

GENDERING HEALTH CARE PRACTICES IN TRIBAL SOCIETY: A SOCIOLOGICAL STUDY AMONG THE MISHING TRIBE OF ASSAM

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ABSTRACT:

Gender influences various components of human capital formation in all societies. Among these, health care practice is also an important component influenced by gender and is listed as an area of discrimination based on gender. Likely, gender can be listed as a determining factor of health along with biological determinants, behavioural and socio-cultural conditions, health services, ageing of the population and other factors in their respective manner. Thus, gender and health are interrelated to each other. Like other tribal communities, the Mishings of Assam also have some traditional health care practices some of which are gender specific. So, the present study is an attempt to know the traditional health care practices prevalent among the Mishings. The study has also attempted to examine the role of gender in health care and to find out the gender-based health care practices of the Mishing tribe in two Mishing villages selected purposively in the Golaghat district of Assam.

KEY WORDS: Gender, Health, Tribe, Mishing

INTRODUCTION:

The Mishing tribe of Assam forms a fragment of the greater Mongoloid horde occupying the hills and vales of North Eastern India. Linguistic researches reveal that the Mongoloids of India excluding only the Khasis and Jaintias, speak Sino-Tibetan languages; and the Mishings who form a fraction of this race, fall in the category of Tibeto-Burman speakers of the greater Sino-Tibetan groups (Chatterji 1974). The original habitat of these people appears to have been north-western China covering the courses of the Yang-tszeKeang and the Huang-Ho river.

Distinctly isolated in their own spheres of activities, the Mongoloids of North East India had escaped the eyes of early chroniclers and as such 'their early history was already obscure at that time, and still remains obscure (Chatterji 1974). The *Puranas* and *Tantras* make frequent references to the people having Mongoloid countenance. Here, such literary records are taken into consideration to make a general idea of the early history of the Mishings in Assam (Nath 2012). Moreover, literary works of medieval period, particularly those of the vaishnavite period, and the Ahom chronicles make frequent mention of the Mishings in connection with their relations with the vaishnava saints and the Ahom kings. As such authentic record about this tribe can be found in those literary works. The Mishings as a distinct tribe of the North East have been mentioned not only in the vaishnava literature, but also in contemporary records of foreign chroniclers and those of the Ahom courts. Sankaradeva's *Kirtan Ghosha*, composed sometime between 1516-1568 A D, mentions among other non-Aryan tribes of the region, the Mishings (Miris). References to the Miris have also been found in Madhavadeva's *Nam Ghosha*. It therefore appears that beginning at least with the 16th century the Mishings came to be known as a distinct tribe attracting the attention of the vaishnava reformers of medieval Assam.

The Mishings are the second largest group of scheduled tribes (plains) of Assam and is found mainly in the districts of Lakhimpur, Dhemaji, Dibrugarh, Sibsagar, Jorhat, Golaghat and Sonitpur in Assam. The Mishings were originally a hill tribe within the ranges of the Abor, Miri and Mishimi hills in the North East Frontier Agency (NEFA), presently Arunachal Pradesh, who came down to the plains before the reign of the Ahom Kings and since then began settling in the riverine areas of the Brahmaputra and Subansiri rivers of Assam (Bordoloi, 1987).

This colorful ethnic group living amidst the fellow Assamese people for many centuries has been able to maintain its traditional socio-cultural traits unimpaired in spite of the changes that have taken place in the socio-political-religious life of Assam. When and why the Miris migrated to the plains of Assam are the questions still baffling the minds of researchers and scholars. As the Miris have no authentic written records it is difficult to ascertain the exact date of their influx into the plain's districts. These Mishings who have no dialect of their own might have forgotten their dialect as they have mixed with the non-Mishing people since time immemorial or it might so happen because a large number of non-Mishing people have come to the fold of the Mishings. Such people are found in some places or villages in the district of Golaghat (Encyclopedia of Indian Tribes: Assam and Manipur 2000).

