

**Note**

## **Health Awareness among the Bangrus of Arunachal Pradesh**

Tame Ramya

**Abstract:** The Bangrus live in Sarli Circle of Kurung Kumey district, one of the remote areas of Arunachal Pradesh. Communication system in the district is too bad to maintain regular relation with the outside world. The people live mainly with their traditional health care practices under the given ecological condition. The modern medicine system suddenly made its presence in this area through governmental institutions. The people, no doubt, are traditional, but they accepted the system. While they have grabbed new system without offering conspicuous resistance, the traditional concept of health continues. This paper portrays how the impinging modern medicine system adjusts and reacts with the traditional one in the Bangru heritage.

**Keywords:** Health; Bangru; Arunachal Pradesh; Malignant Spirit; Modern Medicine.

### **Introduction**

The Bangru is an unknown or unrecognised small tribe with a population of about 2000 people inhabiting mainly the Sarli administrative circle of Kurung Kumey district (erst-while Lower Subansiri) in northern fringe of central Arunachal, bordering Tibet (China). They are spread in Sarli town and in a few villages viz. Bala, Lee, Lower Lichila, Upper Lichila, Machane, Milli, Molo, Nade, Namju, Palo, Rerung, Sape, Sate, Wabia and Walu. Till date, Bangru is considered as the sub-tribe of the greater Nyishi tribe though they differ in their origin and dialect. However, it is evident that both have somewhat similar socio-cultural specialities due to their long association with each other. The major clans like Pissa, Milli, Sape, Mallo, Tagang and some minor clans existed within Bangru cluster. Among these clans, Pisa clan is more advanced than its counterparts. The origin of Bangru is unclear but it is certain that its origin is unparalleled with the Nyishi though they are similar in their physical appearance and are well versed in Nyishi dialect. It is believed that they were the descendants of the children who were born out of the *Ju* (Sun).

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They adhere to their traditional socio-economic system even today. With the passage of time they came under the influence of modern system. Such influence hardly makes any obvious impact on their pristine way of life. Their traditional beliefs and practices continue to exist to deal with their health and hygiene problems, but modern influence made its presence towards the early 1960s with the installation of Indian administrative institutions and defence system to guard the international border. The introduction of rice through Indian administration has brought about a change in their dietary pattern. Previously they were dependent on *tupu* (maize), *tamii* (millet), *uw* (vegetables), tubers and roots, etc. Today they use *tyazge* (rice) as staple food, though they do not produce it in large scale. They obtain rice from the Central Purchasing Organisation (CPO) on cash payment. This organisation collects the requirement of the people and drops them monthly from a helicopter/sortie. In fact they have become a part of modern economic system. Along with rice, modern medicine system has infiltrated into their traditional system of health and hygienic practices. This paper examines how their traditional system of health and hygiene respond under this newly introduced system.

### Ethnographic Profile of Bangru

Bangru is one of the lesser-known tribes of Arunachal Pradesh numbering about 10,23<sup>1</sup> (39.35%) out of approximately 2,600 persons in the Sarli circle. They presently dwell in one administrative centre i.e. Sarli Town and in more than 15 villages of the circle in Kurung Kumey district. Although there is no separate Census record on this community, according to the data gathered, the Bangru accounts for about 1.14% of the total population of Kurung Kumey district. The present Bangru population in different villages of Sarli Circle is alphabetically presented in the following table.

Table 1: Distribution of Bangru Population in Different Villages

Village	Total Population	Male	Female
Bala	10	5	5
Lee	64	36	28
Lichila (Lower)	72	32	40
Lichila (Upper)	54	29	25
Machane	65	35	30
Milli	102	45	57
Molo	22	12	10
Nade	12	5	7
Namju	33	18	15
Palo	30	11	19
Rerung	1	1	0
Sape	152	75	77
Sarli Town	306	134	172
Sate	28	7	21
Wabia	66	24	42
Walu	6	2	4
<b>Total</b>	<b>1023</b>	<b>471</b>	<b>552</b>

Source: The Electoral Registration Office, Koloriang

The Bangru society is patrilineal where descent, inheritance, authority, succession and residence after marriage are traced through male line. Traditionally, they live in joint families; however elementary family is also not uncommon among them. Their society is divided into clans, viz., Pissa, Milli, Sape, Tagang and Mallo, etc.

Bangru language is till now an unclassified language which may possibly be included in the Upper Assam language group of Tibeto-Burman language family, though no evidence is available on its language affiliation. It is different from languages of Nyishi and Puroik though they have social and cultural affinity among them. However, it is worth noting that the Bangru language has been largely influenced by Nyishi and very much a mixed form of speech at present. But it would not be wrong to assume that the language of Bangru is remarkably pure. Due to their intermingling of Nyishi, Bangru and Puroik languages there reflect some affinities in their verbal communication.

