



## ESTIMATING THE EFFECT OF MODERNIZATION ON RAJBANSHI TRADITIONAL HEALTH CARE PRACTICES

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### Abstract:

Researchers apprehend that local health traditions prevalent among indigenous communities have plausible chance for extinction in near future. Whether or not total extinction is possible is a matter of debate. But worldwide present trend indicates a changing pattern of traditional health culture with corresponding change in modernization induced societal transformation in indigenous communities. This study attempts to understand the change in health care practices of Rajbanshis - one least studied indigenous population of Koch Bihar district of West Bengal. It focuses on the introduction of allopathic system of medicine in the study area as colonial and post-colonial intervention and its effect on the traditional health seeking behaviour of the study population. Around this central idea, a population based cross sectional study with a mixed method approach was adopted. The research was carried out during March to May of 2016 among 420 households of 9 rural blocks and 3 urban wards of Koch Bihar municipality of the district. The statistical analysis was performed using MS Excel (version 10). This study finds out that the effect of modernization has removed cultural resistance to change and induced material change in the society. It concludes that the gradual response to new system of medicine has given rise to a new health culture and once dominant traditional health culture has given its way to modern allopathic system and existence of multiple health care traditions has become prominent.

**Keywords:** Rajbanshis, Traditional health care practices, Culture change, Colonial intervention, Modernization, Post independent health care reform,

### Introduction

In any traditional civilization, cultural transformation is a universal and unavoidable process. Modernization is the term used to describe the process of change that occurs within societies as a result of many extrinsic and intrinsic influences. The process is thought to lead to a state of social change. Every traditional community has its unique austerities and seclusions. As a result, the degree of modernization varies throughout countries according to the type of force operating upon them and the characteristics of traditional communities. The traditional Rajbanshi community is not exempt from this shift. This paper examines the contributing aspects to the modernization process and its impact on their traditional Rajbanshi healthcare practices. This study considers the influence of colonialism and post-independence health care reforms as external forces, the role of local rulers and the desire for change among community members as internal forces of intervention in heralding modernization in traditional health beliefs, knowledge, practices, and care-seeking behaviour of Rajbanshi.

## **Background**

### **Colonial Reforms and Role of Koch Bihar Kings**

Conflicts between Bhutias and Koch kings led to political turbulence, prompting the Koch kings to seek assistance from the East India Company. As a consequence, Anglo Koch Bihar Treaty came into being and the people of Koch Bihar first came in contact with the British in 1772. Scholars argue that the Anglo-Cooch Behar treaty was a disguised business contract, yet this treaty helped in paving the way for modernization in this region. Since 1839, the British started adopting reform policies, particularly in administration, land settlement, education, transport and communication, and public health that were supported by enthusiastic kings, and introduced modernization and societal changes in the region.

The British government implemented administrative reforms mainly to maintain the native rulers' dominion over the entire region and to limit their power. However, these changes ushered in a new era for Koch Bihar state's administrative front. They also implemented land and revenue reforms to maintain their forces and gain political control over this region. As a result, revenue from land rents started increasing that welcomed non- Rajbanshi people to dominate in the region. This incident marked the beginning of a shift in Koch Bihar's rural culture (Sarkar,2014). Initiatives like construction of Railway lines, new roads, and bridges significantly contributed to economic prosperity and augmented the process of urbanisation. These improvements revitalized trading prospects, united remote regions, and facilitated large-scale migration, introducing cultural change in society. The Native kings played a crucial role in spreading education that helped in the emergence of a new urban, educated elite class further facilitating the scope of modernization in the region as a whole (Annual Administrative Report,1878- 79, p-46).

