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# Local wisdom and health care practices by farm women in rural areas of Kendrapara Orrissa

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**ABSTRACT**

The study was conducted in Kendrapara district of Orissa. The sample consisted of 200 farm women who used their wisdom while taking health care of family members. Following the footprints of their ancestors, they have developed a positive attitude in using the indigenous medicines for their readily available, cost – effective, easy to handle, need no expertise and without any side effect. However, they faced a number of constraints such as lack of technical know how, lack of extension contact, inadequate women programmes, non exposure to mass media, unskilled health personnel, unwillingness of health personnel to work in rural areas, absence of supervision and inadequacies in the existing infrastructure. For the success of such projects, the factors like standardization of indigenous medicines, effective training programme for Anganwadi workers and mid-wives should be taken care of. Organization of orientation programmes for farm women in the rural areas to update their knowledge of using herbal medicines are essential.

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Women play an important role in maintaining health care of family members in rural areas. They take recourse to local wisdom for treatment of different diseases based upon on their vast experience. Women have different and unequal access to and use of basic health resources including primary health services for the prevention and treatment of different childhood diseases, malnutrition, anaemia, diarrhoea diseases, malaria, tuberculosis and other tropical diseases among others.

In rural areas, women become easy victims of gender bias and have discriminatory access to the provisions of inadequate and inappropriate medical services. Lack of food and even inequitable distribution of food for girls and women in household, inadequate access to safe drinking water, insanitary condition particularly in rural and poor urban areas and improper housing condition - all overburden women and their families to have a negative effect on health.

All the five year plans have been prioritizing much importance on the development of women. The National Population Policy 2000 has given due emphasis on the Integration of Indian System of Medicine (ISM) in the provision of reproductive and child health services and in reaching out to households.

Drugs play an important role in health care. But the irrational use of drugs causes a lot of health problems. According to Francis (1993), all the drugs should reflect their indications, contra-indications, side effects and adverse reaction. The drug ought to contain its brief literature above items overleaf.

The World Heath Organisation (WHO) estimated that 8% of the population of developing countries rely on traditional and herbal medicines. They use locally available plants, herbs, forest and agro-products for curing common ailments. Now-a-days demand for medicinal plants is increasing in both developing and developed countries (U.N., 1996).

In order to explore the knowledge of rural women for treatment of common diseases, a study has been conducted with the following objectives to analyse knowledge of rural women about indigenous medicine, to study attitude of rural women towards indigenous system of medicine, to review the constraints faced by rural women in using indigenous medicine and to suggest remedial measures for over coming the constraints.

## METHODOLOGY

An exploratory research design was adopted for the purpose of the study. The investigation was carried out in four villages of of four blocks in district of Kendrapara, Orissa state. A sample of 200 respondents was selected at random. The selection of the respondents was done on the basis of the size of holding. It covered 54 landless, 68 marginal (upto one ha. of land), 53 small (below 2 ha.), 25 big farmers (above 2 ha.). The data base of the study was drawn from a variety of secondary sources and the primary data was collected through observation and interview schedule. Later the data were tabulated and analyzed.

## RESULTS AND DISCUSSION

### *Knowledgment of rural women about indigenous medicine:*

Rural women had the following age old traditions while taking care of family members. Women using different types of indigenous medicines based on the local wisdom for treatment of different diseases are presented in Table 1.

**Table 1 : Types of indigenous medicines for treatment of different diseases**

| Sr. No. | Indigenous medicine | Number | Percentage |
|---|---|---|---|
| 1. | Tulsi | 120 | 60.00 |
| 2. | Turmeric | 108 | 54.00 |
| 3. | Methi | 95 | 47.50 |
| 4. | Neem | 125 | 62.50 |
| 5. | Podina | 65 | 32.50 |
| 6. | Beetle | 57 | 28.50 |
| 7. | Honey | 105 | 52.50 |
| 8. | Lemon | 106 | 52.50 |
| 9. | Garlic | 90 | 45.00 |
| 10. | Ginger | 85 | 42.50 |
| 11. | Onion | 110 | 55.00 |
| 12. | Black peper | 70 | 35.00 |
| 13. | Cloves | 55 | 27.50 |
| 14. | Banana | 102 | 51.00 |

Data of Table 1 reveal that majority of rural women (62.50%) were using neem leaves and neem product for treatment of common diseases. The use of tulsi (60.00%), onion (55.00%), turmeric (54.00%), lemon (53.00%), honey (52.50%), banana (51.00%), methi (47.50%), garlic (45.00%), ginger (42.50%), black paper (35.00%), podina (32.50%) were found to be common for treatment of different diseases (Chakravarty, 2008).

### *Attitude or rural women towards indigenous medicine:*

Women are the key persons in taking the health care of family members. The attitude of rural women to indigenous medicines gives an idea about their involvement in treatment of different diseases. Keeping this in view an attempt was made to find out the attitude of rural women towards indigenous medicines that are presented in Table 2.

Table 2 reveals that rural women used various locally available traditional medicines. They have favourable attitude towards such medicine for the obvious reasons that their ancestors follow (64.00%); it is readily available (61.00%); low-cost (60.00%) as well as easy to handle (59.00%), no need of expertise (54.50%) and no side effect (52.50%). Only a few of them remained neutral as they were not aware of the use of indigenous medicines.

### *Constraints faced by rural women:*

Though rural women use indigenous technical knowledge for treatment of different diseases, nonetheless they face a number of constraints in regards to formula preparation, correct dose of medicine etc. as presented in Table 3.

