sustenance. Bulu lives under heavy mental stress, because of their poor economic condition. So he takes help from his fellow community members. In order to mitigate his poor living status, sometimes he borrows money from his village member to keep his family alive. He said that, nobody takes the interest to help him because he doesn't have his own land. As a result his family remains in debt.

He was an interested to cultivate a land on share cropping basis, but he didn't get any help from any individual or by the government representatives, because he had no security to

return the debt amount to the owner. Subsequently, he doesn't interfere in the village or Panchayat matter. In very anguish and agony, Bulu said he knows education is an important tool for getting a good job. But unfortunately, he was uneducated and also keeps his children uneducated as well. The extreme poor economic status of Bulu family, obstruct them to provide education to their children. Sometimes even they didn't get cloth to wear. "We are hopeless and predestined to serve as labourer in other lands".

When the researcher asks Bulu regarding the ideas of religion, he tells researcher that his father had been performing various religious rituals. Now days he feels, it gives much financial burden on their family. It is very difficult to waste money on a different religious occasion. Due to community pressure he follows religious festivals. Hence he thinks to embrace Christian religion that will be less costly for his family. This life struggle of Bulu signifies many facets of the poorness of the individual. The researcher feel the happiness of his children, when Bulu and his wife bring some rice and vegetables from the local Hatt[62], in hope of getting some water rice on the menu. Sometimes they fail to bring rice to home, which creates hopelessness in the face of his children. Sometimes they give mango knell powder, Mahu[63] powder to eat. They know it can be a danger for their health. This shows misery and hopeless condition of Mankirdia. This is why sometimes they voluntarily change their religion and adopt Christianity as their new identity to get rid of this abject of poverty.

Case Study II: on impoverished Poverty

Subhadra Mankirdia (widow) age 35 years lives in Kemdumundi village. She recalls her painful story about the untimely death of her daughter (Sonali) in malaria, who lost her father at early age (Chunki Mankirdia) at an earlier age. She was the only child of her parent behind her widow mother. Due to her poor economic condition she unable to buy medicine for her child. So, she had taken money from the church committee to meet the medical expense for her daughter. As Subhadra is a wage labour she couldn't save money for future need. She mentioned that, if her husband had saved money her child could have been saved. She further narrated, that

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[62] Hatt is the local term which refers weekly market of the Mankirdia people.
[63] Mahua is a popular tree for tribal people. They use its flower and fruit for preparing food items as well as liquor.

excessive drinking habits of her husband ruined her family, left her to suffer the hopeless condition.

Again she mentions that the excessive religious rites of the community heavily cost them which leads to their poor condition. She again adds that it doesn't mean that, she ignores the essential of societal values of her community. But she wants, their community member become aware of the happenings around the world. So they can escape from the unnecessary burden of sacrifices and economic hardship. This is not the universal view of the community but it has a certain implication for their health and economic point of view.

The case of Subhadra shows diverse impact of religion in her livelihood. Consequently, Subhadra changing world views on own community need to be critical ramifications. It shows social suffering of the Mankirdia and their alternative world views which emerge from the existing social reality. It shows Shubhadra family's health status is closely connected with her socio-economic condition.

Case Study on Substantial Poverty

Kalu Mankirdia age 32 year lives in Kendumudni village. He is the father of three children. He is the second driver in his community after Ulash Mankirdia. Earlier he was working as a wage labourer in a construction company in Ganjam district. He was taken by a middle man from Baripada namely Ranjan Mohant. The owner of the brick kiln was supposed to give Rs. six thousand along with food and a house to stay. But after one month's stay, the owner didn't pay single money and assured him to give it next week. Then he works so as receive all the pending money. He was given only food, but not a single rupee. He remained like in captivity and had no courage to tell the owner to leave him and give his money. But he was unable to show his courage despite his torture and humiliation. Finally, he had planned to escape from that place without notice of his owner.

At that time, he had already worked three months without money. The innocence and illiterate nature of Kalu allowed the brick kiln owner to cheat. He said "I am not the only person in my community; those who have been cheated by outsider. But many community members are

being exploited and harassed by an outsider. But we have to adjust and compromise, because of our weak social status our locality”

Kalu is one of the young and intelligent person in his community. Nowdays he understands the importance of money for a better life. They need to increase their income because, their traditional sources of income are not sufficient. Thus, they adopt new sources of occupation like Driver, Raj Mistri work, or construction work etc. Furthermore, few of them are working as household labour in neighboring districts and their locality. The socio-structural foundations of Mankirdia are taking a new shape and allow them to follow the changing way of life. Moreover, the economic condition of the Mankirdia gradually changing or diversifying the existing sources. As a result, their income-generating capacity is increasing or economic condition slowly taking a new shape. Although their traditional structure does not completely change, internalize the new world view for their better future.

4.6 Land ownership &Agricultural Practice

Land is the basic source of livelihood for Mankirdia. It acts as a powerful tool for the power hierarchy and determines the status of individual and the group. Mankirdia tribe is a vulnerable and landless tribal group in the state of Odisha. Ota has mentioned that 37.25 percent of Mankirdia people in Odisha are landless. They are struggling to get ownership of the land from the government. They have received only four decimal house lands from government of Odisha. But they have not got any agricultural land for cultivation. There is a constitutional provision (Fifth Scheduled of Constitution) to provide forest rights and land rights for tribal, but they are not given. It has increased their sufferings; due to their ignorance and exploitation by outsiders or non-tribal and sometimes the dominant educated tribal’s of the locality. Earlier they didn’t practice agriculture, but gradually adopting agricultural practices from the neighbour peasant community. But they are not taking it as their primary source of livelihood.

They consider it as their additional source of livelihood. It is observed from the field that, they practice agriculture as their supplementary livelihood. In Kendumundi village there were a total of seven Mankirdia people practicing agriculture as one of their occupations. They practice it on sharecropping basis and borrow some techniques from neighboring peasant. They work as

agricultural labourer in the land of local Santali tribe and non-tribal families. Behura has rightly elucidated the social suffering of the tribal people of Odisha. He cites land is the basic source of livelihood and social status among the indigenous community. Due to lack of proper land record and entitlement among the vulnerable tribal group of the states, they suffer a lot, i.e. unable to take a loan, cultivate properly, and face land encroachment by the non-tribal of the locality (Behura, 2008; Marchang 2017). Panda has also highlighted land right as one of the major causes for their backwardness and poverty. The development policy of the government is unable to reach them and provide them benefit of the schemes or policies (Panda, 2016). M.N. Srinivas has also mentioned the importance of landowning power and social status in dominating social hierarchy. Nair and Vishnu have also mentioned the impact of globalization on tribal livelihood and land rights. The study highlighted the neo-liberal policy and technological advancement has negatively impacted on Paniya tribal livelihood and land ownership right in Kerala (Nair and Vishnu, 2018).

Figure 4.5: Agricultural Work of Mankirdia Tribe

From the above picture, first one shows the communal work (near their house side land) of the Mankirdia people; they are preparing it for vegetable cultivation; second one describes the returning of Mankirdia with harvesting paddy by cycle as a means of transportation and third one shows the paddy field, where they cut the ripping paddy and bring to their owner's house.

In Dengam village total of twelve households engage in share-cropping agricultural practice. According to Arum Mankirdia, he takes 1-2 acre land of his neighbouring Santali tribe for farming purposes. He invests Rs.5000 per year and gets 12000 to 15,000 total incomes and gives half of the production to his landowner and keeps the rest for his use. For cultivation, he

uses a tractor and fertilizer to grow crops. Canal and pond are the main source of irrigation. It is observed that they unable to consider and practice agriculture as one of the important source of livelihood because of zero possession of land rights. Therefore, Mankirdia work as agricultural labourers in the locality.

In the case of Kendumundi village, seven Mankirdia families engage in agricultural practice. They take 1-2 acre lease land from neighbouring non-tribal people for share-cropping purposes and invest Rs.2-3 000 and get Rs.8-10, 000 as profit. They give fifty percent of the total profit to landowner. They use canal, stream, and pond water for agriculture. Mankirdia are not experts in agriculture, but they gradually learn from the peasant community. According to Dolli Mankirdia of Kendumundi village, they have no land ownership, so they are not getting the opportunity for doing agriculture like other peasant society.

Many times they have requested government officials and local political representatives to help them to get the land right Pata[64] or proper entitlement; unfortunately, they didn't get anything from that approach. He also said the same thing as Arun Mankirdia of Dengam village that due to their landless status, many of them unable to engage in agricultural practices like other settled tribal.

"*We are poor and landless, how can we cultivate? If we engage in agriculture, we can increase our income and food production. We are poor, so nobody hear us, despite our several request to village Sarpanch and block officials, we get nothing. So, we take land from our neighboring peasant community for cultivation, whatsoever produce we eat''.*

This problem has forced them to depend on the wage labour for their sustenance. But few of them in study villages practices agriculture to supplement their livelihood. It shows their helplessness without land resources. The most important thing is forest restriction by the government which complicates their lives.

It is well mentioned that Mankirdia economic condition is mainly based on wage labour and rope making which is prime occupation them, but unable to provide sufficient income-generating capacity. Also, the land right is one of the important social prestige and source of

[64] Pata is a local term used for land right of the Mankirdia.

economic activities, but due to absence of land entitlement right, which severely affect their income-generating capacity and social power in their locality. As a result, the purchasing power and pocket expenditure is also negligible of the Mankirdia people.

4.7 Religious Belief System

Emile Durkheim (1858–1917) defined "religion as a unified system of beliefs and practices relative to sacred things". He further argues that religion exists in society because of two things, sacred and profane. The sacred represents extraordinary or divine that inspired wonder, while profane indicates the ordinary life. Religious belief system provides strength in a crisis time of the community, increase social cohesion, and social control.

Max Weber has mentioned the role of religion in social change of his work 'The Protestant Ethic and the Spirit of Capitalism' (1905), which mentions the Protestant work ethic, influenced the development of capitalism. The follower of protestant ethics believes in hard work and discipline life that brings material gain.

Talcott Parson has argued that, religion is part of cultural system and a framework of guidelines for human action. The behaviour patterns of the members are evaluated from societal norms. Malinowski argued that, the main function of religion was to help individuals and society deal with the emotional stress which occurs during life crises such as birth, puberty, marriage, and death. From Marxian perspective, religion is the sigh of oppressed group. It doesn't provide any solution but it is a misguided effort to make life more tolerable (Haralambos and Heald, 2011).

Figure 4.6 Religious Belief System

Mankirdia are polytheists. Basically, they worship the elements of nature. They believe that, god and spirits who creates trouble, illness, and death are regarded as malevolent and others who bring progress and prosperity to the society are benevolent. Every sphere of their life has strongly influenced through religion i.e. health, food habits, political, occupational, marriage and social control etc. The religious belief system of Mankirdia is more often influences their health behaviour. There are specialized gods and goddesses for specific areas i.e. Sing Bonga[65] for hunting activity and Burhi Mai[66] for good health. Subsequently, they have a strong belief in the religious world as well as supernatural forces. According to their belief system, everything is controlled by these forces; it maintains cosmos for the betterment of the whole earth.

They believe that, they are the small creation of Sing Bonga who blesses them to maintain a good life, and protect from future misfortune. Consequently, they have to perform various sacrifices to their respective deities. Presently Mankirdia are following three religious principles i.e. traditional nature worshipers, Hindu and Christianity. The vital part of this section is the connection between religious belief and the health status of the Mankirdia. They are known for their survival level of livelihood, which is meant for consumption, not for future saving. The existing religious structure of Mankirda shows dynamics in the belief system.

Earlier they are habituated with alcohol drinking and invest their hard earn money. According to Lenka Mankirdia of Kendumundi village, earlier they waste maximum of their

[65] Sing Bonga is the mountain and hunting god of Mankirdia.
[66] Burhi Mahi is the health goddess of Mankirdia.

income in the ritual feast, sacrifices, and drink. The early religious life is more conservative and focused on strict adherence of the religious principle. Along with several sacrifices and rituals which were costly affaire for them. As a result, they remain poor and unhealthy. Their health condition is affected by excessive alcohol drinking and absence of proper medical facilities. The most crucial aspect is highlighted lack of proper guardianship.

Although their village head man Brahma was there but unaware about outer world. Hence he is unable to bring desirable change in the community. This is very essential for them to overcome the social system, which damages more than bring happiness. It doesn't mean that earlier religious belief is bad, but lacks strict disciplinary ethics, which creates a problem for Mankirdia. After conversion into Christianity, Mankirdia have drastically changed their habits.

The shift from polytheist belief to Christianity brings positive transformation (health behaviour) among Mankirdia. It observed from the Kendumundi village that, most of them have changed their earlier religious status to Christianity. Those household have adopted Christianity they have improved their income-generating capacity and developed general awareness about new lifestyle. They also adopt new occupations like wage labour, Raj Mistri work, and driving work, etc. It helps them to overcome the circle of poverty. Overall understanding of the changing world view is very less, which also restricts them to think beyond their philosophy or logic. This sometimes acts as the cause of their backwardness and poor health.

At present time younger generations of the community are more inclined towards Christianity. But they never engage in any conflict between these two religious groups. Most of them follow their traditional occupation like rope making, forest collection, and wage labour etc. Besides, the poorer section of the Mankirdia mostly lives in the Dengam comparison to Kendumundi village. The basic difference between the two study villages are their level of awareness, assimilative process, educational achievement, and the role of religious belief in their lifestyle etc. These are major causes that play a detrimental role in changing social space of the Mankirda tribe.

Particularly, they have left the alcohol drinking habit, which improves their social status in the locality. For which they are humiliated. These changing social practices are possible in the

above study villages because of Subas Mankirdia the pastor of the Kendumundi, Arun, and Beesram Mankirdia the pastor of the Dengam village. They play a very important role in their development and act as a major agent of change.

"I came to Kendumundi to share Lord Jesus's word to my fellow men. At that time, they were living in vulnerable conditions, no proper food, housing, education and work. The only objective of the Mankirdia was to hunt and drink. After my arrival in this village, I first tried to make aware them to live appropriately. In the initial time, I failed to convince or aware them, Later part, my bonding was closer with them. The strong point, I had command on the local language, through which, I tried to understand their issues and provide a solution that makes Mankirdia more comfortable and lenient towards me. The main target was to stop their liquor drinking habit that was the main cause of their poor health and poverty. It was not an easy task for me, to stop this practice. Many old generation people strongly opposed and confronted me. Despite their opposition, I tried to motivate them to leave that practice. Gradually they are accepting my word and leaving alcohol. It helped them to overcome from poverty and live comfortable life" [K2].

4.8 Social Identity and Suffering

The social identity originates from the conviction that group; which can help people to imbibe meaning in social situations this realizes their origin and relationship. The identity comes through ethnicity and race discourse. The first one indicates the cultural tradition of the tribe and the second highlights the physical attributes.

The identity of Mankirdia comes with their physical appearance and cultural practices i.e. rope making, monkey eating habit etc. The food habit (eating monkey flesh) is a derogative tag for the Mankirdia. As a result, they face social suffering i.e. the behaviour of local shops, school teachers, doctors, landowners, contractors, etc. All these are the character of the social segregation or act as the oppressor for Mankirdia people. They face issues like cultural differences, gender subordination, and class asymmetries, particularly more in the health field. The cultural frame of Mankirdia is more often create different level of understanding about the diseases which increase the gap between patient and health care professionals.

Due to this, they are discriminated on the basis their social identity, which creates a negative attitude towards health professionals. Espinosa has also highlighted the role of ethnicity,

gender subordination and spirituality and its impact on health behaviour. Besides, it articulates group solidarity among a particular group. The current section tries to focus on the social identity of the Mankirdia which brings suffering in their life. The suffering is not only confined to health intervention but more than that.

A case study I: Ethnic Identity as the source of Social Suffering

Subas Mankirdia age 45 year lives in Kendumundi village. He is one of the pastors of Kendumundi village church. He recalls a sad memory, it was in 2008 March, when he went to the local shop to bring an electronic bulb; after paying the price Rs.25 rupees and brought a new bulb. When he checks it in his house, the bulb didn't light up; again, he went back to the shopkeeper and said that he wants a new bulb as it was not lightning up. Then suddenly the owner of the shop shouted to Subas and said.

You, Mankirdia! Don't you know how to light up a bulb? And blame me that it is not lighting. It is not the fault of a bulb, but you have a problem, you have a habit of living in darkness and Dibi, so how can you light up an electronic bulb.

In this way, he criticized the whole community. Here, we can understand their social suffering is more painful than their physical. Every day there are facing such stereotyping behaviour from other community. It also matters in the case of the hospital as well. This is one of the instances of racial discrimination, but most of the time, people target them because of their low social position in locality. Besides, a certain attribute of Mankirdia brings defame on their racial identity. In this way, they face discrimination in their day to day life.

They don't get normal behaviour from other the community which creates mental trauma and agony in their daily life. Somehow they felt, their low social status is undermined their equal existence in the society. For instance, if they go outside for wage work, they are not given proper wages and respect, rather face exploitation. Besides, they also face exploitation and harassment from the health care professional while taking treatment. Either they are not given appropriate treatment or deliberately exploit writing unnecessary medicine.

4:9 Political Structure in Study Villages

The political organization of the Mankirdia is controlled by three important people like Dhiri67 (priest), Dakua68, Mukhiya 69 of the village. Earlier the village matter was peacefully managed by the Mukhiya. Earlier village head, who supervised the conflicting situation and find out the solution for the convicted person. The punishment was given to the offenders according to their offense. The current political system is completely transformed into a legal process or system, where each of the individual enjoys equal rights and privileges. Mohanty has also mentioned that the importance of village head in regulating mechanism and decision-making process provide solution to various village level disputes and guides village people (Mohanty, 2015).

It has also highlighted the role of the decision making (traditional socio-political system of the Lanjia Saora of Koraput) power of the village council or other important political organization and its changing structure and function. Despite of this change, they have respect for their old village heads. The political structure of the Mankirdia tribe is concerned, it shows some transition. These are like the political participation, awareness about the political party, role in the electoral politics, and participation in Self Help Group (SHGs) by the woman member of the village. Besides the role of women in the local council or panchayat and participation in government or Non-Governmental Organization (NGOs) are important features of this transition. The above changes in (political sphere) of Mankirdia are possible because increasing level of social network, individuals' economic status, awareness about a social issue, etc.

It was observed that Kendumundi Mankirdia politically advanced than Dengam village. The habitat is closely connected with non-tribal society and town area. The second important factor that influences the political behaviour of the Mankirdia is the family income. It has proved in the Kendumundi village i.e. the condition of Ashiba Mankirdia, Arun Mankirdia, Beelash Mankirdia, and Babula Mankirdia. In case of the Dengam village, the name like Arun

[67] Dhiri is the priest of the Mankirdia community and control all the religious activities of the tanda.
[68] Dakua is the messenger of the village. He gives information about the village issues and informs people to attend the village level meeting.
[69] Mukhiya is the head of the village. All the village level of problem is solved by the Maukhiya.

Mankirdia, Beesram Mankirdia, and Mangaln Mankirdia have improved their economic status that helps indirectly to take the political benefit. Besides, the awareness of the Mankirdia on the developmental policy of the government or Non-Governmental Organizations (NGOs) and recent social issues, that also helps them to gain political mileage. Moreover, the education level of Mankirdia has increased political maturity. It is also cited from both study villages that those who have passed the primary and matric level education an edge over illiterate.

Besides, the intergroup communication of Mankirdia plays a significant role in political participation. The advancement of the tribe is observed in the fields like i.e. communication with government staffs, local political leaders, and village head in neighbouring village, leading local NGOs and important religious institutions as well. They have also developed their health behaviour and adopt more modern health care facilities than the traditional one. This kind of change is confined within a small section of the Mankirdia community. It shows the positive effect of political participation on health status of the Mankirdia community. Several changes have occurred in the political realm of the Mankirdia tribe. These are the introduction of the Panchayat Raj System, the introduction of the Panchayat Extension Scheduled Area (PESA), Odisha Tribal Empowerment Livelihood Programme (OTELP), and other means through which they participate and show political maturity. Earlier the village dispute, conflict, or any negotiation was handled by the village Panchayat but at the present time, their old system of the village has changed, i.e. the police, court, the legal system are controlling the above dispute. They are also showing their democratic right at the time of election; show their inclination towards a particular political party and give their vote to that particular party candidate. Nowadays they become aware about political issues around the district and state.

Odisha Tribal Empowerment and Livelihood Programme

This programme is initiated by the government of Odisha in the year 2011-12. The main objectives of this programme are tribal empowerment and livelihood enhancement of the backward district of Odisha. It has helped 17 lakh tribal populations in seven districts and helps many tribal to enhance their livelihood and leadership qualities.

In case of Mankirdia tribe is concerned; the role of Kharia Mankirdia Development agency (details have been discussed in chapter seven) has also improved their political participation. This development programme acts as an agency of change, i.e. village level of leadership and occupational diversification. The overall effectiveness of this programme is not impressive but creates a foundation for political participation. Besides, the role of Self Help Group and Mission Shakti programme of the government has immensely helpful in livelihood and leadership growth. Presently, Mission Shakti is a new department, which is associated with six lakh SHG groups. These facilities are more proactive in tribal districts. It has also observed in the study villages, that those Mankirdia who are active in SHG and other village level organization are more politically empowered than others.

Politics of Inclusion

Political inclusion is one of the significant tools for tribal development. It is a new movement in region and national perspectives. The underdevelopment of the region brings multifaceted issues and challenges for tribal. It may be health care accessibility, industrial development, forest rights, PRI decentralization, or land right of the vulnerable tribes. All these issues are presently highlighted by the local, regional, national level tribal leader for proper function of the development plan and policies in tribal region.

Many tribal leaders have fought and protected their motherland from outsiders, which is well documented in history. From past to present the leadership like Birsa Munda, Sahid Laxman Nayak, Sunaram Marandi, Gridhar Gamang, Hemanada Biswal, Juel Oram, Pradip Majhi, Ramesh Majhi, and Sudam Marandi all are highlighted their constructive leadership in their region's development. As a result, many developmental works are possible in the tribal-dominated region i.e. road, school building, health center, drinking water, etc. Despite all these best efforts of tribal leaders, many developments are still to reach in tribal regions. In the case of Mankirdia tribe, the development of political participation is very low i.e. there is not a single elected member from the Mankirdia community in the office, of Panchayat Samit, Zila Parishad, M.L.A, and M.P.

Political participation of Mankirdia is sidelined by the existing system because of their less numerical strength; and developmental works are not properly focused. It diminishes their political right and power without proper representation through electoral body of the government. In this way, the political role of Mankirdia community has influenced their overall development and more specially the health care choices.

4.10 Language

Language is the basic mean for communication of human activity. It is the vehicle of thought and sharing of knowledge, values, and culture. Its presence is realized in many facets of society i.e. technical disciplines, material science, social science and artistic analysis etc. It is difficult to understand the position of the language; whether language comes first or thought of the individual or vice versa (Beedham, 2005). In the case of Mankirdia, they speak more than one language according to their dwelling place. According to census 1999, the Mankirdia (Birhor) speaks seventeen languages. In Odisha, they speak Munda, Mundari, Santali, Odiya, Bengali, Bhumija, Hindi, Kol, Khaira, Kisan, Kui, etc. It shows their diversity in the language spoken capabilities. In many instances, it was observed that they struggle to communicate with non-tribal because they speak local dialect, which is difficult to understand and interpret for the outsiders.

It is observed by the researcher during fieldwork, the language acts as a dual identity for Mankirdia. Due to their shyness nature, they deliberately avoid to talk outsiders. It means the public sphere is dominated by existing Odiya-speaking people, although the presence of the tribal population is more than the general population. Many instances have proved language acts as structural barriers for Mankirdia people. It is not their fault, but the existing system responsible for this injustice.

Case Study: Language as a Barrier (School Teacher)

Sundar Mahanta is a high school teacher lives in Kendumundi village with his small family. It was March 23/03/ 2018, when the researchers meet the headmaster and two other class teachers in Kendumundi high school. The researcher arranged an informal discussion about

Mankirdia children education with their class teachers. As far as Mankirdia children's education is concerned, they send their children to Aagarpada residential school, Jashipur which is built exclusively for Mankirdia students. If they do not get admission in that school, then take admission to the village school.

As per the teacher's point of view, Mankirdia students are very irregular, dull, irresponsive, and not good at education like their counterpart. It is not their parent's fault or children, but the social circumstance of Mankirdia. Due to their poor economic condition they hardly get their basic human needs, so they are unable to provide better education to their children. If they don't go to the forest, they hardly get any food. So they give priority to forest collection, rather than education.

"We are illiterate and very poor, how can we teach our children? Still I send my daughter to village school but she said that, she couldn't understand the teacher's language. When my daughter asked to teacher, he couldn't responds properly but scolds her. From that day onwards she left the school. What I will do?"[K4]

Apart from this, it is seen that, they bunk classes and are not serious about their education. To test the truth, the researcher just requested the class teacher to call some Mankirdia children for interaction. Then the teacher called five Mankirdia students randomly from seventh, eighth, and ninth classes. They were asked some basic questions, but they couldn't answer any questions. There are many reasons for this failure; these are such as, lack of vernacular languages in school, lack of proper counseling, extreme poverty, and lack of seriousness from both parents and institutions.

From the above point, it is clear that, it's not Mankirdia's fault rather system's failure. The existing government education system is unable to understand the importance of indigenous language and its practical use in the field of education. The less use of indigenous language influences many parts of life, i.e. drop out and depression among the band society (Reyher, 2010). Besides, it transmits the value system of society from childhood to older age (MacIver, 2005). It acts as the heritage of society.

Further the teacher says (Sundar Mahanta), there was only a single student who passed matric level examination from Kendumudi village. The number of 10th pass students has recently increased in Dengam village. In the year 2019, three Mankirdia students had passed the matric examination. But the overall literacy rate of study villages is different and dissimilar. He has also mentioned that, due to extreme poverty situation among Mankirdia is major factor for their poor educational performance. They practice child marriage that shows their negative inclination towards education. We try our level best to bring them educational mainstream, but they don't come.

The problem is not with Mankirdia people's interest, but it lies in the mindset of the teacher, those have predetermined prejudice, stereotype, and negative feeling towards Mankirdia community. The language of Mankirdia is not being respected and use in their development. It is a mode of culture and means by which information and social qualities are communicated and maintained.

Language suppression, particularly for indigenous people is a form of disempowerment and oppression (Krueter and Mcclure, 2004). It influences self-identity, well-being, self-esteem, and empowerment, all of which are an integral part of community healing (Cohen, 2001). It maintains the continuity, which is critical to revitalize the culture and revival of indigenous people (Battiste and Henderson, 2000).

Teengda an old woman lives in Kendumundi village, she was very closely associated with researcher. The researcher remembered one cold winter night, when researcher had no blanket to wear. That was a painful cold night. At that time, the old lady Teengda Mankirdia come to him and asked the researcher, whether he has brought any cold dress or not. When she came to know that, researcher had no blanket to wear; she suddenly rushed into her newly asbestos room and brought two blankets to offer the researcher for a peaceful sleep. Further she said him that, you have to return the blankets, don't forget it. In between that, she was singing the folk songs of her community. The researcher appreciated the melodic song of Teengda. She replied to the researcher, you understand nothing but pretend me that you have understood

everything. She said to the researcher that, when she sings the folk song, feels the inner power of her mother tongue.

"*Language is our identity*. *Our language helps us to communicate among relatives and with our ancestors. We use language to revive our traditional folk songs, i.e. ancestor song, marriage, death, and the festival. Our language connects us with our ancestor, appease Sing Bonga, preserve our custom, and give self-identity and wellness. We feel our dialect is a kind of therapy*" [K3].

According to Beelash Mankirdia, it is their language that connects their ancestor. Besides, it helps to arrange Bapla (marriage) for young Mankirdia, maintain their social network; and finally, it can trace some hidden geological identity.

He further adds to that, "*You know, how our predecessor was in difficulty. They were wandering in the jungle with nothing in their hand except a leaf hut and axes on their shoulder. Every day they were struggling in the forest to collect their foodstuff. That was their past condition. Still, they are alive, if you are in our situation you could have died at that time. But we fought many hardships and survive"*. This hardship keeps us strong to the adversity and stress.

Language gives strong self-identity and a sense of wellness, which the researcher felt from the narration of Teengda Mankirdia and Beelash Mankirdia. They have mentioned that language connects with the past and locate their emotional and social identity. It is an essential identity and a bond between self and the outside world.

In Kendumundi researcher was closely associated with Doctor Mohapatra and observes his interaction frame with a patient. Doctor Mohapatra had some hearing problems, so his late response to the patient gives a negative impression. As if he hears everything but doesn't reply immediately. As the researcher stays 100-meter distance from that primary health center, so he easily observed the behaviour of the doctor. The researcher felt that the doctor shows some sort of power hierarchy and treated unresponsive manner. The reason is the power of language which Mankirdia didn't possess. There was no mutual respect between patients and doctors. Many of the Mankirdia harassed and exploited by his rude behaviour.

Case Study II: Doctor's gage towards Mankirdia

Soren Mankirdia age 46 lives in Kendumundi village. He reminded the researcher about his bad experience with doctor Mohapatra, and said once he had cold and fever. At that time he visited to doctor for treatment and brings some medicine. But he could recover from that medicine, so he again went to health centre, this time the doctor gets angry and misbehaves. So they send their family members to bring medicine telling about their symptoms. Although in front of the researcher, the doctor shows decent behaviour towards the patient, but in normal times he behave rudely. This kind of attitude creates an inferiority complex among the Mankirdia. Due to this reason, they dishearten by modern health services and continue their system of medicine. This type of behaviour more often impacts their psychological well being. They are unable to directly express their anger and anguish rather than felt inside.

For that only number of government programs runs for the revival of cultural connections, which acts as therapy and positive self-identity among the indigenous people. The communication between patient and doctor shows lack of language sociability that can find in their indigenous language, for that they continue old tradition.

4.11 Education

Education is a medium of transformation and development. It is the mean through which an individual excels in life. In the case of nomadic or wander tribes like Mankirdia, it has no serious ramifications in their life. Education has influenced Mankirdia life But it hasn't significantly affect them. Although government (all the education-related programme) has taken several affirmative policies for their educational development, still it hasn't brought desirable results. Illiteracy is extremely high among the Mankirdia tribe. Despite of basic educational facilities but they hardly send their children to school.

The educational achievement of the Mankirdia is almost same in the study villages. The total literate of the Kendumundi village is 23.5% out of that 14.1% are completed their primary education and 9.4% are Anganwadi children. As per as Dengam village is concerned, it shows 19.8% are literate out of that 11.4% are completed primary level, 0.4% has completed matric

level and 8.0% are Anganwardi children. The total illiterate person from both the study villages was 78.9%.

"*We are illiterate can able to manage our family. In the same way our children will be manage in future. What we will do with education if we don't have food to eat". We have Sing Bonga, so we don't worry about anything" [K4].*

There is a direct connection between education and health status. Therefore, the low literacy rate of Mankirdia is mainly responsible for their backwardness and poor health. It has been mentioned that, children's education is closely linked with their state of health. Due to regular sickness, Mankirdia children skip their classes which bring poor results (Maharana and Nayak, 2017).

Besides, there are several census also reported the educational status of Mankirdia. It shows their deplorable condition. The year 1961census was not mentioned any educational data about Mankirdia. But 1971 census shows their total literacy was 0.20 percent out of that male literacy was 0.44 percent whereas female literacy was not mentioned. 1981 census has mentioned that total Mankirdia literacy was 1.10 percent out of that male literacy was 1.95 while the female literacy was 0.20 percent. 1991 census report show the total literacy was 6.08 out of that male literacy was 7.91 whereas the female literacy rate was 4.26 percent. The literacy rate was slightly come down in 2001 census report. Their total literacy was 5.49 out of that male was 8.47 percent and the female was 2.61. It shows slightly increased male literacy, but the female literacy rate remains a pathetic condition (Ota & Mohanty, 2010).

Sethi and Mohanty have also mentioned that, literacy rate is the lowest (21.14 percent) among the Mankirdia tribe in the country. In addition to this, Dash has critically elucidated the pathetic educational qualification of the Mankirdia. The study has mentioned that, the total literacy rate among Mankirdia was 1.3 percent, 0.6 percent people were above high school and rests of all are illiterate 98.1 percent (Das, 2010).

A Mankirdia told to the researcher, they have no viable income options to teach our children. So they don't force them to study or never deny if anybody wants to study. Hence they

are not serious like other tribal. They have money, so they can send children to school. They give preference to work first rather education.

Although the education level of Kendumundi village is not satisfactory, but more influenced by the local peasant. They progress a little bit more than Dengam village Mankirdia; particularly those families have improved their economic status by adopting new sources occupations like driving and raj mistri. The traditional occupation still there, but it has shifted to the third priority list in Kendumundi village. The literacy rate of the Kendumundi village shows some upward mobility. The dynamicity of the two villages says that, Kendumundi Mankirdia have been influenced more by the local peasant community. The level of interpersonal communication is also more than Dengam. Their occupational variation also brings a positive impact on their overall development. In Dengam village, Mankirdia depend on traditional occupation patterns (rope making, plate making and forest collection). Due to less income from traditional source of occupation, which affect their education status? In this way, all these structural elements of Mankirdia have influenced their overall life and health status as well.

4.12 Role of Mankirdia Social Structure and Health Status

The social structure of Mankirdia society has influenced their health-seeking behaviour and health status. There are many societal structure of Mankirdia which directly influence their health-seeking behaviour i.e. occupation, family, language, social identity, education, land ownership, etc. It was found that most of them are landless, which severely reduced their extra scope to engage in agriculture and cultivation. As a result, their daily household food requirement is mostly dependent on Public Distribution System and Anganwadi centre, which is not sufficient for Mankirdia. Due to lack of dietary intake and absence of micronutrient in food, brings many health hazards for them i.e. underweight, anemia, and malnutrition.

Secondly, the occupational structure is one of the significant aspects which influence their health status. The traditional pattern of occupation is no longer sufficient to provide livelihood sustenance for Mankirdia people. So they are adopting other occupations i.e. wage labour, Raj mistri, driving work, and fishing and share cropping agriculture. Presently few of them have engaged in modern occupation. The less diversified occupation reduced their income,

which further diminishes their purchasing capacity; this further affected their choice of health services.

Thirdly the role of their family is an essential social institution, which goes beyond production and consumption unit. Although most of them live in a nuclear family, social conscience and social bonding are higher among them, which act as a social support mechanism for a sick person of the family. Fourthly their language is another crucial element of the Mankirdia community, which influences their health-seeking behaviour. It creates a gap between Mankirdia people and modern health care professionals. It was also found that many times they couldn't properly mention their health issues before health care providers which affect their health status. This is also reducing the trust of the community in modern health services.

Fifth one is focused on education, which acts major cause of their backwardness and poverty. It also complicated to their health status. Poor health status obstructs them to continue their education and due to their extreme poverty, they are unable to focus on education, which prevents them to take the benefit of government health care facilities. Besides the social identity of the community is a highlighted factor for Mankirdia that also brings much social discrimination in the public sphere i.e. occupation (less wage), education (lack of proper attention by teacher), health service (unfriendly behaviour of health care professionals), public shop (derogative remark on physical and food habits), etc. In this way, they are suffering from physical, mental and social harassment in their locality. These are the important social structure of the Mankirdia society, which influences their health-seeking behaviour.

Conclusion

The chapter elucidated the role of Mankirdia social structure and its impact on health-seeking behaviour. The major structural aspect of the Mankirdia tribe are, i.e. family, physical character or racial identity, economic structure, language, religious belief system, and political understanding of the society, which has been immensely influence in their lifestyle. All these structural parts of their society are closely connected in such a way, any change in one aspect affects another part as well. All these structural parts of the Mankirdia tribe act a dual role, i.e. resources and barriers. The dual role indicates the basic structure of the Mankirdia society helps

to maintain their socio-ecological sustainability; which helps Mankirdia to channelize their daily life without any hindrance and the same structural elements also act as barriers for their development i.e. discriminatory treatment based on language, racial features, and food habits etc. All these structural factors are connected with each other and influence their health-seeking behaviour.

Chapter-V

Mankirdia Culture of Health and Healing

Introduction

Health is one of the fundamental human needs. Health and disease have an irrefutable effect on the history of mankind. It is evident from the past; man has been continuously working and thinking, to find out the ways to treat the diseased person in their society. Every society has its understanding of health and certain beliefs and practices, which emerge from its system of medicine, irrespective of society's developing status. Since man is a social and cultural being, **so** every known human society has developed a pharmacopeia and a therapy - be it magic-religious or scientific. Tribal communities have their own logic of disease causation theory and devote a lot of time, energy, and material resources to appeasing their spiritual world. Hence their system of medicine is well culture-bound, with a life dominated by religion and magic. This chapter deals with Mankirdia understanding of health, illness, and common disease burdens among them. Besides, it focuses on various types of treatment procedures. The second section of the chapter has focused on the role of Mankirdia healers, in disease prevention, curative and rehabilitative process. Further, the major process of the diagnosis, treatment, medicine, and payment structure of the healers are highlighted. Moreover, it also elucidates the typology of healers and their unique way of treatment and targeted patients. The last section has mentioned some selected case studies of patients and healers as well.

5.1 Mankirdia Understanding of Health

The disease causation and treatment of Mankirdia is a complex and dynamic process. The chapter focuses lived experience of Mankirdia and their understanding of disease symptoms, and explores the factors as well. The dichotomy of the severity of diseases and the role of a health care professional (healers and modern practitioners) more often not follow horizontal but many times go with a vertical line.

Mankirdia define health as “**Bulu Haram”**[70]it means the person is in good health and ill-health is known as **Kharap Haram**[71]. It influences by large socio-religious and supernatural realm of the community. Further, it influences by the different spirit world and natural forces. Hence, their health behaviour influences internal and external factors, they also believe in natural events, which are not controlled by man.

They have great faith in the natural incidents and their hidden power, which can cause or bring many illnesses for them. Consequently, they have great respect for physical forces around their house. The concept of good health is termed as “***Buluharam*”**. A person is considered healthy, if he/she can perform expected work. The physical manifestation of the Mankirdia indicates their health as good or bad.

Once, the researcher asked Brahma Mankirdia (one of the oldest and most experienced Healers from Dengam village) regarding health understanding, he gives a comparative explanation of their world views. He compares the health of an individual with a house.

“He says our body is just like a house. Unlike house our body has several small rooms, windows, front and back stage. Like we wake up in the morning, we clean our bedroom, veranda, and arrange the room in order. In the same way, we need to keep clean our body to remain healthy. For that we do many things, for instance, we have many rooms in our body, it means we have several important parts of the body, that need to keep clean to work properly. Accordingly, we consider our body like our house, so we keep it clean”.

In this way, Mankirdia starts their day with personal as well as their environmental cleanness. Brahma also added that, when someone fails to keep cleaning his or her body then person become ill. Consequently, they keep clean their body to stay healthy. Brahma Mankirdia (Healer) Said, our Harmo (body) is like a house, which protects us from heat, cold, rain and attack of the wild animal; if we don't maintain the house it becomes damage. Likewise, we consider our body as a house. We protect our Harmo (Body) from various Rua Kanam (disease) if we don't care properly, it also damage. They comprehend the manifestations of an infected individual through, pulse rate, the shade of the urine, the shade of the eye, and so on. Excessive

[70] Bulu Haram is used to indicate, the health status of the Mankirdia tribe.
[71] Karap Haram is used to mention the ill health or diseased person.

alcohol drinking is cited as a major cause for their illness. Further it brings several negative impacts on their family and community, which also leads to several other diseases.

Mankirdia focus on physical strength of a person, to understand their health seeking-behaviour. According to Mankirdia health indicates the absence of any disease, which is also attributed as a symbol of good health. Thus Mankirdia community give priority to their physical strength to understand the concept of good health. Broadly, the concept of health and illness differ according to gender owing to their physical structure and gender-related roles in society. They attribute different causes and seek different types of remedies for the diseased person.

5.2 Illness among Mankirdia People

The experience of pain and its manifestation on the body is difficult to understand among the Mankirdia people. Because they take time to understand diseases and their severity. Many of them do their daily work without any observance of disease inflicted body. They don't take seriously common diseases like; fever, cold, and cough. But respond to their bodily pain and its working pattern, they take some home remedies to cure diseases.

In case it doesn't work, then they take healers medicine. The healers recognize the diseases, through varieties of symptom and observe the disease period to diagnosis. The concept of sound health is less visible among them. For instance, a person suffering from scabies, cold, cough, headache, and ringworm which trouble them in discharging normal activities, but occasionally they mentioned it as their unhealthy status. Thus the definition of the World Health Organization that is the absence of disease is not applicable to them. But it doesn't mean they are wrong in their concept of health. However, it can be said that, they may not be precise in their concept and attitude. Besides they opine that, physical and mental activeness is a sign of one's good health. If they are unable to work, take rest, and reluctant to take food properly; they are treated as diseased person. The concept of illness is not exclusively indicated physical or biological but it is social as well. The health condition influences both the external and the social environment. It affects the normal routine work of the person. Due to ill-health individual suffers from role handicap; it means the normal social responsibilities are getting disrupted by the illness (Thomas, 1986).

As a result, illness or disease is considered as, an unwelcome event in their community. Mankirdia do not easily disclose their suffering before others, their idea is to know the origin and causes of the disease. They opine that illness and diseases are unnatural and make their deductions from this proposition. They are habituated to a lifetime exposure of many privations since childhood; they have been trained to accept hardship and able to bear up for a long time against the disease. As long as, they able to perform their daily routine work without hindrance do not care, it necessary to make any attempt to cure. They are confident about illness and more or less careless, until they considered it as serious.

Table 5:1 Disease Profile of the Mankirdia Tribe

Disease Profile	**Kendumundi Village**	**Dengam Village**	**Total**
Skin disease	1.0%	1.8%	1%
Back pain	16.7%	17.2%	17%
Cold cough	16.7%	6.3%	10.0%
Ulcer	5.6%	1.6%	3.0%
Stomach pain	8.3%	3.1%	5.0%
Acidity	2.8%	-	1.0%
Body facture	2.2%	3.4%	2.0%
Fever	8.3%	35.9%	26.0%
Diarrhea	5.6%	1.6%	3.0%
Malaria	2.4%	5.4%	5.0%
Tuberculosis	1.3%	3.4%	3.0%
Paralysis	-	1.6%	1.0%
Low BloodPressure	1.4%	1.7%	2.0%
Jaundice	-	1.6%	1.0%
No disease	27.8%	15.6%	20.0%
Total	100.0%		

Source: (Field Observation, 2018)

Mankirdia suffer several diseases but there are certain diseases, which mostly affects their health. These are mainly back pain, cold cough, stomach pain, skin disease acidity, body

facture, fever, diarrhea, malaria, low blood pressure, jaundice etc. These diseases are dismantled their health and well being. Besides, they also face other disease burdens like poisonous bite, dysentery, abdominal pain, warm infection, tooth-ache, colic pain, ear-ache, running nose, throat pain; chest pain, waist pain, arthritis pain, blindness, etc.

5.3 Types of Diseases and Patients Profile

Skin Diseases (Kasara Ghao)

They believe that skin disease (Kasara Ghao)[72] attack mainly unhealthy wind. Itching (Pundibag) and scabies (Chhau Roga) are found among children during in the rainy season. It appears waist region, hands, and legs of the body. Mankirdia believe that due to excessive food adulteration, causes skin disease. Besides the factors like unhygienic and overcrowding dwelling, close physical contact and little health awareness cause this disease. The study of Manna and Sarkar argued that, despite the globalization and developmental policies the condition of Birhor (Mankirdia) is not improved. Besides certain social practices like child marriage, lower levels of literacy and poverty have worsened their living condition. Due to all these above problems, they face diseases like tuberculosis, malnutrition, and skin disease. The skin disease is higher in Dengam than Kendumundi village. The overall contribution of this disease is one percent in the study village. But the village level prevalence varies between two study villages. The skin disease prevalence is more 1.8 percent in Dengam village and only 1.percent was found in Kendumundi village. Generally children are affected by skin disease in the Kendumundi village. The important causes of this disease are unhygienic health practices i.e. use of contaminated water (drinking and bathing) and lack of cleanness etc.

[72] Kasara Gghao is used to refer the skin diseased person of the Mankirdia community.