Gender influences various components of human capital formation, including health, in all societies and cultures. Health care is intrinsic to the well-being of the people and has to be promoted as an economic value, and as a means to reduce absenteeism, debility, disability and raise efficiency, productivity and finally the income earning capacity. Health cannot be given or distributed but has to be actively acquired and won. As defined in the constitution of WHO 'health is a state of complete physical, mental and social well-being and not mere absence of disease or infirmity'. This broad concept of health implies a perfect harmony of man's internal environment with his external environment consisting of physical, chemical and biological surroundings. Indigenous peoples have the right to their traditional medicines and health practices, including the right to the protection of vital plants, animals and minerals. They have also the right to access, without any discrimination, to all medical institutions, health services and medical care. Primary health care includes many components like community participation, social structure, physical factors, availability of technological tools, indigenous health practices and linkages between new and old technological systems for curative and preventive health services in a community. If delivery of health care is to reach everyone throughout the country, there is a necessity for optimum integration of various components of health care system depending on the socio-economic and cultural background of each community. Traditional health care systems have been prevalent in every country since the beginning of the civilisation, in one form or other based on medicinal herbs, roots and tubers and healing practices based on Ayurvedic, Unani, Sidh, Nature cure and Yoga system. The tribal people living closest to the nature are influenced more by socio-cultural and environmental dimensions in their healing practices. The tribal health system is based on the twofold plank of psychosomatics and herbal knowledge. Thus, from the tribal perspective the interactive factors of health are the surrounding environment, behavioural patterns, cultural pattern and life style, hereditary and genetic determinants and health care delivery service. As the tribal communities differ in respect of social structure, culture, political organisation, ecological environment, etc. their health problems are also not uniform. There are differences between men and women, gender differences are due to social and cultural factors. Tribal societies have their own history and structure, and therefore the gender issue is constituted out of the tribal history and tribal structure. From this perspective the gender issues for secular society are different from the tribal society.

Gender constitutes an important dimension of socio-cultural and political context within which interactions between health service providers and users take place. Users as well as providers of health care services are part of a social system governed by patriarchal norms (Bandewar 2003). Patriarchal norms mean a world view that considers males as inherently superior to females. Medical training institutions, medical curricula and the organization and management of health services are not without the impact of patriarchal and gender biased value system. Thus, even though they may not be aware of it, service providers are more likely than not to reflect gender biases. In addition, their knowledge allows them to have an authority and upper hand while interacting with service users, which means that service users may find themselves at the receiving end of discriminatory attitudes and practices on the basis of gender. Gender is also a determinant of health along with biological determinants, behavioural and socio-cultural conditions, environment, health services, ageing of the population and other factors in that order. The Global Commission of Women's Health (1993: 18) has concentrated on women's issues. This has encouraged the inclusion of women's issues in all development plans as a priority. Why gender is a determinant of health is not explained and gender is used as a portmanteau term for women's issues.

Gender inequality within health care results from an interplay of several factors, many of which may not have been triggered by health service systems themselves. However, gender sensitive provision of health care can reduce such gender inequalities, and in some cases empower women. Medical doctors, who are often the leaders of a team providing services, often carry patriarchal values that influence their professional actions and thereby increase gender inequality. So, the content and process of medical education has an important role to play in shaping the attitudes and values of doctors. Thus, gender refers to the distinguishing features which are socially constructed, whereas sex is a term used to distinguish men and women on the basis of their biological characteristics. Gender is a crucial element in health equalities in developing countries. It influences the control that men and women have over the determinants of their health, including their economic position and social status, access to resources and treatment in society (WHO 2000).

Most of the gender related and health related demographic researchers agree over women's pivotal role in health, as they are the keepers of a nation's health and development. When woman is healthy the family is healthy, the society is healthy and the nation is healthy. Particularly in Indian society women take care of children's health, family health and their own health. Nutrition in Indian families is solely controlled by the women of the house. Selection and processing of a food item is a major prerogative of women, although the money for buying or production of it may not be the responsibility of women. The choice and selection of food items by women is highly essential for preparation of nutritious food. Certain traditional dietary practices/ beliefs linked with food items are still prevalent in most parts of the country. The women are more traditional bound than men as they blindly follow elderly women's advice even if it is not a sound practice. Women play an important role in developing a good eating behaviour among children. It is a common saying that 'when mother is developed, the child is better developed'. Various health care studies have found a strong positive correlation between women's knowledge, education, empowerment, social status with child's health status and survival. Although women shoulder heavy economic responsibilities commensurate with men, the tribal customary laws like those of non-tribal societies deny equal rights to property. The system of inheritance among most tribes favours men. Though ownership of land is transmitted through women, control invariably lies with men practically in all matrilineal groups. In patriarchal societies where women have access to land they enjoy mostly usufruct right only while proprietary and managerial rights lie with

men. Thus, tribal women experience acute disability in access to material and social resources such as education, health, nutrition and property. Hence, the present study on gender and health among the tribal people has been undertaken. It attempts to explore the answers of following two research questions viz.:

- What kind of relationship is perceived between gender and health among the tribal people in India, especially in a tribe like Mishing in Assam
- What is the role played by gender in the health care and health delivery services among the Mishing tribe?

DATA, METHODOLOGY AND FIELD:

The present study is qualitative in nature and has been conducted in Baghedhara village and Namtemera village of Golaghat district, Assam. The Baghedhara village is under the Gamaiguri Development Block. It is situated 20 km. in the East of the Golaghat town. The total number of households in the village is 115. During the preliminary field visit to the Mishing area, it was found that the village possessed the general characteristics of Mishing tribe in true sense.

The village Namtemera comes under the Duhutumukh Gaon Panchayat and the Golaghat West Development Block, Bokakhat. The village is 35 kilometers away from Golaghat town, connected with it by three road routes; namely, NH No. 39 via Numaligarh, NH No. 37 via Dergaon and the historic road called *Dhoodar Ali*. The village is connected with national highway by a small surface road via mohuramukh chari ali. It is situated on both sides of the surface road which starts from the gelabil bridge. The total geographical area of the village is 2500 bighas and is surrounded by morongial village on the East, mohuramukh village on the West, disoi river on the North and gelabil river on the South.

The Mishing is the only tribal group found in Baghedhara whereas a small fraction of the total population of Namtemera is also from other tribal groups; namely, Bodo, Kachari, Thengal Kachari and Sonowal Kachari. However, the Mishing is the largest tribal group in the population of the village.

The study utilized two types of data; viz, field (oral) and documentary data. Oral data have been collected from the people of the two Mishing villages, namely; Namtemera and Baghedhara and documentary data have been collected from government and other official records, books, journals, etc. In-depth interviews and focus group discussion with the help of structured interview schedule were conducted with the respondent of the two villages. Thus, the study is based on oral narratives, practical experiences and focus group discussion. The field study was conducted in the period between October, 2019 and January, 2020.

GENDER, HEALTH AND DISEASE IN MISHING SOCIETY:

Traditional health care systems have been prevalent in every country since the beginning of the civilization in one form or other based on medicinal herbs, roots and tubers and healing practices based on ayurvedic, unani, sidh as well as nature cure and yoga system. The psychological and emotional dimensions in this care system have also been equally important in the healing practice. The tribal people or the indigenous people living closest to nature are influenced more by socio-cultural and environmental dimensions in their healing practices. Since tribal belief relates sickness, death and ill health to the curse or good will of the deities worshipped by the concerned tribes, appeasement of the God as well as destruction of evil spirits forms a major part of psychosomatic healing or health care system. It may be safely assumed that tribal people living closer to the nature would involve their well-being both

physical and mental to such dimensions. Hence, tribal health care systems are based on herbal medicine, ayurvedic medicine and other related systems like sidh, yoga and rituals along with a strong leaning towards magico-religious practices associated with appeasement of God and keeping the evil spirits at bay. Though more acculturated communities have been exposed to modern medicine, many other communities have continued to rely on their traditional system. At least in one respect, the traditional tribal systems score over their modern counterparts. They approach human disorders psychosomatically as well as organically while the modern system aims at bio-chemical effects. The tribal approach to health is a holistic, integral and undifferentiated one which emanates from their integrally organized culture and society. The integral approach gets differentiated and diversified along the differentiation of society on the line of gender, class and power in course of historical development.

Tribal societies in the past have remained free from gender discrimination. Men and women participated in almost all activities of society due to lack of developed division of labour and social differentiation. Therefore, traditionally the Mishings also had the least of gender differences in their patrilineal society. Women equally participated in social, cultural, economic and political activities. However, the traditional equality has been transforming through their acculturation in the plains. Health in traditional society refers to a complex of beliefs and practices relate to diseases and their prevention and cure in case of a person. The health system is handed over from generation to generation, making a health tradition in the society. Like any other tribal community, the Mishings of Baghedhara and Namtemera villages also have a tradition of health.