Table 3 reveals that each of the respondent has indentified some problems or other. Around 76.00% of the sample respondents felt lack of technical know-how as a barrier for treatment of a particular disease. They were unaware of doses and duration of the application of such medicines. About (74.00%) of respondents expressed the lack of extension contact inadequate women's programme (63.00%), unexposer to mass-media (53.50%). Among the respondents there were unskilled health personnel (51.00%) and unwillingness of health personnel to work in rural area (49.00%). Absence of supervision (47.50%) and inadequacies in the existing infrastructure (43.50%) were the constraints for adoption of indigenous medicines.

### *Suggestions:*

The suggestions of rural women to overcome the constraints in adoption of indigenous technical knowledge on medicine are presented in Table 4.

Data of Table 4 reveal that majority of the respondent

**Table 2 : Attitude of rural women about use of indigenous medicine**

| Sr. No. | Statements | Favourable | | Unfavourable | | Netural | |
|---|---|---|---|---|---|---|---|
| | | No. | % | No. | % | No. | % |
| 1. | Readily available | 122 | 61.00 | 30 | 15.00 | 48 | 24.00 |
| 2. | No side effect | 105 | 52.50 | 40 | 20.00 | 55 | 27.50 |
| 3. | Easy to handle | 118 | 59.00 | 25 | 12.50 | 57 | 28.50 |
| 4. | No need of expertise | 109 | 54.50 | 38 | 19.00 | 53 | 26.50 |
| 5. | Ancestors follow | 128 | 64.00 | 27 | 13.50 | 45 | 22.50 |
| 6. | Low-cost technology | 120 | 60.00 | 26 | 13.00 | 54 | 27.00 |

**Table 3 : Constraints expressed by rural women (N=200)**

| Sr. No. | Constraints | No. of respondent | Percentage | Rank |
|---|---|---|---|---|
| 1. | Lack of extension contact | 148 | 74.00 | II |
| 2. | Lack of technical know how | 152 | 76.00 | I |
| 3. | Unexposeure to mass media | 107 | 53.50 | IV |
| 4. | Inadequate women's programme | 126 | 63.00 | III |
| 5. | Unwillingness of health personnel to work in rural areas | 98 | 49.00 | VI |
| 6. | Unskilled health personnel | 102 | 51.00 | V |
| 7. | Inadequacies in the existing | 87 | 43.50 | VIII |
| 8. | Absence of supervision | 95 | 47.50 | VII |

**Table 4 : Suggestions of rural women to overcome such constraints (N=200)**

| Sr. No. | Suggestions | No. of respondent | Percentage |
|---|---|---|---|
| 1. | Technical | 162 | 81.00 |
| 2. | Skilled health personnel | 144 | 72.00 |
| 3. | Adequate infrastructure with availability of medicine | 142 | 71.00 |
| 4. | Training programme for women | 130 | 65.00 |
| 5. | Public awareness | 140 | 70.00 |
| 6. | Political support | 125 | 62.50 |
| 7. | Conservation of herbal plants | 87 | 43.50 |

(81.00%) expressed that timely technical feedback is essential for using indigenous medicine for treatment of a particular disease. About 72.00% of rural women suggested for skilled health personnel, followed by adequate infrastructure (71.00%), public awareness (70.00%), training programme for women (65.00%), political support (62.50%) and conservation of herbal plants (43.50%) need the prioritization for the success of such resourceful projects.

***The role of IEC:***

Information, education and communication (IEC) are the most effective tools to popularize, publicize and promote wider implementation of the suggestions in connection with traditional knowledge, practices, cures and remedies of rural ailments.

Awareness could be created among rural folk through publication of articles in local news papers and magazines in local language. The illiterate mass may be encouraged to follow the instructions of opinion leaders. Besides, the information can be easily disseminated to the rural people through the electronics media like radio, television and documentary films shown by information and public relation department of the Govt. Folk arts in the form of street play, puppet show and dance drama help in creating awareness among people in rural area. Further, it may be integrated into the total literacy campaign (TLC) and the post literacy campaign (PLC).

Government, in co-operation with women and community based organization, should formulate policy for gender sensitive health programme, including decentralized health services. It is necessary to strengthen and reorient health services, particularly primary health care inorder to ensure universal access to quality health service for women and girls which will considerably reduce ill health and maternal morbidity. Health professionals should honestly and sincerely recognize that they are undertaking consistent effort to reach the majority of the mothers and their children in order to restore a disease free society. Moreover, the Govt. should take adequate initiative to include the viable gender sensitive programmes as the mandatory course curriculum in the educational institutions and different training centers. As a token of such effective health care, the Govt. of India launched National Rural Health Mission (NRHM) in April 2005 to provide effective health care to rural population throughout the country.

***Conclusion:***

In the era of market driven system, literacy, education, basic health care and infrastructure sectors are neglected by the powers-that-be. Again, due to the inequalities present in the global order and the WTO regime as well as its conditional ties on patents and intellectual property rights among other things, the medicine and health care equipment have become very costly, hence inaccessible from the point of view of the bulk of the population in the developing societies like India.

In such a back drop, the indigenous systems of health care and remedies have become all the more relevant for providing cost-effective and affordable medical facilities and treatment to the poor and the needy. Diffusion of information for establishment of herbal garden and conservation of forest products, use of safe drinking water, sanitation of the surroundings are essential for achieving its goal. For holistic health care, all the aspects of human dimension such as physical, emotional, social, moral and spiritual factors are to be taken care of.

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