Case Study I

Figure: 5.1 Skin Disease

Name: Sunaram Mankirdia

Age: 52 years

Sex: Male

Village: Dengam

Disease: Skin Disease

Sunaram Mankirdia age 52 lives in Dengam village. He was suffering from skin disease since one year**.** First he took medicine from a private practitioner of the village but it didn't respond**.** Finally he took help from the village healer Brahma Mankirdia. The healer diagnosed and advised him some simple techniques to cure. Sunaram was advised to wash the affected area with Neem water and garlic, and then apply turmeric paste till to recover from disease. Further the healer (Brahma Mankirdia) gave a paste, which is made out of leaf Kulitrama[73] Daru and Bana[74] Tulis leaves. Again he instructed to Sunaram to clean the scabies daily with hot water to released boil and puss from the affected area. Sunaram followed all the instructions of the healer and cure from skin disease.

Back Pain (Hadma Duku)

Back pain (Hadma Duku)*75* is a common disease among the Mankirdia people. They have mentioned that, heavy physical work, un-clean stomach and less quantity of food are the major cause of this disease. The irregular food habit is one of the causes of this disease. The elder and middle age groups suffer more from this disease. It was observed that lack of food availability of Mankirdia, which instigates them to eat less protein and vitamin food. Both male and female are facing this kind of problem and take traditional herbal medicine to cure this

[73] Kulitrama daru is a small plant, the leaf and bark are used to treat skin diseased person.
[74] Bana tulis (Holi basil), it is an aroMatic perennial plant used for skin diseased person.
[75] Hadama duku is used to indicate back pain patient in the Mankirdia community.

disease. In the case of Dengam village is concerned, majority of them use traditional medicine but Kendumundi village uses allopathic medicine from the modern health institution Primary Health Centre, Community Health Centre, and District Hospital (PHC, CHC, and DH).

Symptom: The feeling of idleness and lethargy are very common symptoms of back pain. The patients suffer inactiveness within their body, but not physical injury through this disease. Sometimes the gas is formed inside the stomach, which gives so much pain. They eat some specific herbal medicine and amulet of spiritual healers to treat the disease. Non-veg food is strictly prohibited for patients during the treatment process and is advised to take sufficient rest. The patient feels relax after the stomach release some gas. Then the patient gets well and regains the normal status.

They use a paste that is made out of several medicinal plants like, Aswagandha, Ginger, Akarkara[76], Koililekha[77] , and Gangaseuli. These are mixed with boiled water and honey. The patients need to take two cups of juice according to their severity of the pain. After three to four doses of medicine the patient cures.

Cold Cough (Suluch Manda)

The cold and cough is a common disease among Mankirdia. The prevalence of cold and cough (Suluch Manda)[78] is seen more in Kendumundi village than Dengam village. This disease contributes ten percent to the overall disease burden of the studied villages. It also varies according to the season of the year. Children are easily affected by cold & cough (Suluch) disease. In the winter season, they are affecting more because of their open exposure to cold water. The major symptoms of the diseases are identified such as the continuous running nose, eye, and face appear swelling, because deposition of cold along with aching of the limbs. The initial stage of the disease is not seriously taken care by them.

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[76] The root of the Akarkara (pellitory/ Anacylus pyrethrum) is used for back pain patient.
[77] The flower and latex of the Koililekha (giant calotrope) is used separately for the back pain patient.
[78] Suluch manda is the local name used for cold and cough patients of the Mankirdia tribe.

Mankirdia take medicine in severe cases. It was observed that they use a paste that is made out of the root of Bin Benghal[79] and Drumstick bark[80]. They avoid cold food, cold water and use medicine according to age of the patient. Further, they massage oil on body of the diseased person. In case, the patient is not cured by the above medicine then, the pain is believed to have been caused by evil-eye. Then they use blowing and whipping methods to cure pain.

Ulcer (Pilhoie)

Ulcer (Pilhoie)[81] is another significant health issue for Mankirdia. It accounts overall 3 percent of the total disease burden in study villages. But the prevalence rate is more in Kendumundi 5.6 percent and 1.6 percent in Dengam village. Mankirdia believe that this disease is caused inside the stomach. As a result, it gradually enlarges inside the stomach and the person suffers pain. They believe that the abdomen enlarges because of a dangerous ulcer presence inside it. The irregular food habit and low water quantity cause Pilhoie disease. It not only affects children but adult members as well. The general symptom of the disease are like; decreasing health, weakness and unable to work and lack of appetite. Sometimes the patient suffers severe pain on the right side of the abdomen. They drink a juice that is made out of Chirpiti[82] root. The abdomen is covered by a banana leaf and a wet cloth, and then a paste was placed over the abdomen to kill the germ inside the stomach. Applying all these remedies germs are killed and patient cure. Besides they also use a mixed paste that is made out of the root of Sajana Daru, honey, and salt that is given to the patient regularly till cure. Apart from this, they also use Akani Daru root, honey, and water rice for melting ulcers inside the stomach of the patient. It was observed that, Kendumudi Mankirdia people suffer more 8.3 percent, while Dengam Mankirdia suffers only 3.1 percent. Besides, the overall prevalence of this disease is five percent in the study village.

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[79] The root and leave of Bin benghal (Kalanchoe Pinnata) is used as mixed juice for cold and cough patient.
[80] Drum stick (Sajanne daru) fruit and leaves are used as mixed juice along with Bin benghal daru.
[81] Phillioie or Ghao is the local term used for ulcer disease in the Mankirdia society.
[82] Chirpiti root (Oma valli) is used as a paste .This is a small plant, which is available in nearby forest.

Acidity (Laitkhara)

Mankirdia consider that, acidity is not a serious disease, so they prefer to use home remedies to cure. The common symptoms of this disease are chest burning, burning sensation, difficulty in swallowing, sour liquid, and a sensation of a lump in the throat. They use to smoke Balita, which is made of black pepper and white clothe and taken as cigarettes. Besides, they also use juice that is made out of goat milk and Harida. The diseased person takes a two teaspoon juice with a glass of water per day, also use a paste, which is made out of Ginger and Musudhar Daru. The patient needs to take thrice in a day for seven days to cure.

Body fracture (Hadam-Haana)

Body fracture is one of the major health issues among Mankirdia people, as they frequently engage in hunting and rope-making profession. It was found that 3.56 percent of Dengam and 2 percent of Kendumundi Mankirdia suffer body fracture. It is well observed that the dependency of Dengam Mankirdia on forest resources higher than Kendumudi village, so the chance of bodily fracture remains high. They use Hadam Daru leaves juice in facture area and bind it properly through bamboo sticks for 21 days. After said time, they open the bind and check whether it is cured or not. If fracture not cures then they apply the juice and bind it again. After the relocating the bones they massage Kanji oil on the affected part.

Nowadays they prefer hospital facilities and try to plaster the facture parts of the body and then use their traditional medicine to cure it. Besides they drink a juice which is made out of Arujuni Daru, honey, and Babula Daru. The patient needs to take these juice three teaspoons twice a day for 21days.

Further, they use another mixed paste, which is made out of Garlic, Lakha, Ghee, and Sugar. This paste is needs to apply on the fracture or injury part of the body. Mankirdia also use Hadbhanga Daru juice for relocating the displaced bones. In addition, they also drink a juice of Bajaramulin Daru to cure bodily fractures.

Case Study II

Figure 5.2 Body Facture

Name: Nari Mankirdia

Age: 32 years

Sex: Male

Village: Kendumundi

Disease: Body Facture

Nari Mankirdia age 32 is a resident of Kendumundi Village, lives with his family. The main source of livelihood depends on driving and forest products. He is not an educated person, but a known face in the locality. He was a key person between government officials and village people in the development work. Many Non-Governmental Organisation (NGOs) people also come to Nari Mankirdia to understand their life history.

During his driving work, he faced a minor accident, for which his left leg fractured. Initially, he took some home remedies to cure but that didn't respond. Then he took medicine from private practitioners, which also didn't work. Subsequently, he took the help of modern health care facilities and remained two days in the sub-divisional hospital of Karanjia town.

This treatment process was continued for one and a half months, but nothing came out. Finally, he took medicine from a village healer (Jarka Mankirdia).The healer's first diagnosis and the finding was attacked by evil-spirit. Usually, the bone fracture was treated through wild leaves. In the case of bleeding, they put calcium to stop the bleeding. They apply Hatna Banda leaves paste on the fractured part and then strongly bind it with bamboo slit and kept for 24 hours, this process continues for seven days. Sometimes the leaf of Naga Fani is pasted on the fractured place on which cloth is tied. The juice comes in close contact with fracture and helps in joining afterward. Besides, healer gave magical water and root of Arjuna Daru to eat and wear around the neck. After few days of medicine, he recovered from fracture.

Fever (Rua)

Fever (Rua) is a common disease among Mankirdia. The important deities of their community for fever disease are Orakbar, Chandarbar, Badarbara, Apungbar, and Tamuka Bang, etc. The Ojha (traditional herbalist) examines the fever and finds out the cause and wrath of a particular deity. In case the fever continues for a longer period, they try to appease their ditty to cure the disease. They also offer sacrifice like goat or hen to cure from disease. It is observed that children suffer more from fever. The medicine man (Ojha) recognizes fever through body temperature, headache and body ache. They use Godha Gada root juice and massage warm Kusum Oil (Rud oil*)* to treat the diseased person. It was found that Dengam Mankirdia suffers more (35.9%) in fever disease than Kendumundi (8.3%). The overall prevalence of this disease in study villages is (26.0%).

Case Study III

Figure 5.3 Fever Patient

Name: Neerika Mankirdia

Age: 17 years

Sex: Male

Village: Dengam

Disease: Fever

Neerika Mankirdia lives in Dengam village. She was suffering from fever and headaches, still performing all household work. It has been observed that, many times she doesn't care about all these health issues. But when the severity prevents her to perform daily household work, she took some medicine from private practitioners (Jhola chhap). But the medicine of private practitioners didn't respond well. Then she consulted to a village healer (Brahma Mankirdia). After observing her symptoms, he diagnosed the disease and prescribed medicine; then advised her to take rest and food at the right time.

The healer found that, the reason behind Neerika Mankirdia's illness was heavy work load and irregular food habit. Besides, she also advised not to take mixed medical treatment.

Then she followed the advice from healer and takes medicine for three days. After completing the dosage of medicine, she cured from her continuous suffering.

Diarrhea (Da-Dandi)

Diarrhea is one of the leading causes of high morbidity rates among Mankirdia. The major issues, which increase the possibility of this water-born communicable diseases are; poor environmental hygiene, lack of safe drinking water, improper disposal of human excreta, lower rate of literacy and economic backwardness. It is mentioned that, drinking water is one of the serious problems in the study villages. Most often, they drink polluted water like a pond, stream, and iron-loaded tube well water as well, which leads to a serious public health problem among the Mankirdia tribe. Das and Nayak have also highlighted the political and economical minority status of the Mankirdia has seriously impacted their health and wellbeing. Besides, they mentioned the improper developmental policies and adoption of non-tribal lifestyle and transitional occupational structure creates many problems for them. It has resulted in livelihood challenges and poor health issues like; fever, skin disease, vitamin deficiency, and gastrointestinal disorders (Das and Nayak, 2014). The most vital reason for this disease is taking leftover meat, spices food, untimely food, and indigestion of food.

In order to overcome from this disease, they have used their indigenous medicine like; a paste of Simulidar bark and goat milk. The second one is the juice Mutha Daru with honey, Amban Daru and Jaman Daru. Here the patient needs to take the juice three times for two days. Besides, they also drink Pejani, or cooked rice water to treat the diseased person. These are the indigenous medicine for diarrheal diseases.

(Valu Jor) Malaria

Malaria (Valu Jor)[83] is one of the major diseases found among Mankirdia. The main reason behind this disease is the habitat of the Mankirdia. It is well-documented fact that, the hill region is a fertile ground for malaria breeding. So the Dengam village is severely affected by this disease. Due to a lack of knowledge to distinguish between normal fever and malaria, they

[83] Valu Jor is the local name used for malaria disease.

become serious and sometimes die. Besides the poor housing condition of the Mankirdia is another significant cause for this disease. The prevalence of this disease contributes total of five percent disease burden in both study villages. In the case of Dengam village which alone contributes 5.4 percent of the disease burden and only 2.4 percent in Kendumundi. The major factors which bring such a gap are the level of awareness and habitat of the village. The Dengam village is closely situated within the forest range of Similipal Biosphere, while Kendumundi is situated within the periphery of Karanjia town. The distance from the forest range to the habitat is very less in Dengam village. As a result, malaria prevalence is more in Dengam rather than Kendumundi village.

Mankirdia use various powder and juice which is made out of Bhumidaru, Pipali and Gangasiuli Daru to recover from the disease. Secondly, they use a stem from the Geela fruit, Pipli and Gangasiuli Daru leaves. All these are kept in one pot mixed with hot water, the patient needs to take stem from that. It continues until the disease gets cure and the patient is given two teaspoons above juice twice a day on an empty stomach for seven days. These are the Mankirdia medicine used for Valu Jor (malaria disease).

Case study: IV

Name: Salani Mankirdia
Age: 35 Years
Sex: Male
Village: Kendumundi
Disease: Malaria

Figure 5.4 Malaria Patient

Salani Mankirdia age 35, an occupant of the Kendumundi village. He was suffering from fever for long time. In the first couple of days, he didn't inform his relatives about the disease and suffering. It was hunting time so; he was busy. Due to his careless attitude towards the disease, it brought more suffering. Then he had taken the assistance of a private expert of the village. The private expert asked him to portray the symptoms, he uncovered by saying that he

had a basic fever, shortcoming, felt parched, didn't ready to work and eat appropriately. After listening to him, the private practitioner gave a few anti-infective agents and paracetamol tablets for two days with an infusion without informing the ailment of the patient.

After passing the stipulated time, he didn’t recover from fever and his suffering was increased. Again he went to the private practitioner to ask about his health conditions. This time also the private practitioner prescribed him some paracetamol with injections, but the medicine was not effective and couldn’t reduce the suffering. Finally he took advice from a village healer (Jarka Mankirdia) about the illness. The healer checked the body temperature of Salani and advised him to take a mixed juice of Bhumi, Pipali and Gangasiuli Drau leaf for three days to get well. After, seven days of medicine the patient cured. So they trust and prefer their traditional methods of treatment.

Case Study: V

Deendai Mankirdia age 45 a resident of Dengam village. She works as a labourer in the local stone quarry. She fell ill when she was working. First she consulted a private practitioner (Chandru Mukdi) in Dengam village. The practitioner inquired about the symptoms and mentioned that Deendai had a fever and severe body pain along with weakness. After listing the symptoms of the patient, he prescribed some injections and tablets for five days. This medicine didn’t recover her from fever and pain. At that point, when her body didn’t respond to allopathic medicine, then she took the advice of the Ojha[84] (Traditional Healer) and discussed the symptoms with him. Then the healer advised her to take juice of Ragna Daru leaf three times in a day to cure the disease. In addition, the patient was instructed to avoid non-veg food during treatment. After following all the instructions and medicine dosages of the healer, Deendai cured from fever.

[84] Ojha is the traditional healer of the Mankirdia tribe.

Tuberculosis (Khashi-Khun)

Tuberculosis (Khashi-Khun85) is one of the leading causes of morbidity among Mankirdia. It increases the cumulative loss of life and livelihood of Mankirdia tribe. They live in poor living standard and low economic status. Besides, the socio-environmental circumstance also influences their health condition.

The socio-economic status of the study village shows a diverse picture. The disease burden is observed more in Dengam (3.4%) rather Kendumundi village (1.3%). It contributes three percent to the total disease burden of the study villages. The major causes of this disease are observed in study villages like; livening standard, low income-generating capacity, poor literacy, and lack of awareness on the health issues.

The basic symptoms of this disease are; dry cough and chest pain, which they treat as normal. But when it becomes sever, blood comes out with cough and chest pain starts. As a result the patient doesn't able to perform his/her work properly, then they consult their traditional healers and take medicine. Sometimes it was found that, they also take medicine from private practitioners as well. The traditional healer (Mati) prescribes the flesh of Saram Tipi[86] (Sambar) to cure the disease and also advised to take a powder of Bajramuli Daru,[87] Asgandha, Gawar fruit[88], Saturi, and Puruni[89] root. It can be individually made powder and taken with hot water thrice a day for one month. It can be used as a tablet. These are the major Mankirdia medicines used for Khasi-Khun (tuberculosis) patients.

[85] Khasi-Khun is the local term used for tuberculosis patient.
[86] Saram tipi (Sambar) flesh is used for tuberculosis patient.
[87] Bajarmuli daru (Sida cordifolia) root and whole plant is used for T.B. patient.
[88] Gawar fruit (Cyamopsis tetragonoloba) dried seed powder is used for curative purpose.
[89] Puruni root (Hoase Purslane) is used for T.B. Patient.

Case Study: VI

Figure 5.5 TB Patient

Name: Rajesh Mankirdia

Age: 45

Sex: Male

Village: Dengam

Disease: TB

Rajesh Mankirdia age 45 lives in Dengam village. His family's livelihood depends on forest and wage labour. Both husband and wife work as daily wage labour at the stone quarry and forest department. They hardly maintain the household expenditure from those sources. But last two years, their living condition was disrupted severely, as Rajesh was diagnosed by TB. Earlier they didn't take it seriously and think cold and cough as normal, would recover in due course of time. When the severity of pain was increased, they consult a private practitioner to get well. After a few days, again he complains the same and then the private doctor advised him to check up at the government health center. He was financially very weak to follow the regular check-up and take routine medicine. Although medicine is freely available at the government hospital, but the transport cost and work loss fear forced him to discontinue the medicine. He was instructed to take rest but his family condition compelled him to work despite of his chronic illness. So again he affected by the disease.

Finally, he followed the village healer's advice to cure his suffering. The healer examined his eye color, nail and tongue and give medicine to him. In addition, the patient was instructed to take sufficient food and avoid alcohol drinking during the treatment process. The medicine had given to the patient (prepared from a combination of three plants like Asgandha root, Bajramuli and Satauri) in the forms of powder. The patient had taken required amount of dosages for one month to cure from the disease. Rajesh claimed that, the healer's medicine was effective for his disease.

Paralysis (Bakarahor)

The prevalence of Paralysis (Barkarahor)90 is very low among the Mankirdia tribe, a few cases were found in study villages. The occurrence of this disease was experienced particularly in Dengam village, which contributes 1.6 percent of the disease burdens. It highly affects their life and livelihood and increases their vulnerability. They use their own medicine to cure or relieve from suffering. It is a mixed medicine that is made out of Arakha Daru leaves[91] and mustard oil which massage on the affected part of the body. Secondly, they advised to take the root powder of Gaigobara[92] (Costus Specious) twice a day till to recovery. Third one is the powder of Jatamanasi Daru[93] (Nordostachys Jatamansi) used by the diseased person continuously. They use above powder with warm water after meal. The doses of medicine depend on the age, sex, and severity of the disease.

Besides, few Mankirdia are also suffered from low blood pressure, due to weakness and lack of nutritional food intake. This contributes a total of 2.0 percent disease burdens of both the villages.

Jaundice (Safainet)

The occurrence of Jaundice (Safainet)[94] is felt more among adult members of the community. It is observed that, the hot climate and excessive labour sometimes create this disease. The incidence of the disease is only seen in Dengam village, which contributes 1.6 percent disease burden of the village. The overall impact of this disease in the study villages is 1.0 percent

The general symptoms of this disease are the yellow discoloration of the skin; affected person looks yellow; like eye, urine, and sometimes the whole body as well. Mankirdia uses a mixed juice that is made out of Manjuaiti root and rice water. The diseased person needs to take a glass of plain water with two teaspoons of the juice thrice a day till recovery. In case Initial

[90] Barkarahor is the local concept used for paralysis disease patient.
[91] Arakha Daru (Calotropis) leave and latex is used in treatment of paralysis patient.
[92] Gaigobara (costus specious) root powder is used for paralysis patient.
[93] Jatamanasi Daru (Nordostachys Jatamansi) powder is used for paralysis patient.
[94] Safainet is the local term used for jaundice patient.

stage of disease it take four to five days to cure. They also use juice of Pedipedika Daru juice[95]. After taking medicine if the patient urinates, they believe that diseased person cure. Except for Mankirdia tribe, some other studies have also mentioned widely use of traditional herbal medicine in jaundice prevention and the curative method by the central India tribe. The study of Patnaik, Reddy, and Das and Debarrama, Pala, Kumar, and Bussmann have highlighted the widespread use of herbal medicine for various diseases including jaundice (Patnaik, Reddy, Das and Reddy, 2007; Debbarma, Pala, Kumar and Bussmann, 2017; Janghel, Patel and Chandel, 2019).

Except this, other common prevalent diseases are waist-pain (Danda Hasu)[96] and arthritis (Duku)[97]. These diseases mostly affect elderly persons and particularly those who engage in wage labour. However, the seriousness of this disease is less visible. Also, the effect is felt upon the lives and livelihood of the members. Mankirdia use a paste that is made out the root of Bara-Bukla daru[98], Jagswar daru[99] , and Hat-Luturdaru[100]. They also use the barks of wild trees called Harbattartil and Karanj Daru oil to cure from the disease.

There are certain diseases like jaundice, tuberculosis and paralysis only seen in Dengam village. The diseases like acidity, body fracture, ulcer, and stomach pain patients are mostly found in the Kendumundi rather than Dengam village. The age and gender-wise disease patterns also vary between the two villages. The important picture came to notice, that most of the children, old age, and adolescent age group are affected by these disease in the Dengam village. In the case of Kendumundi it is quite reverse, it was noticed that most of the patient belongs to the age group of thirty to forty-five (middle age group). In other words, disease occurrence between two villages is different and dissimilar in many cases.

The choice of health services also varies between the two villages. Generally, the Dengam village people prefer their traditional health care practice while Kendumundi people

[95] Pedipedika Daru (Euphorbia Hirta) juice is used for jaundice patient.
[96] Danda-Hasu is indigenous concept used for waist-pain disease.
[97] Daku is local term used for arthritis patient.
[98] Bara-bukla daru (pisonia gandis) paste is used for waist pain.
[99] Jagswar daru (Mesua Ferrea) paste is used for arthritis disease.
[100] Hat-lutur daru paste is used both waist pain and arthritis patient.

depend on diverse sources of health care. The major reason behind their (Dengam Village) dependency on traditional health service are; easy accessibility, minimal cost and strong bonding between patients and healers. In the case of Kendumundi village, they are relatively advanced and maintain a good social network with non-tribal of the locality than Dengam village people, which increased their acceptance of modern medicine. It is comparatively higher than Dengam village. The government hospital comes under the third priority list for Dengam Mankirdia people. The more interesting fact is that, Mankirdia use of three services system simultaneously. In many instances, patient may adopts three health services according to their need or demand.

The expenditure of Mankirdia people mostly depends on self expenditure and neighbourhood. They also take money from a moneylender to afford their treatment expenditure. Moreover, very few of them able to afford their health services without any borrowing. These are major highlights of the disease burden among the Mankirdia tribe and their choice of various health services.

5.4 Causes of Disease

In a simple society, the importance of beliefs, ideas, values, customs, and practices are directly related to the phenomena of their health and disease. The cause or concept of disease among Mankirdia is very peculiarly prevalent. In this chapter, the researcher has mentioned the common beliefs of Mankirdia regarding their appearance of the diseases, the attribution of different causes of disease, and preventive and curative procedures. However, unless and until a person is capable of discharging his normal routine work, she/he is not said to be under the attack of any disease. At the point Mankirdia take rest or bedridden or incapable to perform their duties, they would be considered under the attack of any diseases. The presence of any disease is called Harma by the Mankirdia. Therefore, they do not give importance to minor ailments and take any modern medical service.

The prevalent causes of the disease of Mankirdia are classified into three broad categories, i.e. naturalistic, personalistic, and man-made cause. The naturalistic cause explains a diseases/illness which is caused mainly due to external forces such as heat, cold, wind of the physical environment. These diseases are caused by the above factors such as dysentery,

diarrhea, cold, cough, fever, itches, scabies, head-ache (Clarke 2007; Clements 1932). The unhealthy physical environment is considered harmful to their body. Besides these, the common cold and fever are present because of humidity, low-temperature of the environment. The personalistic cause explains that the disease which is caused by supernatural forces such as spirit, ghost, sorcery, and witchcraft.

The occurrence of disease and the method of cure is an important issue and evolved since man's inception. Each ethnic group has its treatment method that is significantly different from another. The disease is regarded as a social and cultural factor rather than inherent properties. They believe that, diseases are caused due to the evil eye, the annoyance of gods and goddesses, the intrusion of spirits, and by a sorcerer, who affects the person through black magic. Mankirdia perception of disease causations are mentioned below;

Wrong Food Combination

Dysentery and diarrhea diseases are said to be caused because of hot and cold climate. Mankirdia avoid certain foods, which creates this kind of disease. For instance, banana, drumstick water-rice is strictly prohibited to eat. The skin disease is believed to be caused, when the blood gets impure due to the excess temperature of the environment. They use some herbal roots to make blood pure. They also believe that dysentery and diarrhea are caused by polluted tube-well water (iron-loaded tube). They use different types of contaminated water hence suffer many waterborne diseases.

Supernatural Cause

Mankirdia have a strong faith in religion and supernatural forces, so they believe it is an important cause of many diseases. According to them, supernatural causes are two types such as; one which directly comes through supernatural power and the second one which indirectly comes through a human, who acquires supernatural power. Therefore the first one is called the religious factor and the second one is a magical factor causing disease among the Mankirdia. They believe that their supreme God Sing Bonga is the creator and protector of their life. Thus,

any dissatisfaction to god and goddess is caused various ailments like; fever (Rua), Chicken-fox, Chatiary, jaundice, lupu, etc. for them.

Dissatisfaction of God and Goddess

The deities are dissatisfied when they are not properly propitiated. Therefore, any breach of taboo is generally supposed to cause incurable disease. Consequently, any ill-treatment or disrespect is expressed through these diseases like chicken fox, chatiary, smallpox, jaundice, (Lupu), etc. It is believed that no treatment can be useful in the recovery of the above diseases and the administration of drugs may be harmful.

Further, the degree of suffering depends on how much the people have done a mistake. The appeasement of the god cures the patient as believed by the Mankirdias. Besides, they also suffer from spirit-intrusion, sorcery, and evil-eye. In case the spirit intrusion is concerned; it is marked by the continuous infant mortality and incidence of diseases in the family. This is an immaterial, non-living being and supernatural power. It is believed that, the house of the family is affected by some evil spirit. Therefore, the Mankirdias either leave the house, or a ritual ceremony was performed to send away the evil spirit. The symptoms are diagnosed when the child's blood vomits. Therefore, they never leave the child alone.

Witchcraft (Beskarpan)

Witchcraft (Beskarpan)[101] is another kind of belief, especially linked with causing disease and death. When witchcraft is used for evil purposes, it is called Beskarapam by Mankirdia language. A person usually a female who has the supernatural power to do evil is called Dan[102] by the Mankirdia. It is said by the Mankirdias that, the eye of the witches is so powerful that, as soon as she looks at the child, the child dies in a short time. They believe that Dan kills the baby to eat their liver. Besides, she lives in a common place with other people, but at midnight she acquires supernatural power and moves out from the house. She acquires power through the practice of Mantra. In case she was identified by community members, they killed her

[101] Beskarpan is a negative witchcraft, which is used for evil purpose.
[102] Dan is local concept used for female witch-crafter.

immediately. This is a strong belief system of the Mankirdia. But no such incidence has been experienced by the researcher during fieldwork.

Sorcery (Bes-Kukani)

Sorcery (Bes-Kukani)[103] is another kind of supernatural power used for malevolent and benevolent purposes. The malevolent practice is known as Bes Kharapam and the benevolent practice is known as Bes-Kukani according to Mankirdia. In the case of Bes-Kharapam, the sorcery keeps a spirit under his control sends it against an enemy. He sends the spirit through bone, ash, and hair inside the body. As a result person health become decreases and starts blood vomiting. It is diagnosed as intruded by a spirit. This type of spirit may be of both males and females. The male spirit is called Herel Dan[104] and the female is called Era Dan[105].

The female spirit does more harm than a male spirit. All Mankirdias are not a sorcerer rather they may learn this practice if he/she is so interested; sometimes they may train their children. The benevolent sorcery or Bes Kukani is used by a sorcerer, when someone suffers from evil-eye, spirit intrusion. Bes- Kukani is used to cure the person. However, the researcher has to come to know very little about sorcery in the study villages. They acquire this knowledge from Majhi and Kolha if they are interested, as said by Mankirdias.

Evil-Eye

Evil-eye is another stimulating and accepted conviction, associated with health and illness. This is controlled by the spirit and the individual. Generally children are considered to be most susceptible to the effect of evil-eye. Their food intake is seriously viewed by a human whose looks are evil by nature. The child is diagnosed, when she/he weeps continuously refuses to take food vomit and decrease their health etc. They believe that, when evil eye is attacked with greediness that affects a child, they also believe that evil eye of the spirit lives in the forest and very close to human beings. The spirit generally enters in the pregnant mother wants to kill her child. The physiological factors have little value for them regarding the appearance of the

[103] Bes-kukani is a supernatural power is used for malevolent and benevolent purposes.
[104] Herel dan is indigenous concept used for male spirit by Mankirdia tribe.
[105] Era-dan is local concept used for female spirit of Mankirdia tribe.

disease. All the serious disease is believed to be caused by a supernatural power. It can be said that, they suffer mainly from psychosomatic illness that has not yet been recognized by them.

"*Sujan Mankirdia (spiritual Healer who is known as Mati) told, I first try to find out whether the mother of the child is enraptured by Satan or spirit that may cause child's illness, generally if the mother was not affected from ancestor spirit. Then I treat the child and ensure that the spirit will not harm the child again through mother*".

5.5 Sources of Treatment

The source of treatment shows that maximum, i.e. (37%) Mankirdia depends on the traditional way of treatment. The second group (26%) Mankirdia have used a mixed medical service, i.e. government, private and traditional. The third one is home remedies that contribute 21% out of this, Dengam village accounts 30.6% and 15.6% in Kendumundi. The fourth one is the government health services, which contributes 10% of the total treatment process. The fifth group comes under the private source of treatment that contributes 6%. The comparative status of the study villages shows that, traditional pattern of treatment is highest in Dengam village. The government source of health service, mixed treatment and private source are highest in Kendumundi village. Main reasons behind their choices are like socio-economic condition, belief system and adoption/assimilation/integration of non-tribal life style. In Dengam village Mankirdia is more conscious towards their way of life i.e. homogenous character, social bonding, cohesion, similar kind of occupation, religious belief system etc. This nature of Dengam Mankirdia has also influenced their health- seeking behaviour and health status. They maintain symbiotic relation with their nature; as a result most of their daily needs fulfilled from nearby forest including medicine.

The life, livelihood and medicine of Dengam Mankirdia mostly collected from their immediate forest, while Kendumundi Mankirdia shows heterogeneous character in their living style. They have adopted many non-tribal life styles in their day to day life, which has also influenced their treatment choices.

5.6 Mankirdia Healer's Role in Disease Prevention

According to WHO (1987) traditional medicine is "the sum total of all knowledge and practices whether explicable or not, used in diagnosis, prevention or elimination of physical, mental and social imbalance and relying exclusively on practical experiences and observation handed down from generation to generation, whether verbally or in writing". It appears that traditional medicines have evolved from socio-cultural-perceptive interplay in different cultural setups.

A tribal medicine man generally a person, who can be a village head, spiritual healer and priest who beliefs that, the natural events might be controlled by the tribal medicine man. The belief system of tribal communities are depend on their rituals, beliefs and ceremonies relating communication with spiritual world; in that their medicine man or religious leader enters into supernatural realms and provide solutions to problem, which affect their community's sickness (Ota and Jena, 2019; SCSTRTI,2013; SCSTRTI & AIPH,2015).

The healers play a crucial role in disease prevention and the curative process. They also create an optimistic environment for patients that allow better communication between healer and patient. The healer community of the Mankirdia tribe is divided into three major types, i.e. herbalist (Ojha), religious or faith healer (Dihrhi)[106], Diviner (Mati)[107] and the fourth category is home remedy i.e. traditional birth attendant and elderly members of the villages. They are experts in various specialized areas like general medicine, ulcer (Ghaa), bone-setter, and mental disorder, etc. Apart from this, they are further sub-divided into various specialist categories or fields. For instance, some of the healers are a specialist in child and infertility disease, others are in the field of arthritis, mental or psychological, tuberculosis, malaria, and skin diseases. Moreover, they use different type's diagnosis and treatment process for the patients.

The practice of healing is not a man-made, but a god gifted one; which is supposed to be given by their supreme god Sing Bonga[108]. It may be a faith healer, herbalist, or Mati. They

[106] Dhiri is the religious priest of the Mankirdia society.
[107] Mati is the diviner of the Mankirdia community.
[108] Sing Bonga is the mountain god of the Mankirdia tribe.

practice not for earning, but to provide relief from suffering. Subsequently, they bring harmony between suffering patients with the living environment. The healers not only cure the disease but promote the health of the patient. There are a total of twelve indigenous healers found in the studied villages. Furthermore, more than three traditional birth attendants are found in the study villages. Out of these twelve healers, eight are herbalists and four Mati (spiritual healer) in the study villages.

The Medicine Man/Herbalist (Ojha)

The medicine man (Ojha) has special status among the Mankirdia tribe. He diagnoses the symptoms of diseased person by checking their body temperature and pulse rate. Then he prescribes medicine for the patients. Normally he prepares powder out of flowers, fruits, barks, and mixes them against certain diseases. After the patient gets cured, they are presented with food, drinks, and honour to medicine men. Therefore, Ojha enjoys a special status and lead a dignified life among Mankirdia. More often he keeps multiple statuses like village head (Nayak)[109], a priest (Dhiri), etc.

They work as a social worker in their community and render service to the patient at midnight. Healing practice is hereditary, which they learn out of their interest. They collect herbs and plants every day except Thursday. Because they believe that on this day, the deities wander in the jungle and disturb the collection of medicinal plants. Monday is an auspicious day for the collection of medicinal plants. Before the collection of medicinal plants, the medicine man or Ojha worship Rangwa Bonga[110] the deity of medicine for the successful preparation of medicine. The worship is made in the jungle, but no sacrifice is given for this process. Then the medicinal plant collection process starts from different parts of the dense forest. Each medicinal plant has a separate identity as said by the medicine-man. After the collection, the medicine man preserves and processes them properly. The preparation is made in a lonely place. Generally, the students and family members are allowed to be part of the process. The female members are never allowed to this place. They learn healing art from their older generation, i.e. father, grandfather

[109] Nayak is the village head of the village.
[110] Rangwa Bonga is the God of medicine for Mankirdia people.

or mother, or grandmother, etc. Few of them learn through formal training by the reputed healers from the locality and few have mentioned that it is a god gifted one.

Training of the Herbalist Healer

The herbalist healer is one of the significant groups among Mankirdia. They are further divided into two categories i.e. full-time and part-time. The profit gaining objective is not seriously taken by the healers during their healing process. The healing knowledge transforms from one generation to another i.e. Guru to Sisya and senior healer to junior healer. They use different raw plants, roots, barks, leaves, fruits, flowers, and animal parts in the treatment process.

The secrecy of the medicinal plant is the highest priority for the healer. It means that every medicinal herb is closely associated with a certain ritual process and mantras at the time of treatment. The healer maintains utmost confidentiality at the time of learning and treatment. The knowledge transformation between the main healer and junior needs a special time and day. For instance, it depends on the religious affiliation of the healer's principle, according to that, the process of transformation takes place. Besides, the newly healer or the apprentice candidate needs to find out the exact medicinal herbs, which are prescribed by their guru or the main healer. The herbs are identified through smell, color, height, length, and place of the herb. For instance, the place of origin of the medicinal herb may be a dense forest or the backyard of the Tanda or near to the house. All these important aspects are highlighted at the time of knowledge transformation. Herbalists don't bring a heavy amount of herbs in advance but do it if they take some advance money from local medicine men or businessmen of the locality. They give the finished item or parts of the particular herbs to hide the identity of the herb. There is a strong belief that, if any healer demands money from the patient, and then they will lose the healing power. They don't compel any patients for payment.

Diagnosis Process

Mankirdia employ various diagnosis methods to know the exact cause of the disease. The disease defines the diagnostic technique. Many herbalist healers apply the test of the eye, ear,

skin, urine, and pulse of the patient. Patients tell the symptom in advance to the healer, and then healer finds out the proper cause of the disease. Besides this, the patient needs to follow a certain rule like; they shouldn't take any food before the pulse test. As a result, there would be a chance of an accurate diagnosis. Once the healer traces the cause of the disease, then he/she supplies the required information to the patients. The important part of the diagnosis is to understand the patient's case history by the healer. Then they apply the exact method of diagnosis. There is a common way to know the condition of the patient's unnatural and composed behaviour. Then it is easier to identify the cause of the disease and find out the solution.

They give a mixed treatment that is composed of religious mantras and medicinal herbs. But it depends on the types of disease a patient suffers. Many times this herbalist searches the cause of the disease from the natural climate. It plays a very crucial role in causing certain diseases. There are diseases, which have a direct relation with nature, for instance, excessive hot formation in the body causes jaundice. In the case of cold and cough, this is caused by certain climatic conditions, for example, rainy season and habitat of the Mankirdia.

Therefore the climate plays an important role in the herbalist healer's diagnosis procedure. It is crucial to understand the disease history of the patient through his/her physical condition. For instance, if the body warmth remains high this indicates hotness of the environment, whereas shaking in body temperature which indicates the presence of cold. Few patients come with complaints of body enlargement, which is caused due to air humor.

Treatment Process of Herbalist Healer

The treatment procedure of the herbalist follows nature-based products. They employ three major sources to heal the patients such as fresh medicinal herbs, animals, and birds available around their environment, and the last one is the inorganic material available around their nature. They use various type barks, seeds, flowers, roots, stems, leaves, and sometimes whole plants. In addition, they use several animal products are like; flesh, mustaches, skins Daga, Sukuri, Arha, Tarhat, Dera, tile, Maina, Gendapara, Mira, Harda, Batul, Sim, Putam, Bajrakapta, Tiger, Bear, Monkey, Mongoose, Snake, Fox, etc. They also use organic parts like different types of soils, camphor, alum used as medicine. Besides they use a variety of Kai,

Hadmis, Bodri, ants, pigeon, and spider eggs in medicine preparation and make different types of tablets, paste, and juice for consumption. Further, they too make various types of powder, gel, and ruins, and soaps for as internal well as external use.

All these above procedures are followed by herbalist healers during the process of the treatment. They mainly follow three major types of treatment such as powder, which is mixed with water or milk, secondly make different types of paste and use various types of oils, which are applied to the body parts. Sometimes they make soap from indigenous powder for bathing purposes. These are the important procedures followed by the herbalist in their treatment process. They mainly search fresh plants that give them new medicinal ingredients to cure the disease. They also collect seasonal plants that are dried to eliminate moisture and stored for its future use. Therefore the medicinal plants of treatment are part of their culture and tradition.

Spiritual Healer (Mati) among Mankirdia

Spiritual healer is known as Mati among Mankirdia community; and they bridge the gap between supernatural forces and common people. They used their power of benevolent and malevolent in the process of disease diagnose and prevention. According to Mankirdia, these powers provide safety and sometimes it harm to the person. They believe that, the god and goddess are unseen power and can exist in places like forests, fields, holy places, etc. The supreme god (Sing Bonga) universally omnipresent around their life and maintains the religious order of the community. Thus the health and well-being of the Mankirdia are regularly organized by the supernatural powers. The supreme god protects them from evil forces and gives constant security against the benevolent powers. Every action of individuals and their inner world can easily understand by the supreme God.

Mati is a hereditary position among the Mankirdia community. They believe that supreme god selects a few people only, those who maintain purity of their body, follow the order of life and respect the deities. Moreover, they need to offer wholehearted prayer and work for others, avoid drinking liquor, not engage in any self oriented work, and should not involve in any conflict and not harm to others. These are the essential qualities that help a normal person to achieve the status of Mati. Sing Bonga incarnates the person as a Mati, who goes into a state of

divination. It is unconscious state of the person, who takes the status of Mati. The person who incarnates the form of Sing Bonga is highly respected among the Mankirdia.

The sacred person can only possess the status of Mati. To get the status of Mati, a person needs to follow certain restrictions i.e. denial of hunting and eating dead animal meat. Also, he/she needn't take leftover meals or is not allowed to share his food with other individuals. The social status of Mati is the second important in their community after Dhiri. It is a proud movement of a person to being chosen as the Mati of the village. He gets extra attention from the rest of the village people. There is a strong belief that, if somebody misbehaves with Mati, he/she is punished by the supreme god. The lifestyle of a Mati is very difficult, so a few people only can adopt it as a permanent profession. Majority of the Mati consider this job as a temporary one.

Composition and Functions

The role of the Mati is mostly preferred job for a male member of the community, a few occasions' female members are also allowed. They appease several gods and goddesses to take the role of Mati. Male members offer sacrifices to the lug Bir[111], Sikur Bir[112], and Budi Mahi[113] to take the role of Mati. Besides, female members of the community follow Budhi Mai as their respective goddess. The status of Mati in Mankirdia community is different from other diviners of the locality. For instance, the Mankirdia Mati uses three languages, (Santali, Odiya, and Kolha) but mostly they prefer Odiya as a medium of language. They use the Oriya language to communicate with outside patients and local language for their community members. Sometimes they use mixed language to diagnose the disease and prescribe medications as well. The Mati invokes the supernatural forces to get the possession, sometimes sit silently invokes the superhuman power in the presence of devotees or followers. There are two types of Mati according to their religious belief i.e. Hindu and Christianity. According to the supernatural power of the respective religion, they grace the followers. They follow the instruction of the supreme god according to their direction; the healer moves his/her head, hand, and sometimes the entire body as well.

[111] Lug Bir is the one of the household deity of the Mankirdia.
[112] Sukur Bir is Vahali God of the Mankirdia people.
[113] Budi Mahi is the Goddess used to incarnate by the Mati.

The training process

The training process of Mati is a very difficult one. In this process, Mati possesses the spirit of the supreme god in his body. This is very painful and one has to bear the difficult time to become Mati. After the successful completion of the training, he /she receive an emblem from the chief diviner. For instance, if Mati belongs to the Christian religion, then he/she would receive it from the pastor of a church, and in the case of a Hindu he/she would get it from the priest of the temple. They use certain objects such as rice, selected herbs, vermilion, earthen pots, and tabij to appease the god. The emblem received by Mati is a status symbol. Christian Mati uses a black tabij and crush symbol, whereas the tribal or Hindu Mati uses vermilion with rice.

The second important character of the Mati is a sign of possession; Christian Mati sits in straight possession, according to the instruction of Lord Jesus, whereas tribal or Hindu Mati represent the moan position and bows down position. Besides they communicate in slow and medium voice at the time of the conversation. The legitimating process of Hindu Mati takes place by offering animal sacrifices to superhuman power. They offer two fowl to the god and goddesses (It is only applicable for Hindu and traditional healers).

The divination of superhuman power of Hindu/Traditional completes with vermilion, rice, grains, and small black tabij. In the case of Christian Mati, they receive it through the utterance of some phrases of the bible. The language of Mati is also changed according to the gender of the superhuman or supreme god or goddess. Therefore, they decide the approaching style of the client based on the super human's gender. For instance, male superhuman calls the client according to the male line, and in the case of females, she follows the vice versa.

Diagnosis and Treatment Process

Healers (Mati) adopt two major techniques to diagnose the symptoms of the diseased person. The first one allows the patient to sit in front of the god or goddess or Church, and then they invoke the respected god or goddess or spirit through mantra or prayer, offering some Bhoga. After a few minutes of meditation, Mati able to communicates with god or goddess and find out the cause of their disease and answer. The second is the behavioural attribute and

physical strength of the patient, for instance, if the patient behaves unnaturally and does physical harm to another person. It means she/he is attacked by the ghost and if the person sits quiet but mentally unsound or unable to behave sound manner, then he/she might be attacked by the Ora Bonga[114] or home spirit or ancestor spirit. Christian Mati offers prayer (citing holy words of the bible) to diagnose the patient. Sometimes the pastor (Mati) takes the patient to his room and continuously invokes Jesus Christ for recovering the patient's health or curing the patient through silent prayers. It depends on the severity of the disease. Besides, public prayer is also called by Christian believers to recover the patient. Also, the pastor (Mati) gives some medicinal herbs, which possess some magical power to heal the patient.

