

# A Sociological Study on Traditional Beliefs and Practices of 'Mising' Women Regarding their Reproductive Health Care Practice

Durlav Pegu

Research Scholar, Department of Sociology, Dibrugarh University, Dibrugarh, Assam. Pin No: 786004 (India)

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### Corresponding Author

Email: pegudurlav2014[at]gmail.com

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## ABSTRACT

*This study is an attempt to observe the traditional beliefs and practices of Mising women regarding their reproductive health care practice. Well into know, health is determined not only by biology but also by the factor of socio-culture. Because of the impacts of socio-cultural variables, in the name of smooth and simple delivery, people undertake some traditional religious convictions and practices regarding reproductive health care. The investigator used the survey method to perform this research using the interview schedule (semi-structured questionnaire) and the focus group discussion to find out the traditional views and methods of reproductive health care among women. The finding shows that Mising women perform some traditional practices along with religious beliefs like sondro groho or hurjyo groho, tumbo miksi, mingod (first name calling), husi, tiloni, proshad, etc. These are performed in the name of smoothness, easy delivery; free the child and the mother from the affect of all evils. Experienced village woman and bhokoti (bhokot's wife and the bhokot is like a priest) lead the ritual acts to be easily delivered and executed. But nowadays, as far as reproductive health care practice is concerned, Mising women are becoming to prefer the contemporary form of health care practice.*

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## 1. Introduction

Health essentially implies the absence of disease, body well-being, and body function. It is regarded as a precondition for human development and welfare activity of all kinds. In the year of 1946, World Health Organization defined the term health as a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity. It concerns the common man's well-being and their values, custom, tradition, perception, and their own procedures (Grad, 2002). Thus, the behavior that people seek for health may differ from person to person or from society to society. The health seeking behaviour is described as a process of people reacting to the disease that includes the dad, mother, and other people as well. It is a decision-making method on health decisions or processes that influence health status as well as concentrating on decision-making patterns and associated reactions and measuring capacity. Hence, health seeking behaviour may be interchangeable with choices seeking health, behavior seeking health care, and seeking health data (Poortaghi et al, 2015). In many studies it is proved that tribal people's health-seeking behavior links mostly to god-belief and ritual rites. In rituals such as the celebration of achieving womanhood, pregnancy, and childbirth (Rao et al, 2006), their views on gods and taboos are seen. According to traditional influence, the traditional healer and his wife perform all religious activities and ritual ceremonies that seem to be a specialist in ritual performance as well as disease remedies. An associated pregnancy belief system always governs them in the proper time to conduct their traditional ritual ceremony otherwise the pregnancy will be transferred as an abortion. Therefore, they attempt to maintain many rituals performing. They give and sacrifice certain products at the ritual ceremony that are distinct in each and every ritual. The products offered can be fruit, egg, rice husk, cloth and sacrifice chicken, goat and pig, etc. Some food products are especially ready and

some are prevented by their customs and beliefs during pregnancy and after delivery. To get a smooth and simple delivery, they do it. In nature, too, their childcare is traditional. To regulate the vomiting, castor oil taken with the quill of chicken will be applied to the head. They treat care through their own understanding of health procedures like every child's fever. Therefore, their overall health-seeking care has to do with traditional health practices, religious beliefs, customs and norms rather than with modern medical care.

Sonowal (2010) is observed to be closely linked to socio-cultural attitudes in the notion of health and treatment of tribal people. In the event of difficulty pregnancy and delivery of a child, they think it is the impact of evil demons residing in the forest and rivers, so seek assistance from the family's guardian deity by providing it an oblation. The traditional healer is therefore preferred, chanting mantras and black magic to diminish the impact. Because of their inevitable tradition, in the delivery situation, they have to execute the socio-religious rites and bury the placenta after childbirth within the home limit, so the pregnant females are not attending the PHC. Research has undertaken at Thadon of Manipur demonstrates that during pregnancy and postpartum the Thadon people have faith in and exercise the traditional technique of reproductive disease care and therapy such as vaginal discharge and other illnesses. The pregnant woman is not permitted to carry heavy things in the early stage of pregnancy but is requested to mop ground later in order to help with simple delivery. So many prescribed and proscribed operations must be performed by women during pregnancy and after delivery. They also follow some customs when taking their food products. All these seeking care of indigenous knowledge are not held as documents in any place but are passed on from generation to generation (Chanu et al, 2015). Sachdev (2012) observed that Nomad tribal individuals are not inclined to go to minor disease clinics such as cold