### **Colonial and Post-Colonial Health Reforms**

Under the supervision of *Odzas* and *Kabiraj*, traditional herbal, spiritual, and magical cures dominated the pre-colonial healthcare environment of the study area. An Indian doctor was appointed in Koch Bihar in 1819, introducing Western healthcare to the region. The native king's keenness allowed the entry of Indian and British practitioners in 1842 and 1846 respectively. The people of Koch Bihar were liberal in accepting kings' health initiatives but resisted welcoming a new health system. They opposed the alien health culture and continued traditional practices. During severe outbreaks of cholera, smallpox, and malaria, people gradually shifted towards the allopathic system. Preventive measures, including vaccination and sanitation, were implemented by the British to prevent the spread of epidemics and ensure the safety of their citizens. The traditional method of inoculation, which was banned in 1880, led to a gradual increase in the number of vaccinated individuals (Chaudhury, 1903). The national-wide support in favour of western medicine even by the leading political leaders also had a tremendous impact on the regional healthcare system of the country. Keeping in tune with that, the motivations of the rulers persuaded the common Rajbanshis and the change in traditional healthcare practices started taking place. The independent Indian government aimed to improve rural health through effective healthcare strategies, including the establishment of Public Health Centres (PHCs) for preventive and curative services, following recommendations from the Bhole Committee and other health surveys and development committees. Over the years, other initiatives like the implementation of the National Health Policy (1981) and the Minimum Need Program, arrangements for safe drinking water, and the implementation of sanitary measures were also taken. As part of its commitment to the Alma Ata Declaration in 1978 and the approval of the WHO Declaration of Health for All by 2000, the government included community engagement and implemented National Rural Health Mission in the promotion of health and well-being in its rural healthcare policy.

Despite all initiatives, health services in rural India failed to reach the remotest corner to meet the healthcare needs of the common people (Duggal, 2001). Traditional medical practices have always existed as a parallel healthcare system in the post-independence era but in a marginalized form (Bannerjee, 2003). The excessive dependence on the Western system aroused a sense of disrespect and mistrust for traditional healers which also expedited the process of marginalisation of the

indigenous system. Following WHO's emphasis on traditional medicine, integration of AYUSH into the mainstream health care system helped in reducing the burden of patients in health care centers. But all these attempts were made to incorporate only the traditional codified system of medicine (particularly Ayurveda); non-codified local health traditions became ghettos operating largely for poor people in inaccessible areas.

In this background of colonial and post-colonial reform interventions, this study intends to examine the effect of modernization in inducing a change in the traditional health culture of Rajbanshi of Koch Bihar district.

### Materials and Methods

The study was conducted in the district of Koch Bihar, West Bengal. The Rajbanshis have been associated with this research region since prehistoric times as one of its indigenous inhabitants. The Koch Bihar area was chosen as the study location, as about 75 percent of the Rajbanshi population concentration exists there. The three-month field survey from March to May of 2016 provided the data needed for the study.

**Research Design:** The researcher adopted a population-based cross-sectional study with a mixed-method approach. It was a multilevel QUAN-QUAL study following Teddlie and Tashakkori's (2009) classification of mixed method design in which the researcher gathered quantitative followed by qualitative data through different sets of interview and observation methods and finally the findings were integrated during the analysis phase.

**Sample Size:** The base sample size for the household survey was determined using the formula devised by UNICEF.

$N = 4 * p * (1-p) * Deff / m^2$ , where N= required sample size, def= design effect (1.5),

p= estimated prevalence of study of interest (traditional medical practice), m= margin of error at 5% (standard value of 0.05)

So,  $N = 4 * 0.8 * (1-0.8) * 1.5$ .

Here, p= 80% use of traditional medical practice in developing countries as estimated by WHO]  
 $= 0.96 / 0.0025 = 384$

Therefore the sample size of 384 *Rajbanshi* needs to be surveyed indicating 95% chance of the true rate of prevalence of interest (traditional medical practice) falling between 75% and 85%. The sample size is further increased by 5% to account for contingencies such as nonresponse or recording error. Hence,  $n + 5\% = 384 * 1.05 = 403$  (rounded off). Thus the final sample size for household survey stands at 420. The final sample size (384) was rounded off to (420) the closest number that matches well with the number of clusters (30) to be surveyed. 30 is the standard number of clusters established by the WHO Expanded Immunization Program (EPI Cluster survey).

**Sampling Technique:** A multiple-cluster sampling technique was used to conduct the household survey. During sampling, the SC population had been taken into account as no community-wise block-level population data was available, therefore, with 75% of the Rajbanshi population in the district, the probability of getting a sizeable sample of *Rajbanshi* increases with a higher concentration of SC population in any area. The district primary census abstract (2011) was taken as a sampling frame. The PPS approach was used to choose the sample site i.e. sample villages and wards.