Target Patients

Majority of the mental disorder patients come to Mati for treatment. The reason for mental disorders is cited such as conflict-related to household matter, marriage or infertility cases, etc. The researcher has found four such patients who have been cured by the Mati. Two patients were from the neighboring villages and the other two belong own community. Out of these four patients two have been cured by Hindu Mati, the rest are cured by Christian Mati. The process of diagnosing differs from Hindu Mati to Christian Mati, Generally in case of Christian Mati; they refer to some basic rules of life and strict obedience that quickly reduce the disease of the patient. But the Hindu or traditional Mati gives herbal roots and mantras along with sacrifices at the time of prayer.

Religious Healer (Dhiri)

The role of a priest or Dirhi is significant in the treatment process. They are believed to be pious men in the community. They are generally, sober, God-fearing, and humble human beings. Mankirdia takes the help of Dirhi, when the diseases are caused by the dissatisfaction of God and deities. When a patient's health condition is not improved by herbalists and Mati, then religious healers recover through mantras. They apply the oil-water method to know the cause of the disease and worship for the recovery of the patient. They have a special status among Mankirdia and are invited to all important matters of the village. The belief system of the

[114] Ora Bonga is the ancestor deity of the Mankirdia tribe.

Mankirdia says that any kind of disobey or breach of traditional taboo brings incurable diseases. The deities show wrath, if they will not properly be propitiated. So any ill-treatment or disrespect is expressed through the disease like the Chtiary, Jaundice, Lupu, etc. The dependable source of treatment for patients is the worship and sacrifice by Dhiri.

In case they take any other medicine that would increase the suffering of the patient. It is not health-related issues but the religious principle is their way of life. This may be a traditional one or a modern Christianity beliefs system. They take it as a normal process of life.

The particular god and goddess related to the disease are discussed below;

Sing Bonga: Sing-Bonga is regarded as the creator of the Mankirdia world. The safety, protection, and well-being of the community are being controlled by Sing-Bonga. They need the blessing of God in every act. Sing-Bonga is also regarded as, moral god, who punishes the offenders of the community. To avert future danger, Mankirdia appeases to Sing-Bong through sacrificing red fowl and black hen. They appease god to prevent health injury during the hunting games. As there are many possible chances for physical injury during hunting, so they try to conciliate the god to avoid future danger and successful hunting.

Devi- Mahi and Burhi-Mahi: Mankirdia have great faith in the blessing of the Devi-Mahi[115] and Buri-Mahi for protecting them from health and food indigestion. There is a belief that, if they don't offer the first portion of the food item to Devi-Mahi or Buri-Mahi and eat before offering them, they suffer from severe vomiting, stomach pain, and diarrhea disease. Therefore, they try to appease them for not affecting the above disease. The wrath of Devi-Mahi causes a particular disease like a chicken fox and cholera.

Spirit of Chase and Chandi: The spirit of Chase and Chandi[116] cause physical injury if not appease properly to them. Mankirdia give sacrifice a white hen to Chandi before departing for hunting. To escape injury during hunting they sacrifice hen to appease the spirit.

[115] Devi-Mahi is worshiped to avoid the disease like chicken fox and cholera.
[116] The Chase and Chandi spirit is worshipped to avoid future hunting loss.

Buru-Bonga and Orha Bonga: Buru-Bonga[117] and Orha Bonga are clan spirits of the Mankirdia. They are regarded as the master of all the dispensers of the illness and disease. They have special emotions with these spirits. These spirits have some natural power to bring happiness and misfortune to their day to day life. For instance, if any one member of the Tanda/village dreams that any spirit coming to the village by using his/her vehicle (animals). So there would be a problem in the village. Hence all these spirits are offered special sacrifices or offering on auspicious occasions like Asarh, and Pusa.

Manita Spirit: Manita spirit[118] brings misfortunes in their family, if not properly appeased. Mainly it brings failure in-game hunting; it brings unnatural death, continuous illness for a family member. Subsequently, it needs a special spirit hut and fowl sacrifices of the family member to remain happy. So it wouldn't bring any misfortune for them.

Hapram Spirit*:* Hapram is regarded as the clan spirit of the Mankirdia. The mythology says that the spirit is the guardian of the Tanda or family members. This is the spirit of the deceased person of the family. Mankirdia offer sacrifice to Hapram spirit on a special ceremony, which is called Aduni. The spirit would not be included until the ceremony is performed by the Tanda member. It is also said that this spirit doesn't harm directly any member of the Tanda but it does through other forces. They also offer special sacrifice to this spirit on Chhatri[119] ceremony that is held on the sixth day of the newborn baby. After receiving the sacrifices the spirit leaves the place. These are the god and goddess related to particular diseases, which are appeased by Dhiri.

Treatment Process

The treatment process of the religious healer depends on the types of diseases and types of god and goddesses or spirit attacks to the patients. Dhiri prescribes puja or sacrifices to the patient's family to treat the disease. The treatment procedures of Dhiri follow; the puja, sacrifice, fasting, and sometimes a patient needs to repeat mantras. Dhiri has to mention the real cause of

[117] Buru-Bonga is the responsible factor for all kind of illness and diseases.
[118] Manita-spirit is worshipped to avoid unsuccessful in hunting and unnatural death of the family member.
[119] Chhatri is the sixth day of new born baby.

the disease. If the disease is caused by the malevolent spirit, then sacrifices are performed by Dhiri. But in case of benevolent spirit, there is no need any sacrifices, but the patient has to utter a specific mantra or follow certain food restriction, which has some religious connections, i.e. patient need to wear the clothes as the color of the god or goddess or offer the flower or foods which like by god and spirit. Sometimes the healer takes the patient towards the streams/forest side and engages in deep ritual. Then the healer forces the spirit to leave and immerse into the floating stream after capturing or keeping the spirit in a small bottle and tighten the cap of the bottles, so the spirit cannot open the bottle.

It is experienced that the healers secretly perform rituals for curing the diseased person. The diseased person can know the exact place or time for Puja. He sacrifices hen, fowl, taga, and some selected birds to cure the disease but are reluctant to disclose it before others. For treatment, they find out different symptoms and diagnosis of the disease. Dirhi follows separate methods of diagnosis. There are some similarities between diviners and religious healers. The diseases which are related to the above two forces have commonalities. For instance, man suffers prolonged fever and body ache because of the wrath of God.

The patient is diagnosed through the Oil-Water method**,** when the patient is suspected to be suffering due to the dissatisfaction of God; this method is used by Dirhi. In this method, a few drops of water with one drop of oil were put into an earthen pot. During Mantra chanting if the oil shake, then the healer confirm that the god is dissatisfied with that person. The conformity of the evil-spirit is known, when the patient starts blood vomiting. To confirm the factor, the patient is examined by the use of the Kathi method or stick method.

Here Dhiri takes three sticks of equivalent size and weight which are kept on his palm and chant mantras. If any of the stick changes its size or weight. Then the Dhiri confirms that the patient is attacked by an evil spirit. The medicine man (Ojha) recognizes disease through physical symptoms, while Dhiri applies the stick method for the evil spirit and the oil-water method for supernatural power to diagnose the cause of the affliction.

Besides this, Dhiri also applied rice and vermilion test to diagnose the disease. This is another type of diagnostic procedure followed by the Dhiri. In this process, the diseased person

brings some fresh rice in a small leaf plate. Dhiri keeps some rice in that leaf plate, then sits silently in front of the goddess and after a few movement, he starts chanting Mantras in the name of a different god or goddess or some spirit. Then he spread the rice on the diseased person or ill person, the amount of rice remains on the body part, which would indicate the causative agency or god of the disease. The number of rice grains that remain in the body of the patient implies the number of spirits or the deities mainly responsible for the disease. In this way, Dhiri finds out specific deities or spirits responsible for the disease. After finding out the cause, he applies the appropriate remedy to heal the patient.

5.7 Case Studies of Healers

Case Study: I

Figure 5.6 Healer one

Name: Jarka Mankirdia
Age:59 year
Village: Kendumundi Village
Specialization: Snakebite, Jaundice disease and abdominal pain
Types: Herbalist

Jarka Mankirdia age 59 is an old tribal healer from, the Kendumundi Village .He lives with his wife and two children. The main source of his livelihood is rope making and forest collection. This occupation is not sufficient to run his family. As a result, he engages in labour work and agriculture. Besides, he took a few acres of leased land from the Santali tribe for cultivation and receives some good returns. Jarka inherited the art of healing from Kamadia Mankirdia of the same village. This profession is a part-time job for Jarka.

According to Jarka Mankirdia, the practice and learning of medicine is a very difficult task. In order to engage in this profession, one needs dedication and patience. He learned this skill from his Guru at the age of 12 years. The healing practice is equal to offering prayer to the god and goddess. Initially, it was very difficult to learn and follow the discipline of the Guru.

Many times he was scolded for his default medicine preparation. But in the latter part of the process, he used to learn the right way to deal with medicine, plants, and patients. There are several restrictions on the use and collection of medicinal plants. Sometimes they had to go long distances to collect medicine for the patients. Many people from neighbouring villages give advance to the Jarka Mankirdia to take medicinal plants for disease person. He gives medicine for a common disease but specialized in snakebite, Jaundice and abdominal pain. He confidently says, that the patient those who takes medicine from him, never fails. Jarka used to go forest on Tuesday and Thursday for the collection of medicinal plants. He believes in the supreme god Sing Bonga. But he didn't use any special religious sacrifices for giving the medicine.

Process of Diagnose /Treatment

Jarka Mankirdia follows the pulses test and urine test. Generally, the patient has to bring his/her urine for diagnosis of disuse. He had started healing practice since 12 years. He usually visits the forest along with his grandfather to collect medicinal plants for the treatment of infertility, urinary calculi, rheumatic disorders, etc. Jarka prepares the medicine in the form of powder, pills, and medicated oils etc. He sells his medicine at residence/weekly market and special festivals. Jarka shows a keen interest to protect their age-old traditional healing art. The patient comes from far distant places to take medicine for various diseases. He usually treats five patients per day.

Case Study: II on Herbalist & Faith Healer

Name: Brahma Mankirdia
Age: 76 year
Village: Dengam Village
Specialization: Skin, Jaundice and abdominal pain
Types: Herbalist/Faith Healer

Figure 5.7 Healer Two

Brahma Mankirdia age 76 lives with his wife Sukri Mankirdia in Dengam village. He is not educated, but well versed in traditional knowledge and respected healers in the village. He

has more than 40 years of healing experience. The major livelihood of Brahma Mankirdia is rope making and healing practice. For Brahma, healing is a social service. He belongs to the herbalist and a faith healer group. He is a specialist healer in Peta Roga[120]/Child/Jaundice. The knowledge inheritance of Brahma Mankirdia comes from a two-way process, i.e. father and God Sing Bonga. The second source was difficult for Brahma to learn. Because to acquire all those knowledge, he needs to follow the strict rule and behavioural change unless one unable to achieve the status of a faith healer. Certain characters are important to become a healer such, as politeness, honesty, serving mind, bodily cleanness, and food restriction. God appeared in his dreams and instructed to use healing power for welfare of the community.

Brahma offers puja to Log Bir at the time Paraba festival. It is one of the significant religious ceremonies for their community. Many healers and elder person of the village show their knowledge or skills before the devotees on that auspicious day. He tries to please the supreme God through his devotion and sacrifice.

Then he receives a blessing from God to serve the community. For this, he has to observed 15 days of fasting, only took some Raiceng[121] Juice before festival.

Brahma can understand the language of the disease person and their problem, also gives a solution as well. Many people take his advice to cure their disease and some take advance precautions to avoid future misfortune. Paraba festival is used as a platform for healing practice and acquiring knowledge. According to Brahma Mankirdia every healer and the elder person are believed to be representing various forms of Gods and Goddesses during the Paraba festival. Few of them represented as Log Bir, who is God of medicine, speaks to the devotees through a human medium like oracle. Based on the devotee's health problems the healer recommends a corrective method by using specific medicine. Brahma poses some charismatic power and acts as a resource person in the village, also uses both herbal medicine and rituals in his healing practice.

During the interaction, the healer (Brahma) distributes Bhog (a type of fruit, leaves, and animal parts) to the devotees as a Prasad. It is believed, this Bhog prevents infectious disease.

[120] Peta roga is a local term used for stomach related disease.
[121] Raiceng is locally available wild fruit and that is used at time of religious festivals.

This is also applied by the healers of the community to control bodily injury at the time of puja ceremony.

His common method of medicine preparation is to grind the ingredient on a flat stone (Silu Pata, Hemadasta). The new earthen /silver/steals pots and bowls are utilized for preparing medicine. Many occasion Brahma Mankirdia employ young assistants in the processing of medicine. The prescribed medicines are collected from forest like roots, leaves, bark, flowers, fruits, birds, animals, etc. In addition, he gives medication and judgments for various sorts of fever, back pain, cold, stomach sickness, scourge, and so forth. Besides, the stomach (Peta Rog) and Jaundice patients are more among the patients. He utters mantras during the time of preparation of medicine. These spells are very secret and never reveal before others. Saturday and Sunday are viewed as the auspicious day for the treatment.

Restriction for Patient

Brahma (Healer) gives herbal medicine for stomach pain and offers mantras for jaundice and other mental disorder patients. Further, he prescribes a certain code of conduct for the treatment process. For instance jaundice patients are not allowed to eat oily and non-veg food. According to Brahma, the patients are advised to take medicine two-time before meals. In addition to this, some patients are advised to take a medicinal steam-bath for remedial measures of certain disease. If a patient wants to give some kind of goods or money, it is up to their paying capacity. But he never demands money from his fellow men for service. The ultimate objective is to serve the needy people at the time of need. This is the only satisfaction for Brahma Mankirdia.

Case Study: III

Figure 5.8 Healer Three

Name: Chumki Mankirdia
Age: 45 year
Village: Kendumundi Village
Specialization: Paralysis Jaundice
Types: Herbalist

Chumki Mankirdia was discussing with the researcher in his house. He is the poplar healer in his locality. He has a specialization in paralysis and Jaundice diseases. He collects roots, leaves, barks, fruits of tree and makes the composition according to the severity of the disease. He lives in the Kendumundi village along with his wife Moti Mankirdia. He is an experienced member in his village, leads all the frontal organization. The livelihood sources of Chumki Mankirdia depend on the rope making and healing practice. He inherited the healing practice from his grandfather. He usually visits the forest areas along with his father and grandfather for collecting medicinal plants for the treatment of poisonous bites, fever, diarrhea, ulcer, facture, and rheumatic disorders, etc. He prepares medicine in the form of powder, pills, and medicated oils. Patients come from far away to take medicine for various chronic disorders. He treats 5-10 patients per day.

Case Study: (IV)

Figure 5.9 Healer Four

Name: Sukanti Mankirdia
Age: 64 year
Village: Dengam
Specialization: Bareness and mental disorder
Types: Herbalist/Faith

Sukanti Mankirdia of Dengam Village is preparing medicine for her patient. She has been practicing this profession for more than 15 years. The main occupation of Sukanti Mankirdia is

rope making and healing profession is he secondary occupation. She never thinks it is an income-generating medium but as the platform for social services. She belongs to the herbalist/faith healer category and follows both patterns of the treatment process. She treats Banjhi (Barren) women and mental disorder person of the locality.

> **"***During the treatment process, I follow the rules of Rang Bonga, who directs me to prepare different type of medicine for patient. So, I never use government medicine because, my God will angry and punish me!"*

The knowledge inheritance process of Sukanti Mankirdia started from her grandparents & other healers of the village. The informal learning of Sukanti began with her family members. After the demise of her grandparent, she took the guidance of Brahma Mankirdia and Jaipal Mankirdia, who are very experienced healers of the village.

Diagnosis Process

The diagnosis procedure of Sukanti is organized from the symbolic portrayal of the patient's concern, through her spiritual power. She can diagnose patient's disease through her spiritual power. Generally patients come to Sukanti those who affected by evil eye and black. Initially, she has no ideas about the causes of the disease or illness. But once the interaction started with the patient, she gets an idea about the causal factors and the occurrence duration of illness.

Sukanti said that, the interaction circumstance creates a positive space for the diagnosis and treatment process. So, the patient feels as if he/she is in their family set up. The patients are treated based on gender. Therefore the relationship between patient and healer is a horizontal rather than a vertical line.

Treatment, Medicine and Payment System

Sukanti applies various mantras, charms, amulets, and beads to treat patient, which are dedicated to the goddesses Budhi Mahi. She offers sacrifice to the goddess to know, the causes of disease and gives various medicines to the patients. Sukanti has a specialization in infertile disease (Banjhi*)* and mental disorder, For instance, in the case of a mental disorder; the patients

need to stay at the healer's house for few days. But in the impotence case patient takes medicine and in some cases, needs to give some sacrifices. In addition, it minimizes the suffering of the patients and creates trust for them.

She uses different parts of wild medicinal plants like root, leaf, and barks for medicine purpose. These are taken as juice, powder and sometimes referred to wear as Tabij on the forearm or waist. Sukanti advises to her patient to eat and wear certain medicinal roots in the arm and weekly visit to goddess Budi Mahi. In the case of mental disorder, the healer makes more effort to capture the spirit from her body and heal properly. In that case, she utters some mantras and gives some amulet to wear, it continues until the patient feels better. She never demands fees for healing, but it depends on patient's income condition.

Case Study: V

Name: Narhari Mankirdia
Age: 45 year
Village: Dengam
Specialization: jaundice and infertile diseases
Types: Herbalist/Faith

Figure 5.10 Healer Five

Narhari Mankirdia age 45 lives in Dengam village. He has a small family including two children and wife. The livelihood of the Narhari depends on forest and wage labour. He is a specialist healer in jaundice and infertile, but he also gives medicine for other diseases as well. He diagnoses the disease through the symptoms of the patients and gives packet medicine. He also sells herbal medicine at weekly market. He follows two approaches of treatment i.e. herbalists and faith healing. He has been practicing healing since ten years. The healing practice is a part-time job for him. Narhari has not received any formal degree but possesses in-depth knowledge in healing practices, more specifically for snake bites. He also provides treatment for other diseases like fever, malaria, TB, ulcer, and birth control.

Many young people take medicine from Narhari to abort their untimely pregnancy. He gives herbal medicine along with mantras of Lord Shiva to cure the patient. He communicates with God and tells the cause of the disease. Besides, he offers sacrifices to God according to the patient's condition. He offers various types of fruits, like coconut, Chhumbara, Sinj leaf and Dhupa, Ghee to the God at the time of puja. He gives different types of Tabij to pregnant women, children, and other patients to wear in their hands, arm, and waist, according to the disease's name. It cures and protects patients from Daikin (Evil-eye).

Case Study (VI) of Jaipal Mankirdia

Name: Jaipal Mankirdia
Age: 62 year
Village: Dengam
Specialization: Mental disorder
Types: Herbalist/Faith

Figure 5.11 Healer Six

Jaipal Mankirdia age 71 lives in Dengam village, is preparing an herbal paste for infertile disease. He is known for his skills in infertile and Pagal Bu (Mental disorder). Jaipal treats a range of illnesses i.e. evil eye, infertility (Banjhi), and mental disorder (Pagla Bu). However, he is also well known outside of the village, sometimes the patient stands in queues in front of his house. Due to his popular image in the locality, many young people are interested to inherit traditional healing practices. But he didn't take anybody without a proper understanding of his/her background.

Despite his strictness, few young Mankirdias learned healing skills from Jaipal. For instance, Sunaram Mankirdia is one of them. He is a relative of Jaipal. He comes 35 kilometres distance from his home. Jaipal asked Sunaram to settled in Dengam village and learn healing practices. Jaipal lives in very poor condition because of his landless status and poor income. The

only source is forest collection i.e. roots, tubers, and medicinal plants. He is a popular name among his community as a spiritual healer. People believe that Jaipal's spiritual power can cure a patient by one-touch. This is the reason Suraram came from a long distance to learn the healing practice. Jaipal changes his poor social position into strength through his healing skill.

He tells the dreams which he received from his grandfather and ancestral spirit that shows him the important medicinal plants in the forest; it emphasizes his close relationship with the spirit world and the power of medicinal plant location outside his house. The significant thing is that, the persons whom Jaipal heal are vulnerable and poor people. He treats two kinds of patients such as mental disorders and infertile women.

According to Jaipal, infertility occurs because of the ancestral spirit's wrath and physical incapacity of the couple; in the case of a mad person is concerned, he tells those who have not appeased their ancestral spirit or if not beliefs on Bonga (supreme God of Mankirdia people) they suffer. According to Jaipal, one healer should have certain qualities like helpful, sympathetic, and noble. He also emphasizes the reciprocal relationship between a patient and healer. Also, the healer should have respect for the profession and the people.

The Learning Process

Sunaram's inclination and trust create a positive environment for the learning process. He learns healing practice from Jaipal in due course of action. It is seen that, Sunaram sites very close to the patient so that he can listen to what his grandfather (Jaipal) tell to the patient. If grandfather instructs him to do certain things, he follows accordingly. In the case of a mad patient, he cleans the patients and gives medicine.

He collects the medicinal plants and prepares doses of medicine. Although Sunaram assists Jaipal's treatment process remains outside, when it comes to sexual matters or any case the patient doesn't want the presence of Sunaram. On many occasions, he treats patients in the absence of his grandfather.

Once a woman came with her child, who was suffering from food indigestion, at that time Sunaram was working in a distant forest and was informed by another village man. He

came after half an hour, till that the patient sat in front of Jaipal house under a tree. Finally, Sunaram came and diagnose the patient. First, he touched the patient's right hand and round his hand on the stomach; after that, he advised her, not to worried, she will recover quickly. Telling these words to the patient and her mother, he immediately rushed towards the forest to bring some plants, after sometimes he came with some medicinal roots, and then he cleans it with water and cut it into small pieces, and boiled it slightly. Then the patient is given a paste that is made out of selected roots. The healer gives extra medicine to the patient and instructed her to take medicine promptly to cure. This account highlights knowledge transmission and two generation's treatment processes.

Sunaram said to the researcher that, if your master shows some medicine and asks you whether you learn or not, one should not answer that he/she learns it. But should remain silent and watch it carefully to use it for the further time being.

There are several traditional rites for collecting medicinal plants, for instance, the patients or family members are not allowed to see the herb. But the healer informs if it works properly. Besides, the medicinal plants cannot use twice a day, if you do that the herb will die. The medicinal knowledge generally transforms between the family members or relative members. Moreover, there are many other rituals that Jaipal follow for collecting the herbs and disseminate the knowledge. According to Jaipal, we are the protector of the forest and the medicinal plants. Hence we have to follow certain norms, i.e. how many times one collects the medicinal plant, the day and time of the collection and the forest which one should go, etc. Apart from this, there is another concept of sacred and profane medicine. There are common medicines that only can see by the common members of the community.

But certain herbs only can see and touch by the special healer of the community. Except for the healers, others are not allowed to see and know the exact location of the herb.

Inheritance of Knowledge

There is no formal procedure to select anyone as the healer. But Jaipal said, to become a healer, a person should show inner interest to impart the knowledge. The success of the healer

depends not on only education but sacrificing quality. The transformation of knowledge may not work properly till all these above qualities are pursued by the followers. He can see all these qualities inside Sunaram. So he selects him as his successor. Jaipal's learning was started from his grandfather, who still appears in his dreams and shows him medicine. The formal training of the healing was started very earlier. During that time the healer had no family member to care. So Jaipal was much closed to the healer and take care of his difficult time. He provided services like a family member or a son. So the healer pleased by the service of the Jaipal and disclosed the secret of the medical knowledge to Jaipal. Then he gradually learns and helps the poor. Now a day he has many students and Sunaram is one of them.

The researcher asked Jaipal, why that man selects you for this profession. He said that the man *s*ees the quality of caring and helpful nature inside me, so he selected me as the right one. Besides, he also says that to become a healer, one should have the capacity to bear all those odds of the patient i.e. like caring of vomiting and diarrhea patients. He found all these qualities inside me so he selected me as his student. This narrative of Jaipal gives his reputation as a healer. Along with this, he narrates the essential virtues of a good healer i.e. kindness, caring nature, inspiration, and good heart of the person. He also emphasizes the social-psychological bonding of healers' work and the pain of healing entails. It shows us a spiritual aspect of learning and gifted knowledge from an unknown person. It seems that a person was powerless, but the knowledge given to Jaipal makes him powerful. Also, the whole process of healing identifies some of the important world views of the Mankirdia healing practice; it shows social, spiritual bonding between the giver and taker relationship and some kind of ownership of medicine and their relation with their ancestral world. This story focuses on the ritual and spiritual aspects of healing.

Case Study: VII

Name: Salur Mankirdia
Age: 42 years
Sex: Male
Village: Dengam
Specialization: Evil eye, Mental Disorder
Type of Healing: Faith

Figure 5.12 Healer Seven

Salur Mankirdia age 42 years a healer lives in Dengam village. He has education up to primary. He is specialized in the treatment of eye problems, Headaches, and stomach pain. Many Patients from neighbouring villages come to him for treatment. Generally, he follows the urine and oil test of the patient to know the problem.

He prepares medicine powder from plants, and claims that six parts of the plants are required to prepare medicine for stomach pain. Besides he needs to purchases half of the medicinal plant from the local market and the rest was collected from the forest. The raw plants are dried up and make into powder and then give to patients. He learned the art of healing from his relatives. To learn the art of healing, he used to stay at his relative's house to internalize the process of treatment. He asks his patients to follow some rules i.e. not to take non-veg and sour foods while consuming the medicine. Few of the patients have mentioned that, the medicine of Salur is very low cost and effective for disease. Patients recover from diseases after consuming medicines from Salur. He never charges any fixed amount from his patients. He has also mentioned that, presently medicinal plants are not available in the nearby forest. For that, now a day it is quite difficult for him to prepare medicine.

Figure 5.13 Medicinal Plants of Mankirdia

English Name: Vitiquedrongu Laris
Mankirdia Term: Hadma Daru
Parts Used: Stem
Types of Disease: Body Facture

English Name: Tinospora cordifolia
Mankirdia Name: Gulunda Daru
Parts Used: Leaves
Types of Disease: Animal Bites

English Name: Nyctanthes arbor-tristis
Mankirdia Name: Sangudi Sakra
Parts Used: Leaf
Types of Disease: Malaria

English Name: Asparagus racemosus
Mankirdia Name: Satari Ranu
Parts Used: Root
Types of Disease: Weakness/ Milk production

English Name: Rauvolfia serpentina
Mankirdia Name: PatalGardni
Parts Used: Leaves
Types of Disease: Snakenite

English Name: Clitorea ternatea
Mankirdia Name: Jat Daru
Parts Used: Root
Types of Disease: Easy-labour pain

English Name: Calotropies Procera
Mankirdia Name: **Arakhan**
Parts Used: latex
Types of Disease: Ear-ache/Paralysis

English Name: Mimosa pudica
Mankirdia Name: Lajkulin
Parts Used:Root
Types of Disease: Arthritis

English Name: Water caltrop
Mankirdia Name: Sindan Jo
Parts Used: Fruit
Types of Disease: Jaundice/ Urine Infection

English Name: Centella Asiatica
Mankirdia Name: Talkudi Daru
Parts Used: Leaves
Types of Disease: Headache

English Name: Swertia Chirayita
Mankirdia Name: Cheretia Daru
Parts Used: Root/Leaves
Types of Disease: Intestinal worms/loss of Appetite

English Name: Mucuna
Mankirdia Name: Baidanka
Parts Used: Root
Types of Disease: Male infertility

English Name: Cliffampelos
Mankirdia Name:Dhidahia Daru
Parts Used: Leaves
Types of Disease: Ulcer/Snakebite

English Name: Hog plum
Mankirdia Name: Amdan Daru
Parts Used: Indigestion
Types of Disease

English Name: Cassia fistula
Mankirdia Name: Sunari Daru
Parts Used: Bark
Types of Disease: Wound/Ulcer

English Name: Diospyis Embryopteris
Mankirdia Name: Kenduni Daru
Parts Used: Bark/Fruit
Types of Disease: Diarrhea

5.8 Preservation of Indigenous Medicinal Plant Institutions in Odisha

There are nine medicinal plants garden functioning under the jurisdiction of the directorate of Indian medicines and homeopathy, Odisha, Bhubaneswar. All these government interventions have been taken to preserve and apply in the treatment of diseases. These medicinal plant garden are functioning in both rural and urban area of the state like Mayurbhanj, Sambalpur, Bolangir districts as well as in urban centers, such as Bhubaneswar, Puri, etc

Govt. Herbal Garden, Govt. Ayurvedic Hospital Campus, Bhubaneswar

It is situated inside the campus of Govt. Ayurvedic Hospital, NageswarTangi, and Bhubaneswar. It covers a total of 30 acres of land. Important plants are available in the garden like Guggul, Amla, Harida, Bahada, Bela, Shikakai,.Shyonaka, Ashoka, Agnimantha, Varuna, Patala, Vacha, ,Arjuna, Jamu, Gambhari, Nimba, Nirgundi, Gangasiuli, Chandana, Manjuati, Dalachini, Nagakeshara, Arakha, Kurubeli, Pasanbhedi, Brahmajasthi, Hemakendara, Guluchi, Anantamula, Tulasi, Aparajitagayasa, Prasarini, and Pippali, etc. These plants are used for outpatients and inpatients of the hospital.

Medicinal Plants Garden, Gopabandhu Ayurveda Mahavidyalaya, Puri

It is situated on the college campus adjacent to Dravyaguna Department. Students, researchers, and teachers are utilizing the garden for their study. Some plant materials are being used in its pharmacy in the manufacture of Ayurvedic medicines.

Medicinal Plant Garden, KATS Ayurvedic College, Ankushapur, Berhampur, Ganjam

This institution is situated in the college campus of KATS Ayurvedic College at Ankushapur, of Berhampur in the District of Ganjam. It spreads around 3 acres of the land. This garden is using for research and demonstration purposes. The plants of the garden are used for inpatients plant and in Panchakarma wing of the hospital.

Medicinal Plant Garden, Dr. A. Ch. Homoeopathic Medical College, Hospital, Bhubaneswar

It is situated in Dr. A.Ch. Homoeopathic Medical College campus, Unit-III, Kharavela Nagar, Bhubaneswar. The campus of this garden has covered 3 acres of land. Many researchers and teachers are utilizing the garden for their study purpose. Some plant materials are also used in its existing homeopathic pharmacy for the manufacturing of homeopathic medicine.

Medicinal Plant Garden, Utkalmani Homeopathic Medical College, Rourkela

This institution has established the campus of Utkalmani Homeopathic Medical College, Nayabazar, and Rourkela. It covers a total area of 3 acres: This is mostly used for research and

teaching purposes. In addition, some plant materials are used in their pharmacy in the manufacturing of homeopathic medicine.

Government Herbal Garden Harisankar, Bolangir

This is established in the foothill of Gandhamardhana just adjacent to Harisankar temple under Khaparakhol block of Bolangir district. The major plants available in the garden are Arjuna, Phanaphara, Patali, Bela, Amla, Bahada, Harida, Agnimantha, Nagakeshara, Bhumikusmunda, Kalimushali, Kutuja, Pippali, Golmaricha, Shalaparni, Prushniparni, etc. A total of 80 numbers of plants are available in the garden. This garden is used for both research and demonstration purposes. Many Ayurvedic colleges are taking plants from this garden for preparing medicine.

Govt. Herbal Garden, Sirsa, Myurbhanj

This government herbal garden is situated at Mermath that comes under the Sarasakana block of the Mayurbhanj district. It covers a total of 20 acre land of the locality and famous for situ cultivation. There are many rare plants are available in the garden like Amla, Bahda,, Harida, Gambhari, Sirisa, Karanja, Majuati, Piashala, Ashoka, Pippali, Golamaricha, Basanga, Guluchi, Guggul, Latakasturi, Eranda, Tualsi, Bhirngaraj, Aswagandha, Kalmegh, Patali, Shyonaka, Agnimantha, Nagakeshara, Tejapatra, Dalachini, Jamu, Varuna, Akarakara (Deshi), Brahmajasthi, Bala, Vriddhadaraka, Chitraka, Dalimba, Dasakerenta, Danti, Ankaranti (Deshi), Brahmajasthi, Bala, Vriddhadaraka, Chitraka, Dalimba, Dasakerenta, Danti, Ankranti, Ela, Ndprasarini, etc. All these plants are natively grown there in the garden.

Medicinal Plant Garden, Odisha Medical College of Homoeopathy and Research, Sambalpur

This institution is located at Majhipali of Sambalpur. It spread around 2 acres of land area. It is used for teaching and research purpose. The plants are used for the preparation of homeopathic medicines and their existing pharmacy.

To preserve the medicinal plants, the government has formulated many medicinal plant boards and schemes. The State Medicinal Plant Board (SMPB), Odisha was constituted on 7th

October 2002. It was registered under the Society Registration Act, 1860 in 2010 and presently working in Mayur Bhawan, Sahidnagar, Bhubaneswar. The basic objective of this board is to support the medicinal plant sector in the state, coordinate with National Medicinal Plant Board (NMPM), Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India, New Delhi. Besides other important functions are to formulate policy for better marketing, cultivation, and storage along with better communication with stakeholders. Certain schemes have focused on medicinal plants i.e. National Mission on Medicinal Plants, Odisha, National Mission on Medicinal Plants (NMMP) and National Medicinal Plant Board, Department of AYUSH, Ministry of Health & Family Welfare, Govt. of India, New Delhi.

The objectives of these schemes are to increase medicinal plant cultivation including commercial and contract farming systems. The NMMP scheme is being implemented in the state of Odisha through Odisha Horticulture Department Society in the Directorate of Horticulture, Odisha, and Bhubaneswar since 2009-10 (SCSTRTI, 2018).

5.9 Major Challenges for Mankirdia Healers

There are many challenges for Mankirdia healers to continue their traditional healing practices i.e. livelihood, forest degradation, legal dilemma, the unwillingness of the younger generation, lack of proper documentation, and ineffective government policy. Mankirdia is a semi-nomadic tribal group of Odisha, their life and livelihood directly depend on forest. Presently few of them have imitated agricultural practice from local non-tribal. Due to their inherent problems, i.e. irregular monsoon, lack of initiative, and landlessness, Mankirdia couldn't properly practice agriculture. The existing livelihood sources are not sufficiently provided income to Mankirdia, which has influenced them to adopt new ones. Earlier they were easily gathering their daily needs from nearby forests including medicinal plants, presently it is quite difficult for them. In order to diversify their income sources, they engage themselves in unconventional workforces, which reduce their dependency on traditional sources of occupations. The second factor is environmental degradation, in the name of development; the government has minimized their free entry into the forest, and the continuous degradation of the forest by Mafia has also reduced their medicinal practice.

In addition, the government is also putting pressure on Mankirdia in the name of the reserved forest and Buffer Zone. Batisse (2007) has mentioned in his study the deforestation has been rapidly increased all over the world at an incredible rate of 15 million ha per year. The depletion and degradation of the forest are highest in India, that's why it is termed as a "critical ecosystem''. During the last couple of years, India has lost 235 sq km of forest cover (Nayak, 2011). The study of Reddy et al, (2011) has argued the forest degradation has affected many facets of life i.e. economic, social, climate, technological, and institutional, etc.

The third important factor is the legal protection that has severely impacted the Mankirdia healing practice. Due to the absence of proper legal protection for medicinal plants and healer, which give scope to multinational companies and third parties to exploit medicinal plants of the tribal without their consent? The fourth one is the unwillingness of the younger generation towards their traditional healing practices; because of (unavailability of medicinal plants, low income from healing, and diversification of occupational choices) they have disinterested to continue their traditional healing practice. The fifth one is improper preservation of the medicinal knowledge of tribal, which has also hindered the better scope of the healing. The last one is the lack of favorable government policy to highlight the importance of traditional healing of Mankirdia.

Conclusion

This chapter has elucidated the social construction of health or cultural understanding or Mankirdia understanding of health, disease, sickness, and illness in their society. Besides the disease profile of the Mankirdia people in study villages. This also focused internalization of the local way of understanding, analyzing, and categorizing diseases and illness. Moreover, the societal factors act as a major agents or casual determinants of health i.e. prevailing socio-cultural belief, income, education, ecology, social network, political empowerment, and level of acculturation process among the Mankirdia. Also, disease causation theory has been analyzed, i.e. natural, man-made, and supernatural.

The prevalence of common diseases like cold, cough, back pain remains the same in study villages, but the major communicable disease prevalence varies between the two villages. For

instance, the incidences of malaria, tuberculosis are more in Dengam village. Apart from this, the gender wise variation is also marked in the study village, Mankirdia male members are more disease prone in Kendumundi village, but it was observed that, female members of the Dengam village suffer more than male members. The role of Mankirdia healers has been immensely contributed to disease prevention and rehabilitative process. The healer group is categorized into three major heads like herbalist, faith healer, and mixed ones (herbalist plus faith). The belief system of Mankirdia influences by multi-level world view, but the prevailing cultural belief pattern remains the highest priority.

Chapter-VI

The Status of Mankirdia Women and Access to Health Care

Introduction

Better status of the woman is an important reflection of the level of improvement in society. Likewise, the status and role of Mankirdia women also influence their community's progress. The first section of this chapter focuses on the general role and status of the Mankirdia women (i.e., Mother, community healer, Self Help Group president, elected members in Panchayat Raj Institutions (PRIs), mother-in-law, daughter, daughter-in-law, wife, etc.) and it interlinks the role performances and health-seeking behaviour. Besides, the second section highlights the role of the Mankirdia women in health service/ care, starting from village Dai Budi to the spiritual healer (Mati). They are an important part of their community and acts as a symbol of change through multiple role performances. More especially their contribution to health care is crucial for their community. This chapter emphasizes the role of Mankirdia women in health care practices. Besides, it has also focused on the impact of public health services on Mankirdia women's health status**.**

6.1 Socio-anthropological Understanding of Status

The first scientific definition was given by Ralph Linton in (1936) his book ''the study of Man'' He defines "status as a position in a particular pattern an abstraction from social reality. In other words, it is a collection of rights and duties of an individual's status that must be differentiated from the individual or the incumbent of the status. According to Linton a person's status or social position should have performed the role that goes with the status. The role, in Linton's usage, is the "dynamic aspect of status." He says: "When he puts the rights and duties which constitute the status into effect, he is performing a role". In a society, every individual has several patterns of behaviour to other individuals who might have diverse statuses (Lang, 1956). So, the individual can meet various statuses with parallel roles. It may or may not bring a conflict situation. The most important fact is that various duties assigned to the individuals in their respective society, which determines the capability of the role performer.

The basic premise of the status and role concept is that an individual's position in society, maybe multiple statuses, or a combination of statues. To comprehend the practical importance of position the individuals need to perform societal assigned task this is known as role. It may be a single role performance or role set.

6.2 Tribal Women in India

India is known for its pluralistic ethnic groups, which are more often run by male dominance. The social structure of the society doesn't give equal space to the women's group. As a result, the social status of the women differs from one group to another, depending on the society's economic, political, cultural ethos of the respective society (Mohanty & Biswal, 2007). In case tribal society is concerned, it is well known for its egalitarian character and comparatively good enough than non-tribal society. The socialization process of the tribal society is operationalized through gender-based, status and roles, which are further manifested in the particular social situation, i.e., work pattern, marriage, and kinship. All these functionalities of individual's status are embodied with the cultural ethos of the society. It is seen that the male member of the society leads all the important roles, while the female member looks after the family matter. Besides, most of the male members of the family act as the guardian and breadwinner of the family (Bhasin, 1991).

The tribal women constitute half of the population and the development of the community and well-being largely depend on the women members of the society. So, the status of tribal women is very important for the tribal society (Shankar and Thamilarasan, 2005). The development of women is most often measured by the improvement of education, income-generating capacity, and decision-making capacity in the household matter. Many times, they actively engage in the decision-making process particularly when the resources belong to the community level in tribal society. There are certain existing social practices (marriage within the relatives and child marriage), which bring the highest respect among the womenfolk. The girl child is not discriminated against or treated low but given high importance due to their economic contribution. The tribal women generally enjoy equal status except in the field of rituals and the political sphere (Fernandes, 2005).

6.3 Status and Role of Mankirdia Women

Household is the central component for production and consumption among the Mankirdia tribe. It is locally known as Orha[122] (literally, Orha means house or hut). It is a traditional unit of the Mankirdia tribe; it refers to several inhabitants living at a site. The number of inhabitants at a site is constantly altered in terms of Orha or households. The number may be increased than the actual number of households. In a normal household set up, the male members engage in external work whereas, the female member takes care of household works like child-rearing, cooking and visit the village market to sell rope made products. This is the one way of getting income, so that they can manage the basic requirements of their family.

Figure 6.1 Status and Role of Mankirdia Women

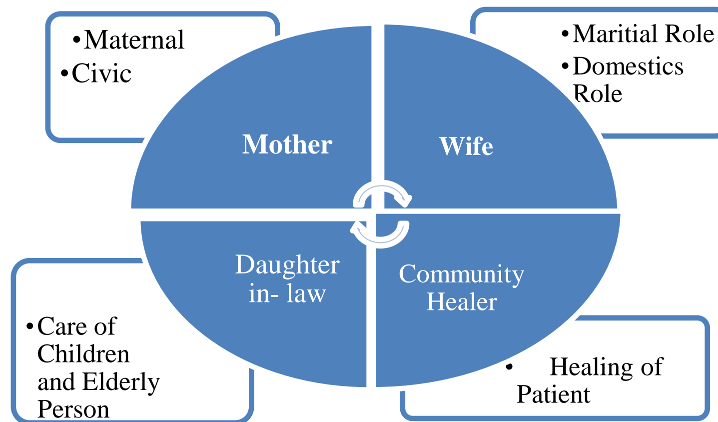

Figure 6:1 shows the model of status and role, which includes all the statuses of a woman, held at a given time. The status defines an "individual's position in a given society. Each status has a prescribed function (what we do). In addition, the socialization process of the Mankirdia children is also fulfilled by the women members of the family. Small children of the community follow the un-prescribed daily work pattern of their parents. For instance, girl children follow their mother and grandmother, and boys follow their father and grandfather's path. In the case of

[122] Orha is the local name used for household and it acts as a basic unit of production and consumption.

a small child, they either go along with their mother to the markets or stay back with small brothers and sisters at the house.

There is a set of routine work patterns of Mankirdia women. They wake up early in the morning and offer prayer or worship to their deities. The work pattern is not very rigid; mainly they focus on domestic works, i.e., cooking, child-rearing, care of the elder people, and forest collection. In the earlier morning, they prepare their breakfast and lunch before 9 a.m. Most of them engage in forest collection, and few women are engaging in construction work in the locality at the time of fieldwork.

Forest collection is an important and sustainable way of living. Each of the households in the village collects the barks, leaves, fruits, and firewood independently. However, they work side by side with rarely sharing words of humour. Mankirdia women rarely engage in any competition with each other while the collection of the forest produces. They focus on the necessities of their household requirements and some additional collection for selling in the market. They always focus on three important things during their forest collection, such as the necessity of the family, carrying capacity of the individual, and sustainability of nature. That is why; they cut the better and grown-up trees and allow the smaller and green ones to grow. The main household work of Mankirdia women depends on forest collection and they engage in three rounds of the process, i.e., collection, processing, and selling, etc.

For instance, selling of Sal leaf plate involves three important processes, i.e., collection of raw materials (Sal leaf), the second one is processing into Sal leaf plate and the last one is selling it near the market. Sometimes they also visit neighbouring villages to sell their rope-made products. It is observed that, they usually move in groups and sell their products in exchange for goods (rice/ paddy vegetables and cash). During their leisure time; they cut the relatively dried barks into small pieces for firewood and prepare some crude ropes too.

Mainly the works are equally divided between males and females. But most of the time the work is completed mutually. There is no rigid division of labour between males and females. Majority of them sleep early at night and wake up early in the morning. Their morning starts

with the incomplete work of last night. They complete all remaining work of the last night after that, they prepare for the next day's work.

These are the daily household works of Mankirdia women. But nowadays many of them are working as daily wage labour in the neighbouring villages. So, the work pattern is equally divided into three categories, one section of women members engages in forest collection, the second group engages in wage work in the locality, and some women are engaged in both the works. It depends on the working capacity of the women member and the responsibility of the family. Most of the women engaged in double work to increase their family income. Due to workload, sometimes their family members are putting their health at risk.