and cough, but visited only when the illnesses are considered serious and severe. Particularly in comparison to professional physicians, they think more about "dais." Home delivery is favored rather than hospitals where the community's elderly women assist with delivery. The state of poverty and the primary obstacle to the bad health status of nomadic tribes is due to setting, ignorance and community non-acceptance of professional physicians and full recognition of their societal norms in terms of health-related problems. Traditional knowledge and cultural aspects, therefore, have a crucial impact on the traditional practice of reproductive health care. Because of this impact, tribal people truly believe that the delivery of infants is the impact of superstitions, the impact of evil spirits, taboos, etc. So, in the name of smooth and simple delivery, they conduct some ritual rites, ceremony. They allowed some food items to be taken that couldn't impact health, and some are confined. Traditional cultural convictions, procedures are therefore seen as an inevitable aspect of their health seeking behaviour.

Like all tribal communities of India, the Mising community of Assam is not exceptional. They also have the traditional cultural convictions, procedures and perception regarding health, illness and its remedies. Therefore, we tried to find out the details about their health discourse with some objectives as stated below.

## 2. Objectives

The primary goal of this study is to understand Mising women's current traditional religious values and practices concerning reproductive health and see its reflection on their health-seeking behavior in the specific research region.

## 3. Methodology

### The People and the Study Area

The community of Mising is known as Miri and inhabits the districts of Dhemaji, Lakhimpur, Sonitpur, Dibrugarh, Tinsukia, Sibsagar, Jorhat, and Gulaghat in the Indian state of Assam. There is more than 1 million in the total population. They are North-East India's second-biggest tribal group, first being Assam's Bodos.

The current research was conducted in two Mising villages situated in Dhemaji district, namely Kulajan Dipu and Kulajan Kandulijan. The two villages are located in the development block of Sissiborgaon. In this region there are 22 primary schools, 14 primary schools, 10 middle schools, 7 secondary schools, one junior college, and one-degree college.

The Kulajan is a large area where the panchayat of Kulajan is situated. Also located there is the Kulajan chariali as a major market place and transport communication center from Dibrugarh to Dhemaji.

The investigator has therefore purposely chosen these two villages. The Kulajan Dipu gaon chosen from the Kulajan chariali as much closer and another village is the Kandulijan is chosen from the Kulajan chariali as a more remote village.

The current research is based on primary as well as secondary data. For the collection of the primary data, the researcher used some instruments and methods such as the interview schedule and focus group discussion. 60 married females were purposely chosen as respondents by the investigator. The secondary sources have been gathered from journal articles, research papers, and formal public reports, etc.

## 4. Result & Discussion

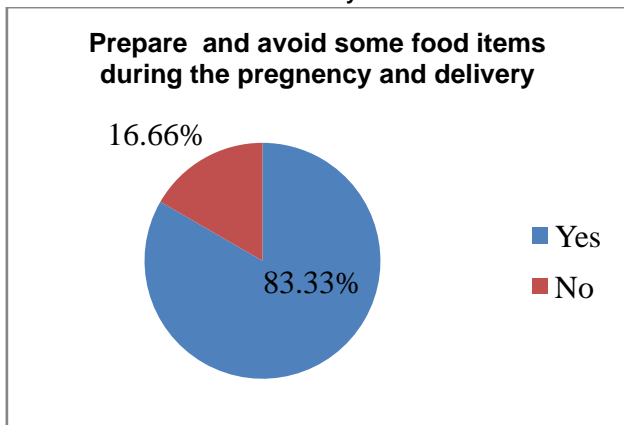
It is seen in the focus group discussion that the magico religious beliefs and practices are indispensable component of the health culture of the Mising. The Mising women of this research area think that supernatural authority, deities, evil eyes, or evil spirits can affect on the pregnancy and delivery. They conduct some traditional religious beliefs and practices with regard to pregnancy or baby delivery. Even though they become using contemporary health practitioners in the event of pregnancy or baby delivery for days now, they do not give up on the ancient technique of exercise of health care and traditional values. They retain certain societal norms, regulations and conduct some puja ceremony from the very beginning and arrange some traditional food products to make them healthier and restrict some. There are some traditional practices in Mising women along with religious beliefs such as *sondro groho* or *hurjyo groho*, *tumbo miksi*, *mingod* (called first name), *husi*, *tiloni*, *proshad*, etc. Because of their view of supernatural strength, they think that the delivery will become more difficult or can be transferred to abortion without performing the ritual activity.