In their society, 'health' is considered as absence of any kind of disease. A person free from any disease is healthy. Therefore, in their day-to-day life they traditionally observe certain health practices such as taking meal in time, observance of certain religious practices, wearing of talisman, etc. They believe that performance of religious activities can satisfy the gods and goddesses who are responsible for particular diseases. Similarly, wearing of talisman can escape people from evil spirits. Thus, the Mishings also believe in psychosomatic and supernatural determinant of health.

For the Mishings health is equally important for both males and females. As the women are equally important in their economic activities, good health is as much necessary for women as for men. Traditionally there are no gender specific health practices in their society. Rather, the traditional health practices are common for men and women. However, in respect of social taboos which also form a component of health, gender difference is observed. The taboos have originated from the belief in the supernatural forces. Any violation of such taboos invites the wrath of supernatural powers which will inflict diseases and other calamities upon the human beings. Therefore, the Mishings are very particular in following these taboos. If somebody happened to violate a taboo, he/ she will make the necessary offerings in the temple and observe other rituals for the expiration of the sins.

In almost all tribal ethnographies one finds some material on the concept of disease and its treatment in different societies. The Mishings believe that there are all kinds of diseases inflicting them. For the prevention of unknown diseases, they worship their ancestors by observing *Dobur*, where two idolssimulating snake swallowing an egg, are prepared from some fern and split bamboo, and placed in the altar facing the rising sun. The snake represents the earth as an eternal source of life while the egg represents life itself with the potential power of manifestation. According to the villagers, these spiritual beings are benevolent to human beings and protect their farms and families from damages and

misfortunes, but they have to be kept appeased with occasional offerings called *Taleng-Uie* and *Bokpu-Done*, the pujas observed with white cocks. The evil spirits to whom every illness or misfortune is attributed are the spirits looking around the streams, the mountains, the forests, etc. To protect themselves from these spirits or *Uies* the Mishings perform rituals for the respective *Uies*.

Thus, the villagers believe in the evil spirits causing diseases and the good spirits protecting them. But the *pujas* performed by them to get rid of the diseases are not free from gender bias. Women are strictly prohibited from attending some performances such as *Dabur Uie*, etc. due to parturition and menstruation. If there is any menstruating woman or girl during the time of *Dabur Uies* she must be removed to another village. In some other *pujas* women are permitted to attend but not to do any work in these *pujas*.

GENDER AND HEALTH CARE PRACTICES IN MISHING SOCIETY:

Many tribal communities have built up reservoirs of health and medical knowledge over aeons for upkeep and survival. Broadly speaking, the tribal systems depend both on herbal and psychosomatic lines of treatment. It may be true to say that, to some extent, the tribal system is composed of blind faith, but faith-healing may be a part of the treatment (Singh 1995). World of tribal medicine is largely non-classical and traditional. The main body of medical knowledge existing in beliefs and practices is cultural, that is, handed down from one generation to another. In nature it is magico-religious but always including some empirical elements. The tribal medical system does not exist as a separate field of activity, the biomedicines, bringing it to the level of disease and treatment would therefore not be appropriate (Patel 1995).

In both the villages the villagers have a good knowledge of common diseases and their remedial response in the form of herbs, roots and shoots of plants. They are confident to treat patients suffering from fever, cold, cough, headache, body ache, stomach disorder, bronchitis, wounds, injuries, snake bite, dog bite, skin diseases, scabies, termination of pregnancy, etc.

Belief in mantras and amulets is another aspect of traditional health care system of tribal societies. According to Shills (1968), in all human groups, small or big, there exists a body of beliefs about the nature, causation and their relation to other aspects of group life. Religion, morality, disease and its cure are frequently interlinked. They believe in transmigration of soul and rebirth. Hence, all kinds of sufferings, both, individual and communal, are associated with dishonesty, immorality or sin committed not only in the existing life but in the previous lives as well. They believe strongly in the invisible supernatural power which helps controlling an epidemic and also curing ailing persons.