6.4 Status of Mother (Mai/Ma)

The role of mother (Mai)[123] in Mankirdia Orha or house is significant. They call their mother Mai/Ma, who not only takes care of the family but the entire village as well. It means the work of a mother never ends with single work. They keep their family happy in all the adverse situations. Jaipal Mankirdia, age 59, who lives in Dengam Village tells that, ''we are here before you because of our mother's blessing, you are here because of your mother, all the creatures including animals and human beings around us because of mother''. Hence, you tell us are they not important for us? They give birth to us, feed us, and care and help us to overcome the crisis, and stand behind us. There is no endpoint in the mother's work or role. But most importantly, they neither get rewarded nor demand for that. However, we only exploit their labour to fulfill our desires, but she takes care of the whole family members without concerning their interest. Mankirdia society understands the importance of a woman i.e., daughter, daughter-in-law, and mother, etc. So, they give the bride price (Kania-Ghanam)[124] as respect and reward to women. They act as the protector of the family and society.

[123]Mai is the Mankirdia word used for mother.
[124]Kania-ghanam is a local term used for bride price in Mankirdia community

6.5 Status of Daughter

Mankirdia give equal importance to both boys (Hera Hopan)[125] and girls (Hereal Hopan)[126]. As the manhood status is highly important for the Mankirdia tribe. They celebrate each birth with great joy and happiness. Either the new-born child is a girl or boy. They also mentioned that male children are given slightly more preference than the girl child. Because the girl child goes to her mother-in-law after marriage and the son would be the caretaker of the old parents.

So, they have given a little bit extra affection towards the male child. But Mankirdia parents never discriminate between boy and girl childlike non-tribal society.

Children imitate the attributes of the parents at the age of three to five years. It is observed that the socialization process spontaneously follows not by any strict adherence to family norms. When children attend any formal institution, then they follow the strict socialization pattern of the respective institution. For instance, if you take an unmarried girl, they follow her grand-mother and mother, and try to help them in their work. There is no restriction for an unmarried girl; they enjoy freedom like any other boy. In Kendumundi village, the unmarried girls engage in household work. More especially when their parents leave the Tanda for the forest, then the responsibility of a girl is to take care of the siblings and collect firewood from the nearby forest. Sometimes they play with their friends near Tanda. More often they help grandmother in the rope making activities and plate making activities. They are affectionate to their parents and grandparents. Nowadays the unmarried girls are attending school. Earlier It was not possible for them.

In case a male child of the community is concerned; they also help their family members in household works. Mainly they engage in small hunting, minor forest collection, and collecting siali creeper for rope making work, and sometimes help the elder male member of the family to sell the rope products in the local market. The work patterns of the male child mostly remain the

[125]Hera Hopan is referred to Boys in Mankirdia society.
[126]Heral Hopan is used for girls in the Mankirdia community.

same as the girl child. The only deviation between the girl and boy work is hunting and external labour work, which male child or boy of the community prefer to do.

6.6 Status of Wife (Hera Pee)

The relationship between husband and wife (Hera pee)[127] is cordial and concerned with each other; and help each other with household work. The wife's role is not only confined to any specific field, but many things need to be carried out. The important role women are conjugal relation and procreation as like male member of the society. Manhood is a highly respected aspect of the Mankirdia community. Therefore, the wife must give future generations to his Bansa[128]. The reproductive role also remains a high priority for married women.

There is no sexual dominance from each side rather a very submissive conjugal relation between husband and wife. Besides the role of wife is also observed in economic and subsistence activities of the family, where she equally cooperates and provides useful contributions. Few of them engage in small businesses in their village (a total of three members were running a small shop in the study villages). During fieldwork, the researcher found three such small shops, which are run by the Mankirdia women. These are not seriously considered as profit making source and trusted livelihood options. Mostly they engage in household chores. This is important work for a wife or married woman. These are the roles of a wife in Mankirdia society.

6.7 Status of Daughter-in-law (Baou)

The significant task of married women or daughter-in-law (Baou)[129] is to manage the household task and child-rearing activities. They carry various types of work at home as well as outside. Besides they take care of the old-age person of the family-like father-in-law and mother-in-law. Except, they also look after the major family festivals like Parab, Raja and arranges a marriage for unmarried brother-in-law and sister-in-law of the family. In addition, the sick person of the family had been taken care of by her. The maintenance of daily household matters

[127]Hera Pee is the local term used for daughter-in-law.
[128]Bansa is the word used for continuation of generation.
[129]Baou is the local name used for daughter-in-law.

and child education is also organized and controlled by the direct observation of daughters-in-law.

Besides the role of Mankirdia women in economic or livelihood sustenance is immensely helpful, and they equally participate along with men in subsistence activities. In reality, they do more work than men. They participate in forest collection, rope making work, age labourer, agricultural activities, and cottage industries. Apart from household work and forest collection they engage in seasonal agriculture work, which is also done by women. They engage as wage labourers at the construction forest department. They play an important role in economic activities and engage in non-economic activities as well. Male members are primarily concerned with forest collection, labour work, hunting, and occasionally fishing.

During the time of hunting, they gather a variety of vegetable items for immediate consumption. Besides, they were collecting various other items like silly fiber, firewood, bark, roots and steamed, and honey. They also collected many raw materials for their day-to-day tool making purposes. They use various tools such as bow and arrow, hunting net, fishing net and bamboo knives during hunting and forest collection.

6.8 Status of Community Healer

The idea of healing and the status of a healer in Mankirdia society is something unique and different from others. Mankirdia women don’t regard themselves as a healer, who only cure disease and relieve the pain. Rather the status of a healer is like an ordinary member of the community who provides all the possible help to his fellow member at the time of difficulties i.e., livelihood, hunting, and health, etc. Prince and Geissler have argued that women healer teaches and transforms knowledge through social compassion, emotional and close reciprocity between the healer and patient.

They are sociable and easily approachable. Besides, the role of women healers has a special role in the community well-being. They are the integral part and parcel of the community. They have many statuses and play multiple roles in the development of the family as well as the community. The healer’s role is another status and activity for her community. The

goal of a healer is to provide socio-psychological support to a sick person in society. They don't think of it as a special service but one of the duties towards their society, where they provide health service to the sick persons. Besides many common problems of the community members are addressed by the women healer. The status of the women healer is hereditary and acquired by the training. Women healer enjoys dual status i.e., a healer can also assume several other roles like village head, priest, and president of Self-Help Group (SHG).

6.9 Mankirdia Women and Decision Making Power

Marriage is an important social event in Mankirdia's life. They enjoy freedom in the entire process of marriage and are allowed to choose their life partner. Hameindrop and Elwin have highlighted the social space of the Naga and Khasi women and their overall freedom in their society. The study has focused on the importance of matrilineal or matriarchal families of the tribal. Mankirdia women enjoy an egalitarian status in the process of family, marriage and the decision-making process. The concept of power and prestige which comes with one's authority position is not visible in the tribal society.

Hence the concept of status and role is discussed in a slightly different way. The status of Mankirdia women comes through the existing system of their society. Sharma has highlighted that the status of women is determined by the important role they play in the family, marriage, and sexual relations of the women in society (Sharma, 2017).

The study of Majhi also mentioned that tribal women also need legal protection to address the marriage related problem. They face the same issues as a non-tribal society. Even though they enjoy equal rights and privileges in the mate selection process, they don't enjoy equal rights in case of property sharing of the family. In other words, they never hold any decision in the property matter. Generally, their society follows the patrilineal line of descent. As a result, the right of property inheritance resides on the elder male members of the family. There is no chance of a woman's share in the family property. In this way the decision-making role of tribal women is not the same implication for all the societal space. This is also the same among Mankirdia women as well. Although they enjoy decision making power in the social sphere, the

same is not applicable in economics, more especially in property inheritance. The decision-making power of the Mankirdia women is relative and context specific.

6.10 Bride Price

Bride price is one of the customary practices among Mankirdia people. It is given at the time of marriage. It is not regarded as a source of wealth or power for women but a symbol of gift. Mankirdia women are more valuable than any jewel. This is the reason brides are given as a gift at the time of marriage. The bride price is compulsory and fixed for four Anna, four hens, and two goats for the eligible bride. It depends on the bridegroom's capacity to give the said bride price. There is a system of negotiations in case of poor conditions of the bridegroom.

The minimum amount of bride price is four Anna, which is given to the bride's family as a symbol of gift. But it depends on the type of marriage, a person is engaged. The bride price consists of moveable properties such as money, ornaments, clothing, household goods, and cattle. Sometimes they transfer their livestock, goods from the bridegroom to the bride. In Kendumundi village, Mankirdia people happily transfer the labour to the bride's house instead of money. In some cases, land was also provided as a part of the payment.

Mankirdia are landless, so they can't imagine that. The norms that are related to bride prices are complex and vary across societies. They follow several norms which are related to bride price such as the time of payment, use of the payment, inherits the payment in case of death or dissolution of the marriage. Bride price sometimes creates a problem for an eligible bachelor. This practice has increased the chance of late marriage among Mankirdia unmarried male members. So, it is a prestige issue for them. Women are given importance to in-law's house as well as their parental home. This is possible because of their hard-working skill and role in the financial sphere as well. The custom of bride-price is practiced among the tribe because of the significant financial role (Nembiakkim, 2008; Nongbri, 1997).

Three bride price cases were observed in the study villages, the case of Santuan Mankirdia, Beju Mankirdia, and Abhinas Mankirdia. One from Kendumundi village and the other two are from Dengam village. Because of the bride price, young Mankirdia male members

weren't able to marry. They also mentioned that there is no compulsion from the village people or the girl’s side. But they feel ashamed of themselves if they don’t arrange a feast for the village. To avoid their incapability before village people, they have to give a bride price as well as a feast to the whole village. As a result, they work day and night to arrange a good amount of money for their marriage. The exploitation related to bride price is less visible among the Mankirdia tribe. The level of oppression and humiliation cases for Mankirdia women are not experienced in study villages. Besides, the practice of bride price remains a gift and a reciprocal relation rather than power dominance for Mankirdia. This is not largely the same across all the tribal groups.

6.11 Property Inheritance Rule among Mankirdia

The concept of property assumes a set of things or possession and a relationship in the socio-cultural nexus of the society that is universal. The concept of property doesn’t mean only tangible things, like land, house, and livestock, etc. These are called corporal property. Except for all these, there are certain intangible properties of the Mankirdia people like knowledge, folk songs, language, music, etc. which are called the corporal property (Mohanty, 2015). According to MacIver ‘’property is not wealth or possession but the right to control, exploit, use, or to enjoy wealth or possession’’.

The Mankirdia follow their customary laws and develop the concept of property. They are guided by their custom of property inheritance, transmission, and control as their part of a social system. The major properties of Mankirdia tribe are living territory, domestic animals, forest resources, the dwelling huts, hunting weapons, household materials, various musical instruments, and the religious shrines of worship, etc. Thus, there are different meanings of property among the tribal people. Besides, they have their inventory possession rather than the modern man’s conceptualization.

Mankirdia women do not inherit the property. But they enjoy residuary property rights to claim maintenance out of the properties of their father, brother, or husband, as the case may be, depending on the marital status and residential place. The Mankirdia family doesn't discriminate between the male and female members in maintenance. It means the sister, daughter, or widows

are liable to be maintained by her father, brother's family if they live there. The study of Mohanty on social position and property rights of Kutia Kondh mentioned that Kutia Kondh women have no property inheritance right but enjoy the maintenance right from husband and father's house. Further, they have some possession rights over the properties and family establishment. Some women can enjoy different privileges in their community.

In case the married women or widows are taken care by the husband or deceased husband's agnatic kin group as long she lives there without any separation or remarriage. In the case of a minor male member, then the deceased wife heads of the family property till her death or disability, or remarriage, or till the minor male can take care of the family property. During that period, she cannot sell the family property. But in case of death, disease, bride-price, and marriage she can use the property after the proper consultation with agnatic kin and the village head. They generally do not inherit her paternal property but only male members able to heirs. In case there is no male hire in the family then the son-in-law takes care of the property. The family property is never partitioned among the male members of the family during the lifetime of the father.

It is also highlighted that many guardians of the family equally distribute the property between the sons or married sons or manage the family property, but the girl can take in -charge of the family property. The chance of getting an economic asset from the family is a difficult task. So, they are natural victims of their system. The case of women in marriage and property inheritance possesses a dual character; it gives a viable alternative world view relating to the ideas of equality, freedom, egalitarianism among the tribal people as a whole.

The status of tribal women in the field of marriage, decision-making, property inheritance, and the village council is of great importance. Besides, they enjoy freedom in the marriage or mating selection, but not in the ancestral property right.

6.12 Status of Barren Women (Banjhi Women)

The status of barren women (Banjhi)[130] bears a lot of pressure and social discriminations from society. Generally, those women who are not able to come into the process of reproduction are looked down by society. They are not allowed to participate in religious work, festivals, and decision-making processes etc. The reproduction capacity of a woman is regarded as power in their family. Many studies have proved that, the relationship between women's reproduction capacity and decision-making power is closely related.

There is a concept of Harpan[131], which signifies the importance of a child in the life of Mankirdia. So, they are not an exception from that; also follow some restrictions for Barren women or Banjhi women in public and private space of their society. The difficulty is more for widow barren women; nobody is there to look after her, the burden of life is more than the normal barren woman (whose husband is alive). The level of socio-psychological pressure is more for barren women but the discrimination and social boycotting of Mankirdia women is comparatively less than non-tribal society.

6. 13 Economic Role of Mankirdia Women

The economic condition of Mankirdia women depends on forest products i.e., plants, fruits, labour work, rope making, and plate making work. The contribution of women remains equal with the male members of the community. But they don't make any financial decisions. They give their income to their husband for family maintenance. The male member takes all the household decisions i.e., daily household goods, education, and health care of the member.

The work and Mankirdia women are inseparable from nature. Pradhan has mentioned the economic contribution of the Didayi tribal women of Malkangiri district. The study has mentioned that the active participation of women increases their family income. Besides, it is also argued that, in most of the cases they suffer unpaid labour by the existing patriarchal system, which obstructs the progress of the tribal women. Routray has also highlighted Dongeria Kondh

[130]Banjhi is the local term used for barren women in Mankirdia society.
[131]Harpan is the local concept used for symbol of Manhood.

women's role in the economic sphere. They are regarded as an economic asset of society and enjoy open space and freedom in their society.

The important one is the economic vulnerability of Mankirdia women, which obstructs their development. Dhal has also analyzed that due to increasing socio-economic disparity, gender inequality, unsafe working conditions, and overall, the impact of globalization, development, displacement, and migration, which affect the overall well-being of tribal (Dhal, 2018). For the all-round development of the Mankirdia women, it needs to focus on the economic status of the women along with proper educational improvement. This is one of the major livelihood sources of the community. Generally, they engage in household work and wage labourer in local non-tribal and other government offices or institutions.

Figure 6.2 Leaf plate making work

Name:Sukanti Mankirdia
Age:35 Year
Village:Dengam
Types of Work: Plate Making

Every day they collect Sal leaf for plate making work. They use coconut leaves and stick in plate making. They make thousands of plates within 3-4 days. A working environment is a reciprocal place that never gives any tiredness or any competition among themselves. They help each other to complete work and help their neighbour to get some monetary help from the social act. The concept of communal work is more active among Mankirdia women rather than men. This is one of the major livelihood sources of their community.

For plate making, they daily collect Sal leaf from the nearby forest; sometimes they use dry leaf but mostly use the fresh leaf for plate making. They sell leaf plates at local Sunday Hat[132] or weekly markets. Sometimes they sell their plates directly to the local shopkeeper. They sell thousands of leaf plats at Rs.300/ rupees. For which they take a minimum of three days'

[132]Hatt is the local concept used for weekly market.

work. They are getting very less price from the market. Due to extreme poor economic conditions and household needs, they are forced to sell leaf products at nominal price. They make two varieties of leaf plate - one is the bigger, which they used to sell to small shopkeepers and the big one generally sells to hotels.

Mankirdia women earn Rs.300-400 per thousand big leaf plates and the smaller one sells at Rs. 250 Price. Sumani Mankirdia age 59, of Dengam village, told researcher that we are born to serve others; during our nomadic time, we sold our rope-made products to the peasant community but got less wage. Many times, Mankirdia's hard labour benefited the peasant community. In order to feed their hungry stomachs, they sell their plates at a lower price.

Figure 6.3 Rope Making Work

Name: Jhumpa Mankirdia
Age: 67 Year
Village:Dengam
Types of Work: Rope Making

The second income-generating activity is rope making. They sell their rope products to the local peasant communities that are used for agriculture and domestic animals. They make Chelipaga, Sika, and Tupa**,** (detailed description has given in chapter four) which gives them a very nominal price like Rs. 20-40 rupee per one piece. They get on an average Rs.200 rupees per 10 pairs of rope. Nowadays they are using plastic jari to make varieties of rope. This is the new way of rope making activities of the Mankirdia people. This is practiced because the unavailability of Siali creepers in the local forest (rapidly depleting forest resources and restriction of forest entry).

The demand for plastic rope products is continuously increasing. This is one of the reasons; they are using plastic Jari for making varieties of rope products instead of Siali creepers. The third income generating source is labour work. They work in the forest department, crusher,

and agricultural fields etc. Despite their hard work, they are not given the appropriate wage. It was found that women members of the community contribute immensely to the development of the family. But the decision-making capacity of the women members is very low, as result they are unable to use their hard-earned money independently and depend on the husband's hand.

6.14 Political Status of Mankirdia Women

Women members of the community understand politics but never show the explicit eagerness towards active politics rather remains passive participants. They rarely use their thoughts on political events around the state. Many times, they follow the instruction of their male members or village head at the time of the voting. The existing political system has distrusted the innocent tribes, so they are not in a position to believe the words of political leaders.

The continuous exploitation and negligence by local political leaders towards their development distrusted them. So, they have very little faith on political leaders. They know that the leaders come only during the election time and give false promises and never work for their development. This time they decide to cast their vote if the candidates promise to undertake their village development work. The political participation and voting behaviour of the village follows the religious line. Most of the Mankirdia women hardly show any interest in giving their vote. This is possible only when their village head or male member of the village tells them to vote. But nowadays they are becoming aware about the political parties.

It was found that, they neither contest in local level elections nor parliament seats. The voting pattern was different in study villages. In Dengam village they follow the ideology of the opposition political party while Kendumundi village follows the ruling party ideology. The political maturity also varies in two study villages' i.e., In Kendumundi it follows the benefit line whereas in Dengam village people follow the religious line. It was observed from the study villages that those women actively engaged in Self Help Groups (SHG) and other active organizations develop more political understanding than the rest of Mankirdia.

Figure 6.4: Self Help Group and Village Meeting

Besides, the economic conditions also remain better than others. Moreover, interpersonal skill brings a change in their behavioural pattern. Saran, Singh, and Sahu (1999) have mentioned that Self Help Group (SHG) members and other frontline organization members have good scope to excel in the political field. Also, Narayanan (2003) has argued that the active participation of women in the developmental programme brings a positive result for them. Moreover, certain studies have shown that the existing social system many times acts as an obstacle for the political empowerment of the tribe (Krishna, 2003; Zimo & Chopy 2018). Furthermore, the supremacy of the women of Mankirdia in the field of politics is not present even not in their traditional institution as well. As per the field experience of the researcher is concerned, it was found that women members are not seriously taken politics in their life because of heavy domestic work burdens and lack of requisite skills in political activism. Hayden has also stated, the low social status in the domestic and political field increases the stress level among the women group. The techno-ecological role also influences their ritual and shamanism status of the women

6.15 Mankirdia Women's Religious Status

The status of Mankirdia women is very negligible in the religious realm. In a few cases it only shows their symbolic presence in religion. In the earlier form of religious life, they had passive religious functions. Many times, they were exploited by the strict religious codes and norms. Presently it is quite flexible for Mankirdia people and especially for women. The old religion remains just as a symbol and they are more interested to follow the new one. The religious sphere is divided into two groups i.e., Christian and Hindu. The older generations are the followers of Hindu and nature worshipers and the younger generations are converted to the

Christian religion. The new religion provides equal space for Mankirdia, which was not possible in the earlier religious system.

Figure 6.5 Religious Role of Women

Now they organize regular Sunday meetings and make awareness among their community. For which they take informal training from the pastor. The pastors are working hard to change the living condition of the village people. They have great importance in the day-to-day life of Mankirdia. They believe that the mere presence of a pastor in the village brings happiness which wasn't possible earlier. Most of them were dying by disease, accident, and injury. Presently they haven't faced such incidence since the arrival of the pastor (Subas Mankirdia) in their village. There are many contributions of the pastor towards the development of the community. The important contribution of pastors was stopping the alcohol drinking habit among the Mankirdia. Because of that only, they were dying and engaged in inter household-conflict. They were not in a position to take care of their health and family. Sometimes they beat their wife and children. Now, these problems have stopped because of Christianity.

Every individual has an equal chance to be a religious preacher if he/ she behaves well and maintains a decent and honest life. He/she can lead to religious activities. They control the activities of the Church, prepare every Sunday meeting and call others to attend the Church. If somebody falls ill, they pray to Lord Jesus to cure the diseased person. The Church acts as the socialization place, in which women take an equal role like male members of the village. But in the Dengam village, the picture is quite different because their development is still in a very elementary stage. They are on the verge of Christianity or the process of change and followers of mixed belief. The older generations of women believe in traditional religion and the new generation follows the Christian faith. The women also equally organize and participate in prayer

and lead many functions. They arrange a grand meeting on 25th December every year in the Church and also invite many Pastors from other states and districts for organizing lectures.

The concept of purity and pollution has remained one of the inherent power inequalities and discrimination for women. This is a reality which applicable to both religious believers. For instance, menstruating women or girls are not allowed to touch, enter normal household work and religious. Moreover, they are also not allowed to touch their hunting implements, because they believe that it brings unsuccessful in games. In addition, the status and power of religious places are also different from male members to female and priests to ordinary members. In the earlier religious and political arena, women had no way to lead or be active or not given any important place like a priest, head, or pastor. It shows a gendered division and power hierarchy system within the religious realm of Mankirdia. Also, women of Mankirdia play a secondary role at the time of Sunday prayer and other religious ceremonies.

6.16 Mankirdia Women's Role in Health Care/Service

Mankirdia women contribute to every field for the development of their family and community. There is a saying, that a machine can take a rest, but not a Mankirdia woman. The work field may be different for them, but their inclination towards work remains impassive. However, a major portion of the responsibility of the family is completed by the female members. They are the first guide of their family members, who can understand the emotional needs of the person or patient of the family more than a doctor. The Mankirdia women role in the health service is pivotal**.**

It is observed that most of the members irrespective of their gender, consult first to the women member regarding their illness. They inform Dai Budi[133] and some other older women of the community. When they are unable to provide a solution then, they refer to the male healer of the community or an experienced member for diagnosis and treatment. They are the first members of the family who understand the symptoms of the diseased person and goes to the Dai

[133]Dai Budi is the local term used for a old and experienced women of the village and her command over medicinal plants and look after the women disease related issues.

Budi of the village for Desi[134] medicine. They consult with their village healer, according to the severity of the diseases. In addition, many diseases are treated by herbal medicine, i.e., joint pain, back pain, digestive problems, etc.

The government health service is the last choice for Dengam Mankirdia. Women members were less oriented towards allopathic medicine because of their strong belief in their system and the distance of the government health centres from the village. They care for the sick person as well as the normal members of the household. Many times, household burdens force them to abstain from their normal work pattern; as a result, they suffer many health issues. The overall household burden of the family is more for women members of the family rather than male counterparts.

The extra household work created disease among women members. This is also one of the reasons for their poor health status. They suffer food scarcity and the extra workload which makes them more vulnerable. Despite this pressure, they work as frontline caretakers of the family members. It was observed that Kendumundi village women are more aware than Dengam and take different health practitioners' advice to cure the diseased person. It may be traditional care, modern care, or private practitioner; they come out as the first aid facilitator for the sick person of the family.

Care of Elderly and Children

Old age is a universal phenomenon. The correlation between old age and diseases is not seriously viewed by the Mankirdia people. There are three major variations marked amongst the old age of the Mankirdia community, i.e., one section belongs to an independent group and contributes to the economics of the family, the second group keeps command on group life or community life and the third group belongs to the dependency group. The perception of old age is quite unusual for Mankirdia. Because they don’t believe that age can only bring old age, but the physical disability of a person brings old age. Amongst these three groups, the last one, which is regarded as dependent, on a family member, and in the case of a widow having no

[134] Desi medicine is the local concept used for Mankirdia medicine.

husband and son, they suffer more than other groups. It was observed that the environment has a direct impact on older age, health because they suffer hopelessness and helplessness.

The leisure time of elderly persons of Mankirdia is not properly used. Due to their changing occupational structure, the role of older people is rapidly changing. The major health issues of old age persons are back pain, joint pain, eyesight, hearing loss, indigestion, urinary trouble, anaemia, etc. Most of the time old age and young Mankirdia show apathetic attitudes towards diseased persons. Also, the illiteracy and ignorance of Mankirdia many times complicate their health problem. Besides the older generation, feels insecure because of the less economic contribution and mental stress.

Fig:6.6 old and child care

Figure no. 6.6 shows the mother's care towards her child. It is mentioned earlier in this section, that woman is an integral part and parcel of the family's health care system. The socio-emotional service can only get through women members of the family. They have special care towards children, as male members engage less in a family matter. Because they remain busy in other important work (forest collection, hunting, and wage labour). Subsequently, they have very little time to spend with family members, particularly with children. Women are much closer to their children because of their caring nature and spend quality time.

The grown-up children remain separated from their parents and children. Women members play a lead role in the social support and socialization process of the family. The children are precious jewels for them. So, the children's health problem is taken seriously.

Besides, they also provide care to the sick person and old members of the family. The health services of Mankirdia depend on a diverse approach. They are watchful and provide socio-psychological support to a sick person that gives them relief from suffering. It was also observed in the study villages that the single-family, i.e., widower and widowed or separated from family suffers more than joint family members. It signifies the role of the family in health care or services. The role of women in health care and services provides preventative and rehabilitative support to the sick person of the family.

6.17 Forest and Mankirdia Women's Health

Figure 6.7 Forest Collection

Plate no 6.7 shows the relationship and dependency between forest and Mankirdia women's health. The above picture cites two important situations; one is the collection of firewood and the second one is medicine preparation for child disease. The environment has a significant role in the day-to-day life of Mankirdia. Most of the basic needs are fulfilled by the forest. It gives them food, raw material, shelter, drinks, and livelihood opportunities. They swear more than men in collecting forest products. The livelihood mostly depends on the forest that is mainly women-centric. They use non-timber forest products like fruits, flowers, herbs, roots, and animals are used for medicinal purposes. The dependability of the forest has reduced to a certain extent. In Kendumundi village, they use an alternative source to reduce the dependency on the forest.

It was found that women member of the Kendumundi village engage in wage work, i.e., forest department and private household work to supplement their family's sustenance. Now days the dependency on forest resources is regularly decreasing, so they have to travel long distance forest to collect their daily household needs. Due to this, they do extra physical labour, which affects their health. In case of Dengam village is concerned, they depend on the forest as their prime resource of livelihood. Forest resource is not sufficiently available around the Kendumundi village and the regular checking or interference of the forest department staff has reduced their chance to use the forest resource. As a result, they have to go far away from their habitat to collect the firewood and many times neglect their health and suppress their ailment. Besides, the use of firewood for cooking is gradually decreasing in the study village particularly in Kendumundi village.

Few households have benefited from UJALA scheme of the central government. But most of them are not regularly using the gas; the reason is lack of proper knowledge to use and fear of accident. They use gas in the time of scarcity of firewood and rainy season. The use and dependency of the gas between the two villages also vary; it was observed that twenty-five households used gas facilities in the Dengam and fifteen households had the facility of gas connection in Kendumundi. The usability of the gas was observed more in Kendumundi village than Dengam village. The main reason is the availability of firewood and awareness among women Mankirdia. The overall dependency of the Mankirdia is more on firewood rather than other sources. The use of firewood affects women's health. The smoke of burning wood has been more often responsible for cough, respiratory and eyesight problems among women.

This is evidenced from Dengam village that, most of the tuberculosis patients are women and those are engaged in this kind of household work. The workloads of women increase during rainy season, so they face a shortage of dry twigs, branches, and cow dung cake. As a result, they have to spend long hours traveling to collect firewood. They also do their normal household chores and work in the fields. This left the women with little or no time for rest, which affects their health. All these efforts incur an excessive workload on women. The extensive cutting of trees, the distances between the villages, and the forest areas have increased certain disease

burdens i.e., tuberculosis. Besides the remoteness and lack of amenities which has forced them to walk long distances to search for minor forest produce.

In this rapidly changing milieu, they have to confront an extraordinary workload. The working hour is more than the male members of the family. Apart from their daily household responsibilities, they also have to contribute with men in the family income. For that, they take additional workload in their advanced stages of pregnancy. The injury of Mankirdia women is not adequately compensated due to the non-availability of non-timber forest products and a decrease in food grain production. The destruction of traditional herbs through deforestation and lack of access to western medicine has made matters worse. Besides the presence of chronic malnutrition and additional workload since childhood results in physical weakness, arthritis, tuberculosis, stomach disorders, etc (Menon; 1995; Patnaik, 2015).

6.18 Health Issues among Mankirdia Women

The disease burden of the Mankirdia women shows that most of them suffer from fever, malaria, back pain, reproductive related disease. Reproductive health indicates issues like barrenness, childbirth, family planning, abortion, female sterilization, and the use of contraception, etc.

Barrenness (Banjhi)

In case of the bareness of the Mankirdia women, they need to take bathe for seven days using Kala Durdura Daru[135] flower and honey for reducing the problem of barrenness (Banjhi). The main reason for this barrenness of women is the physical incapability of the couple and the wrath of the ancestral deity. But both reasons are important for them.

[135]Kala Durdura Daru (Leptopelis omissus) flower is used for preventing bareness.

Child Birth

For easy childbirth, they use the root paste of Satabari Daru[136]. Root paste is externally used on the abdomen of the women. Besides a few of them are also use Mahua flower[137] seed Karanj oil[138] on the abdomen of pregnant women for easy delivery.

Family Planning

Family planning is not an ideal practice among Mankirdia women. As their population is very low in the state and in the study villages, there is no need to adopt this method. But many of them cited due to the extreme level of poverty, they sometimes choose to adopt the family planning method. There are a total of sixteen women who adopted this method. The surprising thing is that all are women members, not single male members adopt this method. They have a belief that, if male members adopt they would lose vitality and strength that affects their livelihood sustenance. So, they don't prefer to adopt this method.

It was observed that they use Neem[139] and Karanj oil at the time of intercourse to avoid pregnancy chances. Besides they also use Betel leaves[140] and root that is taken orally by both male and female members to avoid untimely pregnancy. These are some of the important indigenous methods applied by Mankirdia for family planning.

Abortion

Mankirdia people generally don't abort their foetus. Childbirth is considered as a God-gift which brings happiness for the whole community. So, they never opt for this kind of option. But few of them said, in case of adolescent/unwanted pregnancy, they used to abort using some indigenous medicine. They use a mixed juice of Dimbiri Daru[141] and Babula Daru Bark[142] that is taken by the patient for five days.

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[136]Satabari Daru (Asparagus racemosus) paste is used for easy birth or reduces abdomen pain.
[137]Mohua flower (Madhuca longifolia) is used for easy delivery.
[138]Karanj oil (Millettia pinnata) is also used for easy delivery.
[139]Neemba (Azadirachta indica) oil is used as indigenous method for family planning.
[140]Pana Patra (Beetal leaf) root is orally taken to reduce family size by the Mankirdia.
[141]Dimbiri Daru flower (Ficus Racemosa) juice is used to abort the child.

Menstruation Pain

Mankirdia women use juice of Kadla Daru[143] flower (two teaspoons) twice a day for a week to treat this problem. They rarely take any allopathic medicine to treat this kind of health issue. They hesitate to disclose their sexual related issues with outside people. So, they prefer to consult with their community healer and Dhai Budhi, who is the informal in-charge of women's health in the village. It was found that most of the Mankirdia women are less about menstrual hygiene. Besides, the family status of women prevents them from using modern facilities like sanitary pads and other health-related materials. Majority of them use old cloth for menstrual hygiene. Many times, they face severe infection because of these unhygienic practices. So, they are helpless because of their poor economy, low level of literacy, lack of proper awareness about menstruation issues, which brings many unwanted health issues for them.

Case Study I: Menstruation Cramp (Mani Mankirdia)

Mani Mankirdia, 24 years old, lives in Dengam, was suffering from an irregular menstrual problem for one year. Also, she had an issue of lower abdomen pain. She believes the disease was manifested because of malevolent spirits. But she had no idea about the problem. Therefore, she took the help of village Mati (Spirit Healer) and the healer gave a locket to her, which was, combined with selected roots and mantras.

In addition, the healer advised her to utter those mantras in the morning time. Along with that she was given medicinal juice to drink thrice a day for one month. The ritual completed with a promise before God, that she would give a fowl if cured from her suffering. After a few months, Mani cured from those health issues and sacrifices before the God. Due to lack of sufficient mother’s milk, children suffer many childhood diseases. Therefore Mankirdia women are also concerned about the problem and find out various indigenous means to supplement the scarcity of mothers' milk. For that, they use a mixed juice (Half glass) which is made out of

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[142]Babula Daru (Vachellia Nilotica) fruit is also used to abort the child.
[143]Kadal Daru flower (banana) flower juice is used for reducing menstruation pain

Bhuinkakaru[144], Shatavari and Hariharika Daru[145] leaf (Asparagus/wild pumpkin) for two weeks to increase mother's milk.

Enhancing Milk Production of newly Mother

The new mother suffers from milk deficiency due to a lack of nutritional and vitamin food. So, the newly baby abstains from proper breastfeeding at the time of birth. Also, they rarely use market made milk powder to increase food deficiency and milk production. But few of them use some modern means of baby food (those who capable buy it).

Abdomen Swelling

After childbirth, most of the new mothers face the issue of abdominal swell. In order to overcome this issue, they use herbal paste which is made out of Malati Daru[146] and goat milk (Aganosma heynei). They take two teaspoons of mixed paste with water/goat milk once a day for one month to reduce the suffering.

Removal of the placenta after Childbirth

They use Pedakoni Daru root[147] (Abutilon Indicon) to reduce the pain after childbirth and remove the placenta. Besides, they take this herbal medicine twice a day for five days to reduce the pain of the new mother.

Prevention of postnatal complication

Mankirdia women suffer many postnatal complications because of nutritional deficiency. In order to overcome such an issue, they use a paste of Kulthia Daru leave[148] (Tephrosia purpurea perse) to reduce postnatal health issues. Also, they boil the same leaves and mixed with honey, take twice a day for one month to minimize the pain.

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[144]Bhuinkakaru (erminalia ferdinandiana) fruit is used to enhancing the newly mother milk.
[145]Hariharika Daru (Euphorbiaceae) leaf is also used for enhancing the newly mother's milk.

[146]Malati Daru (Aganosma heynei) root paste is used to stop swelling of abdomen due to childbirth.
[147]Pedakoni Daru (Abutilon Indicon) root is used to reduce childbirth pain.
[148]Kulthia Daru (Tephrasia purpuria perse) leave is used to reduce the of postnatal health issues

Case study II: Abdominal Pain

Rojalin Mankirdia aged 27-year lives in Dengam village. She was suffering from abdominal pain and fever after her second child. First, she took some home remedies to cure, but could not get success. Therefore, she consulted with Ojha, the traditional herbalist healer of the village. He gave her some dry root powder to eat thrice in a day. The total cost of her medicine was Rs.220. Besides, he advised her to follow some food restrictions. After taking the medicine for one month she was cured. Earlier to this, she had taken some medicine from a private practitioner of the village but wasn't cured. However, she is unable to think of modern treatment because of her poor economic status. She also said that this kind of health issue is generally addressed by their community healers. In case they fail to bring success, then they prefer a private practitioner instead of a government health service.

Nutritional deficiency Diseases

The nutritional issue is more among Mankirdia people in study villages. The main reason was the higher dependencies on government mechanisms (ICDS and PDS) and lower self-food production system, which created food scarcity for Mankirdia. The pregnant and lactating women are getting foodstuff from the Anganwadi centre. They have mentioned that the amount of food is insufficient for fulfilling their needs. Majority of the Mankirdia women complain that they are not getting the sufficient food quantity from Anganwadi centre and ration card at the time of fieldwork. As a result, pregnant and lactating women suffer from food deficiency. They are known for laborious work, many of them work without food, which seriously affects their health.

The important issue is highlighted by the Mankirdia people that the food facilities, which they are getting under Below Poverty Line (BPL) is not sufficient to meet their monthly expenditure. So, they have to buy extra rice from the local market. Earlier Mankirdia were getting 30kg and 35 kg rice per household. But currently, they are receiving just 5kg per individual member of a household. This system is badly affecting their food necessity. Due to all these issues, women suffer food deficiency which brings issues like iron deficiency anemia and low hemoglobin count. The local health care professionals Auxiliary Nurse Midwife (ANM) and

doctors of primary health centre Kendumundi and Dengam village have mentioned that Mankirdia suffer anemic problems because of nutritional deficiency and hookworm infection. Also, many of the children and pregnant women suffer underweight issues and dietary deficiency in earlier childhood that affects their adolescent health as well.

Case Study III: Malnutrition issue (Bhola Mankirdia)

Santunu Mankirdia age 7 years, son of Bhola Mankirdia lives in Dengam village. Bhola Mankirdia's livelihood depends mainly on forest-based and wage work. He is one of the poorest men in Dengam village. He has three children, Santunu is the youngest one. As reported, malnutrition is one of the major causes of poor health. Most of the time their family suffers from food scarcity, as their income-generating capacity is very low and the amount of rice they are getting from the government Public Distribution System (PDS) is also not sufficient enough to provide them food security. Therefore, they need to buy extra rice from local shops. They are unable to buy food grain from the market because of low purchasing capacity. So, they remain starved or eat less than their required food intake. When Santunu was suffering from diarrhea his father brought herbal roots for him, from a local healer (Brahma Mankirdia) to cure. Though he was cured of that disease, after a week again, he suffered from bodily pain and was taken to primary health centre Khunta II.

The doctor diagnosed and found that he was suffering from weakness. Therefore, they are advised to take sufficient nutrients food. Santunu knew about it, unable to provide sufficient nutrients for food, because of their poor economic condition. This shows the plight and sorrow of the Santunu's family and more important is, how the system unable to provide basic human rights.

6.19 Pregnancy Ritual of Mankirdia Women

Pregnancy and motherhood is one of the important cultural realms in Mankirdia society. They celebrate it as a major function in their society. In order to make childbirth safe and secure, pregnant women are given strict advice to follow. They give importance to three things, i.e., spirit-world, evil-eye, and their deleterious effect coming from human beings, lastly those

intended to avert from physical forces. The first precaution is taken jointly by both husband and wife and the last two pieces of advice are taken by women alone. Besides, the close neighbour of pregnant women takes precautions to avoid any kind of infection from women.

During pregnancy period, families are not allowed to give any sacrifice to their spirit world and allow invoking the spirit during that period. They never give any sacrificed animal to pregnant women. Even the husband of the woman is also not allowed to eat the head of the sacrificed animal. If they break this rule, they have to be fined by the village head. Because they believe such kind of breach brings misfortune in hunting games. They are very much conscious about the harmful impact of sexual relationships during pregnancy period. So, they strictly prohibit any kind of sexual relationship with a pregnant wife. Few of them have also mentioned that there is no harm in sexual relations at the initial period of pregnancy.

But in the approaching stage of pregnancy, they abstain from such a relationship. The important part of pregnancy is abstaining from a sexual relationship. It has also mentioned by some of the elder Mankirdia of the village namely Soren, Doli, and Lenka, Jarka Mankirdia of Kendumundi village, and Jaipal, Brahma, Manglan of Dengam.

They don't want to create problems for their child having sexual relations during that period. This is not moral to have sexual relations with a pregnant wife. However, it depends on the husband's wish. There is no hard and first rule related to this. It was observed that young Mankirdia differs from their older version. They tell that the initial period has no problem but in the late period of pregnancy, the child and wife remain in danger. Moreover, they are advised not to sit in the open space or courtyard, where the spirit lives.

They believe, if a Chini[149] bird flies across the body of pregnant women, the probability would be stillbirth and deformed of the child. They also fear that the bird can cause injury to the limb of the child. Besides, the pregnant women are not allowed to go on the streamside, where the pregnant women died, if she goes there would be chances of spiritual attack and in case of

[149]Chini is local name of a bird, which causes disability and stillbirth. If the bird flies across the body of a pregnant woman there will be chance of stillbirth.

evil-eye, the women generally cover their womb when they go outside of the house. They give strict instructions to pregnant women to avoid seeing and touching any human dead body and seeing the funeral pyre. She must close the door of her house, when dead bodies go on within sight of her house. Apart from these precautions, they are advised to keep close the door of house when they see light and thunder passé through the Tanda or close to their house. These are important restrictions or avoidances for pregnant women, to keep a child safe from natural and man-made problems. Besides, they also take immunization like D.P.T, polio, and anti-tetanus injection to prevent future disease.

Earlier they were not allowed to deliver the baby in the hospital and mostly conducted at home (a separate leaf hut, which is made for pregnant women). But presently the younger generation women prefer to complete the delivery process in the hospital only. Nowadays they are getting aware about the benefit of institutional delivery (financial benefit is one of the major stimulants for institutional delivery among the Mankirdia) and prefer to take modern medical facilities for the safety of the baby during the delivery. In addition, they also used many indigenous medicines after delivery.

Understanding labour Pain

The labour pain is a mixed phenomenon for Mankirdia that includes natural and supernatural incidents, which is addressed by the spiritual healer (Mati). They believe that the labour pain of women happens because of two reasons, i.e., sexual misconduct, and the evil-eye. To keep the women safe and neutralize their labour pain, they initiate some magical rites and try to please the spirit. If the magical method fails to bring any positive results, then they apply the ghost finder or take the help of Mati. He is the spiritual healer and specialist of ghosts and sacrifices fowl and hen to the spirit, who is supposed to create a problem in delivery.

Further, they have a common belief that if a woman during her pregnancy period, unfortunately, closes the covers of an earthen pot with mud or other similar substance those covers are taken out immediately. If she closes any holes in her house, then the holes are opened up again. These are symbolic expressions and have their meanings like the earthen pot is symbolic of a pregnant belly and the holes are seen as the passage for the baby to come out.

Therefore they keep these passages open for smooth delivery. If all these techniques fail, then handfuls of rice are waved on the head of the pregnant women, in the name of successively of each supposed witch and then fry the rice in an earthen pan.

If all these efforts fail to bring relief from the labour pain of women, then the midwife is called on and tells her; to mentally name the person who might have been a conspiracy against the pregnant women; he may be the father of the child in the womb, and each name some rice is thrown at her head. They strongly believe that once the adulterer's name comes out the delivery takes place. They also cited that ancestor-spirits create labour pain in pregnant women, to avenge her guilty in this way. They believe that if all these methods fail to bring relief to the pain, then they tell Mati the ghost-doctor to find out the exact spirit, who causes a delay in delivery. Then he finds out the particular spirit and accordance of spirits position the sacrifice given and the delivery takes place.

Understanding Sex of the Unborn Baby

The indigenous people have their alternative world view. There are existing arguments on the knowledge and cognitive power of the tribes. But there are hardly any efforts which have taken to realize their strong instincts and knowledge. Mankirdia also follow their natural and scientific knowledge in many important fields like knowing the sex of the unborn babies of pregnant women is one of it. They never go to the hospital to test the sex of the babies, but use their long-standing experience. The identification process of the sex of the unborn follows a very easy process. They can understand from the size of pregnant women’s abdomen: if the size is small then she delivers a male child; and in case of a big size, women deliver a girl child.

According to the Teengda and Sanatri Mankirdia, if the pregnant women grow thin during her pregnancy, then she would deliver a male child and in case she grows in a healthy body then there would be the chance of a female child. In addition, they also apply another method to know the sex of the child by identifying the number of blackish knots in the umbilical cord are supposed to an indication of the male child the women would deliver; and in the case of white knots, the female children are born. Moreover, they also follow some other methods like if

a woman takes more Saptali[150] fruits during her pregnancy, she would bear a male child. These were traditional methods followed to know the sex of the unborn baby.