Well into the earliest stage they perform the "*sondrogroho* or *hurjyo-groho*" (solar eclipse i.e. it is a worship of Mising people) to save the delivery of women and children from any influence of solar eclipse. They believe that even if the pregnant woman goes outside the house during the moment of the solar eclipse, then the event of the solar eclipse may affect the pregnant woman, then she will face a lot of trouble and it will also affect the kid as well as. Moreover, they believe that after performing these ritual acts the influence of the solar eclipse is going away from the body and delivery will be easy." *tumbo miksi* (another worship of the Mising community) in which an egg offering in honor of God is undertaken in the name of saving, smoothness and easy delivery. In *sondro* or *hurjyo groho*'s religious act or "*tumbo miksi*" giving to god some products and appeasing a package for a particular moment. The "*bhokoti*" (*bhokot's* wife) or other old age experienced lady will perform the worship after delivery.

It was stated in the interview with the informants that during the pregnancy and delivery period, apart from the females of this research region, some traditional food products are prepared and maintained to be adopted and, on the other side, certain foods are hardly confined. After completion of child delivery, the period of adoption and avoidance is called "*oboyotnam*" (Pegu, 2017). They take "*jaal*," a food item consisting of chicken meat, *jaluk* (papper), *pimpoli* (jaborandi pepper), *ombita* (papaya), *rugji* (fern), *marsang* (spilanthes acmella), etc. But it's boiled utterly, not fried. It is consumed alongside *po: ro aapo: ng* (the wealthy bear's color is black and chocolate). The *jaal* is taken with male chicken when

females deliver boy baby and when girl baby is delivered then female chicken is also provided to consume with *jaal's* food products. In boiled as well, the water has to be drunk. These are all preserved in the name of gaining good energy. *enge: ngerek* (arum plant or its esculent root and *takke* (ginger) are not permitted to be eaten by delivery females. If it eats, the kid is going to be like the *takke* (ginger) and *tapa aye* (pumpkin). It is also not permitted to eat *paro-tapa* (winter melon or ash gourd). They are not permitted to consume fruit and products from the throne or spines during this particular period of time. During this moment, sour fruits are not permitted because it can cause pain. It is supported by 83.33 percent of females and not by 16.66 percent (Figure no 1).

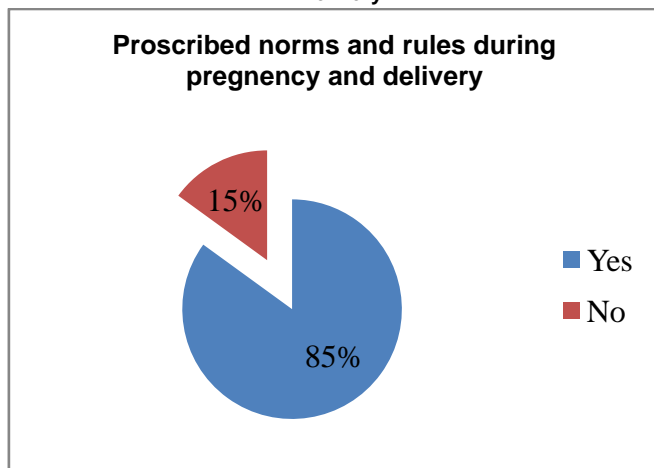
**Figure No 1.**  
Prepare and avoid some food items during pregnancy and delivery



Source: The field study.

On the other side, this area's Mising females obey some outlawed norms and laws during pregnancy or as their ubiquitous practice after the delivery moment that prevails among them. It is followed by 85% of respondents, but not by 15% (figure no. 2).

**Figure No 2**  
Proscribed Norms and Rules during the Pregnancy or Child Delivery



Source: The field study.