**Data Collection and Analysis:** A quantitative survey with a structured interview schedule was used. The analysis was performed using MS Excel (version 10). In all statistical analyses,  $p < 0.05$  as the level of significance has been considered. Analyses involved descriptive statistics (i.e. numbers, percentages, mean). Chi-square and Relative Risk Ratio were calculated.

**Results**

**Strength of association between exposure to modern society and use of allopathic therapies:** The increased use of allopathic treatments instead of traditional therapeutic practices is apprehended as the effect of modernization-induced social change in traditional societies. In light of this apprehension, this study attempts to understand the level of association between the effect of modernization and preference for healthcare practices (See Table 1). In this study, 89% of the study population have declared to experience a change in standard of living in their family in the last three decades. Out of these 54% prefer to use allopathic therapies. Moreover, 45% of respondents acknowledge the influence of other cultures in their traditional way of living. Amongst them 33% resort to modern treatments. Due to increased levels of awareness with increasing literacy levels, knowledge of government health care services is on the rise among Indigenous communities. It is explored that the majority of study respondents (75%) have good knowledge of facilities and services available at government health facility centers. 44% of such people visit government health facility centers in case of any illnesses. The allopathic system of medicine-biased government health care policy makes people aware of public health care services through persuasion and motivation. The role of health workers and mass media campaigns is immense in this respect. This study finds out that 77% of Rajbanshis interact with health workers and are exposed to media campaigns and a substantial portion of them (51%) use government health facility centers.

Table 1: Strength of Association between exposure of modernization and use of allopathic medicine

Variable	Cases of visit to allopathic Practitioner	Strength of Association (Relative risk method)
Change in standard of life	469 (54)	0.82
Acculturation	284(33)	1.33
Exposure to mass media campaign	438 (51)	1.29
Knowledge of Govt. Health care facilities	380 (44)	0.76

Source: Primary Data Figures in parentheses are percentage values

$$\text{Relative Risk (RR)} = [a / (a+b)] / [c / (c+d)]$$

This study also reveals that the probability of using allopathic therapies among the population experiencing a change in the standard of living is reduced by 18% less relative to those without any change in the standard of living. The process of acculturation also has a positive association with the use of modern medicine and the incidences of using modern treatments are more in the exposed group than those belonging to the non-exposed group. Moreover, it is revealed that the knowledge of government healthcare services and healthcare facilities has a negative association and the probability of use of allopathic therapies among the exposed group is 24% less than the non-exposed group. On the other hand, it is also indicated that the influence of exposure to mass media campaigns has a strong association with a preference for an allopathic system of medicine.

**Change in traditional faith, knowledge, and attitude:** The prevalent system of medicine in any society is influenced by traditional beliefs, faith, and knowledge of the community. However, the effect of modernization could have a role in introducing change in the system. Table 2 reveals the extent of change in the traditional health culture of Rajbanshis in this present era. The data shows a considerable change in traditional knowledge, faith, and attitude among two generations of Rajbanshis. It is revealed that 74% of the older generation (> 55 years) have good knowledge of medicinal herbs and their uses which has been substantially reduced (59%) among younger generations. The same is true relating to acquaintances with traditional healers. 95% of people above 55 years have relations or past acquaintances with traditional healers but only 37% of younger people are aware of traditional healers. Interestingly both generations are aware of the names and uses of

common allopathic drugs and the location of PHCs in their villages.

Regarding the faith in traditional magical therapies and disease causation beliefs, a change is noticed among older and younger generations of the community. 84% of Rajbanshis belonging to above 55 years of age still believe that illnesses are the result of evil spirits and 52% of younger people cannot ignore the role of spirits in disease causation. Moreover, 53% of older people have faith in magic therapies but few younger people (36%) have faith in it.

Regarding practices, it is revealed that the majority of both generations opine practice of allopathic therapies is safe and good for better health and well-being, and no discernible differences in their opinions are noticed. It is also revealed that all the differences in knowledge, belief, and attitude among younger and older generations of Rajbanshi are statistically significant.