From practical experience the Mishings could realize that the naturally caused diseases such as gastrointestinal disorder, worm-infection, typhoid, malaria, diphtheria, bronchial diseases, etc. can be cured easily by allopathic medicine. The natural causes responsible for diseases are supposed to be improper food, inclement weather, dampness of locality, indulgence in sex etc. According to them the diseases like pox, snakebite, etc. are believed to be supernaturally caused and modern medical aid is considered to be futile.

Like other tribal communities the Mishing also have deep faith in the efficacy of mantras (magic) or amulets in curing diseases. In their society when somebody falls ill, they will first contact the *Bej* for help. He will diagnose the cause of the illness through divination. At the time of divination, he will invoke the dead ancestors and gods, through appropriate spells and

incantations. They will convey the causes and remedies of illness to the *Bej* and he will treat the patient according to these directions. According to a *Bej* in Baghedhara, there are four major causes of illness; namely, (i) anger of God, (ii) anger of ancestral spirits, (iii) breach of taboo and (iv) possession of evil spirits. During the divination of a *Bej* different methods are used to find out different causes of illness. After divination process the *Bej* advises the relatives of the patient to make some offerings in *Namghar* of the village or their locality. He also gives the patient some herbal medicines which are very effective in checking the disease. The efficacy of herbal medicine will be increased by chanting some spells and treating them with certain magical rituals.

The traditional mantras and amulets still hold an important place in the Mishing society. The villagers are using these traditional mantras for the treatment of diseases like pain of chest, feet, and other parts of body, snakebite, tonsillitis, piles, bleeding of women, etc.

In the Mishing society, apart from the local medicine men who treat most of the diseases, one comes across other specialists in bone-setting, curing of bite by dog, fox and snake and healing of burn injuries. All of them are known as *Bej* in their society. The *Bejes* are ordinary cultivators or even landless labourers. They are generally males and their posts are not hereditary. Women are not permitted to be a *bej* because of their patriarchy nature. The *Bej* accepts remuneration in the form of a feast if the patient gets cured. The bulk of the drugs used by the *Bejes* to cure prevalent diseases are of vegetable origin. These drugs are prepared with different parts of the plants in definite proportions. They are mainly administered orally or applied as poultice. Their habitats being in the midst of forests, getting medicinal plants is not a problem for them. Apart from oral consumption of herbals certain other forms of treatment such as bathing, fumigation, fomentation, application of purgative, etc. are in vogue. There is no gender bias in this matter.

On the other hand, pox, hysteria, snake-bite, insomnia, convulsion, delirium, emaciation of children, mental disease and deformity of limb, congenital malformation, blindness, impotency, barrenness and prolonged illness are some of the conditions supposed to be supernaturally caused. Wrath of deities, influence of evil spirits and evil eye, magic of human being, sin committed and breach of taboo, etc. are believed to be the causes. Such diseases are treated through magico-religious therapy which varies with the type of cause identified. It mainly consists of either the propitiation of respective deities or driving away the supernatural bodies. Both magico-religious as well as herbal therapies are sometimes found necessary by the Mishings to cure certain diseases like pox and snake-bite. Both men and women victims have applied these therapies. So, they do not follow any gender difference in this matter. On the other hand, various precautionary measures are widely adopted by the Mishings against the attack of supernatural bodies. For this purpose, they wear amulets, iron rings, tiger tooth, roots, beads and other sundries. However, incantations are supposed to be most powerful protective measures of body, home and field.

GENDER AND MAGICO-RELIGIOUS PRACTICES:

Like other factors religion is also an influential factor within the area of traditional health care practices. In all societies, particularly tribal societies, health and treatment are closely interrelated with various religious beliefs and practices. The concept and practices of folk medicine are based upon the practice of mysticism, the concept of supernatural, cosmological speculation and practices, magico-religious rites based on sacrifice, rituals as well as iconography or use of good and evil symbols on places of worship inside the household. This traditional healing system includes oral indigenous medicines, external application of herbs

and potions as well as faith in healing process through sacrifices like rituals or rites for appeasement of gods and destruction of evil spirits. This medicine system has still retained its traditional form in interior tribal areas where traditional medicine men and the men dealing with magic or supernatural elements jointly conduct the health care system. The knowledge of such medicinal plants and preparation of medicine are still handed down mostly in oral form to the next generation of such practitioners.