Delivery Practice of Mankirdia Women

According to Mankirdia people, they make a separate door in a hut (traditional house of the Mankirdia people) for pregnant women. One end of the hut was separated to serve as the lying-in room where the delivery takes place. When pregnant women's labour pain starts the male member leaves the hut immediately because their presence is supposed to create a problem for delivery. After the birth of the new baby, a new door was opened at the end of the hut for use by the delivery mother for a certain period. They never use the old door because of an old belief that if they use it there would be misfortune for their family, i.e., their domestic animal or family member might be falling ill or meet with an accident.

The pathways of new hut close by branches of the tree in such a way, so that the shadow of the delivering mother would not be touched by the neighbouring member of another hut. It would prevent them from being polluted by the shadow of the delivering mother. The midwife (Dudual Budhi)[151] burns the branches of the hut after seven days of the impurity period. According to Brahma Mankirdia there is no hard and fast rule to erect a new hut by the family member. Some clans of their community don't build a new hut, but separate the same into two parts; one was given to a pregnant mother for delivery. It came to the notice during fieldwork that some Uthla[152] Mankirdia groups never take outsider's help for the delivery of the baby.

Even nobody visits them, nor do they prefer to call on another member to come during the period of delivery. They don't prefer separate rooms for delivery but keep a corner of the room.

[150]Saptali is a local fruit which eaten by pregnant women for male child.
[151]Dudula Budhi is the local term used for midwife in the Mankirdia community.
[152]Uthula is the second category of Mankirdia tribe, those who live as settler life.

6.20 Women's Role in Pre-natal and Postnatal Care

Mankirdia understand the importance of prenatal and postnatal care at home. They follow certain restrictions such as the reduction of workload, food habit practices, ritual and external contact, sexual relation etc. to care for pregnant women.

The initial step is to know Mankirdia women's awareness about the antenatal check-up. It was found that most of them are not serious about the importance of the prenatal check-up. The second important aspect was the consumption of iron and folic acid tablets. Majority of the pregnant women expressed their unwillingness to take it, as the smell of the iron tablet is not good. They had also feared that, it increases the weight of their foetus and might be problematic at the time of delivery. Many of them said, they feel uneasy after taking that tablet, so they didn't prefer to use it. Therefore, they were suffering from anaemia; weakness after pregnancy, and their foodstuff were also lacking to provide the required quantity of nutrients.

In addition, it was found that earlier Mankirdia were taking alcohol during pregnancy and suffered many health issues. But nowadays they are more concerned about the importance of new babies' health, so they are not taking alcohol during pregnancy. It is observed that the Kendumundi Mankirdia women are strictly prohibiting alcohol but in the case of the Dengam village, some women are secretly taking alcohol. Besides, it was also found that Mankirdia women were not interested to allow the entry of local health care professionals i.e. staffs of the Integrated Child Development Service (ICDS) and Auxiliary Nurse Midwife (ANM) to check up the abdominal size of the pregnant women, because they believe that if any outsiders touch the abdominal side of the pregnant women, then there would be a chance of stillbirth. Presently, these kinds of behaviour are rarely happening among the Mankirdia.

During fieldwork, the researcher has found two such cases. The resistance of Mankirdia women towards health workers has been decreased to a great extent. This is possible because of their increased awareness about health-seeking behaviour. Further, the food intake and delivery place was also varied between the study villages. The Kendumundi village women presently are adopting the institutional facilities, while the Dengam village delivery systems are depending

more on tradition. In the case of the food intake is concerning, they don't take it seriously as observed in both the study villages. They give normal food to pregnant women.

But generally, they avoid cold foods and non-veg food items during the pregnancy period and after delivery as well. They avoid eating pumpkin, watermelon, coconut, banana, jackfruit, and many other plant fruits as well. Further, the place of delivery is also influenced by their traditional deity; they have a belief that if they do deliver in their leaf hut, it will be safe from an external force and the new-born remains in good condition. Otherwise, the new-born baby might be dying. This is also an important cause to prefer traditional means of delivery. Presently the traditional belief relating to the place of delivery has changed to a great extent.

Earlier they used a separate Kumbha, a leaf hut, for the delivery process. Also, they divided one room into two; one was reserved for delivery and another one for common household use. In current times, the use of separate leaf huts is rarely found. Majority of them have adopted mixed traditions. They have mentioned that some women take an immediate bath after the delivery and some others take it later after the delivery. Also, few of them take bath twice a day.

There is no hard-and-fast rule related to bathing. It was found that the new mother wash their private parts at the same time of delivery. A mother can wash her hair twice a week and at regular intervals. A young woman says "we are always advised to take a bath regularly and twice a day in that period". They have changed to a great extent in the present time. Nowadays young mothers are very much concerned about their health and hygiene. They regularly take bath after delivery. In addition, they also use different detergent powder to wash their used clothes. Besides, they also wash their heads between three to the five-day interval after the delivery, which was not possible in early cases (Traditional Birth Attendant, Dengam Village).

Personal cleanliness

The majority of women use old cloth and sanitary pads during their menstrual discharge. Most of them use water and some detergent powder to wash their private parts. In the case of institutional delivery, the mother generally follows the instruction of the nurse. However, some

of the participants also mentioned that they use Sabun when experiencing some odious discharge from private parts. Additionally, the rest of them use unclean napkins.

Breast Feeding Practic

Mankirdia women are concerned about the importance of breastfeeding. The concept of prelacteal milk is not known among Mankirdia women. But they are very much concerned about the significance of the first milk of the mother for a new born baby. The first milk of the mother or the yellowish milk (colostrum) is usually taken care of and given to the infant. One of the youthful mothers from the Mankirdia community said that they give significance to the first milk of the mother. But in case the mother suffers from milk deficiency, in that case, they use goat milk. Most of them use mother's milk, which is very important for new-born babies, and advise mothers to practice so. A new-born is wrapped with a warm cotton fabric and kept near the mother. The child is breastfed in regular intervals (three hours). Most of the Mankirdia women say that the infant is given the mother's milk after 30 minutes of the birth. The normal duration for breastfeeding is six months to one and a half years. But the majority of them say, it continues for two years of age.

Mother and Child Care

Motherhood (Harpo) and fatherhood (Harpan) are significant rituals for Mankirdia society. In order to keep the new mother and child safe, they follow several daily social norms. These are such as; the new mothers are not allowed to work for 12 days and are supposed to remain inside the Kumbha. During this time Daduli Budhi takes responsibility for mother and child. She also sweeps the room and cleans the clothes of the mother. If the mother is weak, then she also helps the mother to bath and massage oil on the body of the mother to become strong. Also, she prescribes Arakhi Mada[153] to recover from the pain. After delivery, the newly mothers are not allowed to take certain types of food for their health. Besides, the dry fish, water-rice, and curries are not given to the mother. She is allowed to take rice and boiled vegetables for 12 days after delivery. Sometimes the mother cannot be able to produce sufficient milk for the baby; so,

[153]Arakhi Mada is small plant which prescribed by the Dahi Budhi for pain reduction of postnatal care.

in that case, an herbal root is known as Dudumola[154] is prescribed for the mother. The root helps the mother to increase her milk. On the 12 days, a purification ceremony is held. After the ceremony, the mother and the child are allowed to enter the house. In this ceremony, Baduli Bhudi cleans all the clothes of the mother and baby. The house is also clean with cow- dung. The mother and child, therefore, enter into the house in a complete purificatory state. The mother never starts the household work for 15 to 20 days until completely well.

The baby is very soft and delicate for a Mankirdia mother. They massage Kusum oil on the body to make the baby's bones stronger. It is seen in the study villages that the mother daily massages Kusum oil[155] on the body of the baby and allows them to sleep on the verandas to get the sunrays. The baby was never allowed to take bath in tube well water. The nail warm water is used for the bathing of the baby for three months. Physical cleanliness is essential for the baby; no soap is used for bathing only with the help of a small napkin baby is cleaned. The baby is given boiled water to drink. Many times, it is observed that the cold and cough are the basic disease that attacks the mother-child. In that case, the mother has prescribed to take honey and the juice of black Tulips to cure a cold. No herbal medicine is given to the child at this stage.

Prolonged breastfeeding is a common feature among the Mankirdia women which continues for 18 months. There is no fixed or regular time for breastfeeding for a child. It often coincides with the food timing of the adult and baby. The baby depends only on the mother’s milk for seven months. While the baby starts sitting, they are given rice, dal, and vegetables, etc. It was found that a child takes the mother’s milk until the mother again conceives. They use a thin cotton cloth loosely that is wrapped in, to avoid cold and the unhealthy wind that harms the baby. In the winter season, the fire is lit all through the day and night and the baby sleeps nearby. Some of the infants were allowed to wear the cotton shirts from six months, but most of them remain naked.

Before 1991, the immunization process was absent among the Mankirdia. So, the infant mortality was increasing during that period. Most of the neonatal deaths were caused due to the

[154]Dudumola is a plant used for increasing milk production of newly mother.

[155]Kusum Daru oil (Schleichera oleosa) used against skin disease. In addition this is also used for malaria and ulcer patient. The parts like bark, seeds and twigs are used disease prevention and curative purpose.

lack of mother's milk from the first three days. The removal of the umbilical cord of the mother sometimes leads to the death of the new-born. Further, death is also caused due to external infection and unhygienic feeding. This problem was solved to some extent when the hospital was established at Kendumundi and Dengam Village in the year 1984 and 1991. A door-to-door survey was organized to convince people about the importance of the immunization process (Primary data, 22/02/2018).

6.21 Major Factors of Reproductive Health

The reproductive health of the Mankirdia women is determined by many biological and socio-cultural factors. The biological factors are marriageable age, literacy, conception, menarche, live birth, and foetal loss or stillbirth. The majority of the Mankirdia menarche girls are 12-14 years. Sometimes it is observed that girls below 13 years of age get the first menarche. The marriageable age of the Mankirdia girl is also varied between the study villages. It was observed that the age of marriage in Dengam village is 14-16 years age which is slightly lower than Kendumundi village. The practice of child marriage is also the best example of that; this is only present in Dengam village. However, in Kendumundi village the marriageable age of girls is 16-19 year. It is also mentioned that education and practice of child marriage are closely related to each other. The second important factor is the marriageable age of women, which directly influences the reproductive health of Mankirdia women. It was observed that the majority of the girls marry at the age group 16-19 and 14-16 years in study villages. They have mentioned, earlier this age bar was lower among the Mankirdia tribe.

The present situation has changed due to external exposure or adoption of the acculturation process. Das and Tarai have argued that women's fertility behaviour is not only significantly influenced by age, but exposure to mass media and other external stimulants as well (Das and Tarai, 2011). Moreover, the role of the average observed conception of Mankirdia women is 1.5 to two years. It means every married person in the Mankirdia community conceives after 1.5 years of their marriage. The researcher has come across a total of nine pregnant women, six lactating mothers, and four cases of stillbirth. The adoption of the family planning method by Mankirdia women is also one of the indicators of reproductive health. The

trend related to family planning is not impressive in the study villages. Because they have a belief that procreation and the concept of manhood are highly essential for their clan. So, they don't prefer to adopt the modern family planning method, but the reverse trend has been observed in Dengam village. Earlier they were using herbal medicine to reduce the unmet family.

In Kendumundi village, they adopt the modern method to avoid the unmet family whereas in Dengam women adopt herbal medicine for reducing family expansion. The main reason for adoption is the extreme level of poverty and family maintenance for Mankirdia people. Moreover, certain socio-cultural factors directly influence the reproductive role of the Mankirdia women; these are economic base, income, education, decision making power, and basic amenities of the family. All these factors are discussed in chapter four. The low income and expenditure of the family and dependence of the women on family members also affect their health. Women members of the Mankirdia community lack the decision-making power that affects health-seeking behaviour. They are given equal status in the social field, but their economic power is marginalized within the leadership of the male member. As a result, their reproductive and productive activities are severely affected.

The place of delivery is another important variable for reproductive performance. Earlier they used to make a separate hut for delivery purposes. As a result, the delivery process can be carried out without hindrance. Nowadays they prefer to take modern health service facilities to deliver. The main reason behind this transformation among the Mankirdia women is a government scheme (MAMATA, is a cash-based scheme for pregnant women) and awareness of the women. The level of adoption (modern health service) between two villages is different, for instance, Dengam village people lately respond to this method while the acceptance level is more and quicker in Kendumundi. Most of the women use their traditional treatment in postnatal care. It is possible because of increasing awareness among the Mankirdia people and the financial initiative of the government which has attracted them to use modern medical facilities in reproductive health issues (Data compiled by the researcher from the field, 22/02/019).

Besides reproductive health, the majority of them suffer from fever/cold/cough diseases. The second important disease is back pain. The presence of communicable diseases like malaria

and tuberculosis is less visible in Kendumundi village. But the common diseases like fever, cold, and cough are equally affected in two villages. The basic difference is that Kendumundi village women depend more on the modern health service facilities while it is vice versa in Dengam village.

The disease burden among the female Mankirdia is higher in the Dengam village than Kendumundi village. In the case Dengam village is concerned, the female members are more vulnerable.

They also suffer from several other seasonal diseases, i.e., typhoid, hepatitis A, cholera, and measles etc. Moreover, the most common health problem is menstrual bleeding seen among Mankirdia women and girls. Mankirdia believes that the late maturity of a girl happens due to the evil-eye of the spirit. In this case, worship is being made to Ala Bonga[156]. Then she cures and begins to menstruate as believed by them. Moreover, they also use different herbal roots in case of deficiency in mother's milk. They collect an herbal root known as Dud Mola[157] and mixed with food and given it to the new mother to eat. It helps the mother to increase her milk after delivery.

All these are the major disease profiles of Mankirdia women. The disease causation theory follows the socio-cultural, natural and supernatural attribution. It has already been discussed in the previous chapter. The cause of the disease mostly depends on the level of interaction of an individual with the above forces. They regard and respond to natural causes, i.e., hot, cold, and supernatural, i.e., God and the spirit world.

The health-seeking of Mankirdia women, mostly interact with nature, which they gather through lived interaction with the above stimulant. The behavioural pattern and social and cultural rituals related to daily life largely save the health-seeking behaviour of Mankirdia women. This is also highlighted by Raj and Nayak in their study. The priority of health services selection of Mankirdia follows traditional to modern (healer's medicine, private practitioner, and government hospital).

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[156] Ala Bonga deity is worshiped at the time of menstruation of a girl.
[157] Dud Mola is plant used for enhancing the milk production of a newly mother.

6.22 Impact of Mamata Scheme on Mankirdia Women Health

The women and child health in Odisha is largely safeguarded by the government health service. In this connection, it is important to evaluate the effective implementation of women and child health-related schemes, i.e., Mamata, which is meant for institutional delivery and all-round development of pregnant women and new-born children. The basic objective of the scheme is to enhance the institutional delivery practice, increase the nutritional level among pregnant and lactating mothers. In addition, this scheme also focuses on breastfeeding and complementary feeding of infants. This scheme is operationalized in all the 318 rural blocks of the State. The major beneficiaries of this scheme are pregnant and lactating women of 19 years of age and above for the first 2 live births. The compensation of Rs.5000 is given in two instalments directly transferred to the beneficiaries' accounts upon fulfilling certain conditions that are beneficial for their health and their babies. The said amount is partial compensation for wage loss of the working women to ensure that they get rest during pregnancy and post-natal care. According to the state government claim, the total beneficiaries of 38.89 lakh pregnant and lactating women have received compensation under this scheme (Odisha Review, 2011).

It was observed that Mankirdia people also get benefit from Mamata[158] scheme. They are becoming aware of maternal health and access to the government health service, i.e., especially for delivery cases. Earlier all the delivery cases were conducted in leaf hut, which was specially made for Mankirdia pregnant women. But the present situation has been changed and the awareness, aspiration, social communication has increased the adoption of modern health facilities. They are not disintegrating from their indigenous approach. But they are adopting both; on one hand, they are taking government facilities, on the other hand, they are using their system as well. It is mentioned by the local Auxiliary Nurse Midwife (ANM), Anganwadi worker, schoolteacher, and political representative. They also have mentioned that Mankirdia is more interested in institutional delivery to take the financial incentive and nutritional food facilities in the prenatal care of pregnant women.

[158]Mamata scheme is introduced by the government of Odisha, which intend to reduce maternal and neonatal mortality rate and increase the nutritional level of pregnant and lactating mother. This is a conditional cash transfer scheme.

The basic objective of this scheme is to reduce maternal and neonatal mortality and increased institutional delivery. It also provides nutritional food to pregnant and lactating mothers through Anganwadi centre of the village. Besides creating proper awareness among the expected mothers and lactating mothers is also an important objective. In the case of the Mankirdia tribe, this has brought positive results in enhancing institutional delivery and reduces maternal and neonatal death. Most of them are not properly aware about the programme and its provision.

Also, very few of them (ANM, Traditional Birth Attendant, ASHA, Health worker, the village head, schoolteacher, Anganwadi worker and those who have some education and social communication) have ideas about the programme and its operationalization and benefits aspects.

6.23 Role of Mankirdia Women Healer

The status of women healers in Mankirdia society is something different from other women. They are well recognized and respected by fellow community members. The healing knowledge of Mankirdia women brings extra attention for them. They not only assist the sick person but others as well. The role performance of the Mankirdia women healers is not specifically confined within the periphery of the illness people but acts as an agent of socio-emotional support to their fellow members. It is observed that women healers more often act as the guardian or a head member of the family, who not only focus on the diseased person, but also provide social, financial help to the family members. Giveon and Al-Krenawi have also mentioned that traditional women healers help the patients to empower socially and personally after every visit. The acceptance of the normative code of traditional healing has enhanced their health (Giveon and Al-Krenawi, 2010).

Many patients have mentioned their comfortableness before a woman healer rather than a men healer. The reason has been cited that informal communication between patients and healers are more powerful and effective rather on diagnostic approach. It means the women healers invest more time to understand the history of the disease person i.e., family background, the relationship between family members, economic condition, any dispute with the enemy, and

many more. Then women healer tries to understand the diseased person, diagnosis, and give treatment. These are the procedures followed by the women healer of the community.

There are three types of healers found in the Mankirdia community. The healer community of Mankirdia was divided into three groups' i.e., religious healer (Dhiri), Herbalist (Ojha), and Mati (spiritual/diviner) (a detail has been discussed in the previous chapter). Most of the women (three) healers come under a mixed group; it means they use herbalist and religious methods to treat the diseased person. One woman healer belongs to the religious category.

Women healers are very much acquitted with nature. They are known for their close relationship with nature and forest-based sustenance. So, they are experienced with medicinal knowledge of various plants, roots, fruits, leaves, timber, barks, and stems of the plants. Besides, they have a special role and importance in therapeutic knowledge and repositories or pharmacological ideas. Also, they use religious charm and rituals with medicinal plants to cure the diseased person.

The normal health behaviour of the Mankirdia tribe sometimes acts abnormal for another society, i.e., after delivery of an infant; a new Mankirdia mother can do their normal household work. The researcher has observed, they have no issue to go forest for their daily household work after ten to fifteen days of delivery. They learn healing practice from their elder and experienced women of the village. They are on the verge of Modo Traditionalism[159] (this is a new concept developed by the researcher to denote the mixed status of the Mankirdia or on the verge of the middle path) adopting some other system of medicine, but have a strong belief in their pharmacology knowledge.

There are certain diseases which are provided better treatment only by women healers of the community. These are rheumatism; skin diseases, pregnancy-related issues, and birth control. Women healers play a very important role in the family planning approach of the family. They use traditional medicine for family planning methods. It shows strong applicability of their indigenous medicine in the family planning method. They have less trust in the modern family

[159]Modo-traditionalism is the new concept which is used by the researcher, to denote the status of Mankirdia acceptance to modern life and continue their old one. They are neither fully modern nor purely traditional.

planning (FP) method. This is one of the examples of Mankirdia women's medicinal knowledge. In this way, they use medicinal knowledge to treat the diseased person of their community. Most of the time they use the raw parts of the plants like juice and dried powder as their main ingredient of the medicine. Sometimes they mix herbal medicine with charm or amulet to treat the sick person.

Case Studies of Women Healers

Case Study 1

Name: Kousala Mankirdia
Age:39 year
Sex:Female
Education:
Village: Dengam
Types: Herbalist/ Faith
Specialization: General

Figure 6.8 Women Healer one

Kousala Mankirdia aged 39 lives in Dengam village. She is famous in the locality and among the Mankirdia people. Besides, she is also known because of the daughter of Brahma Mankirdia, who is the healer of the village. She inherited healing practices from her Mother. At the time of the school-going age, she had been a healer for ten years. She used to help her mother in the healing process. Her mother taught her to heal sick persons. She started healing after her first childbirth. She uses herbal medicine and rituals in her healing practices and states that healing to other people is a pleasure. She doesn't ask for money in exchange for her services. Besides, she gets pleasure through this service and doesn't want her fellow men to suffer and be exploited by others.

For that, she tries her level best to protect their health through this healing practice. She also explains that sometimes she feels very tired but never gives up the movement of service to the community members. She questions herself that if she will not carry out the responsibility then who else takes care of her community members. She says that it is God-gifted work, which

she gets from the Buru-Bonga, who is regarded as a hill God among the Mankirdia people. It is a debt to serve the people. She heals because of her Seva towards her community people. She works on the idea of love. Seva means a strong passion that motivates to work good things for others. It creates affection for her community to do everything.

The social service gives her energy to work relentlessly for the community. Hence, she never takes it as a burden, but counts as a responsibility to serve the needy member of society. The concept of Mankirdia healing is quite different from the general perception. When the researcher asked her what does it mean, could you explain? She answered that any kind of difficulties a member of her society is healing to solve. She questioned the researcher. You tell me how is it possible? It is possible because "we Mankirdia people not only care about the physical body which possesses germ and bacteria but a normal human being as well". Who needs various supports so we work as multiple agencies to reach them and try to give happiness as much as we can?

If anybody needs rice, I give it if anybody needs physical labour to use in his land, I give it, if anybody wants to protect from an external enemy at that time, I also give that. So, my idea of healing is not confined to the terminology you people generally used. Consequently, she always ensures that what she does conforms to the principles of social or community service that is why she was able to fulfil her responsibility to her community. For her, inner heart pleasantness means healing and it is a way of preserving the uniqueness of society through diligent service.

Case Study II: Women Healer (Laxmi Mankirdia)

Figure 6.9 Women Healer Two

Name: Laxmi Mankirdia
Age:36 year
Sex:Female
Village: Dengam
Types: Herbalist/ Faith
Specialization: General

Laxmi Mankirdia, aged 36 years lives in Dengam village. She imitated the healing practice from her father. At the time of the study, she had been a healer for seven years. According to Laxmi Mankirdia, she heals people and cares for her community. However, the choice of people is paramount to her, if they won't take other's treatment, they are welcome and if they want to come to her for healing, she tries to help them. This is our old tradition, though we have earmarked many changes in our life, including our old practice like healings, we try to maintain or keep the old tradition. There are many ups and downs in our life, which affects this profession; gradually new entrants are decreasing. She helps people and provides the best service. Healing is a means to prolong the service for her community.

According to Laxmi, the most crucial aspect is the trust of the community of the healers. She told me that our presence is possible in our society because of the existence of the community. It is the hereditary practice, which she learned from her father. She renders the service to her fellowmen not for making money but that gives to her immense pleasure. She feels it is a duty to help the needy person of the community member. The indigenous sources of knowledge are very essential for bringing homogeneous world-view among the Mankirdia people. The metaphor of a self-centred attitude sometimes creates an obstacle to community work, so they always want to build an environment, which gives them hope and aspiration through collective sharing and integrated networks between the community people.

6.24 Role of Public Health Service and its impact on Mankirdia Women

The traditional health practice of Mankirdia women shows that in this community childbirth is a natural process that doesn't need any external intervention. Despite their well recognized indigenous health care approach. They need the intervention of the public health service in case of high-risk complications. It was also found in the study villages that the frontline health providers and traditional birth attendants (Budhi Mai) are not seriously taken into count by the existing public health service system and without a proper understanding of the safety of the women and their children. Due to the low economic status of the Mankirdia, their choice of treatment was mostly dependent on traditional medicine than public health service. Besides other societal factors like religious belief system, the communication gap (Patient and

health care providers) equally influences their health-seeking behaviour and health status of Mankirdia women.

There is a need for proper coordination between the traditional Mankirdia health system and the public health service system to strengthen the health service for Mankirdia. The accessibility of health services among Mankirdia women is very low because of certain structural barriers i.e., communication, transportation, language, and culturally inappropriate services which have created mistrust in the public health service system. Besides, the community-based livelihood source is in need of time. The basic issues are to strengthen the health services in the study villages through improving infrastructure, increasing the quality of manpower, health management, proper health policy, and more importantly enhancing their living standard, and then the idea of public health is fulfilled in the study area.

In the case of women, they are more vulnerable; they need to provide proper health awareness, nutritious food during prenatal and post-natal health care. For that public health institution like primary health centre, sub-centre, community health centre, and district hospital (PHC, SC, CHC, and DH) are properly equipped and allow active community participation in health service/care. So, it would help to address the health issues of the Mankirdia women and provide a prolonged life.

Conclusion

For continuing and existing in a society, every individual needs to engage in some type of work. The work pattern may vary from one to another, so Mankirdia women also play different types of roles according to their status in their society. The role and status of women has influenced their health-seeking behaviour. All the role performances of Mankirdia women are coordinated and complementary to each other. For instance, the status of a housewife or and healer needs a complementary interaction and communication amongst the actors. For instance, the psychologically unhappy and financially struggling wife never keeps her family happy, for that she needs a proper balance of each sphere i.e., family life, social life, and occupation.

The status and role of Mankirdia women remain pivotal in the health status of the family and the community. It was found that certain women members of the study village actively engage in the religious realm, i.e., taking the new responsibilities (pastor), and some others who hold the position of (SHG president, secretary, and member of several village committees) had extra influence in overall lifestyle. Also, the members who engage in wage and skilled labour have improved their health status. This was not normal in the earlier stages of the Mankirdia women. The interpersonal relation of women members with non-tribal has also improved their health status. Despite their varieties of role performance and contribution, they remain most vulnerable in health and other important spheres of their life. Due to this continuous negligence by their family members & community and their disapproval of their existence create a wider scope of discrimination, exploitation, and segregation.

In addition, they are disempowered in the field of education, income, political sphere, and social network. These factors have also affected their health. For instance, communicable diseases affected more to female members of the community than male members i.e., tuberculosis and malaria. Besides, reproduction related health issues are more critical for their health. For that, the maternal and neonatal mortality was higher among the Mankirdia women. Presently it has improved due to the accessibility of modern health services. However, this is not a universal picture in the study villages. The women’s disease burden of the Dengam village was more than Kendumundi village. Moreover, the disease causation factors remain the same for both women and men, i.e., natural, supernatural, and man-made. The role of Mankirdia women is extremely crucial for the well being of the community members. They are not working to benefit from the healing profession, rather act as a family member, who stands behind every crisis and provides emotional, social and financial support. They never take the healing profession as an income-generating source, rather than a Seva.

Chapter-VII

Changing Health Culture of Mankirdia Tribe

Introduction

Cultural behaviour brings significant consequences on health. The changing health-seeking behaviour can't be understood only from a general understanding of the cultural grasping but, it includes other important factors, which play a crucial role in determining the health status of the individuals. These are food habits, occupational pattern, living standard, housing structure, religious belief, and interpersonal relation with non-tribal of the locality, political participation, education, public health service system, and its impact on health-seeking behaviour of the Mankirdia. The present chapter focuses on the changing health culture of the Mankirdia tribes. The second section of the chapter focused on government policies and programme and their impact on the Mankirdia tribe. The last part of the chapter discussed the changing health culture of the tribe (impact of the public health service system). The health culture of the Mankirdia people is predominately based on herbal, spiritual, and natural world view. The present health care practices of Mankirdia community have been changed by the external agency and internal needs of the community, i.e. development policies, schemes, and influence of non-tribal of the locality. Now days, they are adopting a flexible approach in determining various health care systems (modern health services), more often they seek at the time of serious illness of the patient or when their system fails to bring any success in health care practices. Despite of all changes, they preserve their traditional health culture.

7.1 Understanding of Social Change

Change is the universal law of nature (Bhusan, 2015). Society is an ever-changing phenomenon, emerging, moldering, renewing, and accommodating itself to changing circumstances and sufferings vast modifications over time. So it is important to adopt the changing nature of society, i.e. food habits, occupation, religious world view, and other essential aspects of the society.

The social structure is dependent upon the persistence of change. Institutions are changing rapidly, for instance, the role of the Indian joint family, and the religious realm of individuals, where they cope up with new order. Some sociologists have advocated the changing nature of society, i.e. Emile Durkheim's concept of mechanical solidarity and organic solidarity (The Division of labour in Society, 1893). The simple society is based on interdependency with individuals and social solidarity while the modern society is based on division of labour and interdependency and characteristics with complex nature. Tonnies, F. (1887), has conceptualized the change, a shift from Gemeinschaft to Gesellschaft societies. Here, he has mentioned the major diversion is the strongest social bond to weak social bonds or impersonal relations that bring change in society. Further, Parson (1966, Societies: Evolutionary and Comparative Perspectives) has highlighted the idea of equilibrium theory of social change. It means change is necessary and desirable for society, which brings a new way of thinking and acting. He has also argued that the sudden change dismantles the equilibrium of society. Max Weber (1921) has also mentioned, rationalization and impersonal bureaucratization is the symbol of change in society.

Based on the above definitions and ideas, it may be apprehended that social change indicates the modifications that take place in the structural and functional aspects of the society. From a broader perspective, it can be cited as the changes occur in social patterns, social processes, and social interaction. It is a change in the normative and institutional structure of a society. In some societies, these changes are very slow while, in others changes are rapid. But no society can escape from changes. These aspects are social, political, economic, cultural, religious, and the health.

7.2: Major Socio-structural changes among the Mankirdia Tribe

Social change leads to transformation and a shift in human aspiration. This process of change involves the restructuring of the social, cultural, political, economic, and technological patterns of society. The value system may also change and allow the coexistence of pluralist institutions. Society is not made of the only set of structures, but individuals, beliefs, and attitudes. This reflects the reflective/aspects of individuals and their adoption with the changing realm of society (Acharya and Kshatriya, 2016).

Ballabh and Batra (2015) have underlined the importance of governmental and Non-governmental programme in tribal development and change. This study further highlighted the speed of change is very negligible in tribal region. The main reason of their underdevelopment is imperfect market mechanism in tribal region. The study of Sarma (1993) has argued that, amalgamation of the tribal with earlier settlers and their adoption of caste based life style, brought change in their society. Xaxa (1999) has mentioned the transformation or change of the tribal community is measured with level of affinity and non-affinity with mainstream society. All these changes bring far-reaching impacts on Mankirdia health-seeking behaviour. The process of globalization influence indigenous tribes to participate in a general cultural group and exchanging their ideas. In the case of Mankirdia tribe, they also have changed their status from nomadic to semi-settled life. These are like i.e. occupation, food habits, belief systems, etc.

Changes in Occupation

The social history of Mankirdia tribe says that; they belong to the primary stage of life or hunter-gather category (Roy, 1925). The natural habitation or forest is the lifeline of their sustenance. But the advent of semi-settled life changed their lives and livelihood. It is not their natural inclination rather their changing habitation influenced them to adopt new occupations to survive in changing environments. Earlier their needs were limited; they were satisfied with forest life. However the process of assimilation, integration, and acculturation with non-tribal society has brought diverse impacts on their life.

Earlier they were known as Mankhar Khia[160] people because of their monkey-eating and alcohol drinking habits. These two practices were damaging their social image in the locality, because the local non-tribal people have great faith in Lord Hanuman, so they can't easily tolerate the Mankirdia tribe's monkey-eating practice.

Due to this practice, they suffer social discrimination in government offices, public places, i.e. school, college, bank, Panchayat office, and other organizations. Therefore, they are changing their lifestyle through the adoption non-tribal lifestyle.

[160] Mankharkhia is a local name for Mankirdia tribe. Due to monkey eating practice of (Mankirdia) local people call them Mankhar Khia. This practice gives them the identity of Mankirdia in the locality.

Changes in Dress and Ornaments

The dress pattern of the Mankirdia is very simple and nature friendly. They depended on a few pairs of the dress, which they buy for special occasions (marriage, Parab festivals, and other important rituals of the village). During their earlier stage of life, the male member of the community wears simple nylon coarse dhoti and Paijama and female members wear plain sarees made out of coarse cotton. The advent of semi-settled life has brought many changes in dress pattern and brings many opportunities to meet, interact, and exchange their issues, ideas, and needs with other people that directly influenced the behaviour of the Mankirdia.

As Srinivas has rightly emphasized in his Sanaskritisation161, it is a process of imitation of the tribe or lower caste Hindus to upward mobility by adopting the behavioural aspects of the upper Hindu caste people. They have adopted many similar behavioural patterns of dominant tribal as well as caste people. Sahoo has rightly mentioned the same argument on the dress and ornaments of the Mankirdia tribal. Due to frequent contact of Mankirdia with other tribal groups (Santal, Kolha, Bathudi, Bhumij, Munda, Gond, Saunti, Hill Kharia, Mahali, Lodha, Kol, Kisan, Baiga, Holva) and impact of modernization that changed Mankirdia dressing pattern, for instance, the use of modern dress like pants, shirts, underwear, saree, blouse, petticoat and dhoti, salwar, frock and trouser pants (Sahoo, 2015).

Women decorate their bun with varieties of flowers from the forest at the time of special occasion, i.e. marriage, birth, etc. The older age women wear bracelets, anklets nose, and earrings made of brass. After being settled at Kendumundi and Dengam village, they visit government officials and weekly markets frequently. As a result, they imitate the dress pattern of the local non-tribal women. The male members are now using 'Dhoti'[162] in the same style of

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[161]The term Sanskritisation was first develop by Prof MN Srinivas in his book Religion and Society among the Coorgs of India. This is study of caste like group of people those who live in the area called Coorgs, which located in South West coast. The Coorgs are divided into two caste group one is highly practiced Brhaminical ritual and customs another group break off from the larger entity of the society, of which they are the part. They follow the custom and ritual of higher caste or Brhamin and achieve higher social status in course of time. On the other hand it is process by which a low caste or a tribe or other group changes its customs, rituals, ideology, and a way of life in the direction of a high and frequently, twice born caste.

[162] Dhoti is the traditional lower part dress of the men.

elongating the plaits downwards below the waist instead of using the plaits always around the waist. Now a day's male members of the community also use Baniyans, jeans pants and shirts.

The middle-age female members of the Mankirdia community use Shaya[163]' (female underwear) and blouse with a special fascination for the sleeveless ones. The style of ornament use is also changed to a greater extent. Instead of wearing heavy aluminum ornaments in hands and lead Mala[164] around necks, they are using plastic bangles, cheap and imitation ornaments as ear-ring and nose-ring etc. It was observed that, grown-up girls and newly married women are more interested in these items.

Besides, they also use colored saree with new motifs, colored ribbons, hair-clips, hairpins, plastic hair flowers, and face-powder. Mankirdia women also use plastic combs in place of wooden ones and small mirrors. They are also using silver, wooden ornaments, and some of them used iron made ornaments. Children wear shirts, pants, and frocks more in number than before. The change is not only possible through Sanskritisation process rather the adoption of a new mode of production. Earlier the mode of production was simple and forest-based but after the adoption of semi-settled life, their occupational structure has been diversified and brought many transformations (Dupré, 1980; Southall, 1987).The hair combing style of the Mankirdia women easily distinguished them from women of the other groups, but at present, it is observed that their hairstyle is more similar to other groups. Nowdays they are making Juda [165] (a particular hairstyle) which has been replaced by Beni[166].

These are major changes observed in the field of dress pattern of the Mankirdia tribe. They are very fascinated with ornaments, but due to a lack of purchasing capacity, they unable to buy precious ornaments. They use many fascinating ornaments like other women. These are the assimilative character of the Mankirdia tribe.

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[163] Sahya is the lower dress of female.
[164] Mala is the local term used for necklace.
[165] Juda is the local term used for hair style.
[166] Beni is the Mankirdia language used for women hair ribbon.

Changing Housing Structure (Kumbha to Pucca House)

Figure 7.1 Traditional and Modern Housing Pattern

The first picture is showing the traditional leaf hut, that is Mankirdia identity in the locality and the second one is showing the government provided asbestos house under Indira Awas Yojna. The housing structure of the study villages is showing a very pathetic condition of living. Earlier Mankirdia were living in leaf hut, now a day they are covering this with plastic polythene to escape from rain and cold.

The second one is showing the government provided asbestos house under Indira Awas Yojna. Although the new housing pattern has brought some relief for Mankirdia from heavy rain, winter, cold thunderstorm, etc. It has also brought many negative health consequences like excessive heat during the summer season, due to lack of proper ventilation sometimes creates breathing problems for old age person and children. The new housing structure provides single-room facilities without any bath and kitchen room. Luus has also argued that exposure to asbestos results variety of health issues like genotoxic, autoimmune, and irritation effects to lungs and bronchiole (Luus, 2007).

The new houses were provided to Mankirdia in the year 1987 in Kendumundi and 1985 in Dengam village. The traditional house of the Mankirdia is known as Kumbha[167] or leaf hut. They use the leaves of the Sal[168] tree. The second picture has depicted the changing housing structure of the Kendumundi village. They are rehabilitated from the jungle to the settled area of

[167] Kumbha is the leaf hut of the Mankirdia tribe.
[168] Sal Daru (tree) is the main non-timber forest product for Mankirdia livelihood.

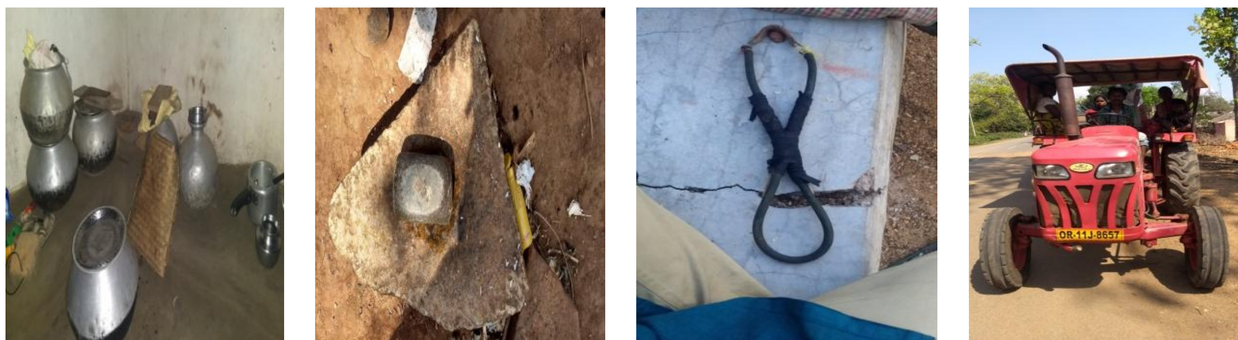
the village. Earlier there was reluctance in accepting the newly constructed house by Mankirdia people. It was also observed that, in Dengam village they still live in their traditional leaf hut.

Few of them are living in government-provided housing. Though they have been provided housing facilities but many of them prefer to stay in their traditional leaf hut. The choice of Mankirdia towards new housing pattern has increased due to the comfort and safety of the house. Many of them have mentioned that, the safety and security of the government-provided house are more than the earlier one. As a result, the choice has been altered from leaf hut to asbestos house. The choice is also differing between two study villages; Kendumundi village people are adapting to new housing facilities of the government. Dengam people are also showing interest in the new housing pattern, but they still want to retain their traditional leaf hut because of its many uses. It means the level of aspiration towards change is more in Kendumundi than Dengam. The new housing facilities provide them material comfort, but many of them have mentioned that it gives spiritual dissatisfaction.

There is a belief among the Mankirdia that unhappiness of Harpam Bonga (God) can bring misfortune for their future life. Subsequently, they try to appease God and Goddess. It was observed that, one of the discontents of Harpam Bonga is the constant leak inside the leaf hut. For this, Mankirdia frequently changes their house or repaired it with new branches and mud. In case of new cement house, there is a constant leak inside the house. They neither can repair their house nor do the governments provide any support to repair it. In theory, they can settle in new places but practically it is not possible. Due to forest restriction, and the decline of nomadic life, they can't easily settle and adjust in new places. All these above causes bring spiritual dissatisfaction for Mankirdia. So, few of them have made some changes inside the Pucca house to appease their god (Nadal, 2015).

Change in Material culture

Figure 7.2: Changing Material Culture



Traditionally Mankirdia used various material possessions in their daily life. These material objects were categorized into different types or distinguish use-value. For instance, they used various rope made products for household and domestic animals. The major material objects of the Mankirdia are divided into the following heads: rope, broom, sling, halter, mat, net (monkey catcher), and net (squirrel). Besides, they use various ornaments like talcum powder, cloth, comb; animals & birds; goats, poultry, dogs and use different types of utensils such as glass, plate, bowl, etc.

Also, they use different types of tools & weapons such as; knife, axe, wooden flatten stick; vegetable cutter, ladle, monkey hides, bamboo items like; basket, bottle, bag, yoke, stick, and containers; made of net, snail shell, water container, low wooden stool, fuel lamp, bolster, grain measuring pot, musical instruments, halter meant for goat, umbrella, glass, torch, spoon, leaf plate and cup, matchbox, herbal medicine, etc. Besides all these material objects, they use a set of earthen cooking utensils, and Siali containers for the preservation of food grains and dried food of forest products (Patnaik, 2015).

At present, they also use iron implements (stick, mattock, and spade) for digging purposes. The earthen cooking utensils have been replaced by aluminum and steel ones. The current picture of their material culture reflects some change. Few households (four) in study villages had motorbike facility. Along with it, they use other household goods like a motorcycle,

cycles, radios, mobile, and TV. A total of thirty-five households were using mobile sets to communicate with their near and dear ones.

The prices of those handsets could be of maximum three to five thousand. Gradually they are adopting the modern way of technology in their lifestyle. This is somehow helpful for Mankirdia to know various Government Health programmes. Samata has also argued that the improvement life style of Khora community, which brought a positive impact on their overall life. Besides, the study has also mentioned that the dependency of the Khora community on traditional healers (Ojha) has been reduced and government health service has been increased among them (Samanta, 2015). The majority (sixty percent) of Mankirdia use cycle as their main vehicle for transport purposes. In case of entertainment it was found that, new generations Mankirdia were more interested in watching local Odia film songs. Although they couldn't understand but enjoy it, only three households had the facility of television and two were using radio facilities for their entertainment. These are the basic changes observed in the recent modern material aspects of the Mankirdia people.

The speed of change is very slow but gradually moving upwards. The counter effects of these changes have been disintegrated the core value system of their culture. This includes certain beliefs, which are not important, but universal for their society. These are attitudes towards family, work, and religious world view etc (Hoffer, 1982). Mankirdia value system is not confined to particular aspects but comes from several spheres of their life.

Changing Role of Family

Family or Orha[169] of the Mankirdia acts as a central source of production and consumption unit. Earlier the scope was limited, but presently they are adding many new functions, i.e. saving attitude of the family member and future orientation of the family, enhancing the family status, and engaging in various kinds of works. These are the new inclusions in their family institution. In the case of the marriage system, the preference for endogamy has lost its significance and the role of traditional authority has also been diminished. Now days the parental role is decreasing and the importance of love marriage is a new trend

[169] Orha is the household of the Mankirdia.

among the Mankirdia. Besides, the rigidity related to the institution of marriage is also becoming irrelevant.

The marriage system of the Mankirdia is gradually changing, earlier they were more interested in arrange marriage and given preference to their known relatives. Presently they are not so strictly adhering to this rule. They practice seven types of Bapla (marriage) but the Nam-Bapla is the preferable and accepted one. Besides, they also allow window marriage, sororate, and levirate marriage. The bride price is not compulsory but regarded as a prestige issue for bridegroom. Earlier the marriageable age was 11-13 years for females and 16-17years for the male members. Now days the marriageable age of male member has increased to twenty. However, it was found some Mankirdia secretly practice child marriage in Dengam village.