The distinct feature of all the Bangru settlements is their scattered location on hill slopes located at very high elevations. Except for four to five villages, all the Bangru settlements in Sarli circle, where the present study has been conducted, are located on hill slopes. The slopes of the hills on which these settlements are located are so steep that for a non-Bangru it is not only difficult but also risky to climb the hills. The Bangru settlement is small in terms of its size and population. As per my field records, the total population of the Bangru villages varied between 1-306 persons, the highest being the population of 306 persons observed at Sarli Town, while the lowest is 1 person in Rerung village. This is because a person is living with his Nyishi relative in the village. However, a typical Bangru settlement usually consists of 10-20 households, which is known as *Neye* (village), and inhabited by a population of about 50 to 100 persons. It is also found that 5-10 hamlets on a particular hill are combined together and given a village name.

The Bangrus profess a traditional religion akin to Nyishi's *Donyi-Poloism*. The Bangrus believe in numerous gods and deities which are an integral part of their belief systems. The local priest (*Kawaye*) conducts all the household and community rituals including divination. The *Kawaye* is the indispensable part of Bangru heritage. He provides traditional medicine and performs different rituals as protective and curative measures of ailments when situation arises.

Agriculture is the mainstay of the Bangrus. They practised *tump-rungho* (jhum) cultivation and produce barely, millet, maize, etc. in the jhum field. Different vegetables and fruits are produced in kitchen gardens. Fishing and hunting are common pursuits among them. Selling of musk obtained from hunted wild animals is the chief source of income among the Bangrus.

### **Birth, Puberty and Death**

A parturient mother does all the household chores till she does not feel any physical problem. No special food is given to her. Such a woman is tabooed to eat ghee and meat of sacrificed animal. It is believed that if she eats meat of sacrificed animal, she is believed to give birth to a deform baby. She is prohibited to eat in a burnt house or in a household where death occurs recently. If she takes food in such situations, the expected baby may be a block headed one. She should not change her position during sleep. If she

breaches the taboo, the unborn baby may change its position to create obstacle in easy delivery.

Generally, child birth takes place inside the dwelling house. However, in case of any complicacy which could not be solved by traditional manner, they seek help from the physician of nearby health unit. Till the third day of the birth, the parents of the child are tabooed to work in the fields. They believe that violation of this taboo may bring disaster like landslide in the area.

The mother is not allowed to go outside the house till the umbilical cord of the new born dried up. During that period if the new born suffers from any physical problem, and then they believe, it is due to the violation of taboo by some consanguinal or affinal kin of the child. To get rid of such distress both maternal and paternal kins of the child sprinkle cold water over the baby. If the mother's breast milk is not sufficient or she suffers from releasing of breast milk, then her brother comes in hunting attire and touches her breast with one end of his bow. It is believed that such performance can evade the tricks of malignant spirit and the mother acquires the capacity of easy flow of sufficient breast milk.

The Bangru childrens are nourished with a special type of food made by mixing of barley, ghee and milk. This item is given to a child till he or she accepts the common food taken by the adult members of the family. Naming of the child can be done by any kin. After coining a particular name if the child cries severely, then another name is selected rejecting the previous one.

Among the Bangru girls, twelve to fourteen years is the general age for attending puberty, though it may happen earlier also. A girl, who just attains puberty, has to stay in a demarcated area, generally in the right side of the fire place, which is situated near the main entrance of the dwelling house. She is not permitted to take part in any ritual. She is also not allowed to go to a place where hunters of the village started their venture for hunting. She is tabooed to take meat of wild or sacrificed animal. The period of pollution is lifted when the flow of blood totally stopped through a purificatory bath of the girl.

Dead body is either buried or kept in a packed box piled over with stones. They observe a set of strict taboos and elaborate purificatory rites in connection with death. According to the Bangrus, except for old age death, all the deaths are unnatural which are caused by malevolent spirits, They believe that death during pregnancy is caused by the spirit *Gaar-sunyu*, hanging by the *Sunyu*, attack of tiger or deer resulting death by the *Alo*, death occurs owing to falling by the *Dojang*, drowning by the *Dojang-burr*, death through burning by the *Dojang-talaang*, and so on.

### **Food, Drink and Narcotics**

Food and drinks play an important role in maintaining good health. Food habit of a community mainly depends upon the resources available in the area and the produced items. Further depending upon the socio-cultural setup, food item vary from society to society.