As for the tribal people religion plays an important role in all spheres of their life. Even in health care religious beliefs and practices they have their own specific influence. The supernatural forces play a direct role in the causation and cure of many of the diseases. The medicine men of the Mishing community act as mediators between the people and the supernatural powers. They make offerings to the deities and ancestral spirits on behalf of the patients.

The Mishings believe that a cordial relationship with the deities and ancestral spirits will ensure good health for the members of their community. So, they perform various ceremonies every year during the annual festivals, to renovate their relationship with the supernatural forces and thus ensure their protection. They also believe that if the deities and ancestral spirits are not satisfied, then, they will get angry and inflict diseases and other calamities upon the members of the community. The Mishings also believe that the supernatural spirits wield great influence in their day-to-day life. Gods, goddesses, household deities and ancestral spirits, influence their way of life and view of life, and consequently regulate their behaviour, as individuals, and also as members of the community (Mipun 1993).

The traditional religious practices of the Mishings are based on three major belief systems – (i) about the creator of the Universe, (ii) existence of the spirits around human habitats and (iii) about the human soul (Bordoloi, Sharma Thakur & Saikia 1987). The thoughts and beliefs of the Mishings have largely influenced by the Hinduism. But they are also the devout followers of '*Mahapurusha Vaisnav Dharma*'. Again, they are the worshippers of different gods and goddesses. However, the present religion of the Mishings is the synthetic product of Animism and Hinduism, known as *Kewalia* or *Kalhanghatior Nishamlia*. In Baghedhara all the households belong to *Kewalia*. In spite of the mixture, they are worshippers of '*Uie*' or spirit. On the other hand, celebration of various festivals to propitiate gods is an integral part of the Mishings. These are occasions for great enjoyment as well as for giving thanks to gods for the favours they have received. Besides, the celebrations provide ample opportunity to escape from the monotony of daily routine. Some of the main pujas-cum-festivals of the Mishings are *Po:rag*, *Ali-ai-ligang*, *TalengUie*, *Dabur*, *Ashiuie*, *Yumranguie*, and *Dodgang*, *UromApin* etc. According to Bordoloi, Sharma Thakur & Saikia (1987), these *pujas* can be divided into three broad headings – (i) group *puja*, (ii) personal *puja* and (iii) *pujas* due to causes.

The religious beliefs and practices of the Mishings are functional. They worship their gods, not for the sake of mere worship. Through worship and by making offerings, they gain a rapport with their gods and get a number of things done for their well being. Thus, the relationship between the Mishing and their gods has two different and contradictory aspects. On the one hand, they supplicate themselves to the power of gods and try to please them through propitiation. The gods are considered beyond the reach of ordinary mortals and the only way to get their favours is through complete surrender to their power. According to this view point, man is a worthless creature whose destiny is in the hands of the most powerful god. On the other hand, man tries to control the power of his gods through special ritual

techniques. In the Mishing society, like other tribal communities, there are certain specialists who are experts in the art of magic and they know the methods to control the supernatural forces. This specialist is known as '*Miboo*' in the Mishing society. He is functioning as a vehicle of gods and, at the same time, is able to command them by ritual techniques (Kuli2012). In their society women cannot become *Miboodue* to their parturition and menstruation related problems.

It is believed in the Mishing society that evil spirits are a group of supernatural entities which are always malevolent. They do a lot of harm to the people even without any provocation. Young children and pregnant women are believed to be more vulnerable to their attack. They may bring diseases to little children and may drink blood of a fetus leading to successive abortions. The Mishings believe that the spirits of people who meet with an unnatural death, like suicide or trampled by a wild elephant, or washed away by a flood or water fall etc. become evil spirits. Their attack can be averted by invoking the help of some powerful jungle gods which are benevolent towards people. Wearing of talisman charged with magical power also will be helpful to prevent their attack. The Mishings worship the spirits underlying thunder and lightning *MuklingTeleng*, earth and water *Among Asi*, air and fire *EsarEmi*, these spirits have to be kept appeased with occasional offerings called *TelengUie* and *Rokpu Done*. There are various other evil spirits such as *AsiUie*, *Adi Uie*, *UmrangUie* etc. to whom all calamities are attributed. Another important spirit is *DopumDorum* who is believed to be a three-head demon. The '*Miboo*' or the village expert is the only person who can appease these spirits. The gods and *Miboo* are always males whereas evil spirits are from both the genders. Thus, superior and malevolent forces belong to masculine gender only.