"*Earlier we had no security of life and livelihood; all we depended on forest and local peasant community for sustaining our daily life. Our family was also organized through food gathering and hunting purpose. But today our family function goes beyond this"* [K1]

Changing Food Habits

Figure 7.3 Changing Food Habit

Earlier food habits of the Mankirdia were depended on the forest collection, i.e. various fruits, roots, animal meats, which were high in protein content. Now days the forest law and deforestation has significantly reduced their dependency on forest products. So they are now adopting rice as their staple food item. The present food habit of the Mankirdia tribe is very much similar to the non-tribal community. They take rice, water rice with chili powder, raw

onion, half boil saga, and tomato etc. Many times they eat rice with turmeric or pickles, mustard oil, garlic, and salt.

Except these, they are also taking, red tea, Bara[170], Peeaji[171], Singda,[172] fried rice, curry, fish, chicken, and available market foods. It shows their changing food habits, earlier, these were not in their food menu. The change is possible because of the new occupation and income of the Mankirdia people. Few Mankirdia families also grow banana, brinjal, chili, and other vegetables in their kitchen garden. This also fulfils their household needs. Besides, many of them rear fowl, goats for mitigating economic crises and food scarcity of their family. The food choices are increased, but the purchasing capacity remains low. As a result, it brings a negative impact on their health. Moreover, the habit of Desi liquor has been reduced to a greater extent among the Mankirdia people. It has increased their income-generating capacity, saving ideas, and reduces disease burden, and family conflict, etc.

Changing Religious Sphere

Religious realm of the Mankirdia is known for polytheist character, but presently they are following Christianity. There are several factors, which attract them to new religion i.e. awareness, educational inclination, financial help, trust building and extra economic burdens of traditional religious rituals etc. Besides the strictness of traditional religious system that also influence them towards new one. During field work, it was found that, Kendumundi Mankirdia are practicing Christianity in great number with principles. In case of Dengam village, they are showing interest but the practice of Christianity was not systematic.

In addition, few of them have mentioned that, they develop their living standard after following Christianity. Due to their new religion, they change their living practices i.e. eating monkey meat, alcohol drinking, and intra-household conflict and more important the idea future life are given priority, which was not seen earlier. These are major changes have occurred among Mankirdia because of new religion.

[170] Bara is the locally made food, which is made out of pulse and suji.
[171] Peeaji is the locally made food, which is prepared by onion and besan.
[172] Singda is the local term used for food item which is made out of maida and potato.

Changes in Institution of Politics

The role of political institutions remains special important Mankirdia. The political knowledge of the Mankirdia tribe is very low. They have very little presence in state politics. They are neither aware of their political right nor constitutional rights for their development nor they have ever actively participated in direct politics.

It was found that those Mankirdia go outside for wage works; are a little bit aware of the political happenings of the locality. It was observed that male members of the community are conscious of the political party, voting rights, and party candidates. In the case of women members of the community, it is found that only a few are taking the benefits from political capital. Those are in the village council, Self Help Group (SHG), and other organizations more active than others. The traditional authoritative institutions have been replaced by modern institutions like the police system and court. These are political, religious, and social i.e. the role of Mukhiya the head of the village, the role of priest or Dhri, the healer of the community and head of the Tanda, who sometimes take dual role in village.

The awareness level has increased among them. The role of traditional leaders likes Mukhiya[173], Naik[174], and Dakua[175] have also changed. The works of Bara & Sahu 2015; Patnaik & Mishra, 2015 have underlined the changing pattern of Saora leadership and the election pattern of leadership in two Lanjia Soara villages. It has manifested the dynamics, political life of the Saora tribe of the Odisha.

The earlier credibility and authoritative status of the village council have transformed into electoral process, which has diminished the traditional authorities. Besides, the role of religious leader has been remaining pivotal in the political decision of the Mankirdia community. Mankirdia follow the instruction of the priest[176] and the pastor[177] of the village at the time of voting. In the case of women's roles, they have been remaining, just passive followers of the

[173] Mukhiya is the head of the village.
[174] Naik/Ojha is act dual role for Mankirdia i.e. the head and healer of the village.
[175] Dakua is the messenger of the village, he disseminate the new announces to the village people.

political system or process. But now a day few of them are participating in political activities.It was found in study village, very few Mankirdia are aware about the political happening of the locality. The second group comes under less aware categories that are slightly more than first group. Majority of them are not aware about the political events around their habitat.

Now days they bargain their political right with the local level political leaders and they are not able to take political benefits due to a lack of numerical strength. Gradually they are developing their political maturity by casting their vote, understanding the political party's ideology, work performance, and evaluate the feel-good factor of a political party. In Kendumundi village, they follow certain political ideology and their religious guidelines (Pentecost Church ideology) to select their political leaders. They use their logic for supporting a particular political party and voting in favor of a specific political party. It is seen that the political behaviour or socialization of the Kendumundi Mankirdia people was divided into two parts i.e. one group supported the Indian Congress party and the other one supported the ruling local Biju Janta Dal (BJD) party.

The choice of voting behaviour has changed frequently. It means their choices, changes according to the current political status of the locality. The role of the Church is not only confined in politics but, it has other important roles in Mankirdia life i.e. hunting, food habits, drinking, occupation, education, health care, etc. The religious belief system and its preacher (priest or pastor) have brought significant changes in the discourse of development. The important is, Church believers or Christianity followers are taking more benefits from government schemes/programme than the traditional religious follower. The awareness and intergroup communication is more among the newly converted religious group, which gives extra scope to develop.

It has also brought positive results (like selected SHG members, Village Committee, School Committee, etc.) for newly adopted religious groups, more specially Kendumundi village Mankirdia. In this way, the changing political participation and awareness has brought some improvement in their daily life.

7.3 Major Tribal Developmental Policies

The post-independence brought new hope and aspiration for the most excluded and underdeveloped people of the country into the fold of development. Thus, the Indian government has formulated several policies to bring back the development track in four fronts. For this, they replaced the isolation policy[178] of the British government into a policy of integration[179] and assimilation[180]. The role of the constituent assembly was very significant at that time. They took special attention to the tribal people and tribal areas. To speed up the policy and programme, two committees were formed to review the status of tribes in the country (Dhebar Commission 1960; Elwin Committee, 1959). The committee had reviewed the condition and suggested to the government to modify the tribal area concept. The Indian constitution has provided a special power to the indigenous people of the country under section C and Para X of the constitution. It has also empowered the governors of the state to look after the condition of tribal instead of parliament and state assembly. Sometimes it was also criticized that the new concept of the Scheduled area is equivalent to a totally and Partially Excluded Area of the British government. These were two major objectives for creating Scheduled Area[181]; to assist the tribe and protect their interest.

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[178] Isolationist approach or leave alone or national park approach was developed by Verrier Elwin to formulate a policy for development, which is indigenous way development or self-designed development discourse of Tribal group.

[179] Integration approach was developed by the then Prime Minister of India, Jawaharlal Nehru; he advocated Panchasheel principle to voluntary accommodation of state sponsor development by tribal and less interference of administration on tribal people. It advocates minimal interference of state machinery in tribal development and independency of indigenous people remains preserve.

[180] Assimilation approach speaks about the complete assimilation of tribal towards Hindu way of life. It was developed by Sociologist G.S. Ghure, he further mentioned that Tribal are backward Hindu. This approach speaks a radical formula for tribal development, which sometimes undermine the cultural uniqueness of indigenous people.

[181] Panchayat Extension to Scheduled Area Act 1996, introduced by government of India to popularized the participatory democracy in tribal region of the country. This act empowers the Gram Sabha's role in the process of self governance, direct democracy and decision making power in various development policy or proposals of the Gram Panchayat.

Major provisions of Tribal Development and its impact on Mankirdia

Government has formulated several policies to develop or improve the living standard of the indigenous population of the country. But the status quo of the indigenous is not a radical transformation of their cultural ethos and cultural heritage. For that many government policies have focused on balanced approach for tribal development. These policies and programme of the government include various sections like legal provision, political, educational, cultural, and occupational ones. The present section only highlighted some specific policies and programmes which have directly impacted the lives and livelihoods of the Mankirdia tribe of the study village.

These are Panchayat Extension Scheduled Area (PESA, 1996) PESA and Forest Right Act (FRA) which act as landmarks in the protection, promotion, and empowerment of the tribal people. The prime objective of the Forest Rights Act (FRA) is to hand over the forest right to the tribe or gives them legal rights, for which they have been struggling for a long time. Besides it has focused to restore and recognizing their pre-existing rights. The role of the Panchayat Extension Scheduled Area (PESA) and Forest Right Act (FRA) acts as the backbone of participatory democracy, social justice, and equity for tribal. It has been observed that, most of the time non-tribals are elected to lead the tribal issues. It has flawed the system and debarred the core beneficiaries from the fruits of the acts. The basic objectives of these policies are to give power to the tribe to determine their future.

Besides all these provisions, there are other important government acts which have provide scope for tribal development; these are like Mahatma Gandhi National Rural Employment Guarantee Act (MANREGA) and the Right to Information Act in 2006 has considerably enhanced the effectiveness of Panchayat Extension Scheduled Area (PESA). The National Food Security Bill 2013 has formulated to make a hunger-free society.

In addition, there are certainly other projects, which operationalized in the tribal-dominated regions for the all-round development of the Adivasi people. These are like Modified Area Development Agency (MADA), Integrated Tribal Development Agency (I.T.D.A), Dispersed Tribal Development Programme (DTDP), and seventeen Micro Projects that have

been functioning in the all-round development of 13 Particularly Vulnerable Tribal Groups (PVTGs). Out of the total 17 Micro Projects, 13 Micro Projects are within the Scheduled Area and four are located in non-tribal Sub-Plan (TSP) Areas. The practical power of the Gram Sabha is not being implemented in the tribal-dominated area and more especially in PESA operational regions (Menon and Bijoy, 2014). In addition all these, the role of the Tribal Sub-Plan strategy has remained phenomenal for the tribal development since the beginning of the Fifth Five Year Plan (1974-75). The main objective was to narrow down the gap of socio-economic conditions between tribes and non-tribes and emphasized family-based income-generating activities in tribal regions.

Impact of Educational Policy on Mankirdia Tribe

Several affirmative policies have been taken by the government for the all-round development of the tribal children. Educational development is one of them. The major educational facilities are provided to tribal students i.e. Eklavya Model Residential School (EMRS) and Ashram School is set up in the States/UTs with grants under Article 275(1) of the Constitution of India. The Scheduled tribe and Scheduled caste students are provided pre-matric and post-matric scholarships as initiatives in the educational field. Besides, Article 46 of Part IV (Directive Principles of State Policy) of the Constitution empowers the State to support the educational and economic interests of the weaker sections of the people, in particular, of the Scheduled Castes and the Scheduled Tribes. To increase participation and minimize the drop-out ratio of the SC/ST students, the government has provided pre-matric and post-matric scholarships to ST students. The amount of fellowship of the pre-matric scholarship is Rs.150 to Rs.225 p.m. for day scholars and Rs.350 to Rs.525 p.m. for hostel students. Besides, other scholarships, schemes are also provided by the government (central and state) i.e. PERANA[182] and Rajiv Gandhi National Fellowship (RGNF). Apart from this, many skill development initiatives are also provided to ST students.

The purpose of EMRS is to provide quality education at the middle and high school level to the Scheduled Tribe (ST) students in the remote areas. Moreover, other objectives of the

[182] Perana is a scholarship scheme meant for weaker section students of Odisha.

programme are to enable ST students in the higher education field and create job opportunities through reservations. The objective of the scheme is to increase education among the Scheduled Tribes including PVTGs. Ashram[183] Schools provide education with residential facilities in a conducive environment for learning. The scheme has been in operation since 1990-91. The scheme is operational in the Tribal Sub-Plan States and UT Administrations. The second aim of the scheme is the construction of Ashram schools for the primary, middle, secondary, and senior secondary stages of education as well as up-gradation of existing Ashram Schools for Scheduled Tribe students including Particular Vulnerable Tribal Groups (PVTGs).

In addition the role of educational scholarship in higher education which is immensely helpful for the ST/SC student, PREANA is a post-matric fellowship provided to the weaker sections of Odisha. This is specifically meant for the SC/ST/SEBC/OBC students to pursue their ambition of higher education. This scheme provides a scholarship for the courses like MBA, BBA, MA, M.Phil, Ph.D., etc. The recipient of this fellowship comes under the income below rupees 2.5 lakhs annually. The Rajiv Gandhi National Fellowship is meant for higher education, i.e. M.Phil and Ph.D. students. This is a central government scheme which is specially meant for SC/ST students. In the case of Mankirdia students, only one Mankirdia student got this opportunity in Dengam village. Also, ten students from two study villages are studying in the Ashram school, in Aagarpada, Jashipur of Mayurbhanj district. They are provided with free education till the matric level by the state government. Due to the low literacy rate among the Mankirdia in the study villages, there is no awareness of the government programs and thus the facilities are not reach the beneficiaries.

Panchayat Extension Scheduled Area (PESA)

Panchayat Extension to the Scheduled Areas Act came into force on the 24th of December 1996. The formation of PESA intends to empower vulnerable tribal groups (Bijoy, 2002). Odisha Gram Panchayat Act, 1964, Odisha Panchayat Samiti Act, 1959, and Odisha Zilla

[183] Ashram school is the scheme of the ministry of tribal affair .This is operationalised to provide quality education to the underprivileged tribal students in backward region.

Parishad Act, 1991 have adopted the provisions of the PESA Act[184]. It covers seven districts fully i.e. Mayurbhanj, Sundargarh, Koraput, Malkangiri, Rayagada, Nabarangpur, and Kandhamal and partly in Keonjhar, Gajapati, Kalahandi, Balasore, Sambalpur, and Ganjam. It covers fully 1966 Gram Panchayats in 118 Blocks and partly covers three Blocks. It is not strictly operationalized at the grass-root level and tribal populations are not given due consideration (Das, 2011).

The status of PESA, Act in the study villages shows some reverse development and benefit for a nomadic tribe like Mankirdia. They are neither aware of the Act nor understand the provisions laid down by the Act for the development, also not getting any ownership and managerial role in forest management.

They are getting squeezed due to lack of access to the forest entry, due to the declaration in the name of the 'reserve' forest area, core zone, and buffer zone by the forest department. They are unnecessarily harassed and targeted by the forest department officials; many times they provide free labour to the forest officials in the fear of not getting forest access. The power of Gram Sabha to control illegal sale and consumption of intoxicant has failed in study village and panchayat. This is one of the important provisions of PESA Act, which entrusted to Gram Sabha. But in the case of Mankirdia tribe is concerned; they are not given any role in the village level organization. As a result, the objective of self-governance provision of the PESA Act is not successful in study villages.

The tribal leaders at the Panchayat level are not given any importance in this regard. The third important power of the PESA Act is to control the money lending activities in tribal region, where Mankirdia people have no important role to play or they don't give any importance to control money lending activities to Scheduled tribe.The panchayat plays an important role in auctioning the forest resource for development work, Mankirdia people have a very negligible presence in electoral politics, so they have nothing to do with the decision making roles in the auction process of the forest resource. Due to their low numerical strength and invisible political

[184] Panchayat Extension Scheduled Area act was passed in 1996 to empower the tribal people. This is particularly meant to provide decision making of tribal through Gram and Palli Sabha and protect their life and livelihood.

participation and representation, they are undermined by the existing institutions. It has negatively affected their livelihood, empowerment process and political participation.

Hill-Kharia Mankirdia Development Agency

The role of Hill-Kharia Mankirdia Development Agency (HKMDA[185] has a special role in the developmental process of Mankirdia tribe. This is a micro level project, created by the government of Odisha in the year 1986. The basic motto of this micro project is to provide all-round development of the Mankirdia. The second object of the project is to bring them into mainstream society through socio-economic development.

The third object of the project is to bring them from the nomadic to a settled lifestyle. Mohanty & Patnaik have mentioned that Dongria Kondh Development Agency and Non-Governmental Organization (NGOs) have played an important role in changing health care practices among the Dongria Kondh tribe of the Malkangiri district. All these transformations are possible because of the proper education and health guides provided by the government official staff. So the roles of micro project and education are significant and time-bound to fulfill the needs of the tribal.

To achieve all these major objectives, the official staffs of the project and district officers, and the respective ITDA have been actively involved. The administrative coverage of this project exclusively limited within Karanjia, and Jashipur block, and the 12-gram Panchayat of these two blocks. Except this, some selective gram Panchayats of the Mankirdia tribe are included as well. The overall development of the project was observed in Kendumundi village. In the case of Dengam village, this comes under ITDA Kopatipada, Khunta block. The development of the Kendumundi village is measured, i.e. infrastructural development like housing facilities, drinking water facilities, Anganwadi centre, schools, and solar lighting facilities.

[185] Hill Kharia Mankirdia Development Agency is a micro-project for all-round development of two Particular Vulnerable Tribal Groups (PVTGs) namely Mankirdia and Hill-Kharia tribal.

Besides, it provides training to the women about tailoring, goat farming, fowl farming, tree plantation, and jute supply for rope making work to reduce the extra burden of Siali[186] creeper. Further, they were given social and health awareness by the official staff of the HKMDA. During the initial period, the government provided housing facilities to Mankirdia people under Indira Awas Yojna. This micro project has a positive impact on the over-all development of Mankirdia tribe. Due to this project, they can diversify their income sources, transformation in the field of educational awareness, interpersonal communication, political participation, and the religious belief system. The significant contribution of the project is the creation of women leadership through active participation in the Self Help Group and various village committees and Non-Governmental Organizations.

Case Study I:

Suman Mankirdia age 39 lives in Kendumundi Village/ Karanjia Block/ Mayurbhanj. According to the informant, there are three members of his family. The livelihood of the family depends on forest resources and daily labour. He has received 0.50-acre house land with records of his rights from the Revenue Department in 1998. The family has also received financial assistance for house construction in 1998 from the Block Development Officer (BDO) through an Integrated Tribal Development Agency, Karanjia. He doesn't receive any agricultural land from the government. But he has taken some land on lease from the non-tribal groups of the same village. The land is situated in the outskirt of the Similipal forest and the bank of the Kansabati River. The practice of agriculture is a recent phenomenon for Suman. He uses the land for paddy cultivation, which he learns from the non-tribal community. He invested Rs. Five thousand for paddy cultivation and earned ten thousand in returns.

Case Study II: Village Development

Babani Mankirdia Age 45 year lives in Village-Dengam. The livelihood of his family depends on forest collection and rope making. They sell forest collection (firewood, furniture,

[186] Siali Daru (tree) is the major raw material for their rope making occupation.

wood, the skin of Chihor tree, and leaf) to earn money. They also collect the skin of Tihar[187] and Hingle[188] from the forest to prepare rope products. He also brings plastic Jari from the market for preparing ropes. Besides, he received a goat from HKMDA in 2001 and a house under Indira Awas Yojna in 2010. Although he received goat farming benefits from the government. But the goat farming business couldn't success for Bhabani Mankirdia. Due to lack of proper rearing knowledge, goats were died. So the objective of the government scheme has failed to provide the desired result.

Few of them had properly utilized the above facilities and get the desired results. Some people said that the government facilities were short term, so they couldn't take benefit. They also mentioned that few Mankirdia benefited from the tree plantation work, jute supply, and goat farming. Most of them said they have benefited from a free jute supply of the government. They wanted such kind of facilities from government but it was closed untimely. So, the expectation level of the micro-project and the aspiration of the Mankirdia were not fulfilled.

7.4 Changing Role of Public Health Service in Study Villages

Culture is the way of life; health culture is one of the sub-parts of the main culture. So any changes happen in the larger structure which brings an effect on health culture. It explains the changing health culture of the Mankirdia and the health services/medical/care approach of the Mankirdia tribe. They have a rich tradition of the indigenous source of health care facilities**,** but the increasing health needs and disease burdens have influenced them to adopt new or alternative sources of medical approach. There are certain factors like external contact, communication, dependence on forest resources, education, economic resources, awareness, and religious belief system, availability, and accessibility, participation in government programmes or schemes which has influenced their health-seeking behaviour. These are important factors that brought changes in the health-seeking behaviour of the Mankirdia.

Earlier they neither had an alternative source of medicine nor to consult other systems of medicine; mostly depended on their medicine men like Ojha, Dhiri and Mati, but at present

[187] Tihar is a wild animal, which they hunt on occasion of Mag Parab.
[188] Hingle is wild bird which they hunt on auspicious occasion of the community.

situations of the Mankirdia tribe is gradually changing from traditional health care system to modern health care approach. This change is possible because of the above factors and other factors like income-generating capacity of the family; social network, accessibility, and affordability of the medical services have influenced them to adopt mainstream medicine or government source of health services.

Acceptance of Modern Medicine/Health Services

The health service of the Mankirdia tribe depends on three major sources, i.e. traditional medicine (magico-religious, herbal), government, and private health practitioners. The first one is evolved from within the folk culture and determined by the indigenous concept of sickness and treatment. The second one is the scientific or modern system which is evolved not from within the folk culture of Mankirdia. In addition it has no similarities with the concepts and ideas of disease causation of the Mankirdia but has been supplied to them by the outside world. However, this section deals with the acceptance of scientific medicine by the Mankirdias and the reasons for acceptance. The modern (allopathic) treatment did not enter until 1992 because of the isolated nature of the Mankirdia tribe.

Earlier health services of Mankirdia were completely depended on herbal medicine and magico-religious treatment. However, the primary health centre was set up on 2nd Feb 1992 and 1986 in Kendumundi and Dengam village. Many societal factors have influenced Mankirdia to adopt modern medicine or utilize government health services. The reasons for acceptance of medicine are dissimilar between the study villages.

Factors Influencing Acceptance towards Modern Health Services

There are multiple factors responsible for acceptance of modern health services and losing out on the traditional healing practices**:**

- The number one factor is the non-transmission of medicinal knowledge to the new generation. It means the knowledge sources are not properly conveyed from one generation to another. Because of dying out of the old generation of medicinal bearers in their community and the young generation of Mankirdia are not satisfied or

convinced taking the practice of the traditional healing profession to sustain their livelihoods.

- Many of them have claimed that identifying the herbs and medicine preparation is a long trained skill, that's also one of the reasons for decreasing the demand or practice of traditional medicine among the community.
- Further, many herbal plants are now not available, due to loss of biodiversity, lack of access to the forest resource.
- The employment of younger generation people keeps them engage outside the forest. The awareness and inclination of the Mankirdia towards the use of modern medicine or government health service have recently increased.
- Some diseases in their systems have also, failed to bring a quick response by the traditional medicine that created a scope for acceptance of modern medicine.
- Urban migration is also another reason for the decrease in traditional medicine in the community.
- The accessibility to the forest has been continuously decreasing in the name of forest law or environmental law and lack of sufficient employment opportunities in the locality, which have forced the younger generation Mankirdia to leave their home and engage outside.
- Besides, the state patronage and the government's role to a large extent have helped in promoting modern health services across the length and breadth of the country.
- Another important factor was found to be the lack of proper research on ethno-pharmacology plants and the lack of proper patent rights of the medicine given to the healers.
- The new generations Mankirdia are not interested to take on old herbal medicine because of instant results of the allopathic medicine as compared to the late response of the traditional healing.
- The availability of free and low-priced medicines in primary health centre has attracted them to the use of allopathic medicine. The role of frontline health workers haves increased the acceptance of modern medicine among the Mankirdia tribe.

Community Health Centre of the Kendumundi Village

Figure 7.4: Community Health Centre Khunta II and Kenumundi Primary Health Centre

The first picture shows the community health centre Khunta II and the second one the primary health centre of Kendumundi village. Even though, the modern health services or care was existed earlier in Dengam village Mankirdia, but their acceptability towards this modern health care lacks behind the Kendumundi village. The main reason for this is the dependency on forest resources among Dengam village. All the important activities of Dengam village Mankirdia are organized based on natural resources. This is also seen in the health service; many of the medicinal plants are collected and used from the nearest forest.

Moreover, it also shows the doctor Mohapatra’s treatment process; and the entrance and departure of patients from community health centre Khunta II of Dengam village.In the case of the Dengam village is concerned, the modern health care facility arrived in the year 1986 and the health centre of Khunta II was established in the year 1986. The community health centre Khunta II came earlier than Kendumundi's primary health centre. The distance between the health centre and the village is thirteen kilometers. The acceptability and accessibility of the modern health was less visible among Dengam Mankirdia. The primary health centre opened in Kendumundi in the year 1991. The distance between Kendumundi village and primary health centre was less than half a kilometre. Due to availability of primary health service near village, this has given Mankirdia to choose health care/ service in their daily life.

The doctor’s polite behaviour has increased the confidence among the Kendumundi village people to use and depend on the modern health service. This fascinated the researcher to find out the reason for their acceptance of modern medicine. The first and foremost cause was

the good behaviour of the doctor towards his patients; and his manner, method of diagnosis and treatment which give confidence to the Mankirdia to use government health service.

The researcher came to know that, Mankirdia are taking medicine on a trial basis, when their indigenous treatment process is failed to bring the desired results. As medicine is free of cost, Mankirdia take the medicine as alternative sources, but when the medicine proves effective it gives confidence them to use it. Mankirdia of Kendumundi use government health services as an alternative source of treatment; it means earlier they had no such options. Presently they are accessing it as a result; the dependency of their medicine has somehow decreased. This is the status of Kendumundi village Mankirdia.

The situation in Dengam is quite reverse, where Mankirdia has a negative perception towards government health professionals and health service facilities. The main reasons of their dissatisfaction over modern medicine are unfriendly behaviour of the doctor, fear of wage loss, and trust deficit. As a result, they prefer their own medicine and take private practitioners' help (those who sell allopathic medicine without any formal degree).Many factors have influenced Dengam Mankirdia to use their traditional medicine but, now a days it is very difficult for them to find out the medicinal plant from the dense forest, process them, and to transform them into medicine.

Allopathic medicine in comparison to this saves time and gives them immediate relief. In many cases, herbal plants are not always available; sometimes imperfect processing also does not bring any desired results. Thus, modern medicine has gained trust among the Mankirdia. The use and dependency of modern health services has recently increased comparatively more in Kendumundi village than Dengam.

Health Centre of study Village

Figure 7.5 Entrance gate and OPD of Health Centre

Figure 7.5 shows the treatment process (female health worker giving injection to the patients) in the community health centre of Kendumundi village. The second picture shows the entrance and departure of the patients from the health centre. There are numbers of departments/units in this Khunta CHC like Rashtriya Kishor Swasthya Karyakarm, condemnation room, TB, Leprosy, Eye unit, program management unit, general store, labour room, (Intrauterine Contraceptive Device, Postpartum Intrauterine Contraceptive Device and Implantable Loop Recorder (IIUCD, PPIUCD, AND ILR) room, one laboratory centre for HIV, TB and Malaria test, sterilization room, dental OPD, and Vital Statistic section. The general OPD timing of the health centre is 7 A.M to 11.A.M and 4.P.M. to 6.P.M.There are no specialist doctors in this community health centre and the existing health care professionals rarely come to health centre. As a result the emergency cases Mankirdia don't get proper treatment and visit to the district hospital and Udala Sub-divisional hospital.

Adoption of Family Planning Method

The population of the Mankirdia tribe in Odisha and study area is very less. As their numerical strength is very small; they don't need any family planning method. Despite of that, few of them have adopted this measure to take financial benefit. The early experience of family planning was not impressive for Mankirdia. For instance, earlier in Kendumundi village, two Mankirdia had adopted the family planning method; and unfortunately they died soon after the

operation. In both cases, they lost their wives and children within two weeks of operation. Both two Mankirdia were young people who could have been capable of further procreation. But due to faulty operation, they lost that opportunity. Mankirdia attributed this incident with wrath of supreme God Sing Bonga. However; the general perception of the village people on operation was quite different; they opined that, it was not their traditional norm, as they did and had to face the wrath of God.

Consequently, they believe nobody could save their life from the wrath of the village god. There are several gods and goddesses (Lug Bir, Budhi Mahi, and Sing Bonga) who were given sacrifices to appease them and get their blessings. There is no escape from this divine punishment and as a result, the family planning practice was not accepted among Mankirdia community. It was observed that the male members of the community make their operation in the hospital. But they need to perform a purification ceremony to purify their body in case touched by an outsider. Otherwise, the impurity may harm their members in the village. The first person who adopted family planning was Shagram Mankirdia. One of the Mankirdia from Kendumundi village expressed his willingness for a second marriage, but not a single woman was interested to marry him. It is so, because Barren women have low social status in Mankirdia community.

The current social structure of their community has changed to a certain extent. Consequently, they are now adopting the family planning method, but in a selective manner. It was not so easy to convince them to go for this measure. Until they voluntarily agree or adopt or convince this is beneficial for them. But a few of them have adopted this measure. The basic understanding and reason for the adoption of family planning method is to minimize the family size and take financial assistance from the government. In addition to this, male members of the community do not prefer to adopt this planning method. All-female members have adopted this method.

Beneficiaries of the Family Planning method

Figure 7.6: Mankirdia Beneficiaries of Family Planing

Figure 7.6 shows the beneficiaries of the family planning method. There are two major reasons for their adoption i.e. one getting the financial benefit from the government and the second one is to reduce the family size. Kendumundi Mankirdia are interested to reduce their family size while, Dengam Mankirdia are interested to take financial support from the family planning method. There was a perception of the Mankirdia community that, if male members of the community adopt this measure, they will be losing the strength of their body and affect many diseases. It creates a financial burden for the family. This belief was created after the death of two Mankirdias those who adopted this method. As a result the male member of the family never adopts this method.

Mankirdia believed that, the family planning method is harmful to their body. Despite best efforts of health workers of the locality, they couldn't success in counseling a single male member of the villages. They are flexible in other social practices but, they follow a certain exclusionary norm related to family planning. Presently, Mankirdia adopt various FP methods, like vasectomy and tubectomy. The basic objective of the family planning (F.P.) measures is to check the increasing size of the family and reduce their economic burden. There are total of sixteen Mankirdia women from two study villages who have adopted this method. The superstitions related to family planning method have partially been eliminated.

Now a day's Mankirdia are flexible towards changing health care needs. As a result, they are adopting FP. Earlier they attached more value to their social system, so they couldn't contact

or exchange their ideas with other people. But, at present they are quite free and comfortable in making a relationship with other community members, this helps them to internalize the basic changes in their life. These days they are exchanging and accumulating, new ideas and social behaviour with non-tribal society and other dominant tribal, i.e. Santal, Kolha and Ho, etc.

This helps Mankirdia to conserve their age-old custom intact while adopting changing behavioural patterns of others. In addition, there is another version of the Mankirdia on FP, that they were afraid of surgery and loss of vitality. Therefore, they have more trust in their medicine. So, the majority of the Mankirdia use own system of medicine to control their family size.

Role of Health Insurance and Scheme

The status of the health insurance/ scheme among the Mankirdia people in study village is impressive. Mankirdia don't know the proper procedure to take the facilities. In other words, they neither aware about health insurance/ scheme nor its use. Although few Mankirdia had some health insurance/ scheme cards but not received benefit from that. So it can be said that they have very little awareness. It was found that a total of twenty-four percent Mankirdia received health schemes out of that, twenty-two percent are from Dengam village and only two percent from Kendumundi. The remaining family members in the study village don't receive any health insurance benefit.

In the case of health insurance is concerned, there is a total of thirty percent of Mankirdia adopted health insurance (Rastriya Swathya Bima Yojana) out of that twenty-three percent are from Kendumundi and only three percent of people from Dengam village adopted health insurance (Biju Swastya Kalayan Yojana). Overall seventy percent Mankirdia have not taken any health insurance policy. Out of that thirty-six percent are from Kendumundi and sixty-four percent from Dengam village. In the case of state health insurance is concerned, 48 percent tribal have taken. In addition to the coverage of health insurance, it is more in a rural area 52% than an urban area 48% (National Family Health Service, 2016).

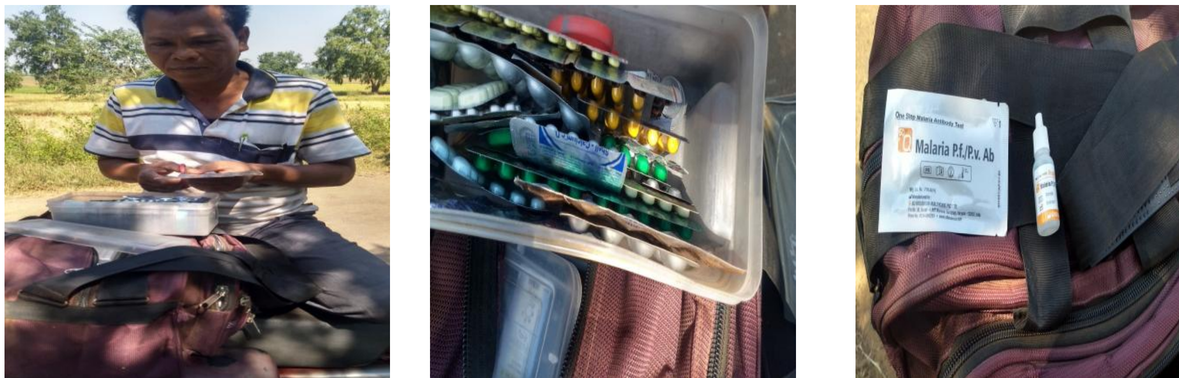
Role of Private Practitioner in Health Service

Private practitioner remains a major stakeholder in Mankirdia tribe's health care approach. Many health schemes and programmes have been implemented for tribal in general Mankirdia in Particular. These are unable to bring any desired results for them, which creates a scope for private practitioners to provide services to the tribe. Mankirdia tribe is one of the vulnerable tribal groups in the state of Odisha. Being one of the Particular Vulnerable Tribal Group (PVTG), they face enormous health issues in their day to day life.

Among them, poverty is also one of the social diseases that affect them more than a physical disease. The economic condition is also one of the factors that most often determined their health status. The existing situation in the study villages creates scope for private practitioners to interfere with the health services. Many times private practitioners have cheated the innocent Mankirdia in the name of treatment. Despite this, they take the help of the private practitioner's treatment. The main reasons behind their dependability on private practitioners are easy accessibility, medicine on rebate, which have attracted them to use. The priority of health services in Mankirdia society are arranged according to the availability, accessibility, affordability, and pocket expenditure capacity of the family.

Case Study III: Private Practitioner of Kendumundi Village

Figure 7.7: Private Practitioner of Kendumundi Village



The Figure 7.7 shows treatment process of private practitioners of the Kendumundi village. Besides it shows practitioner’s medicine distributing mechanism and addressing health issues of the patients in the locality. It was observed that, he uses motorbike to distribute the essential medicine and follow the check up process of the patients. However he also used malaria test kit to test the blood sample of the diseased person. In the case of Kendumundi village, the role of private practitioners remains pivotal for Mankirdia. Now a day they are using both private and government health services according to their health needs. The affordability of medicine and the easy accessibility of modern health services have been influenced them to use government health service.

It was observed that, many of them take private practitioner's services without any advance or money. Later they pay to private practitioners. It is the main cause of Mankirdia people to use private medicine rather than choose the government hospital. It is seen many times, they are exploited by these (Jhola Chap) private practitioners because of their expired medicine and charged extra money for medicine, and despite they build a strong bonding with Mankirdia.

They are not interested for wasting their time in government hospital because of the distance from the village to the health centre, the process involve the government health service, which is sometimes putting them in trouble, standing in line for registering their name in OPD and also for a specialist doctor. Therefore, they neither have the patience to stand nor have time for wage loss. These factors have influenced them to use private practitioner’s medicine without a doctor’s prescription. It doesn’t mean they are rejecting modern health services. Certain socio-cultural barriers have obstructed them to depend fully on single system. For instance, the strong religious belief system influences them to follow their traditional healer’s diagnosis and treatment method over other systems of medicine. It means Kendumundi Mankirdia continues their practice or their system of medicine despite their use of government health service. It shows Mankirdia are in ‘Modo-traditionalism’ stage.

Case Study IV: Private Practitioner of Dengam Village

Figure 7.8: Private Practitioner Dengam Village

Name:Umesh Chandra Mohapatra
Age:65 Year
Sex:Male
Village:Dengam
Profession: Private Practitioner

Umesh Mohapatra age 65 a retired headmaster lives in the Dengam village. He is one of the respected and well-known personalities in the locality and very closed to the Mankirdia community. He posses three generation's knowledge about Mankirdia tribe. The long term association with the Dengam high school gave him a scope to understand them; this close friendship makes bonding among Mankirdia for Mohapatra. He is the second most trusted and dependable person in their community after village healer/head. The health service of the government is not properly reached to the Mankirdia which encourage them to trust and use their system of medicine rather depends on the others. The first one is their traditional healers, which provided timely services and gained tremendous trust and respect.

Traditional income source of the Mankirdia is not enough to provide a better life and overcome the circle of poverty. Besides, they were unable to receive sufficient government support to extend their income source. As a result they suffer extreme poverty which influenced their health status. Many times they address their health needs from their system of medicine; and do not prefer to adopt modern medical facilities. There are no proper government health service facilities for this indigenous tribe. Although few government health institutions are present in the locality, these are not properly functioning. It means these institutions lack the basic support system from the government. This is one of the major causes of disease burden

among Mankirdia. He (private practitioner) further says, ‘’they either come to me or go to their Ojha[189] (the traditional healer)’’.

He has been serving in the development of Mankirdia people since 1975. He was the headmaster of Dengam high school, but his interest lies in the health service. He sells allopathic medicine to Mankirdia people and other non-tribal in the locality to provide better health services. The health camp of Mohapatra is held at a local Hatt[190] or market twice a week. Apart from this he also gives medicine on advance and emergency to the needy person. The emotional attachment of Mohapatra with Mankirdia motivates him to create awareness and serve them.

He has mentioned that, there are certain basic facilities, which have developed in the last couple of years, i.e. road, housing, etc. But there is no serious effort taken for the development of the health condition of Mankirdia. Moreover, the traditional occupation of Mankirdia has failed to provide a basic level of income, which severely affects their health status and choice of health services. Moreover, alcohol drinking was another major cause of their poverty. The common diseases which affect their health are like; malaria, cold, cough, and Bata[191].

He further mentioned, the settlement of the village is situated with closed proximity of hill tracts, which easily affect them. Besides, the water blockage of the area sometimes creates fertile ground for mosquito breeding which is the main reason of malaria disease. It was found that, Mankirdia use mosquito net at night time, but there is a probability, that it can bite in the daytime. They also suffer from viral fever which occurs because of seasonal change. For an immediate check-up of the diseased person, he usually keeps various test kits like malaria test kit, blood test kit, and pregnancy test kits. He gives the test report to the patient within a few minutes. In the case of positive report, the patients were given malaria medicine, and in the non-positive case, the patients were given anti-biotic tablets. Most of them suffer diseases only because of regular alcohol drinking habits. But he said, the current scenario has changed a lot. Now days they are not taking alcohol regularly. This is possible due to their conversion to Christianity, which shows a positive sign for them. Besides he has also mentioned that, he never

[189] Ojha is the traditional healer of the Mankirdia society.
[190] Hatt is the local word used for village market.
[191] Bata is the local term used for rheumatism disease.

demands any single rupee from patients. More often Mankirdia are unable to give medicine price. Many times he treats free of cost.

He says all age group patients come, but 11-60 age groups are more in numbers. According to Mohapatra, generally, the adolescence girl suffers more from viral fever and cold; sometimes girls come, those who suffered from abdominal pain due to menstruation. Generally, he doesn't treat the delivery patient rather refers to government hospital. In the year 1991, one incident happened, when he returned two brain malaria patients to hospital for better treatment. At that point of time, he couldn't control that case.

Case Study V: TB Patient

Rajesh Mankirdia age 47 lives in Dengam village. His family's livelihood depends on forest collection and wage labour. Both husband and wife work as daily wage labour at the stone crusher and forest department. They hardly maintain the household expenditure from those sources. But last two years, their living conditions had disrupted severely when Rajesh was diagnosed as TB. Earlier they didn't take it seriously and think, cold and cough are normal, would recover in due course of time. When the severity of pain was increased, he consulted the private practitioner to get well. After a few days, again he suffers the same and then the private practitioner advised him to check up at the government health centre. Then he went to government health centre, diagnosed as a tuberculosis patient and take treatment according to the supervision of a doctor. After six months of medicine, he feels better and joins his normal work.

Case Study VI: Malaria Patient

Sagram Mankirdia age 45 a resident of the Dengam village. He works as a labourer in the local stone curser. He fell ill when he was working, but didn't take any allopathic medicine first three days. He took some home medicine to get well. At that point, when his body didn't respond to his home medicine, then he took the advice of the Ojha[192] (Traditional Healer) and discussed the symptom with the healer, and some took herbal medicine for three days. But that also didn't fully recover him from pain. Then he consulted a private practitioner (Chandru Mukdi) in

[192] Ojha is the traditional healer of the Mankirdia tribe.

Dengam village. The practitioner inquired about the symptoms and mentioned that he suffer from fever and severe body pain along with weakness. After listing the symptoms of the patient, he was prescribed some injections and tablets for five days.

According to the advice of the practitioner, he consulted every alternative day and informing the health condition. The only advice was given not to take more tablets that would create a problem. Every alternative day visit costs around hundred rupees for Sagram Mankirdia. This was difficult for him to bear. The health condition of Sagram instead of getting well was more complicated. She again consulted another private practitioner, but he told her to take the advice of any government doctor. Then he diagnosed by a doctor and identified, he was suffering from malaria and treated accordingly. Sagram followed all the instructions of the doctor and get well within a few days.

Case study VII: Auxiliary Nurse Midwife (Anurama Mahanta)

Anurama Mahanta age 48 lives in Dengam village. She works as an ANM worker in Baniabasa Gram Panchayata that is closed to Dengam. She joined as an ANM worker in the year 2007. According to Anurama, earlier Mankirdia were living in an unhygienic and unclean environment not concerned about the hygiene lifestyle. They only followed the advice of their traditional healers (Ojha) on disease and medicine. It was a difficult task for the Anurama Mahanta to counsel them and bring them into the modern means of healthcare system. She motivates Mankirdia through the financial benefit of government schemes (institutional delivery and free medicine). She also creates awareness among the whole community and especially for pregnant women. She has admitted that earlier the scope of government health service was not available. But, presently government has taken some proactive effort in tribal region i.e. connectivity infrastructural development to develop the tribal health condition. This kind of facilities somehow has motivated Mankirdia to use government health services.

Despite this, many Mankirdia women don't take regular food and iron tablet from locally health care professionals which harm their physical strength. Due to this, many newborn babies and mother are underweight and fall ill. To give proper health awareness to them, they organized different health camps in the village; and arrange monthly check-up for pregnant women of the

village, which were also supervised by health and Anganwadi workers. Besides, she narrated that the doctor and nurse can take a rest but she couldn't take any rest. Their services have increased the confidence and trust among the Mankirdia to use modern health services.

Case Study VIII: Auxiliary Nurse Midwife's Perception on Mankirdia Health Seeking Behaviour

Basanti Hial age 38 works as Auxiliary Nurse Midwife (ANM) in Dengam village. She says it is very difficult to provide health service in an interior village due to lack of transport and communication facilities**.** So the majority of the village people prefer to use auto to communicate to other areas of the district, and sometimes they go by walk. For this reason, she didn't prefer to visit regularly to that village. She told that Mankirdia don't realize our difficulty and dilemma.

Due to hard terrain, it is difficult to reach these villages. Sometimes she gets overburdened by work pressure, still performs her duty. The important point, she wants to mention that, the health centre suffers manpower crunch. Besides, she also mentioned that Mankirdia are not serious in health awareness and initially follow their system of medicine, which creates many health problems.

For instance, they take medicine from i.e. indigenous as well as allopathic that sometimes increased the severity of the diseases. She also said that Mankirdia remains confused in the selection of appropriate health services for them. They either have to take indigenous medicine or allopathic medicine. Sometimes it was observed that they discontinue from medicine dosage or duration that also reduced their chance of getting well. Occasionally they do not understand health workers' language, which also creates problems for both patients and service providers. This is the overall observation of the ANM on Mankirdia health-seeking behaviour.

Case study IX: Doctor's Perception on Mankirdia Health Behaviour

Anil Mohapatra age 45 works as a doctor in the primary health centre of Kendumundi village. He is very popular among the Mankirdia people. He has been working at the Kendumundi health centre since 2012. According to him, the health status of Mankirdia has changed a greater extent and their awareness levels also increased after his joining in the health

centre. Earlier Mankirdia were living in unhygienic conditions. Many times they did not take regular bath, brush their teeth, but smoke and drink heavily. Even the old women, pregnant and disease affected women sometimes smoke and drink.