Rice is the staple food of the Bangrus. Boil vegetables, boil and roasted meat and fish and a few chillies are taken with rice. Traditional Bangru food is devoid of oil

and spices. According to the Bangrus food like barely, maize, millet, vegetables, *gurya* (potato), *achu* (milk) *suh* (meat), *awhp* (ghee), etc. are rich in nutritional value and a person should include these items in everyday's menu. The general food of the Bangrus is rich in nutritional value. However, they pay less attention to cleanliness of their food. Roasted meat is taken without thoroughly cleaning it. They generally do not cover their food which is invariably contaminated by house flies and they consume such food without slightest hesitation. Generally, a utensil where food is served to one is used to serve another without cleaning.

Meat and fish are integral part of their diet. Meat of *ganii* (tiger), *fusu* (wolf), *sarch* (jungle cat), *tasu* (fox), *kiiri-loma* (crow), *karte* (leopard), sopey (dog), alee (cat) etc. are tabooed food for the Bangrus. Moreover, some members of a particular clan are restricted from eating the meat of the head part of *yu* (pig) and legs of *dojmei* (chicken).

*Chii* (Country liquor) is taken by all the Bangrus irrespective of age and sex at any time of day and night. They prepare beer from rice, barley, maize, millet. They also consume tea, curd and milk. The Bangrus chew a locally available *maak* (tobacco) leaves which is also smoked with the help of *tangdung* (home made pipes).

### Hygiene and Sanitation

The Bangrus are more concerned about the malignant spirits than hygiene and sanitation. The house sewage water invariably accumulated adjacent to the residential unit which serve as favourable breeding ground of house flies and mosquitoes. The whole Sarli area is in dearth of proper drainage system. Domesticated pigs make the situation worst by digging the homestead and other available land and making the area filthy. The latrines they construct do not possess pits and human excreta is consumed by the domesticated pigs and dogs. Rain water carries human excreta along with household debris to almost everywhere of the locality. Stool of pigs are seen scattered in every nook and corner. The children defecate anywhere they like. Domesticated dogs very often clean off the stool from their body while licking for their food. Pigsties, water accumulated spots, latrines, heaps of debris, etc. emit stinking odour at any time of the year, particularly during the monsoon. The Bangru habitat is full of mosquitoes and house flies.

To meet day-to-day necessities they use water of the nearest stream situated at a distance of about half kilometre. Because of cold climate, the people get accustomed to drink boil water. The old and children rarely take bath. The young people generally take bath twice to thrice in a month. They rarely use body soaps. The old people do not cut their nails or brush their teeth. Traditionally the male folks kept long hair which were brushed forward over the forehead and tied into knots. Now-a-days all the males trimmed their hair at irregular intervals. They rarely wash their garbs and household clothes.

### Disease and Treatment

The Bangru perception of healthy person is one who can do all types of works generally done by the males/females in their society and is not impaired by any serious ailment. As per the information available with the Indo-Tibetan Border Police (ITBP) Battalion Health Unit at Sarli, the common ailments of the Bangrus are fever, dysentery, cold and cough, abdominal pain, headache, problems of worm, skin disease, etc. The nursing assistant of

the Government Health Unit opines that most of the ailments among the Bangrus are due to their pattern of living and poor hygienic condition of the locality. Apart from the aforesaid ailments malaria, paralysis, leprosy, goitre, pox, etc. are also prevalent among them.

The Bangrus believe that all the diseases and ailments are caused by malevolent spirits who seek opportunities to do harm to human beings. The *Kawaye* (local priest) detects the spirit responsible for a particular ailment of the person through divination and prescribes the remedy accordingly. Generally he performs ritual to propitiate the responsible spirit. Side by side sometimes he offers some indigenous medicines to the ailing person.

The Bangrus believe that the world is full of extravagant spirits who rejoice over bringing disease, misery and distress to the people. Table 1 shows the common ailments, responsible spirits, traditional treatment, etc. prevalent in the Bangru society.

Anyone who does not get positive result through the traditional curative system approaches a trained physician. The priest treats the people psychologically while the doctors treat them physically. Traditional system of treatment involves more expenditure because sacrifice of different animals is part and parcel in the traditional system.

Therefore, the poor people approach the doctor first for treatment to avoid the expenditure incurred in traditional treatment. New diseases have made appearance among the Bangrus in which traditional system fails to serve effectively. As a result modern medicine system comes into existence in Bangru heritage.