The Mishings believe that the universe was created by a supreme heavenly power defined as '*Sedi Ba:bu*' (The Father) and '*Melo Nanc*' (The Mother) and consider themselves as the progenies of the Sun and the Moon. These deities are held to be omnipotent, omnipresent and always benevolent to mankind. Therefore, on every occasion of social and religious function, the Mishings offer prayer first for these deities. In fact, no auspicious function starts without the names of '*Sedi Melo*' and '*Do:nyiPo:lo*' (Doley2012). Thus, they give equal importance to both the genders in creation of the universe.

One of the important religious performances of the Mishings is the *Dabur puja*. Women are strictly prohibited from attending this performance due to the causes of parturition and menstruation. If there is any menstruating women or girl, she must be removed to another village. Traffic and business transactions with the neighboring village are withheld completely. No outsiders can enter the village on that day. In the morning the youths of the village go from door to door demanding the dues *Ajeng* for the *puja*. They also collect *Apong*, fowl, pig and rice bear in a place on the outskirts of the village. On that occasion, two idols resembling snakes swallowing an egg are prepared from some corn and split bamboo are placed in the altar facing the Sun. Pig and fowl are sacrificed and the '*Satola*' (village priest) utters prayers - "*Oh! Mother Sun, Father Moon, Oh! Divine self, be pleased with these offerings and bless us with health and happiness*". Here, though the gods belong to both the gender, the priest is male only. The women get polluted by some natural activities in their life and this restricts their participation in the important social activities.

'*GuminUie*' is considered as a benevolent spirit of a family and in fact *GuminUie* is considered as another form of the departed soul. Thus, *GuminUies* are worshipped along with *pujas* meant for other spirits. In some villages *GuminUies* are worshipped at an interval of five years. Besides this, the Mishings observe some other religious activities related to health

such as *Sarag Puja*, *UromPosum*, *Rati KhowaSampradan* etc. (Kuli2012). They observe *Sarag Puja* in the month of 'Chaitra' (April) at an interval of five years. Here, also, the family offers oblations to the Sun and the Moon for the welfare of the family. During these days of *puja* family members observed 'Genna' (taboo) for five days, i.e., during these periods the members of the family never go to other villages and never accept anything from their neighbours. Annual worshipping of the ancestral spirit (*UromPosum*) is common feature of the religion of the Mishings. These ancestral spirits belong to both the genders. If the ancestral spirit is worshipped regularly, he brings health and happiness to the family (Kuli2012).

Like this, the Mishings perform 'Borsewa', the highest form of worship. It may also be called as 'Rati KhowaSampradan' (the sect of nocturnal enjoyment). It is said that during *Borsewa* almighty Siva is worshipped at dead night, but as a matter of fact nobody except the participants know what kind of worship is performed in such close door function (Kuli2012). Women are not permitted to participate in this ritual as it is observed in the night.

On the other hand, some of the spirits are known by their usual abode such as 'YumrangUie', spirit that live in forest, 'TalengUie', spirits that live above the Earth, 'AsiUie', spirits that live in water and so on. Each type of spirit is believed to cause particular type of problem and this is detected by the 'Miboo' who is the traditional priest and seer of the Mishings. Whenever a person falls ill or meets misfortune or catastrophe a 'Miboo' is called in to detect the spirit responsible for the problem. On detection of the spirit, appropriate ritual is performed to propitiate it according to the advice and suggestion of the 'Miboo'. There are, of course, other methods of diagnosing the spirits causing illness for which 'Miboo' is not always necessary, but in case of prolonged illness or occurrence of unnatural death or destruction of cattle or crops 'Miboo' is called in. There is always a concept of clan deity prevalent among the Mishings. This is known as 'GumvnSo:yin' which is believed to be residing in each house of the families belonging to the same clan and protecting the family from all kinds of diseases, dangers and difficulties that may be caused by the evil spirits which roam around the homes and huts all the times. So, each family performs a ritual for the satisfaction of the 'GumvnSo:yin', generally every year (Kuli2012).