Table 2: Change in Knowledge, Faith, and Attitude

Characteristics	Responses	Age group		$\chi^2$
		>55 yrs. (N= 209)	18-35 (N=281)	
Knows Herbs	Yes	200 (74)	101 (59)	$\chi^2(1)=11.54$
	No	9( 26)	180(41)	$p=0.00^*$
Knows name and use of Allopathic drugs	Yes	6 (43)	87(31)	$\chi^2 (1)=7.03$
	No	203(57)	194(69)	$p=0.00^*$
Knows Traditional Healers	Yes	199(95)	105(37)	$\chi^2 (1)=170.32$
	No	10(5)	176(63)	$p= 6.32E-39^*$
Knows PHC/Hospital	Yes	201(96)	281(100)	$\chi^2 (1)=10.93$
	No	8(4)	0(0)	$p=0.00^*$
Institutional delivery are safe	True	200(96)	278(99)	$\chi^2 (1)=5.26$
	False	9(4)	391)	$p=0.02^*$
Illnesses are result of evil eye, spirit	True	126(84)	256(52)	$\chi^2 (1)=56.39$
	False	83(84)	25(48)	$p= 5.89E-14^*$
Immunisation are important	True	203(97)	278(99)	$\chi^2 (1)=2.16$
	False	6(3)	3(1)	$p=0.14$
Faith on magical & spiritual therapies	Yes	111(53)	251(36)	$\chi^2 (1)=14.39$
	No	98(47)	30(64)	$p=0.00^*$
Faith on Herbal treatments	Yes	175(84)	211(33)	$\chi^2 (1)=125.67$
	No	34(16)	70(67)	$p= 3.63E-29^*$
Faith on efficacy of Traditional Healers	Yes	178(85)	145(43)	$\chi^2 (1)=121.61$
	No	31(15)	136(57)	$p= 2.79E-28^*$

Source: Primary Data; Figures in parentheses are percentage values, \* $p<0.5$

**Discussion**

Modernization induces both material and non-material change in society. Oraimi (2005) finds that the material aspect of change involves a rapid transformation in lifestyle patterns of traditional societies and medical culture is one of the most affected social structures of those societies. The upholders of colonial medicine view the allopathic system of medicine as the bearer of modernity in traditional cultures. In the study area, allopathic medicine was introduced during the colonial period. In post post-independent period the Western concept of health and medicine was again imposed on

traditional culture with the resultant marginalization of the indigenous system of medicine along with the continued suffering of the rural poor (Bannerjee, 1984). The changes in Rajbanshi traditional health culture arising from modernization can be understood in the following way-

First, modernization influences major determinants of health. Second, modernization introduces new concepts of health care. Among the major determinants of health, education has a significant bearing on population health. With the expansion of education, people's awareness and curiosity for acquiring new knowledge increases. Rajbanshis being exposed to mass education have become more liberal to accept new methods of treatment. The improvement in transport and communication along with the emergence of the educated class has enhanced both the mobility of people and the prospects of new job opportunities. In Koch Bihar district, migration for both skilled and unskilled jobs is a preeminent feature. The increased interpersonal relationships have helped in changing traditional values, beliefs, and attitudes among migrants. Moreover, with the discovery of new technologies and appliances life has become more luxurious. Exposure to mass media campaigns and acculturation has enhanced the urge for better living. Traditional people being motivated are moving away from their traditional cultures. In this study change in lifestyle has been noticed among the majority of the study population. This study area is one of the largest receivers of immigrants in the country. Thus large-scale entry of non Rajbanshis particularly after independence has changed the socio-cultural environment of the place as well. These factors altogether have helped in breaking the cultural barrier and inducing a change in the traditional preferences for health care. Rajbanshis during study interrogations acknowledged adoption of language, dress styles, cooking recipes, rituals, and food habits from other cultures of their surroundings. Inglehart (1997) opined that older generations are less prone to change their traditional values as compared to younger generations. This study also confirms this fact. It is explored in the study that younger generations are more conversant with the names and uses of Allopathic medicines, practice immunization, and prefer institutional deliveries. On the other hand, the faith in traditional concepts of disease causation and traditional methods of illness management has transformed. Illnesses are known to occur due to weather changes bad food habits or even works of viruses. Interestingly, the faith in spirit possession or the wrath of deities has not declined. The younger generations are found to practice modern treatments, and keep a positive attitude toward the benefits of the modern system of medicine but still have faith in traditional health beliefs. Few Rajbanshis follow traditional dietary habits in their daily life but acknowledge its health benefits. Moreover, carrying amulets to ward off the effects of spirits, following traditional health care rituals during pregnancies, and practicing traditional magical treatments on infants during illnesses emphasize their inability to move away from enduring traditional culture. This kind of health-seeking behavior implies that Rajbanshis are in a state of healthcare transition from traditional to modern.