### **Health Units and their Services**

The Bangrus visit the health unit administrated by the Indo-Tibetan Border Police (ITBP) Battalion of Sarli when necessity arises. During the working hours of the health unit, long queue of local people is seen outside the unit. Although this health unit is established basically to serve the members of the battalion only, yet the unit renders its service to the local people also. During the period of epidemic in the locality the health unit becomes more active. As per the information available in the health unit, the number of ailing person increase during the months of March and April. The Bangrus express their satisfaction on the service of this unit.

However, many of the Bangrus are reluctant to go to the Primary Health Centre (PHC) at Nade (New Sarli). They complain that this unit is devoid of doctor and only a nursing assistant is there to serve the people. Due to lack of medicine and other accessories this health unit is defunct nowadays.

If one is in need of further medical requirement which is not available in the locality he or she is taken to the Government Dispensary at Koloriang, the headquarter of the district, with the help of local administration. If situation arises, the patient is carried to Ramakrishna Mission Hospital at Itanagar and to State Hospital at Naharlagun by availing Government helicopter. The district medical authority undertakes different medical programmes like immunisation of children, family planning, etc. among the people. However, not a single Bangru has adopted any measure of family planning.

### **Conclusion**

The Bangrus were away from modern influence once. The difficult geographical terrains

help them to maintain their traditional economy, social system and religious pattern almost intact. This is not by the choice, but out of the compulsion imposed by the geography. Communication system even today is not well enough to make the entry of modern ideas into their society. The change which has come among them is the introduction of modern medicine system. Although the people are traditional, yet they are not stubborn to accept the changes. As a result we find that they accept modern medicine system without hesitation which does not come in confrontation with traditional values. The old and new systems exist side by side. They try to tackle the situation by adopting traditional methods and practices. They are not hesitant to take resort to modern medicine system at the same time if the need arises. They are circumspective. We generally expect from such people living away from modern influence and concept of modern medicine system that they should resist the modern system; but in practice it is seen that modern medicine system works well among this traditional people.

Table 2: Common Diseases, Responsible Spirits and Traditional Remedy among the Bangrus of Sarli

S. No.	Disease		Responsible Spirit	Traditional Remedy
	Local Name	English Name		
1.	Gokaying-achi	Headache	Hipuidumtak	(a) Dry skin of jungle cat is rubbed on the forehead of the ailing. (b) The priest sacrifices a fowl, a pig or a cow in a household ritual.
2.	Mulgu-achi	Stomach pain	Dignam	(a) Coptis and musk are taken with lukewarm water. (b) The priest chants spells over a fowl's egg, soil, etc. and throws those in a distant place.
3.	Megey-melea linam	Paralysis	Singotap	The priest sacrifices a sheep through a household ritual.
4.	Doliachi	Fever	Lirunyrn	(a) The priest sacrifices a fowl through a ritual. (b) A mixture of bile of beer, musk and coptis is taken with lukewarm water.
5.	Nickachi	Pain in eye	Hipuidumtak	(a) A fowl, a pig or a cow is sacrificed through a household ritual. (b) Different medicines are given by the priest for local application according to the nature of ailment.
6.	Alotiyit	Leprosy	Alo	(a) A ritual is performed in the Buddhist style offering milk, ghee, etc. and hanging flags. (b) Priest performs ritual where a pig or a cow is sacrificed.
7.	Ichang	Dysentery	Kenghidign	(a) A mixture of bile of beer, musk and coptis is taken with lukewarm water. (b) A fowl, a pig or a cow is sacrificed by the priest in a household ritual.

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### References

- Basu, A. (1990): "Anthropological Approach to Tribal Health" in Buddhadeb Chaudhury (ed.). *Tribal Demography and Development in North-east India*. Delhi: Inter India.
- Chaudhury, B. ed. (1986): *Tribal Health: Socio-cultural Dimensions*, New Delhi: Inter India.
- Dubois, R.J. (1969): *Man, Medicine and Environment*. New York: New American Library.
- Medhi, B.K. (1994): "Health Culture in a Kaibarta Village." *Bulletin, Department of Anthropology, Gauhati University*, VIII: 39-45.
- Medhi, B.K. (1995): "Ethnomedicine: A Study among the Mishings in a Rural Context." *Bulletin, Department of Anthropology, Gauhati University*, IX: 61-68.
- Medhi, B.K. and R. Hasan (2002): "Folk Medicine among the Garos of North-East India", in *Tribal Studies of North-East India*, S. Sengupta (ed). New Delhi: Mittal Publications.
- Medhi, B.K. and B. Paul (2004): "Health and Hygiene of the Nahs of Arunachal Pradesh". *Studies of Tribes and Tribals*, 2(1): pp. 23-27.