Besides, many more religious beliefs and practices have come into being among the Mishings ever since their settlement in Assam. Now a days, they have also been worshipping 'Satjania', 'Najania', '21 jantias', 'Jalkai', 'PcjabUie', 'GharDangaria', 'Aipuja' etc. which are absolutely not traditional for the Mishings. The terms designating these rituals are not of those of the Mishings but were borrowed from non-Mishing Assamese communities. It is also interesting to observe that these are not a part of *Neo-Vaisnavism*. It is not known wherefrom these rituals came to Mishing society. Probably, these non-traditional or alien religious functions were the outcome of the Mishing's exposure to the *Saivism* and other sects of Hinduism that were prevalent in Assam in the past. Under various forces they gradually adopted these practices. In the process of all these changes the traditional religion of the Mishings has lost its original character. It has become more or less a hybrid of different sects of Hinduism. Although they still maintain their traditional beliefs about supernatural beings and other customary practices related to birth and death. The Mishings no longer perform the rituals associated with these beliefs except 'Dobur' and 'Ali- Ai- Ligang', which is an annual socio-religious function. In these functions, names of Hindu gods and goddesses are not mentioned at all. But 'Dobur' is also no longer performed in every Mishing village. Similarly, 'Po:rag' which is a socio-religious festival has become a rare occasion, now a

days. The role of 'Miboo' in the religious functions has been replaced by 'Sadhu', 'Satula' and 'Bhakats'. 'Miboo' has become too rare to find among the Mishings.

CONCLUSION:

The above discussion reveals that there is a close relationship between gender and health in Mishing society. Traditional beliefs and religious practices also occupy significant position in health care practices in their society. Because, like any other tribal community, the Mishings also believe that evil spirits are responsible for various diseases. They have performed various religious rituals, which are traditionally prevalent in their society, to get rid of different diseases. It seems that in their beliefs in supernatural forces both the genders have the place of equality but in their worldly life the women are considered to be carrying some of limitations which restrict their participation in magico-religious activities. In their tradition of tribal life and acculturation the women have no place so far as the functionaries of magico-religious offerings are concerned.

REFERENCES:

- Bandewar, S. S. (2003). Abortion service and providers' perceptions: gender dimension. *Economic and Political Weekly*, Vol. 38(21), 2075-2081.
- Bordoloi, B. N., Sarma Thakur, G. C. & Saikia, M. C. (1987). *Tribes of Assam Part I*. Guwahati: Tribal Research Institute.
- Chatterji, S. K., (1974). *Kirata Jana Kriti: the Indo-mongoloids; their contribution to the history and culture of India*. Calcutta: The Asiatic Society.
- Doley, D. (2012). Religious beliefs and practices among the Mishings of Assam. In J. J. Kuli (Ed), *The Mishings: their history and culture* (pp. 125-130). Dibrugarh: Kaustubh Prakashan.
- Kuli, J. J., (2012). *The Mishings: their history and culture*. Dibrugarh: Kaustubh Prakashan.
- Mipun, J., (1993). *The Mishings (Miris) of Assam: development of a new lifestyle*. New Delhi: Gyan Publishing House.
- Nath, D. (2012). The Mishings in the history of Assam. In Jawahar Jyoti Kuli (Ed), *The Mishings: their history and culture* (pp. 28-43). Dibrugarh: Kaustubh Prakashan.
- Patel, M. L. (1995). Awareness of tribal health and medical care in Madhya Pradesh. In B. Singh and N. Mahanti (Eds) *Tribal health in India* (pp.137-147). New Delhi: Inter India Publications.
- Shills, D. L. (1968). *International encyclopedia of the social sciences Vol.-10*. New York: Macmillan Company and the Free Press.
- Singh, B. (1995). An overview of tribal health. In B. Singh & N. Mahanti (Eds) *Tribal health in India* (pp. 17-32). New Delhi: Inter India Publications.
- WHO. (2000). *Health situation in the South East Asia Region*. Regional office for South-East Asia: World Health Organisation.