With the gradual evolution of society and modernization-induced social change, the concepts of health care have also transformed. With the emergence of new diseases people's reliance on traditional healers has changed its focus. It is commonly believed that new diseases are successfully treated only with modern medicines. Thus, people with cases of diabetes, chikungunya, Japanese encephalitis, and cardiac failure prefer to consult modern practitioners instead of traditional healers. This situation of a new disease environment creates a new healthcare attitude among traditional people.

The government's role in introducing change in traditional healthcare practices needs discussion. The effect of change in the political structure of the society due to modernization is felt on the health initiatives of the government. From the colonial period to till date, the governmental effort to provide health care to mass is understood in a growing number of health facility centers and in building effective health infrastructures. It is found in the study that the health care reforms in post-independent India have worked tremendously in changing the attitude of people. The knowledge of the location of primary health care centers within or around the villages is very high among all generations of Rajbanshis. Moreover, the efforts of persuasion for making people aware of health facility centers, services available at public health care centers, benefits of modern medicine-based curative and preventive functions through health workers, and mass media campaigns have favored the shifting of people's attitude towards allopathic therapy based public health care system.

In the background of the above discussion, the following patterns of changes can be identified among the study population.

- a. A change in traditional knowledge of medicine is noticed. Younger generations of Rajbanshis are not aware of the uses of traditional medicinal herbs. The majority of them also fail to identify the herbs with medicinal value in their locality.
- b. An increasing knowledge of names and uses of common allopathic drugs is noted among both younger and older generations of Rajbanshis. Frequent uses of allopathic medicines and interaction with local drug sellers have brought about this change in knowledge.
- c. A change in disease causation theories is also noted. The common causes of fever have been reported as changes in weather, instead of the wrath of deities.
- d. Decreasing faith in the effectiveness of magico-spiritual therapies has been noticed.
- e. A diminishing reliance on the effectiveness of traditional therapies for the treatment of acute, critical, and emergent illnesses has been noticed. A trend of resolving only chronic and common, mild cases of illnesses with traditional therapies has come up.
- f. In general, there has been a shift of preference for allopathic medicine for its speedy recovery. Allopathic doctors are not highly preferred for ill behavior, greater waiting time, and language barrier. Instead, unqualified Allopath are preferred for their cordial nature, and cultural similarity.
- g. With the emergence of new diseases, a change in attitude relating to the practice of an allopathic system of therapies instead of a traditional one is observed. It is commonly believed that traditional healers are not conversant with the treatment of new diseases.
- h. It is revealed in the study that traditional healers often mix up allopathic medicine with traditional therapies to enhance the effectiveness of treatment. This fact reduces their reliability.
- i. A change in favor of institutional birth is noticed among Rajbanshis. The majority of them dismiss the idea of home birth as it is conceived as unsafe.
- j. Immunisation, surgery, and diagnostics are well-accepted among Rajbanshis. They consider this as necessary for staying healthy, free from diseases, and safe.

## Conclusion

In this article, it has been observed that since the colonial period modernization has set in Koch Bihar district. This study views modernization in Rajbanshi society as the process of evolution from traditional to modern owing to the intervention of external and internal forces within the society. It takes into account the effect of colonialism and post-independent health care reforms as external forces and the role of local rulers and the desire to change among community members as internal forces of intervention in heralding modernization in traditional societies. Due to the direct and indirect impact of factors of modernization, a change in traditional health beliefs, knowledge, practices, and care-seeking behavior of Rajbanshis has been observed. This change is more prevalent among younger generations of Rajbanshis than the older generations.

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