The females were stated in the interview taking that pregnant female are not permitted to take part in government meetings, namghor, temple, etc. A bowl, a dish, and livestock are provided to the infant delivery females to use in particular. Because they thought that the mother was deemed sinful during the delivery moment and was therefore not permitted to touch other stuff. If she touches that stuff, it becomes sinful in turn. With casting mantras, the *bhokot* carries out the sin. They think the sin spreads throughout the family before casting *bhokot's* mantras. No hanging for drying on *bari* (family garden) is permitted for every cloth of the delivery females, but it is provided in the floor or field. If the cloth hangs on the Bari, this "*bar*" may not have vegetables or other fruits available as well. They also think that the parents should call a name temporarily to the kid during delivery otherwise before calling any child's name; dark creatures are waiting to call names by their language called *mingod* (calling first name). So if these creatures named the kid before the mom and dad by their language then the kid faces a lot of trouble in his lives. If buffalo calls or give a name before parents, then buffalo will kill him, if cow call, he will die through cows, etc.

It's their traditional conviction. Therefore, in a specific location, they always hold rice or food in the child's name. It is performed up to 5 days from the shipping date. The delivery girl is not permitted to go to the home of her mother, sharing nothing from the house to the New Moon display with another family. During the pregnant moment, they do not pass over the string on the highway and use another distinct route. As such, during the shipping moment, they follow certain prescribed or forbidden norms and regulations. The norms are followed by 85 percent of participants and not by 15 percent. *Husi* and *tiloni* are both Mising community ritual acts and they both look like the same character. Two kinds of *husi* and *tiloni* are conceived as *husi* or *tiloni* is practiced at the child delivery and another *husi* or *tiloni* is performed when the family member dies. After three days of baby delivery, both are conducted and individuals die. But the death of *husi* may be extended to a few years later should be observed. There is a health reflection with the performance of all these systematic religious practices, according to the Mising females. They think that the barriers to performing these procedures are not harmful to females in delivery. The superstitions, taboos, ancestor spirit save the females of delivery or the baby from all evils. This is useful for females to gain mental fulfillment and gain trust and healthier improvement.

The opinions listed above are very prevalent practices in this research area's people's beliefs. Thus, with the assistance of an untrained village woman, individuals still prefer the traditional technique of baby delivery. There are some reasons that the villagers consider practicing the traditional home delivery technique.

**Table No 1**  
**Reasons for the given preference of traditional method in child delivery**

SL. No	Age of the Respondents	Indicator			Total
		Most comfortable than medical	Common practice	Lack of knowledge or the modern system of child delivery was not interested/understood in the previous day	
1	20 – 29	2	1	0	3
2	30 – 39	14	2	0	16
3	40 – 49	14	2	3	19
4	50 – 59	7	3	7	17
5	60 – 69	3	1	1	5
	Total	40 (66.67 %%)	9 (15%)	11 (18.34%)	60

Source: The field study

From the above table it is found that females prefer the traditional technique of reproductive health because of some indicator or factor. Some individuals prefer tradition or home delivery to be more comfortable than medical delivery (66.67%). The informants were told that other related individuals are not permitted to live with the patient at the health institute. They couldn't share any female issue with the health worker because of this restriction. In addition, the traditional "jaal" food product is not permitted to be consumed during the delivery period so that the patient does not receive energy. 15% Support as a Common Practice and 18.44% as a lack of understanding or absence of the contemporary childcare scheme in the ancient age. Although the traditional technique of child delivery is popular among this research area's Mising society, nowadays women are influenced in their child delivery by the contemporary health care service.

In the interview, the married women were asked a question about their knowledge of health seeking behavior as –Would you like to attend a health center without your husband's presence? Then it is noticed that 80 percent of participants believed that they would like to visit the health center without their husband's presence, but only 20 percent did not. Although they practice the traditional technique of delivering children with ritual rites, nowadays the females in this region of research are becoming more likely to prefer their reproductive health care practice to the contemporary health care system.