However, the dietary pattern of the Mankirdia lacks proper protein, minerals, and vitamins. He also, mentioned that Mankirdia want immediate results, but didn't follow the rules of the treatment. Many times he motivates the patients to come primary health centre for a regular check-up. Despite that, they are showing hesitation including pregnant ladies. The carelessness and unaware nature of Mankirdia creates health problems for them. It was observed during the delivery time; no care was taken for the pregnant woman and newborn. Many times they consult doctor only in a serious case.

The poor diet and unhygienic living conditions are the main reason for their poor health. Besides, he also mentioned that, Mankirdia consult to their local healer in case of sexual disorders like; excessive bleeding during menstruation, and leucorrhoea. They are reluctant to discuss their sexual disorder with government doctors and private practitioners. So they consult with their village healers.

Case Study X: Delivery Patient

Sunheri Mankirdia, age 43 years, lives in Dengam village. She is a day labourer and has a family, including four children. The main source of livelihood is rope making and labour work in the locality. During her first pregnancy, she had no idea about the importance of tablet and an injection. The first delivery was conducted with the help of village Dhai Budi. She is one of the experienced women in the village and plays the role of midwives. When Sunheri again became pregnant, this time she followed the instruction of local health professionals (ANM and Anganwadi worker) for safe delivery and good health of the newborn child. ANM told her to eat meat, egg, milk, green leaf and vegetables which are important for the growth of fetus.

She knows that it is good for her health, but her poor financial condition didn't permit to buy and eat such healthy food. When she was having some issue, then the ANM was asked her to give Rs.300-450 for tablet/ injection. But she didn't prefer that and took the help of village Dhai

for delivery. The Dhai also gives some massage on the waist and thigh which gives her relief from pain. She knows that health care professionals (ANM and doctor) are meant to provide medicine, tablets, and injection to cure the disease. It would be good for their people, if the medical staff come regularly to the health centre and provide their services.

Case study XI: Anganwadi Worker Perception on Mankirdia Health

Snei Mahata age 53 works an Anganwadi worker in the Kendumundi village. She narrated that, the difficult time when Mankirdia were struggling to get two square meals in a day. The only source of their livelihood was rope making and sell it to the local peasant in exchange for household goods. But that was not possible in all seasons. So they frequently change their living place for better livelihood. At present they have settled in Kendumundi village.

Presently Mankirdia have improved in certain fields like awareness on cleanliness and hygienic, drinking habit, dress patterns, food habits, communication, etc. The income source has also diversified, which increased their living standard. Earlier they were habitual drunker in the locality. Due to the presence of pastor Subas, Mankirdia people have changed some of their old practices like alcohol drinking habits, sacrificial rituals, and monkey-eating habits. The advent of Christianity among Mankirdia was the early stage of their semi-settled life. The visible change has marked after one and half decades of their settled life. The first stage of transformation was to stop drinking alcohol and create awareness about the unnecessary ritual sacrifice among the Mankirdia. Earlier they used only their medicine, but now a day they are using alternative medicine. Presently they voluntarily use the government health services along with their system of medicine. It shows the changing behaviour pattern of the tribe.

She mentioned that, there are nineteen Mankirdia children have registered their names in Anganwadi centre, out of that a few are regularly coming whereas the rest of them come on the day of special meals (Egg distribution). They are gradually developing some interest in education because of available food and colourful books and entertainment facilities in the centre. She also mentioned that, those parents are working outside of village and have good communication with outer society; their children are more in number. The women's group (pregnant women) of the community voluntarily comes to take immunization and other health facilities. In addition, they

also show interest in institutional delivery rather than their home delivery. She also mentioned that, Mankirdia women show their interest to use modern health facilities because of financial benefits and free medicine. This changing scenario has been experienced since 1997.

7.5: Changing Process of Mankirdia Medicine

Figure 7.9: Changing Process of Mankirdia Medicine

The changing socio-structural sphere of Mankirdia is also affected in their medicine as well. The dichotomies of subjective vs objective and modern vs. traditional get clear after understanding the modernization of Mankirdia medicine; how they use it and what kind of disease could have been cured or prevented from that medicine. It was found the speed; awareness and benefit of the Mankirdia medicine have not reached the level of expectation. Therefore some Mankirdias are working hard to popularize and disseminate their medical knowledge to the outer world. So they have adopted different new techniques to create importance for their medicine.

Earlier they were distributed medicine in their locality and very rarely go outside. It was found that, they go outside, when patient's family took them out. But present generations' Mankirdia have emulated new ways of diagnosis and treatment. They apply new tools, i.e. using a mobile phone to discuss the severity of disease and give instant remedies or they use the marketplace as a suitable place to sell their indigenous medicine. For instance, the picture of plate 7.9 shows one of the healers was using a loudspeaker to highlight his medicine like various

oils, which are using for rheumatism, back pain and poisonous bite, etc. sometimes they also make a powder of various plants and sell it.

Figure 7.9 shows the importance of traditional medicine or indigenous medicine in the globalized world. It is also observed that now a day many urban people or so-called elite class people are attracting towards this indigenous mountain medicine. The first picture is showing Saji Mankirdia's trolley medicine. He sells different types of medicine for old diseases like rheumatism, headache, bodily pain, and poisonous bite. He displays all these oils and medicine in a trolley to attract the customers. Picture two and three shows various kinds of medicinal oils and powder which are displayed for selling in the local market or weekly Hatt.

The second picture shows, the juice of various medicinal plants like Cherita Drau[193], Neem Drau, etc. He brings all this medicine from Mayurbhanj district and sells in the local park of Bhubaneswar. Mankirdia follow the normal technique to identify the herbs and use those in different disease prevention. Generally, they use leaf, bark, and roots of the plants to prevent and cure the disease. The target customers are the middle age and gym going people. Sometimes there is a queue in front of his small shop.

All these are showing the importance of Mankirdia medicine in non-tribal locality. That is up to the urban location or the capital city of the state. The perception of the common people towards Mankirdia medicine has changed to a greater extent.

7.6 Challenges for Public Health Service in Study Villages

The visibility of public health services in study villages is very low. The reason for low performances of the public health system is because of improper epidemiological data, lack of sustainable livelihood, low literacy, low quality of water and sanitation, a distance of health institution, absenteeism of health care provider in the health centre, improper behaviour, lack of manpower, poor maintenance of infrastructure, cultural insensitive health policy of the government, and faulty evaluation of developmental work. These are major hurdles for public health service in study villages. The objective of public health is to provide prevention,

[193] Cherita Drau (tree) root is used for skin disease and hail fall.

protection, and promotion against disease and illness of the community. It would possible when Mankirdia improves their living standard, diversified occupational pattern, and health education. The most important is the coordination between existing public health institutions and Mankirdia health care approach which further strengthens the health service system in study villages.

Conclusion

The overall health-seeking behaviour of Mankirdia has changed a lot in the study villages. Kendumudi village Mankirdia is more inclined towards allopathic or government health service than Dengam. The positive attitude of health care professionals towards Mankirdia, motivates them to use modern medicine/allopathic treatment. It can be said that the main cause of their acceptance of scientific medicine/government run health services was due to the service of health care professionals. In Kendumundi village Mankirdia adopt diverse health services/care sources for their health need rather than depending exclusively on one system of health care.

In the case of Dengam, the health care needs is mostly guided by their traditional system (Healers, Dhai Budhi, experienced elder persons), which is determined by their income and standard of living. The health care/services of the Dengam village largely come from three major sources like traditional medicine, government health service, and private practitioners. The health care /service options of Mankirdia are influenced by the economic capacity and their socio-cultural exposure to the outer world. Besides other important factors which have impacted such as education, accessibility, availability of government health services in their locality. These above factors act as a barrier to access modern health services.

It is evident that; Mankirdia suffer many health issues, which are only addressed by the modern medical system. Mankirdia of Dengam village is unable to take the benefits of government health services, due to their lack of awareness, improper communication and transportation, and distance location of the health centre, low level of literacy. All these factors are creating hindrance for them to utilize the mainstream medicine or government health service. The accessibility of government health services is comparatively better in Kendumundi village than Dengam. Besides the trust deficit is another factor that impacted their health needs. It has

been mentioned that Dengam village rarely observes polite & friendly behaviour from the health care professionals of the government run hospitals, which is one of the major cause of lower dependency on modern health service. They bring allegations against the health care professional that, they never see disease person properly and give medicine.

In addition their indigenous medicine and medicinal plants have been disintegrating from their hand because of rapid deforestation, shifting cultivation, and forest fire. So these incidents have forced them to find out alternative source of medical or health services like allopathic and homeopathic.There are major factors which bring change in their lifestyle including health-seeking behaviour. These are income-generating capacity, educational awareness, changing food habits, changing role of family, the role of religious belief system, consciousness towards image building or dignity, the role of Hill-Kharia Mankirdia Development Agency and other developmental policy /schemes of the government, better interpersonal communication with non-tribal, political participation of the women member through Self Help Group and the most important factor is the immediate result of allopathic medicine.

Despite all these facilities provided by the government and other NGOs they are still suffering from various life-threatening health issues. Also, the existing government health service is not properly reached out to Mankirdia and sometimes not addressed by the system. Sometimes they are harassed by the government health system which forced them to use own health care approach.Therefore the first choices remain their traditional medicine, but nowadays they are also preferring locally exist health care approach i.e. allopathic and homeopathy medicine. Mankirdia people depends more than one system of the medical approach to overcome their disease burden. It is also seen that the elite class people of the society are attracted towards the herbal medicine or indigenous medicine of the Manakirdia; it indicates the diffusion of Mankirdia health culture.

Chapter-VIII

Summary, Findings and Suggestions

In a true sense of the term, research has no end point, but for the sake of deriving the lessons from the research, it is always brought to some closing point, mainly on the background of the objectives on which the research is based or designed. In this way, the study of the Mankirdia in Kendumundi & Dengam after a long empirical study through the preceding seven chapters is ordained to reveal its useful and important experiences. In this context, the research questions on which the present study is based primarily need thorough exploring through the delineation of such experiences or facts to prove their viability. The present study has been conducted on the semi-settled Mankirdia tribe. They inhabit the Mayurbhanj, Balasore, Jajpur, Keonjhar, and Sambalpur districts of Odisha. The study of Mankirdia Tribe has been conducted in the Kendumundi village area in Patbil Panchayat of Karanjia Block of Karanjia Tehsil in Mayurbhanj district and Banibasa Panchayat of Khunta Tehsil in Mayurbhanj district. The present research is based on the ethnographic study of the "Dynamics of Health and Healing - an Ethnographic study of the Mankirdia tribe of Odisha".

The major objectives of the study are to understand the health culture of the Mankirdia, secondly to ascertain the role of structural elements and health-seeking behaviour of Mankirdia, thirdly understand the women's role in the health service and last one focuses on changing the health culture of the Mankirdia tribe. Chapter one elaborates on the health dynamics of the Mankirdia tribe and defines the health understanding of tribes in general Mankirdia in particular. It bestows the dynamic aspects of health. The central argument of this chapter focuses on the fluidity instability, changing, the diverse meaning of health, and the relative context of health. Besides, the chapter has conceptualized that health is a dynamic discourse, which needs to be understood beyond the dichotomies of subjective & objective and social-cultural vs. biological, but in a relative term. The health-culture remains crucial for each particular community. The

existing study reflects a variety of distinct opinions on the subjects. People choose different medicinal, remedial techniques, or methods for minimizing their sufferings or severity of disease burden.

The health-seeking behaviour of Mankirdia individuals and groups is influenced not only by a single factor but also by a plethora of complex intersectional factors. Besides, it is briefly discussed in the general understanding of healing and reviews various medical systems and healing techniques. The term healing is primarily associated with both health and illness. It is more than mitigation and recovery of illness. It gives a reprieve from anxiety, disquiet, fright, guilt, loneliness, and hopelessness. It is a holistic term that refers to a state of psycho-physical well-being. The most important part is its focus on the people, not the individual's problem (Dalal, 2013). Indigenous communities have a simple social structure and are more influenced by their belief systems that some diseases could not easily be cured by modern medicine, but only cured by the traditional healer as they are empowered with supernatural power (Praharaj, 2007). Besides, other social scientists have mentioned; it is a way of life and a set of concepts which is based on society's values, tradition, and belief system. Further, it is deeply rooted in the socio-cultural complexities of society (Bhasin, 2007). Moreover, it elucidates the existing literature that deals with traditional/indigenous medicine, cultural understanding, and women's role in indigenous medicine and the changing context of indigenous medicine.

To materialize the study, the researcher has used ethnographic methods. It also analyzed the problems of the study. They are intimately and symbiotically associated with their ecological surrounding and depend on three basic things, i.e., forest, market, and water resource. These three are the lifeline for them. They collect daily household goods and medicinal herbs as well. The ecological milieu of the Mankirdia changed because of the forest fire, shifting cultivation, and increasing encroachment of forest by mafias. This has severely affected the status quo of this nomadic tribe. The intrinsic historic**,** cultural adaptability with nature has got disrupted due to the enactment of new laws by the government restricting their access to the forest.

These important factors isolated Mankirdia from the modern economic system and side-lined it from their self-sufficient forest economic matrix. These issues have engulfed Mankirdia

with the extreme level of poverty. The existing government system has miserably failed to protect their health rights. Many of their fundamental rights are violated; this research focuses only on the right to health as a fundamental right. In this circumstance, the chapter explores the cultural worldviews, a woman's role, structural factors of the Mankirdia community in health and healing practices. The process of assimilation and cultural diffusion or inter communication or modernization has brought rapid social change among the Mankirdia (more in Kendumundi village Mankirdia). It is a departure from their traditional way of life, which has also been felt in health care approaches or health services.

Further, it describes the significance of the study; it reflects the unique world view and social practices of the Mankirdia tribe in health and healing practices. Mankirdia health practices continue to persist despite the presence of modern health services.

The second chapter focuses on the whole process of the methodology and method for reaching out the objectives of the study. The researcher mostly relies on the participant, non-participant observation, case study, interview, phenomenological interviews for data collection. Besides, the researcher has used some basic household demographic data. To complete the data, the fieldwork has taken one year (2018 April to 2019 April). The researcher has used a checklist for interviews of healers, patients, political representatives, village headmen, and all the concerned government staff. The field investigator has used both primary and secondary sources to reach out to a comprehensive process. The beginning of the research was started in April 2018. The process was started from the state capital to targeted villages, the entire research is pivoted on fieldwork and exploring the research questions and conclusions are predicated on results obtained in the field. The last section has analyzed the delimitation of the study. The generalization of the present study does not apply to other tribes of Odisha.

Chapter three provided a glimpse of the socio-cultural history of the district, study villages, and Mankirdia. It was found that Mankirdia is one of the smallest tribal groups (in numerical strength) in the district. They live in an abundance of poverty but have a long-lived culture, which is different and unique from other tribes and non-tribal of the locality. Besides, it gives a vivid description of the existing scenario of two study villages. The village Kendumundi

has adopted a more advanced way of lifestyle than Dengam village. The factors which brought change are like; diversified occupation, education, adoption of non-tribal lifestyle, social network, the adoption of new religious beliefs, and political participation. In addition, it also highlighted the structural setup and cultural practices of study villages. Dengam village was more prone to preserve the cultural heritage and less inclined to the modern way of life; while Kendumundi is in the process of change and adopts many external behavioural patterns of non-tribal of the locality. This has brought many changes in their day-to-day life. The most important is the strong bonding of Mankirdia people with their environment.

They are in the process of Modo-traditionalism (it is a process of unfinished or incomplete process, they are adopting both tradition and modern way of life, these two give rise to Modo Traditionalism).

Chapter four discussed the importance of structural factors and its influence on Mankirdia health-seeking behaviour. The health-seeking behaviour of this tribe is largely decided by the socio-structural framework and practices of society. The first structural base of the Mankirdia tribe is the occupational structure. The economic status of the Mankirdia tribe is a significant factor in their health status. As they depend on the forest-based economy, the purchasing capacity remains very low in comparison to other tribes, which directly affect health-seeking behaviour. The economic advancement of the Kendumundi village is more than that of Dengam. The main reason is the shifting traditional occupation (rope making and forest produce) to wage labour but in the same pattern is just reversed in Dengam village. As a result, their income-generating capacity is lacking behind. It was found that Dengam village Mankirdia mostly depends on the traditional occupation (forest collection and hunting work) and their income is lower than Kendumundi village Mankirdia. Besides, the expenditure level also differs between the two villages, as the income and occupation of the two study villages show that, Kendumundi village people adopt modern occupation or diversified their occupation sources, which help to increase their standard of living and raise their income, this is not possible for Dengam village. Even today, they depend on the forest and hunting but adopt wage work as their secondary occupation for sustaining their poor living standard. The annual household expenditure of the two study villages shows that most of the household of Dengam village belongs to the category

less than five thousand while Kendumundi village has three percent of the household belonging to this category. This income level shows the extremely poor condition of the Mankirdia people in the study villages. The income and the expenditure level between the two study villages are different, which also acts as a determinants factor to choose the health services. It shows a thirteen percent gap between the two villages. It was observed that nine percent of people's expenditure remains less than five thousand in a year. Besides, thirty-nine percent of Kendumundi Mankirdia expenditure five to ten thousand annually, which is higher than Dengam village (thirty-two percent) and the overall thirty-five percent of Mankirdia expenditure is five to ten thousand annually.

Apart from this, other important structural elements also determine their health status. The most vital is the ethnic identity of the Mankirdia tribe that many times influences their health-seeking behaviour. It is also true that an individual’s cultural practices play a crucial role in health-seeking behaviour. The ethnic identity of the Mankirdia tribe is one of the important structural variables that most often determine their health care choices.

This is not created by the self-glorification of the community but manifests its validity before other people as well. In addition, this chapter also discussed the important role of ethnic identity which becomes a tool of humiliation, discrimination, exploitation that severely affects the social identity of Mankirdia community. The distinguishing socio-cultural culinary practice of hunting monkeys for consumption is abhorred by the non-tribal (predominantly Hindu) society which considers it an abominable practice due to the religious significance of monkeys. So, this kind of social practice is not easily tolerated by the local non-tribal Hindu people. So, they are easily targeted and disrespected by them.

It not only affects a single aspect of the community but almost every part of their life. Many times, it is observed in the study village, Mankirdia people don’t prefer to take modern health care facilities because of fear for ethnic discrimination, exploitation, and trust deficit in the doctors. The insensitivity, callous attitude, and unfriendly behaviour of healthcare professionals have created a negative image of western/modern medicine. As a result, they prefer to accept their indigenous medicine during health crises.

Health is one of the parts of that physical or racial attribute of the Mankirdia tribe; the self-perception and social glorification attached with their culture and tradition which is diminishing by other communities. Due to this, they were also discriminated against in the various fields by other groups. As a result, it brings more social suffering than happiness and influences their health status. It is also mentioned by some of the elder persons of the village. The role of ethnic discrimination is a pivotal impact on Mankirdia's health and well-being.

Family and kinship play a major role in health-seeking behaviour. It is mentioned that most of the Mankirdia (94 percent) belong to the nuclear family. In addition, only 3 percent Mankirdia live in joint families and 2.7 percent remain in single families. Moreover, there is 0.3 percent Mankirdia living in a separated family.

An important fact is observed that - even if they live in a nuclear family, they never forget to take care of their old parents. Most of the old parents work independently to live but exchange daily household goods with their son and daughter-in-law. The income was kept independent and separate between parents and children. The family and kinship among the Mankirdia tribe are selected by their marriage and Tanda system or hunting participation. They have no exact genealogical ideas about their predecessor. The social and emotional care of a sick person can only be possible through family members.

This institution of the family emotionally controls the family members and the community. Consequently, the disease persons have great trust and confidence in the word of their family and kin group. The belief system works as medicine rather than a modern tablet and injection. The family provides all sorts of emotional, psychological, spiritual support to the ill or sick person. This can't easily buy from modern health care services. Therefore, their family and kinship have a greater role in health-seeking behaviour. They not only provide the right solution, but provide scope to select the mode of treatment, duration of treatment, the place of treatment, the expenditure of the treatment, and the types of treatment method. All these important processes are decided by the family members.

Further, other important structural factors also significantly influenced the health behaviour of the Mankirdia tribe, i.e., language, religious beliefs, and the socio-political

influence of the community. As we know the importance of language in human communication. It not only helps the human to be communicated but the medium of exchanging ideas between the individuals. The communication gap creates or hampers the intention of the ideas being disrupted. Because of these issues, they suffer many social maladies in their day-to-day life. Sometimes they face language barriers which create improper communication between Mankirdia and other non-tribal of the locality. Due to this language barrier Mankirdia people are unable to communicate properly about their health issues to health care professionals. As a result, the chance of better health services has diminished. Mankirdia language either undermines or is not practiced or not spoken by the remaining population of the locality. It creates a vacuum in the communication process that severely affects the health status of the Mankirdia. It is visible in the case of education, communication, health services, and day to day work of the Mankirdia. Many times, they also become a soft target of unscrupulous doctors and medicine shop's cheat.

They also face the same experience in the field, educational institutions, Panchayat Raj institutions, hospitals, banks, and health services. The disinterest of Mankirdia people towards locally used language creates problems and vice versa for Mankirdia language. It is a detrimental factor for this semi-nomadic tribe. They face dual discrimination by undermining the use of Mundari (own) language in public institutions or lack of encouragement to use. Secondly, their lifestyle has rapidly adopted the Hindu and the Christian society, which negatively affects their language. All these issues cumulate their problem and severely affect health behaviour.

The education level of Mankirdia is very poor in the state as well in the study villages. The educational achievement of the study village shows that (78.9 percent) are illiterate and (15.3 percent) Mankirdia completed primary and matriculation. The rest is 8.9 percent of Anganwadi children in the study village. The more illiterate (80.2 percent) Mankirdia people are in the Dengam village and (76.6 percent) in Kendumundi village. The Mankirdia children can't easily understand the Odia language, so they are unable to bring success in examinations. They also face myriad problems in the hospital, when they go for a medical check-up; they fail to properly communicate and are facing the risk of being duped by unscrupulous health professionals. It was found that those Mankirdia are literate and get some outer exposure, they

easily adopt modern health services and improve their health status. In this way, language acts as a significant factor for Mankirdia health seeking behaviour and health status.

Moreover, the religious belief system has influenced the health and healing practices of Mankirdia. They are known as polytheists. They have been practicing since their nomadic stage of life. Believing in nature, God and Goddess are the inherited character of this nomadic tribe. All aspects of Mankirdia social life are affected by the influences of religion. The roles of religious preceptors like the Ojha, Dhiri, Mati, are most vital in any social event without any acknowledgment of these three the events would not be possible. The religious realm plays a dual role in Mankirdia. It enhances and builds collective identity, social conscience cooperation, homogenous nature, brotherhood, community welfare; on the other hand, it increases insulation, social isolation, the chance of poverty, helplessness, illiteracy, and backwardness among Mankirdia people. The important contribution of Hinduism and Christianity, are that it replacing the traditional indigenous animist- shamanic religion, mainstreaming of the Mankirdia and articulating them into the fiscal system, thereby resulting in the economic advancement of the Mankirdia tribe.

After the adoption of new religious ideas, there has been significant reduction in the incidence of alcoholism among the tribe that was the main cause of their poverty and ill-health. The levels of education, income, political awareness are advanced among Christian believers in comparison to traditional religious groups. The acceptance of health services also results in the level of awareness one gets from the prevailing religious belief system. It was found that the Christian follower uses more modern health service facilities than their counterpart. The religious world view of the Mankirdia has brought two types of change in their life i.e., increase social bonding, collective conscience, social cohesion, mutual trust and obligation among their groups, on the other hand it enhances their economic status, living status and spirit of income-saving concept.

The earlier one was the example of the traditional religious belief system of Dengam village. It shows more similarities with the concepts of Emile Durkheim's (Elementary Forms of Religious Life, 1912) and Malinowski's Magic, Science and Religion and Other Essays, 1948).

The Durkheim's religious concept focuses group solidarity, communal living and emotional security and Malinowski's on socio-psychological support of religion in the crisis time (birth, death, marriage) of human beings. The second one indicated the Christianity belief of Kendumudi village, which shows more similarities with Max Weber's concept of "Protestant Ethics and Spirit of Capitalism". The central application of this theory is to evaluate how Mankirdia economic life has changed after their adoption of Pentecost Christianity ethics, like that of Protestant Ethics and enhancement of their economic life or capitalist inclination. The study found that Mankirdia's adoption of Pentecost Christianity has positively influenced their lifestyle (more in Kendumudi village than Dengam).

Besides religious realm of the Mankirdia, there are certain other factors which directly affect the health-seeking behaviour i.e., housing pattern, electricity facilities, drinking water facilities, toilet facilities, household assets, and livestock, old age pension, ration card, awareness about health scheme, and access the health insurance facilities and job card facilities.

The political structure is also another factor that influences Mankirdia health behaviour. Those Mankirdia people are politically aware and actively participate in socio-political organizations both private and government. The level of political advancement is correlated with income-generating capacity, health awareness, education, social network, and awareness about government policy and programmes. The level of participation in the political sphere has resulted in significant changes and awareness in their life. It has certain positive value for Mankirdia people. These entire factors directly influence their health-seeking behaviour.

Due to political consciousness Mankirdia are able to participate in the electoral process, aware of the political parties, voting behaviour, and become a member of different village committees i.e., school committees, Self Help Group, etc. This has created a positive atmosphere towards accepting government developmental policies including health-related programmes and policies. The overall political awareness and participation is comparatively more in Kendumudi village than Dengam.

Chapter five was analyzed, the health culture of the Mankirdia tribe. This chapter has also elucidated the social construction of disease, sickness, and illness in Mankirdia society. In

addition it also discussed the disease profile of the Mankirdia people in study villages. Moreover, the societal factors which act as major agents or casual determinants of the health i.e., prevailing socio-cultural belief systems, income, education, ecology, social network, political participation, and level of acculturation process among the Mankirdia. Also, the disease causation theory has been analyzed; there are three types of causes responsible for disease i.e., natural, man-made, and supernatural. The prevalence of common diseases like cold, cough, back pain remains the same in study villages, but the major communicable disease prevalence varies between the two villages. For instance, the prevalence of malaria is only seen in Dengam village. Besides, there are certain other diseases, i.e., paralysis, jaundice, and low blood pressure is only seen in Dengam village.

Apart from this, the gendered specific variation is also marked in the study village, Mankirdia female members are more disease-prone in Kendumundi village, whereas it is observed in Dengam village female member suffers more suffering due to prevalent structural social factors. The researcher found that the common cause of the above disease is the hilly region of their habitation which acts as the fertile ground of malaria disease. The other causes were, i.e., poor drinking water and an unhygienic environment that also increase the disease burden among Mankirdia. Besides, they face food scarcity which is also one of the reasons for their illness.

In the initial stage of the disease Mankirdia people prefer their village healer's treatment and in case they fail to bring cure, then opt to private practitioner's medicine. If their suffering increased and wasn't cured by the above two health systems, then only they prefer to take government health services. To meet the health expenditure, generally, Mankirdia depends on their income, and sometimes on neighbours' help. But there are some Mankirdia who take money lenders help for health expenditure.

The role of traditional Mankirdia health care practitioners or healers like Ojha, Dhiri, and Mati have been complementary to the health-promoting practices in the society; and they have major contributions towards disease prevention and rehabilitative processes . The traditional healers are categorized into three major heads like herbalist, faith healer, and mixed ones

(herbalist plus faith). The belief systems of Mankirdia influence a multi-level world view, but the prevailing culture remains the highest priority.

Chapter six focuses on the status of Mankirdia women in health and healing practices. Further, it broadly categorized various roles in the sphere of social, political, economic, and religious and health. The chapter also focused on the importance of Mankirdia women in the household and decision-making process. The traditional social structure among tribes is less patriarchal than non-tribal society and which give women a greater degree of social and economic independence and their influence in the decision-making process.

There are certain fields where Mankirdia women act as front-line agents of change, but most of the time they are treated as subordinate, for example, freedom enjoys in the field of marriage but not applied in economic activities. They are flexible and allow widow, sororate, and levirate marriage in their community.

But they stigmatize barren women (Banjhi women). It shows their dual character in their social practices, one hand encourages the womenfolk, and the other hand discourages them. Besides, they follow some taboos related to women or pregnant women, i.e., they need to cover the entire body, not to touch hunting implement that brings unsuccessful, not to see any dead body and not eat sacrificed meat, etc. they also believe any deviation from this, bring misfortune for pregnant women as well as family members.

Besides, the chapter also focused on some important factors that influence the health behaviour of Mankirdia women like education, political, economic, religious, etc. The literacy rate of Mankirdia women actively influences their health status. It was found that the literacy rate of women is more in Kendumundi than Dengam village. As a result, it enhances health awareness and adoption of various preventive and curative approaches. Besides, they become aware of various health programmes of the government through ASHA, Anganwadi, and health workers, Auxiliary Nurse Midwife (ANM) of the village, and other members of the locality. They are becoming more aware and receptive to alternative worldview beyond their system of health. This also improves their health status.

The religious world view of the Mankirdia has been divided into two groups one is nature worship and the second one is Christianity. In Kendumundi, women members of the community mostly follow Christianity and adhere to new positions like a pastor (priest), whereas in the case of Dengam it is reversed, they still believe in nature worship. Here this chapter highlighted how the religious beliefs of the women affect their overall life and health status as well. In addition, the role of Mankirdia women healers (herbalists) and western biomedicine also remains vital for the community's well-being. Nevertheless, certain continuities of the Mankirdia tribe remain intact, i.e., disease causation, patterns of response, and treatment. Besides, they also draw ideas and practices from biomedicine and Christianity in a selected manner according to the situation. It was not possible in the earlier religious realm.

Besides, it also analyzed the disease burdens of the Mankirdia women. Despite their contribution to the family, they’re not given sufficient economic power, which affected their health-seeking behaviour. Due to their economic dependency sometimes they hide their health issues and suffering. Moreover, the cultural subordination is also well established in the mindset of Mankirdia women. As a result, many times they sacrifice their basic needs for their family members.

The irregular food habits, food scarcity, and lack of food purchasing capacity of Mankirdia women are influencing their health. These diseases are anemia, malnutrition, and under nutrition, iron deficiency, weakness, etc.

The care of a pregnant and lactating mother and new child is strictly supervised by the Daduli Budhi of the Mankirdia community. Daduli Budhi spends quality time in the delivery process of the Mankirdia women and the care of the lactating mothers. Presently in the advent of government health services or several women health-related programmes or schemes which somehow attracted Mankirdia women to use and take the financial benefit. Earlier they don’t have any particular systematic method to treat the expecting mother. They have no separate treatment for pregnant mothers. It means, they were not given any role preference or sick role to expecting mothers. The food habit of the pregnant and lactating mother is not the same. Few Mankirdia women engage in forest collection after 15 or twenty days of delivery of the child.

They don't take sufficient time to regain their normal health after the delivery of the child. The physical labour of the delivery of women with an environment is well equipped. So, they don't need any special role performance. But they follow it in a very minimal way. So, Mankirdia women fulfill many health needs of family members.

Chapter seven has discussed the changing health culture of the Mankirdia tribe. The health culture of Mankirdia is not a single entity, but a complex process or combination of several entities. The change in one aspect brings an impact on other aspects of society. The transition of Mankirdia tribe started in the study village from 1987 onwards. They were rehabilitated in a different village area and sometimes make separate hamlets or colonize. The adoption of non-tribal culture has influenced Mankirdia way of life. The first change is observed in the occupational structure, earlier they were dependant on forest products and rope-making work and hunting, but presently they are engaging in wage labour and construction workers and minimum agricultural practice. The housing structure of the Mankirdia has also changed, i.e., leaf hut to semi-Pucca and Pucca house, which has provided the government of India under Indira Awas Yojana. The use of household goods also changes from mud utensils to silver, stainless steel, and aluminium utensils.

The food habits of the Mankirdia have also changed from forest-based roots, fruits, and animal meats to market-based food like Bara, Peeaji, Singda*,* tea*,* Mudhi, and Chuda and they also change their drinking habits, nowadays they have left the traditional Handia and Mahuli drinking habit. But it was found some of the old age and middle-aged Mankirdia secretly drinks. The number is very less than in the early phase of life.

The religious life of the Mankirdia has drastically changed the polytheist character of the Mankirdia mostly transformed into monolithic form. The present generation and younger age group are more inclined towards Christianity rather than uphold their old religious life. Maximum (75%) of the Mankirdia has adopted Christianity. In the case of dress and ornaments, they also adopted some new style of wearing. Earlier they used a piece of cloth as casual wear for males and saree for females. However, presently, the male members of the community wear various designer shirts and pants and women members also wear a different type of saree and

unmarried girls wear Churidar. Also, the small children below the age group of 6 years generally don’t wear any dress and wander naked. Like different tribes, both the Mankirdia male and female incline toward tattoos. Female members from the community use decorations, for example, bangles, hoops, neckbands, and so on. The family set up of the Mankirdia reveals that it is patrilocal; all the important decisions of the family are taken by the male member of the house and head. Married sons usually live separated from their parents but take care of their old parents. Generally, the decision making, and financial, political matters are dominated and controlled by the male members of the house. In the case of the traditional village council, it has lost its significance and power of dominance over village people. The role of Digur and Nayak has been minimized just as an advisory group, not more than. They are no longer the guardians of the village matter.

The marriage system of the Mankirdia has also changed, earlier they were more interested in arranged marriage and preference given known relatives. But presently they do not so strictly adhere to the rule. They practice seven types of Bapla (Marriage) but the Nam-Bapla is the preferable marriage and highly accepted one. Besides, they also allow window marriage, sororate, and levirate marriage. The bride price, although not compulsory but bridegroom takes a prestige issue. The marriageable age was 11-13 for females and 16-17 for the male member. Nowadays the male members' ages have increased to twenty. However, some Mankirdia secretly engages in child marriage in Dengam village.

The earliest source of living has been changed or reduced because of illegal encroachment of the forest by the non-tribal and lack of proper government effort on their traditional ecosystem. The extreme level of poverty and lack of basic amenities increased their disease burden. The major diseases which strike more to their health are cold, cough, fever, skin diseases, malaria, tuberculosis, body pain, back pain, weakness, ulcer, reproductive related disease, etc. They depend exclusively on herbal medicine for treating the patients. But gradually their indigenous medicine and medicinal plants are becoming increasingly difficult to access because of rapid deforestation, shifting cultivation, new forest law, and damage by forest mafias. So, these incidents have forced them to adopt alternative medical or health services like allopathic and homeopathic, Ayurveda, Unani, Siddha, and Homeopathy (AYUSH).

It was found that the health services of Mankirdia are determined according to the standard of living or income of the family. It has been mentioned that the income level of the family has been a detrimental role in accessing the choice of health services. The first choices remain their traditional medicine, but nowadays they also use alternative medicine like allopathic, homeopathy, etc. For instance, Kendumundi village Mankirdia are economically sound comparatively from Dengam village. So, their choices of health service have oriented more towards modern medicine rather than indigenous medicine.

The health services, the Mankirdia are influenced by four major things, income-generating capacity: intergroup relation, educational achievement, and accessibility, and availability of the health services. All these above factors favour Kendumundi village, which increased the use of allopathic medicine. But the practice and dependability of indigenous medicine are still dominantly prevalent. But nowadays, they are adopting alternative medicine for treating patients. This was not possible earlier. In the case of Dengam village is concerned, they are more interested to use the traditional indigenous system of medicine rather than adopting modern medicine. The availability of forest resources and the collection of medicinal plants encouraged them to treat sick persons through their own medicine. The overall experience with modern health care facilitators is not good for them. Moreover, the negative behaviour of the hospital staff i.e., doctor, nurse, and health worker, and their social interaction which is marked by a condescending supercilious attitude is widely distrusted among the Mankirdia tribe.

Moreover, the accessibility, affordability, availability are important factors that forced Dengam Mankirdia to depend on their medicine. But they also use modern medicines in serious cases.

Findings of the Study

- ❖ The study finds that the cultural attributes of the Mankirdia tribe are an important determinant in health care, disease causation and treatment process. Culture is the way of life, i.e., belief system, behaviour pattern, food habit, art, morals, housing pattern, rituals, and others. All these factors are connected very closely and the effect equally. The role of culture has been remaining the key to their sustenance. This culture has different effects

on their health care and service in two study villages. In Dengam village Mankirdia people are more culture friendly, interested to carry out their traditional legacy, i.e., religious rituals, food, festivals, political organization, and other customary institutions. But the same things are uprightly reversed in Kendumundi village. The applicability of modern health service is more in the Kendumundi village than Dengam village. The main cause of this change is diversified occupation, religious transformation, and level of social contact is more among the Mankirdia people in the Kendumundi village. These are the major detrimental for fixed culture and changing culture in the study village including health culture.

- The structural elements of Mankirdia society are important in shaping the health-seeking behaviour in the study villages. These elements are occupation, religious belief, political empowerment, and social communication, physical or racial attributes, language, education, and land rights of the Mankirdia. All these are interconnected with each other and influence the health-seeking behaviour of the Mankirdia. As it is already mentioned in the household or family those who adopted the new occupation wage labour and other unconventional are improving their standard of living and those who are continuing their traditional way of living are not developed so much but struggling.

- This struggle continues in various fields, i.e., living standard, education, health, social and political participation, and other important aspects of their life. There is a clear division and the difference between the two sections of Mankirdia people, one of those who are in the process of change or have adopted a changing way of life through religious conversion, Sanskritization acculturation, assimilation and integrative process. But these approaches are not fully applicable in their life. However, they are gradually adopting and forsaking their traditional nomadic lifestyle as an increasing number of Mankirdia are orienting towards modern life and settling down in communities and gradually changing their nomadic status to settled life.

- The status of Mankirdia women has been pivotal for the all-round development of the Mankirdia community. They act as the wheel of change; in every field they play a

formidable role. It may be household, family, marriage; occupation, political participation, and all the religious rituals are organized by them. So, the status and role of Mankirdia women are the most pivotal issue in Mankirdia society. Except there are variations observed in the freedom and equality used by the women members in the Mankirdia society. There are certain fields that allow them full freedom and equality but there are specific fields that keep them as the subordinated patriarchal value i.e. decision making power, organizing the financial matters, and social communication, all these are organized and supervised by the male members of the community. On one hand, Mankirdia are allowing the women to choose their life-partner, all the household level festivals and rituals like birth, marriage and puberty.

❖ But Mankirdia women members need to follow certain restrictions imposed by their traditional patriarchal customary norms. Presently they are enjoying a somewhat better position in the religious field, but earlier they were in subordinate positions. Even today those women are following Christian principles only such groups are acting as pastors (like a priest) which was not possible in traditional religious set up. The study villages have different pictures; Kendumundi village women are more advanced than Dengam village i.e., adoption of diversified occupation, education, better social and political participation, and more awareness. In the case of health care, they are also advancing, i.e., adopting and accepting modern health services. The level of interaction with a health worker is better than Dengam village women members. The main reason is the village is situated within the well-developed Panchayat and the town of Karanjia. Besides the major agent of transformation is the Self-Help Group, which provides opportunities for Mankirdia women to expose themselves to the outer world and develop their livelihood options through government initiatives. It was observed that two SHGs group were working in Kendumundi village; and all the members of these two groups are active and taken two installments of money to invest in small business, but in the Dengam village, there is only one group of SHGs, and the members are not aware and active regarding the functioning of the group. Also, they are unable to take any loan amount from this organization; this shows the level of awareness between the two study

villages. Besides, they also suffer more disease burden in comparison to Kendumundi village women members.

❖ The health culture of the Mankirdia tribe is in the state of Modo Traditionalism, , which defines a situation of the culmination of two sides of the one. This refers to the assimilative process; the acculturation process and integrative process are in the slow and middle level or early phase of entrance into Mankirdia life. There are certain aspects of Mankirdia life, which have been changed by the adoption of settled lifestyles, adoption of elements of caste-based hierarchical practices of their non-tribal neighbours or other dominant tribal groups like the Santali, the Munda, and the Gond. The major changes which are earmarked i.e., housing structure, food habits, dress pattern, marriage, animal husbandry, horticulture, agriculture, hunting, religious belief system, sense of mannerism and social image, material culture, political and social participation, and health care approach.

❖ All these changes have been detailed discussed in chapter seven (changing health culture of Mankirdia tribe).In addition the major agent of change for Mankirdia people (1) transformation through a nomadic stage of life to settled life by the government, (2) the changes through planned policy and programme of the government, and (3) changes through acculturation, assimilation and integrative approach, (4) the basic needs and demand of the family members or their substance (5) change through Non-Governmental Organization and Philanthropic organization. The level of change is not similar in study villages. The Kendumundi village Mankirdia people are more advanced because of the adoption of all the above elements in their life positively and assimilative basis. But in the case of Dengam village, they follow their traditional way of life and a very minimal degree of external factors in their daily life, which diminishes the speed of change. This is reflected in the concept of Ogburn's material culture and non-material culture, Durkheim's Organic and Mechanical society, and Karl Marx's primitive mode of production. The space and speed of change are unequal and dissimilar in the study villages.

❖ The systematic side-lining of Mankirdia language should be stopped; and the adoption of foreign language Odia and other non-tribal languages i.e., Hindi, Bengali should be encouraged along with their own language. It was found that the main communication of the Mankirdia is Mundari language, early they were communicating with this language. Nowadays they are inter-mixing many languages for communication purposes. The most used language of Mankirdia in the present context is Odia and Mundari language. Sometimes they also speak the Santali language as well.

❖ The study also found the intergroup differences have increased between the two study villages. The main reason for this intergroup social distancing is religious conversion among the Mankirdia tribe. One group has adopted a new religious practice while others believe in traditional or nature worship. The religious principle of two religious groups is different from each other i.e., the death ritual of Christian people does not bring any emotional outbreak; and in the case of traditional Mankirdia marriage, the bride needs to wear bangles, Sindur as the external face of a bride. But these are not essential for Christian brides. There are a number of variations found between the above groups which increases the difference and social friction. Besides the intergenerational cooperation and exchange is not visible among the tribe.

Suggestions for Future Policy

✔ There is a need for a separate tribal policy related to (ICDS) because the quantity of food given to Mankirdia children in Anganwadi centre is insufficient to meet the balanced nutritional food intake of the children. Presently there is one policy for tribal and non-tribal children and pregnant and lactating mothers. It was observed from the field and the demand of Mankirdia tribes. The government should implement a separate policy related to food security and maternal health.

✔ The present operational tactics of the government related to the Public Distribution System are still suffering from several major lacunae and consequently, tribal people are suffering because of that. Now the government

has implemented a policy to provide the rice, sugar, kerosene per individual basis, early it was Below Poverty Line and Above Poverty Line; the beneficiaries were given Rs.35 kg rice and Rs.30kg rice. But the present system reduced the quantity of rice; as a result, Mankirdia has to buy extra rice from local shops. This has increased their expenditure and one of the causes of contributing to poverty.

✔ The operational difficulties of forest policy in the Reserved and Buffer zone and protected forest, where earlier Mankirdia has been living. The forest is the only source of life and livelihood for them. But presently due to excessive restriction of forest entry has reduced their free movement and marginalized their livelihood.

✔ There should be proper implementation of the PESA Act in the tribal-dominated region and tribal people should be allowed to take the real benefit of participatory democracy. The Mankirdia people most of the time take part in symbolic participation because of their less numeric strength. There shouldn't be discrimination based on the numeric strength of the tribal community.

✔ The Hill-Kharia and Mankirdia Development Agency's area of operation should be widened. There are other groups of Mankirdia still wandering outside the Micro Project area. They are seen in few localities of Jashipur, Kaptipada, Karanjia, Rairangpur, Baripada ITDAs of Mayurbhanj district, and the adjoining Nilagiri ITDA area of Balasore district and the Similipal National Park. They need to be included in the development process.

✔ Each household should provide adequate land with the title right.

✔ The government should provide alternative raw material [except Siali (Bauhinia vahlii) creeper] for rope making occupation.