## 5. Conclusion

Lastly, it can be concluded that magical religious convictions and practices are an essential component of their culture of health. They also conduct some traditional magical-religious beliefs and practices in the event of pregnancy or baby delivery such as *sondro groho* or *hurjyo groho*, *tumbo miksi*, *mingod* (called first name) *husi*, *tiloni*, *proshad* etc. They think that the barriers to performing these procedures are not harmful to females in delivery. The superstitions, taboos, ancestor spirit save the women of delivery or the baby from all evils. This is useful for women to gain mental satisfaction and gain trust and healthier improvement. They obey certain social laws and standards in food intake and social behaviour. Some of them are socially prescribed and some in nature is highly forbidden. It is thus seen that the practice of Mising women's reproductive health care is mostly linked to traditional religious

convictions and practices. Despite now being used for days by contemporary health practitioners in the event of pregnancy or baby delivery, they do not give up the ancient child delivery practice of health care.

## 6. End Notes

- ✓ **Bari:-** Household garden.
- ✓ **Bhokot:-** Bhokot is known as a priest, who performs the puja and ritual activity.
- ✓ **Bhokoti:-** Wife of bhokot or lady priest.
- ✓ **Dais:-** :- The term of "dais" refer the traditional midwives.
- ✓ **Husi:-** A Mising ritual act performing after three days of baby delivery and death for individuals.
- ✓ **Jaal:-** Jaal is a traditional Mising community food item used at the moment of delivery. It consists of chicken meat, jaluk(papper), pimpoli(jaborandi pepper), ombita (papaya), rugji(fern), marsang, etc.
- ✓ **Mingot:-** First name call. The Mising people think that the parents should call a name temporarily to the baby in delivery otherwise before calling any of the child's names; dark creatures wait to call a name by their language, which is called Mingot first name calling. So if these creatures named the kid before the parents by their language then the kid faces a lot of trouble in his lives. If buffalo calls or give a name before parents or relatives, then buffalo will kill him, if cow also calls, he will die through cows, etc. It's their traditional conviction.
- ✓ **Oboyotnam:-** When the Mising individuals follow certain laws and standards and use "jaal" or food items, it is a particular interval of baby delivery. In this interval, they restrict some food items. The food item "jaal" comprises of chicken meat, jaluk(papper), pimpoli(jaborandi pepper), ombita (papaya), rugji(fern), marsang (spilanthes acmella), etc., but it is completely boiled and not fried. It is consumed in po: ro apo: ng (the color of the wealthy bear is black and chocolate). Arum plant or its esculent roots, ginger, winter melon or ash gourd, throne or spines fruits and all sorts of sour fruits are not permitted to consume in this period.
- ✓ **Po:ro Aapong:-** Traditional rice bear of Mising community, which colour is seen as black and chocolate colour.

- ✓ **Proshaad:-** It is a ritual act of performing Mising society in any type of family bleeding situation. So it is also performed in the event of delivery because blood also bleeds in the event of infant delivery and because of this they think that if the "proshaad" has done their "honi" or evil or other barrier may not appear in their family. If it performs then it will be normal for every activity.
- ✓ **Tiloni:-** It is a ritual act, after three days after the delivery they execute "tiloni," either the kid is alive or death is performed.

## References

1. Chanu T J, Kumar MC. A. Traditional Reproductive Health Care Practices and Knowledge A Case of the Thadou of Manipur. *Journal of Humanities and Social Science*. 2015; 20 (7): 86-88.
2. Grad, F P, The Preamble of The Constitution of The World Health Organization. *Bulletin of The World Health Organization*. 2002; 80(12): 982.
3. Pegu, D. Gender Discrimination against Women: A Sociological Study in Two "Mising" Villages of Dhemaji District of Assam. *International Journal of Research in Management & Social Science*. 2017; 5 (3.VI).
4. Poortaghi S. Evolutionary Concept Analysis Of Health Seeking Behaviour in Nursing: A Systematic Review. *BMC Health Services Research*. 2015; 15 (523).
5. Rao VLNO, Busi B R, Rao B.D, Rao C. S, Bharathi K, Venkaiah M. Ethnomedicininal Practices Among Khonds Of Visakhapatnam District, Andra Pradesh. *Indian Journal of Traditional Knowledge*. 2006; 5 (2): 217-219.
6. Sachdev B, Perspectives on Health, Health Needs and Health Care Services among Select Nomad Tribal Populations of Rajasthan, India. *Antrocom Online Journal of Anthropology*. 2012; 8(1):73-81.
7. Sonowal C J, Factors Affecting the Nutritional Health of Tribal Children in Maharashtra. *Ethno Med*. 2010; 4(1): 21-36.