- ✔ Each household should be provided a required unit of goats for rearing. This can be one of the viable livelihood sources for the Mankirdia tribe.
- ✔ Women Self Help Group members should provide adequate training and financial support to run small businesses in the locality.
- ✔ Mankirdia language should be protected and used in the educational system, which could be an increased literacy level among the Mankirdia people.
- ✔ Identification of indigenous healers from Mankirdia community and used their long experience in the health care/service system and the Government should include indigenous medicine in primary health care.
- ✔ The Government should make a specific policy for an indigenous healer or tribal healer and make District wise policy, where they can utilize their knowledge. Besides, they should have provided due and training to impart knowledge of modern medicine to them.
- ✔ The increasing disease burden demands modern health service/care intervention, which should be strengthened and properly reach out to the vulnerable tribal community.
- ✔ The Government should make a culture-sensitive policy and programme with the adequate and active involvement of the beneficiaries in the development process.
- ✔ Mankirdia tribes' healing skills can be enhanced through capacity building to the tribal healers of the modern / Indian system of medical disciplines.
- ✔ Village level common health issues can be addressed through a systematic resurgence of scientific support by involving the tribal healers in the participatory planning and implementation.

- ✔ There is a need for cooperation between the Govt. Ayurvedic medical personnel with tribal healers and provides the herbal health needs of the communities.
- ✔ The government should create proper awareness of environment-related rituals and festivals of the tribes. This should revive, protect, and strengthen through the active involvement of the Culture department of the state.
- ✔ The indigenous knowledge about land, soil, and water management and water harvesting practices should be encouraged and integrated with modern watershed and water harvesting programmes.
- ✔ The government should make a coalition with traditional resource management skills of the Mankirdia tribe with Govt. forest conservation programmes which can improve forest-based livelihoods on sustainable lines.
- ✔ The government should learn from the traditional conservation theory through music, dance, and songs of the Mankirdia tribe and make a coordinated effort with Wildlife conservation programmes, which can improve the wildlife conservation objective.
- ✔ There should be proper coordination between Govt. Allopathic and Ayurvedic medical professionals with tribal herbal healers and local-level health workers (traditional birth attendants) to address communicable diseases, first aid, immunization programmes, etc.
- ✔ There should be a village-level herbal health care centre and tribal healer has given an important position.
- ✔ There should be a proper liaison between the Integrated Child Development Service with Mankirdia traditional nutritional health practices.
- ✔ The government should create a viable environment for herbal health-related livelihood options for the Mankirdia tribe.

- ✔ The government should encourage the veterinary knowledge of the Mankirdia tribe and develop animal husbandry livelihoods for Mankirdia people.

The village-level birth attendants should be given proper recognition and make coordination with Govt. Institution.

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Appendix

Appendix one: Selected Demographic Profile of Mankirdia Tribe

Sl.No	Parameters			Census Year					
				1961	1971	1981	1991	2001	2011
1	Population	Total		381	905	1066	1439	3017	2243
		Male		175	437	532	653	1446	1106
		Female		206	468	534	786	1571	1137
2	Decadal Growth Rate				137.53	17.79	34.99	109.66	-25.65
3	Sex Ratio			1177	1071	1004	1204	1086	1028
4	Literacy Rate	Total		4.40	4.80	13.00	16.00	37.33	48.36
		Male		5.71	9.38	23.50	27.45	52.79	61.91
		Female		2.91	0.43	2.62	5.66	22.71	35.43
5	Workers	Total Workers	Total	148	338	500	475	1365	1233
			Male	75	324	325	316	807	700
			Female	73	14	175	159	558	533
		Main Workers		-	-	374	422	852	796
		Marginal Workers		-	-	126	53	513	437
6	WPR			38.85	37.35	46.90	33.01	45.24	54.97
7	Martial Status	Never Married		202	419	533	759	1497	1057
		Married		144	456	466	636	1342	1072
		Widow		31	27	65	27	168	107
		Divorced or Separated		4	2	2	17	10	7
		Un-specified		-	1	-	-	-	-
8	Dependency Ratio			2.07 : 1	1.41 : 1	0.81 : 1	0.82 : 1	0.86 : 1	0.75:1
9	* Child Population	Population		188	391	137	364	507	378
		Ratio to Total Population		0.49 : 1	0.43 : 1	0.13 : 1	0.25 : 1	0.19 : 1	0.17:1
10	** Population in the working age group			124	376	589	790	1620	1280

District Wise Distribution of Population (1961 - 2011)

Sl.No.	Name of the Old & New District		Year					
			1961	1971	1981	1991	2001	2011
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
1	Balasore	Balasore	32	30	525	196	1821	1848
2		Bhadrak	-	-	-	-	47	0
3	Bolangir	Bolangir	-	-	71	68	5	0
4		Sonepur	-	-	-	-	-	0
5	Cuttack	Cuttack	-	45	158	48	22	0

Appendix two

Odisha - List of Scheduled Tribes

Sl. No.	Scheduled Tribes
1.	Bagata, Bhakta
2.	Baiga
3.	Banjara, Banjari
4.	Bathudi, Bathuri
5.	Bhottada, Dhotada, Bhotra, Bhatra, Bhattara, Bhotora, Bhatara
6.	Bhuiya, Bhuyan
7.	Bhumia
8.	Bhumij, Teli Bhumij, Haladipokhria Bhumij, HaladiPokharia Bhumija, Desi Bhumij, Desia Bhumij, Tamaria Bhumij
9.	Bhunjia
10.	Binjhal, Binjhwar
11.	Binjhia, Binjhoa
12.	Birhor
13.	Bondo Poraja, Bonda Paroja, Banda Paroja
14.	Chenchu
15.	Dal
16.	Desua Bhumij
17.	Dharua, Dhuruba, Dhuruva

18.	Didayi, Didai Paroja, Didai
19.	Gadaba, Bodo Gadaba, Gutob Gadaba, Kapu Gadaba, Ollara Gadaba, Parenga Gadaba, Sano Gadaba
20.	Gandia
21.	Ghara
22.	Gond, Gondo, Rajgond, Maria Gond, Dhur Gond
23.	Ho
24.	Holva
25.	Jatapu
26.	Juang
27.	Kandha Gauda
28.	Kawar, Kanwar
29.	Kharia, Kharian, Berga Kharia, Dhelki Kharia, Dudh Kharia, Erenga Kharia, Munda Kharia, Oraon Kharia, Khandia, Pahari Kharia
30.	Kharwar
31.	Khond, Kond, Kandha, Nanguli Kandha, Sitha Kandha, Kondh, Kui, Buda Kondh, Bura Kandha, Desia Kandha, Dungaria Kondh, Kutia Kandha, Kandha Gauda, Muli Kondh, Malua Kondh, Pengo Kandha, Raja Kondh, Raj Kondh

Sl. No.	**Scheduled Tribes**
32.	Kisan, Nagesar, Nagesia
33.	Kol
34.	Kolah Loharas, Kol Loharas
35.	Kolha
36.	Koli, Malhar
37.	Kondadora
38.	Kora, Khaira, Khayara
39.	Korua
40.	Kotia
41.	Koya, Gumba Koya, Koitur Koya, Kamar Koya, Musara Koya
42.	Kulis
43.	Lodha, Nodh, Nodha, Lodh
44.	Madia
45.	Mahali
46.	Mankidi

47.	Mankirdia, Mankria, Mankidi
48.	Matya, Matia
49.	Mirdhas, Kuda, Koda
50.	Munda, Munda Lohara, Munda Mahalis, Nagabanshi Munda, Oriya Munda
51.	Mundari
52.	Omanatya, Omanatyo, Amanatya
53.	Oraon, Dhangar, Uran
54.	Parenga
55.	Paroja, Parja, Bodo Paroja, Barong Jhodia Paroja, Chhelia Paroja, Jhodia Paroja, Konda Paroja, Paraja, Ponga Paroja, Sodia Paroja, Sano Paroja, Solia Paroja
56.	Pentia
57.	Rajuar
58.	Santal
59.	Saora, Savar, Saura, Sahara, Arsi Saora, Based Saora, Bhima Saora, Bhimma Saora, Chumura Saora, Jara Savar, Jadu Saora, Jati Saora, Juari Saora, Kampu Saora, Kampa soura, Kapo Saora, Kindal Saora, Kumbi Kancher Saora, Kalapithia Saora, Kirat Saora, Lanjia Saora, Lamba Lanjia Saora, Luara Saora, Luar Saora, Laria Savar, Malia Saora, Malla Saora, Uriya Saora, Raika Saora, Sudda Saora, Sarda Saora, Tankala Saora, Patro Saora, Vesu Saora
60.	Shabar, Lodha
61.	Sounti
62.	Tharua, Tharua Bindhani

Appendix Three:

List of PTGs & Micro Projects and Locations

SI. No	Name of the PTGs	Name and address of the Micro Projects	Part of bIocks covered
1.	Lodha	Lodha Development Agency, Moroda, Mayurbhanj district	1. Suliapada 2. Moroda
2.	Hill Kharia/ Mankirdia / Birhor	Hill-Kharia & Mankirdia Development Agency, Jashipur, Mayurbhanj district	1. Karanjia 2. Jashipur

3.	Paudi Bhuyan	Paudi Bhuyan Development Agency, Khutgaon, Sundargarh district	1. Lahunipada
4.	Juang	Juang Development Agency, Gonasika, Keonjhar district.	1. Banspal
5.	Paudi Bhuyan	Paudi Bhuyan Development Agency, Jamardihi, Anugul district.	1. Pallahara
6.	Kutia Kondh	Kutia Kondh Development Agency, Belghar, Phulbani district.	1. Tumudibandh
7.	Saora	Saora Development Agency, Chandragiri, Gajapati district.	1. Mohana
8.	Saora	Tumba Development Agency, Tumba, Ganjam district.	1. Patrapur
9.	Lanjia Saora	Lanjia Saora Development Agency, Seranga, Gajapati district.	1. Gumma
10.	Kutia Kondh	Kutia Kondh Development Agency, Lanjigarh, Kalahandi district.	1. Lanjighar
11.	Bonda	Bonda Development Agency, Mudulipada, Malkangiri district.	1. Khairput
12.	Dongria Kondh	Dongria Kondh Development Agency,	1. Bissam Cuttack 2. Muniguda

SI. No	**Name of the PTGs**	**Name and address of the Micro Projects**	**Part of bIocks covered**
		Kurli, Chatikona, Rayagada district.	
13.	Lanjia Saora	Lanjia Saora Development Agency, Puttasing, Rayagada district.	1. Gunupur

14.	Didayi	Didayi Development Agency, Bayapada, Malkangiri district.	1. Kudumulguma 2. Khairput
15.	Dongria Kondh	Dongria Kondh Development Agency, Parsali, Rayagada district.	1. K. Singhpur
16.	Paudi Bhuyan	Paudi Bhuyan Development Agency, Rugudakudar, Deogarh district.	1. Barkote
17.	Chuktia Bhunjia	Chuktia Bhunjia Development Agency, Sonabeda, Nuapada district.	1. Komna

Appendix Four:
Administrative Set-up, Mayurbhanj

Sl. No.	Item	Unit	Magnitude
1	2	3	4
1	Location		
a)	Longitude	Degree	85° 40 to 87° 11 East
b)	Latitude	Degree	21° 16 to 22° 34 North
2	Geographical Area	sq.Kms.	10418
3	Sub-divisions	No	4
4	Tahasils	No	26
5	C.D Blocks	No	26
6	Towns (Including Census Towns)	No	4
7	Municipalities	No	1
8	N . A . Cs.	No	3

9	Police Stations.	No	32
10	Grampanchayats	No	382
11	Villages	No	3950
a)	Inhabited	No	3751
b)	Uninhabited	No	199
12	Parliamentary Constituencies	No.	1
13	Assembly Constituencies	No.	9

Appendix Five

Worshiping God and Goddess of Mankirdia Tribe

God Name	Ritual designation of worshiper	Main Reason	Month of Worship	Nature of Worship	Location/direction of the deity	Person involvement in worship
Karmabonga	Head of the Household	Curing fever	January	Sacrifice of two fowl and rice	Front side of the leaf hut	All adult male members
Nasabonga	Ojha	Cold and cough ,gidiness	November	Sacrifice hen/pig	Resident of the shrine	All the resident of village
Rajkodinbonga	ANY MEMBER	CURE typhoid nad malaria	December	Two simi (cocks)	forest	Both male and female
Budimahi	Dhiri/Dheuri	Well being of children	November	Five fowls	North-east	Only Dhiri

All mahi	Dhiri/dehuri	Male child for family	November	Five cocks	Northern	Male member of the village
Sita mahi	do	Avoid natural disaster	November	do	Eastern	
Lug Bir	Dhiri/Dheuri	Well being of the community member	December	Goat sacrifice	South-west direction	Male member
Bandarbir	Ojha	Success in monkey catching	January	Three fowl and one cock	West-south	Head member of the family
Chandi devi	Dhiri/Dheuri	Success in Hunting	December-January	Five red cock	South-west	All member of the village
Karma Thaukurani	Head of the Village and Dhiri	Community well being	January	One goat	Eastern	All the village people
Alobonga	Ojha	Avoid evil eye	Any Season	Rice, sindur and two black hen	North-east	Family head and worshiper
Sing Bonga	Dhiri	Bring success in Hunting	Dec-march	Three fowl and one red saree	South-east	All the male village members
Hanuman Bir	Village head	Catching monkey	Dec-Jan	Rice, sindur and red fruits	North part of the village	All the male member of the village
Dharitri Mai	Dhiri and Village head	Well being of the village	No specific month	Sindur, rice flower and	West-north	All the village members

		people		fruits		
Lord Jesus	pastor	Well being	Friday and Sunday	Only prayer	church	All the followers of Christianity

Appendix Six

Health indicators of Odisha and India

Sl. No.	**Indicators**	**Odisha**	**India**	**Source**
1	Infant mortality rate (IMR)	40	41	NFHS-4 (2015-16)
2	Under-five mortality rate (U5MR)	49	50	NFHS-4 (2015-16)
3	Total Fertility Rate (TFR)	2	2.3	SRS 2016
4	Maternal Mortality Ratio (MMR)	180	130	SRS 2014-16
5	Sex ratio of the total population (females per 1,000 males)	1036	991	NFHS-4 (2015-16)
6	Sex ratio at birth for children born in the last five years (females per 1,000 males)	933	919	NFHS-4 (2015-16)
7	Children under age 5 years whose birth was registered (%)	82.1	79.7	NFHS-4 (2015-16)
8	Institutional births (%)	85.4	78.9	NFHS-4 (2015-16)
9	Institutional births in public facility (%)	75.9	52.1	NFHS-4 (2015-16)
10	Children age 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)	78.6	62	NFHS-4 (2015-16)

Source: (NFHS4, 2016).

Appendix Seven
Mankirdia Medicine Name

SL No	**Mankirdia Name**	**English Name**	**Disease**	**Parts Used**	**Dosages**
	Agru bakla	Aculiaria Agallocha	Alariz/mouth Smells	Roots/Bark	Two teaspoon juice with an equal quantity of water twice in a day for three days.
2	Agnighas sakam	Andropogam	Ganthi bata	leaves	Half glass juice with equal quantity of water once in a day for three days.
3	Aalucha Jo	Prumestica Aloo Cha	Cough /fever/T.B.	Fruits	Eating of ripe fruits, regular basis.
4	Kenduni Bakla	Diospyis Embryopteris	Snakebite/Diarrhea Disease	Bark /leaf	The Juice of the bark and leaf Juice taken twice a day for seven days.
5	Ariveda Ranu	Acacia Farnesiana	Mouth disease/ulcer	Bark/ Paste	Apply the paste of Aariveda bark tree on affected parts of the body.
6	Eswarmulin Daru	Aristolachia Indica	Indigestion/labour Pain	Leaf	One to two teaspoon juice twice in a day in an empty stomach for two day.
7	Ganthi kobi	Turnip	Menstrual irregularity	Fruits	One teaspoon fruit juice daily for a week
8	Ut	Mushroom	Ear-Ache	Fruit	Two drops daily for three to five days
9	Peeaje Baha	Urginea	Paralysis	Fruits	Two to five teaspoons juice twice in a day for 15 days
10	Jangle srasu	Sis Mbrium	Cold/Asthma	Powder	Four gram Churna with boiled water once in a day in an empty stomach for regular 15 days

11	Jalpapli Baha	Corton Ting lium	Headache	Fruit	The Paste is applied on the head of the disease person.
12	Jalajumbua Baha	Alemanthera Sessiles	Lactating mother	Fruit	Three teaspoon juice once in day for two weeks
13	Jhaon Sakrun	Tamarix Gallica	Cold/cough	Leaf	One teaspoon leaf juice twice in a day for two weeks.
14	Duduhiali Sakrun	Oxystelma Esculelutum	Ulcer	Leaf	Leaf Paste is applied to the ulcer area of the body. Two teaspoon juice is taken once in a day for two weeks.
15	Gheekun Sakrun	Allobera	Skin Disease	Leaf Gel	Apply gel on the affcetd body parts during night time
16	Peeasala Sakrun	Petro Carpous Marsupium	Fever	Leaf	Glass of that mixed juice for 3-5 days
17	Util Daru	Putranjiva Roxburghil	Pregnancy Problem	Powder	One teaspoon of the powder mixed with boiled water is taken from 4th day menstruation to 7 today.
18	Jangale Tulis Sakrun	Ocimum Gratissimum	Joint Pain	Leaf	Leaf stem is used on the joint area.
19	Sundhini Jo	Dried Ginger	Back pain/T.B.	Powder of Sundhi and Haida	Three teaspoon powder mixed with equal quantity of water is taken once in a day for one month.
20	Sarueni Sakrun	Colocaaia	Cold Cough/Poisonous bite/ear-Ache	Leaf	Paste on the poisonous bite area twice in day
21	Hidmachi Daru	Enydraflatua ns	Skin disease	Leaf	One teaspoon juice in empty stomach once in a day for 15 days
22	Hadbhangai n Daru	Vitiquedrong u Laris	Fracture	Stem of the Herb	The Paste is applied on the facture part of

					the body.
23	Hatikaonkad a rasa Sakurn	Momordicadi oica	Skin/Ringworm	Leaf	Five teaspoon juice three times in a day for three day and paste is applied on the affected area
24	Arakhan Sakurn	Calotropies Procera	Ear-ache/Paralysis	Leaf	The paste is applied on affected area/two drop of juice on the ear.
25	Agasti Bha	Sesbaniagrad iflora	Eye-Disease	Flower Juice	Two Drop on the affected side of the eye
26	Jat Ranu	Clitorea ternatea	Easy-labour pain	Root	The paste is applied on the womb
27	Amlaan Jo	Emblica Officinalis	Headache/Indigesti on/ulcer/ye-Diseases	Juice/Powder	Two/ teaspoon juice mixed with equal quantity of water is taken twice in a day for two weeks and two teaspoon powder mixed with water once in a day for two weeks.
28	Aparangi Daru	Achyranthes e Apera	Stomach Pain	Powder	After meal one teaspoon powder with boiled water is taken once in a day for eleven days.
29	Marun Sakurn	Bryophyllum pinnatum	Stomach Pain	Leave	Two teaspoon juice in every alternative day for 21 days.
30	Aswagandha	Withania Somnifera	T.B./BACK PAIN	Root	Mix of the past with glass of water once in a day for one day to one month.
31	Ashok Daru	Saraca asoca	Fracture/Pregnancy	Bark	Mix with glass of water for once in day for one month
33	Arjun/mero m toha Daru	Terminalia arjuna	T.B./Stomach pain	Bark	Mix juice is taken twice in a day for one month
34	Amrutabhan da Jo	Carica papaya	Constipation/Piles	Fruit	Eating raw papaya regular basis.

35	Olupi	Olua	Constipation	Vegetable	Boiled olua
36	Kadambha Daru	Anthocephalus Cadamba	Mouth Ulcer	Bark of the Plant	A decoction of the plant is used for gargling to treat mouth ulcer
37	Karanju Daru	Ponngamia SP	Skin Diseases(eczema)	Karanja oil (fruit)	Karanja Oil is used to treat eczema, psoriasis, **skin** ulcers , and to promote wound healing
38	Kathachampani Daru	Plumeria	-	-	-
39	Kaneera Daru	Thevetia peruviana	-	-	-
40	Guluchi Sakurn	Tinospora Cordifolia	Immune stimulating/suturing wound/Constipation	Leaf	Juice of five leaves with glass of water twice a day for five days.
41	Ganguli Sakurn	Nyctanthes arbor	Malaria	Leaf	Leaf juice with glass of water three times.
42	Gokhuran Daru	Tribulus terrestris	Respiratory disorder	Powder	One teaspoon powder with glass of water two times in day three days.
43	Cherepeti Sakurn	Swertia Chirayita	Intestinal worms/loss of Appetite	Leaf	Seven leaf juice with glass of water once in a day for two days.
44	Champani Sakurn	Mechelia Champaca	Cough/Rheumatism /Menstrual flow	Leaves	One teaspoon powder with one glass of boiled water two times in a day for one to seven days.
45	Jamuni Daru	Jambol	Dysentery/ulcer/Sore Throat	Bark/ Leaves	The Juice of the bark with boiled water for three times.
46	Dalim Jo	Punica granatum	Digestive /Skin Disorder	Leaves/Fruits	Leaf juice with glass of water three times.
47	Durduri Sakurn	Datura stramonium	Skin disease	Leaf	Leaf juice externally applied to the

					lesions of eczema
48	Daskerenda	Barleria prionites	-	-	-
49	Deuliasejun	Ephorbianeri folia	Yoke wound	Latex/lata	Latex is used on affected parts treat the yoke wound.
50	Neembha Sakurn/Jo	Azadirachta indica	Constipation/Skin Disease	Fruit/Leaves	Paste of the leaf mixed with equal quantity of turmeric powder is given once in a day for a week.
51	Nagen Sakurn	Mesua Ferrea	Flower/Leaves	Digestive	Two teaspoon Powder of the flower with glass boiled water once in a day for three to five days.
52	Neeruni Ranu	Cuscuta reflexa	Root	Born	The Paste is applied on born part of the body.
53	Nagadan	Bada folia	-	-	-
54	Pasari Sakurn	Paederia Fitida	Leaves	Dysentery	The Juice of the leave with a glass of water three to four times to treat the disease.
55	Pasani Sakurn	Coleus Fforskohili	Leaves	Digestive/gas Problem	The Juice of the leaves with half glass water two ,for times to treat the gas and digestive disorder.
56	Patalgaruda Daru	Rauvolfia serpentina	Fruits/Root/Flower	Snakebite	The Juice of the leaves with water for five times to treat the snakebite patient.
57	Pokasunga Daru	Ageratum Conizodides	Flower/Roots/Leaves	Fever/dysentery/postpartum hemorrhage	The Juice of the fresh leaves is used to treat the post-partum uterine hemorrhage.
58	Paladun	Erythrina	Leaves	Dysentery	The Juice of the

	Sakurn	Veriegata			fresh leaves with water three to five times to treat the disease.
59	Palasan Daru	Buteamonos	Root/leave/Bark	Sore throat/Bone Fracture/Ulcer	Stem juice is applied to fracture and stem bark juice is also reduces pain.
60	Peejuli Darn	Psidium guajava	Leaves/fruits/Bark	Toothache/	Stem bark gargling for two times in a day for three days.
61	Bela Jo	Aeglemarmel os	Leaves/fruit/Bark	Gastric ulcers/diarrhea /Digestion	Mixed juice of the fruit, sugar and water regularly for one month or leaf juice for one month to treat above disease.
62	Bahadan Daru	Terminalia bellerica	Fruits/Bark	Skin/Cold/Cou gh	It is used either powder or juice. One teaspoon of powder with half glass boiled water for fifteen days.
63	Basngun Sakurn	Justicia adhatoda	Leaves	Rakta pita	Leave juice with honey is used to treat rakta pita.
64	Begunia sakurn	Vitex negundo	Leaves	Indigestion/am a bata/Toothach e	Leaves used with honey given to the patient. Or stem of the leaf to treat the disease.
64	Banajuani Sakurn	Celery seeds	Leaves	Abdominal Pain	Leave juice is used to treat the disease. It takes seven days regularly at morning time.
65	Thalkudi Sakurn	Centella Asiatica	Leaves	Headache	Leave juice is taken twice in a day.
66	Bisalyakara ni Sakurn	Tridax procumbens	Leaves	Wound/Ulcer	Leave juice two times in day for five days.
67	Bhunin aanla jo	Phyllanthus	Fruits	Stomach ulcer/hyperaci	Juice/powder mixed with half glass of

				dity	water in empty stomach for one month.
68	Bhuin neemba	Andrographis Penuculata	Leaves/fruit/Bark	Intestinal Worm/skin Diseases	Powder with boiled water in the morning time for one month.
69	Bhusunga Sakurn	Murraya Koenigil	Leaves	Dry cough/Menstrual Problem	One teaspoon powder with glass of water twice in a day for seven days.
70	Gorakhamundi Ranu	Sphaeranthus indicus	Leaves/Root	Skin Disease	Leave or root paste is applied on affected parts of the body for fifteen days.
71	Bhuaneemb Sakurn	Melia azedarach	Bark/Leave	Malaria/skin Disease	Juice or paste with a glass of water either eaten or applied on the affected part of the body for one week.
72	Majuati Sakurn	Lawsonia inermis	Leaves	Excessive menstruation/ white discharge	Half glass juice with same quantity of water taken for two times in day for three to five days.
73	Mula	Raphanus Sativas	Fruit	Digestion/energy	It is eaten raw and used as curry.
74	Lau	Gourd	Fruit	Urinary problem	Its used juice mixed with lemon twice a day for five days.
75	Semuli Daru	Bombax Ceiba	Leave/bark/Root	Wound	Bark paste is applied on the injured part of the body.
76	Satari Ranu	Asparagus racemosus	Root	Milk production/	Juice is taken twice in a day for one month.
77	Sunari Daru	Cassia fistula	Bark/	Ulcer/wounds	Bark paste is applied affected parts of the body for ten to fifteen days.
78	Haladi	Curcuma lenga	Root	Itching	Paste or juice is either orally taken or applied on affected

					parts of the body for three to five times.
79	Harida	Terminalia Chebula	Fruit	Indigestion/constipation	Juice is mixed with glass of water. It is taken twice a day for three days.
80	**Pana gachha**	-	-	-	-
81	Mayurseekh	Celesia cristata	Fruit/leaves/bark	Uterine bleeding/bloody stool/diarrhoea	Juice is taken for three times with same quantity of water.
82	lajakulin	Mimosa pudica	Root	Arthritis	The paste is applied once in a day on affected parts of the body for one month.
83	Gandhana Daru	Premna latifolia	Roots/leaves	Asthma/Bronchitis	The juice of the leaves and roots is taken with a glass of water twice a day for seven days.
84	Udhumbar Sakurn	Glamerius figtree	Leaf/Latex	Eczema, psoriasis	Leaf paste is applied on affected parts of the body. The latex of the tree is used to treat the skin disease.
85	Khetpapada	Justie procordens	-	-	-
86	Baidanka Ranu	Mucuna	Root/	Male infertility	Two teaspoon powder is mixed with water taken once in a day for one month.
87	Rasana Ranu/Sakurn	Vnda roxburghii	Root/Leaf	Fever/Rheumatism	One teaspoon Powder is mixed with water taken once in day for three days. Leaf paste is applied on the injured part of the body.
88	Talamuli sakurn/ Jo	Curculigo orchioides	Root/leaves	Jaundice/Fatigue	Two gm powder with half glass water

					is used once in day for five days.
89	Cheetaparu Ranu/ Jo	Pumbago zeylanica	Root/Bark	Digestion	Bark juice is used once in day for seven days.
90	Dahidahia Daru	Cliffampelos	Leaf/bark/root	Ulcer/Snakebit e	Leaf juice mixed with water and root paste are orally and externally applied.
91	Aswatha Sakurn	Ficusriligio sum	Leaf	Diarrhea	The Leaf is taken orally to treat the disease.
92	Bakuchi Daru	Siriartrila anthel miutica	-	-	-
93	Kochila manji	-	-	-	-
94	Uthuruli gachha	-	-	-	-
95	Kaladurdura gaccha	-	-	-	-
96	Mahuli Sakurn	Madhuca Longifolia	Leaf	Skin Disease/Coug h	Three Times in a Week
97	Betani daru	Calams rotonng	Fruit	Hysteria	Two teaspoons lemon juice with mixed honey once in a day for one month
98	Kumda Jo	White gourd	Juice	High blood Pressure	Juice mixed with half glass water twice in empty stomach for 21 days.
99	Panisinghda Jo	Tapadis	Fruit	Sexual Weakness	5-7 gram powder with honey once in a week for one month.
10 0	Patrasiju	Euphoribia thymifolia	Patrasiju milk + grinded Chakhunda Seeds	Skin Disease	Paste is applied on the affected parts of the body for eleven days.
10 1	Dhana	Oryza sativa	Peja	Loose motion	Two glasses in the morning time for three days.
10	Treephola	-	Churna/Fruit	Indigestion	Two teaspoon

2					powder mixed with boiled water in empty stomach for one week.
103	Ambdan Sakurn	Hog plum	Fruit	Indigestion/Datu kheya	Two teaspoon milk with equal quantity of honey is taken twice in a day for three days
104	Sajana Sakurn/ Jo	Moringa oleifera	Root/Leaf	Headache/toothache	Half glass Leaf juice with water is taken for two times in a day for two days.
105	Ratan joda	Physic Nut	Root	Fever	Root juice is taken two to three times in Day for four days.

Appendix Eight

Traditional Medicine for Mankirdia Women

SL No	**Local Name**	**Botanical /English name**	**Parts used**	**Disease**	**Mode of used**
1	Bara Uding Daru	Mimusops elengi	Milk of the tree	Gonorrhea	Two teaspoon milk of the pant with two bananas is taken once a day for two week to cure the disease.
2	Satabari Daru	Asparagus racemosus	Root	Quick Delivery	Root paste is externally used on the abdomen of the women.
3	Kadla Daru	Banana	Flower	Excessive loss of blood during menstruation/pain	Two teaspoon juice of the flower twice a day for a

					week to treat the disease.
4	Bhuinkakaru satabari&leaf of hariharika Daru	Asparagus/wild pumkin	leaves	To improve the milk production in a women s breast	Half glass juice of these trees leafs for two week.
5	Dimbiri tree/Babula Daru	Ficus glomerata/gum arabic	Bark	To prevent abortion	Bark mixed with water is taken by the patient for five days.
6	Pedakoni tree	Abutilon Indicon	Root	Evacuation of placenta after child birth	Biting the root for twice a day for five days.
7	Perua	Piagion	Faceta	Excess bleeding after child birth	Drink Rice water with fcaeta of the pigion one glass for three days.
8	Kulthia Daru	Tephrasia purpuria perse	Leaves	Prevention of postnatal complication	Women are given boiling leaves with honey twice a day for one month.
9	Malati Daru	-Aganosma heynei	Flower with butter milk	Swelling abdomen due to child birth	Two teaspoon of the mixed paste with water for once a day for one month.
10	Dhatuni Daru	Woodfordia FruticosaI(L)Kurtz	Flower	Used in leucorrhoea	Powder 2-3 gm with water.
11	Kala durdura Daru	Datura stramounium	Flower/honey	Treatment to cure the barrenness of a women to make her reproductive	Bathing using the powder with honey for seven days.
12	Gaganuchhta/ga	Nyctanthes	Juice with	Back sprain	Two

	ngasiuli Daru	arbor	black pepper		teaspoon taken with half of glass water for twice a day for seven days.
13	Ashokan Daru	Saraca asoca	Bark	Gynecological disorder	Bark used in gynecologica l disorders

Appendix Nine

Food Table

Foods	Mankirdia Name	English Name	Seasonality	Sources
Vegetables	Haser	Potato	All season	Haat
	Benghal	Brinjal	All season	Haat
	Kadla	Banana	All season	Haat
	Bilati Banghal	Tomato	All season	Haat
	Bhundi	Ladi finger	All season	Haat
	Mure	Radish	Winter	Haat
	Malhan	Sim	Winter	Haat
	Bahakobi	Cauliflower	Winter	Haat
	Potam kobi	Cbbage	Winter	Haat
	Piaj	Onion	All season	Haat
	Rasun	Garlic	All season	Haat
	Manda	Papya	All season	Haat
	Kathal	Jack fruit	Summer season	Haat

Table: 2 Types of spinach (Saag)

Foods	Mankirdia name	English Name	seasonality	Source
Saag (ada)	Kante ada	Methi saag	Winter season	Kitchen garden
	Saru ada	Saru saag	Rainy season	Kitchen garden
	Munge ada	Sajana saag	All season	Kitchen

				garden
	Hasa ada	Hasa saag	All season	Forest
	Kobi ada	Cuil saag	Winter season	Kitchen garden

Table: 3 Types of Bug

Types of Insect	Mankidia name	English name	season	Source
(Poka)	Bodri		Rainy season	Forest/Kitchen garden
	Haw	Type of red ant	Rany season	Forest/Kitchen garden
	Kolhoi	Honey Bee	All season	Forest
	Hadamasai	Honey Bee	All season	Forest

Table: 4 types of Mushroom (Ut)

Foods	Mankirdia name	English name	Season of availability	source
(Ut)	Pali Ut	Mushroom	Rainy season	Forest
	Gitni	Mushroom	Rainy season	Forest
	Rutka Ut	Mushroom	Rainy season	Forest
	Tikra Ut	Mushroom	Rainy season	Forest
	Kana Ut	Mushroom	Rainy season	Forest

Table: 5 Types of thrive

Foods	Mankirdia name	English name	Season of availability	source
Flower (Baha)	Nala Baha	Pumkin flower	Rainy season	Forest
	Kasnar	Neem flower	Spring	Forest
	Asabali	Moringa oleifera	Summer	Forest/kitchen garden
	Padas	Lotus flower	Spring	Forest
	Bhunja	Banana flower	Rainy	Kitchen garden

Table 6: Names of Fruits

Foods	Mankirdia name	English name	Season of availability	Source
Fruits (ome)	Mara ome		Winter	Forest
	Nari omi	Gova	Rainy	Forest
	Rumet ome		Spring	Forest
	Amda	Sorrela	Summer	Forest

	Am	Mango	Summer	Kitchen/garden
	Kadla	Banana	All season	Kitchen garden
	Lembu	Lime	All season	Kitchen garden

Table: 7 Name of Spices

Spices	Mankirdia name	English name	Season	source
	Shasang	Turmeric	Winter	Market
(Masala)	Marich	Chilly	All season	Kitchen garden
	Gulung	Salt	All season	Market
	Shanu	Mustard	Winter	Haat
	Garama Masala	Varity of spices mixture	All season	Haat
	Golmarich	Black peper	Summer	Haat
	Ada	Ginger	rainy	Haat

Table: 8 Varity of pulses, Cereals, Seeds, and honey

Foods	Mankirdia name	English name	seasons	source
Pulses (Dali)	Mungdali	Field Pla	All seasons	Haat
	Mator dali		All seasons	Haat
	Rahed Dali		All seasons	Haat
	Mathir Dali		All seasons	Haat
	Ghaham	Wheat	All seasons	PDS
Cereals	Rice	Dhan	All seasons	PDS
Seeds	Lama	Sal seeds	Rainy	Forest/Local market
	Stapheni	Honey	Winter season	Forest
Honey(Hedma)	Kanjia	Common Honey	Spring season	Forest
	Bhaghua	Tiger honey	Summer season	Forest

Table: 9 Types of Fishes and Meat

Foods	Mankirdia name	English mane	season	Source
	Shua Haku	Dried fish	AS	Hatt
	Mangur Haku	Shark	AS	Small lake

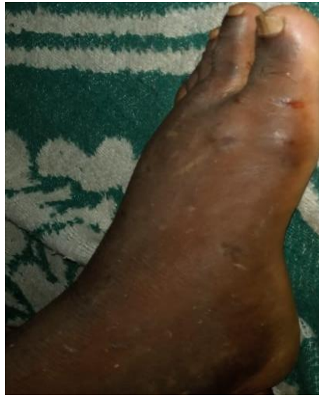
Fishes (Haku)	Ilha haku	Prawn	AS	Small lake
	Bas pata	Todi fish	AS	Small lake
	Garandi	Kerandi	AS	Small lake
	Katkam	Crab	AS	Small lake
	Hara	tortoise	AS	Small lake
Meat (Jilee)	Sukuri Jilu	Pig	AS	Jungle
	Hance Jilu	Monkey	AS	Jungle
	Gari Jilu	Monkey	AS	Jungle
	Shim Jilu	Hen	AS	Jungle
	Meram Jilu	Goat	AS	Jungle
	Gudu jilu	Rat	AS	Jungle
	Tud	Squirrel	AS	Jungle
	Andes	Belera mouse	AS	Jungle
	Kulhai	rabbit	AS	Jungle
	Gene	Dock	AS	Pond
	Badul	Bat	AS	Jungle
	Shim anda	Egg of hen	AS	Haat
	Gene anda	Egg of dock	AS	Haat
	Para anda	Egg of pegion	AS	Haat
	shim	Cock	AS	forest

Appendix Ten: Mankirdia Term of Medicine and Diseases

Diseases in MankidiaTerm	English Term	Indigenous Medicine	Part of the Plants used	Payments
Boho-Asun	Head-ache	1.Bhauri mala shosho 2. The blood of monkey just eaten by a tiger. The mud of herbahartil.	Roots Juice	No fixed payment
Boho-Ghao	Ulcer on the head	Sigadata and Sarjam Bokla	Roots	
Natihasoengana	Throat pain	1.Golmarich 2.Patal garuda	Seed, Roots	
Kunduda-Hasu	Chest-pain	Chakni chal and pogoda tree	The bark and leaves	
Danda Hasu	Waist pain	Bari-bokla and Hati-lutur	Roots	
Lahi-Hasu	Colic pain	Gach-pipal	Roots	
Danten-Hasu	Tooth-ache	Nalbaha	Flower	
LuturHasoengana	Ear-ache	Pogo	Fungai	

Sulch	Cold and cough	Bi-Benghal	Leaves	
Pil-Hoil	Stomach-ache	chirpiti	Roots	
Rali	Warm	Jurhul, Sigadata	Roots and leaves	
Tandi	Dysentery	Sarjam Bokla and patal-garuda	Roots	
Rua	Fever	Goda neem-fruit colera leaf	Roots	
Babati	Itches-scabies	Kulitrama	Roots	
Met-Hasu	Running-eye	Dhada tree	Fruits and leaves	
Monam	Boil	Pogoda tree	Roots	
Mayam	Nasal bleeding	The brain of tortoise	The brain	
Tuku	Joint-pain	Harbahartil	The flesh of the bird	
Andhar Kana	Night-blindness	-	-	
Bhayu-Hacha	Burnt	Hanta-banda	The leaves	
Goda-Boka	Phyleria	Gada	The root	
Hadam-Huchaena	Fracture on bones	Hanta-banda	Leaves	
Bijutani	Excess-menstrual bleeding	Stench and rice	-	
Gujuranu	Abortigadaon	Erarance	Flower	
Seta-Hua	Dog-bites	Hooter	Root	
Bin-Hua	Snake bite	Gada	Root	
Katkam	Scrpian	Sajna leaves	Leaves	
Kiding	Stringing	Hanta-banda	Leaves	

Appendix Eleven: Mankirdia Patient Profile



Appendix Twelve
Photo Profile of Medicinal Plants

English Name: Vitiquedrongu Laris
Mankirdia Term: Hadma Daru
Parts Used: Stem
Types of Disease: Body Facture

English Name: Tinospora cordifolia
Mankirdia Name: Gulunda Daru
Parts Used: Leaves
Types of Disease: Animal Bites

English Name: Nyctanthes arbor-tristis
Mankirdia Name: Sangudi Sakra
Parts Used: Leaf
Types of Disease: Malaria

English Name: Asparagus racemosus
Mankirdia Name: Satari Ranu
Parts Used:Root
Types of Disease: Weakness/ Milk production

English Name: Rauvolfia serpentina
Mankirdia Name: PatalGardni
Parts Used: Leaves
Types of Disease: Snake bite

English Name: Clitorea ternatea
Mankirdia Name: Jat Daru
Parts Used: Root
Types of Disease: Easy-labour pain

English Name: Calotropies Procera
Mankirdia Name: Arakhan
Parts Used: latex
Types of Disease: Ear-ache/Paralysis

English Name: Mimosa pudica
Mankirdia Name: Lajkulin
Parts Used:Root
Types of Disease: Arthritis

English Name: Water caltrop
Mankirdia Name: Sindan Jo
Parts Used: Fruit
Types of Disease: Jaundice/ Urine Infection

English Name: Centella Asiatica
Mankirdia Name: Talkudi Daru
Parts Used: Leaves
Types of Disease: Headache

English Name: Swertia Chirayita
Mankirdia Name: Cheretia Daru
Parts Used: Root/Leaves
Types of Disease: Intestinal worms/loss of Appetite

English Name: Mucuna
Mankirdia Name: Baidanka
Parts Used: Root
Types of Disease: Male infertility

English Name: Cliffampelos
Mankirdia Name:Dhidahia Daru
Parts Used: Leaves
Types of Disease: Ulcer/Snakebite

English Name: Hog plum
Mankirdia Name: Amdan Daru
Parts Used: Indigestion
Types of Disease

English Name: Cassia fistula
Mankirdia Name:Sunari Daru
Parts Used: Bark
Types of Disease: Wound/Ulcer

English Name: Diospyis Embryopteris
Mankirdia Name: Kenduni Daru
Parts Used: Bark/Fruit
Types of Disease: Diarrhea

Appendix Thirteen: Healer Profile of the Mankirdia

Name of the Healer	Gender	Age	Education	Experiences (Yrs)	Specialization	Types
Jarka Mankirdia	Male	59 (Yrs)	Illiterate	25	Snakebite, Jaundice disease and abdominal pain	Herbalist
Brahma Mankirdia	Male	76	Illiterate	40	Skin,	Herbalist/Faith Healer
Chumki Mankirdia	Male	45	Illiterate	15	Paralysis	Herbalist
Sukanti Mankirdia	Female	64	Illiterate	22	Bareness and mental disorder	Herbalist/Faith
Narhari Mankirdia	Male	45	Primary education	14	Snakebite/Rheumatism	Herbalist/Faith
Jaipal Mankirdia	Male	62	Illiterate	24	Mental disorder/ infertile	Herbalist/Faith
Salur Mankirdia	Male	42	Primary	16	Evil eye	Faith
Kousala Mankirdia	Female	39	Illiterate	14	Child Disease	Herbalist/ Faith
Laxmi Mankirdia	Female	36	Illiterate		Women and Child disease	Herbalist/ Faith

Appendix Fourteen: Picture profile of Mankirdia Healers

INSTITUTIONAL ETHICS REVIEW BOARD
Jawaharlal Nehru University
New Delhi-110067

Name of the Ethics Committee: IERB-JNU

IERB Ref. No.2018/Student/178

Title of the Ph. D Proposal: **"Dynamics of Helath and Healing: An Ethuographic Study ~~among~~ of the Mankirdia Tribe of Odisha"**

Principal Investigator: Ms. Alok Kumar Patra (Ph. D Student) C/o Dr. Sunita Reddy, Supervisor (CSM&CH/SSS/JNU)

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The proposal was reviewed in a meeting held on 28th September, 2018 at 4:00 PM. The following members were present:

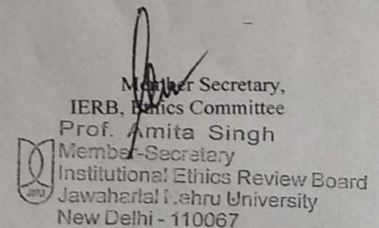
1. Professor Ravinder Gargesh, Chairperson
2. Ms. Vibhuti Sharma, Member
3. Advocate Omika Dubey, Member
4. Prof,Sangeeta Bansal Member
5. Prof. Ashwani Pareek, Member
6. Dr. Paul Raj, Member
7. Dr. Sushil Kumar Jha, Member
8. Prof. Amita Singh, Member Secretary

The committee resolved to

] Approve - indicating that the proposal is approved as submitted;
] Approve – after clarifications – indicating that the proposal is approved if the clarifications Requested are provided to the satisfaction of designated committee members;
✓] Approve after amendment/s – indicating that the proposal is approved subject to the incorporation of the specified amendments verified by designated committee members;
] Defer – indicating that the proposal is not approved as submitted but it can be reassessed after revision to address the specified reason/s for deferment;
] Disapprove – indicating that the proposal is not approved for the reason specified.

omments:

RECOMMENDED



ate of Approval: 08.11.2018 (after acceptance of revisions)

st part to be filled in by PI and presented at the time of Review (Periodic, Continuing, Interim)).