

Health Beliefs and Perception of Well-being among the Lois of Thanga in Manipur, India

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Abstract

The concept of well-being and notion of good health varies between different societies. Health beliefs of people in a society are constructed on the basis of culture and tradition. The paper attempts to bring out the health beliefs and perceptions of good health and well-being among the Lois of Thanga Island of Loktak Lake, a fishing community of Manipur. Structured face-to-face interviews were conducted among 200 respondents. Majority of the respondents perform religious practices related with supernatural causes of illness irrespective of status of education, religion, standard of living index. The indigenous community, Lois of Thanga has its own understanding of health and well-being as they are bound by the cultural beliefs and tradition with respect to perception of good health and well being. To improve access to health services, policy makers and service providers should understand the health beliefs and practices of the community.

Key word: Health belief, Lois, supernatural, well being, Manipur.

Introduction

Community's health beliefs play a role in determining the health seeking behavior and successful treatment of illness thus contributing to health outcomes or status. It is also suggested that perceptual variables such as health beliefs, knowledge, and health values directly influence health behaviors¹.

Health belief of people in a society is constructed on the basis of culture and tradition. It determines the health behaviour of the people to a great extent. Religion was to be linked with health beliefs and God was considered as a subject protecting the individual's health and believed to be a gift or blessing from God. The study found out that one was protected from harmful sources such as evil spirits, stress, fate and sin by being close to God. Illness was perceived to be alleviated through a healer and in the power of prayer².

A person is usually considered to be afflicted with some diseases if the person is incapable of doing the routine work which is usually being expected to be carried out by that individual in the society, i.e. incapacitation from work is the universal index of poor health. Thus the concept of ill health becomes a functional one and not clinical³. The African-American population's cultural beliefs and health practices have a significant impact upon their well being regardless of their income and education levels. Consequently, these health beliefs and practices affect utilization of contemporary health-care service delivery systems even when other barriers have been eliminated⁴.

Usually, the culture and belief system of a society links with the practice of rituals connected with health. As per their beliefs, often the fate of the individual and the community depends on

their relationship with the unseen forces, which intervene in human affairs. If someone offends them, the mystical powers punish the person and society by causing sickness, death or other natural calamities. There are gods for health, disease and calamities. They worship these deities to protect them from evil spirits, disease and epidemics⁵. The aim of this paper is to present the health beliefs and practices of the indigenous Lois, a fishing community of Thanga in Manipur, India.

Brief history and origin of Lois community: Lois constitutes the various sections belonging to Meeteis, Chakpa and so on. The history of origin and development of Lois is still in vague putting different views and opinions by scholars and historians. Basically, the term Loi has applied to three different categories of people⁶.

They are given below as: i. First to those groups of people who were subdued and became dependent, outcaste. The first category of people were known as 'Lal-ngam Loi' (Lal means war and ngam means to get victory). This term was used to those people who paid tribute to the Meetei King after getting defeat in his hand. ii. Secondly to those people who were the captives of war. This second category was known as 'Lal-pha Loi' (Lal means war, Pha or Phaba means to capture). It means those people who were captured during the war. iii. Thirdly, persons who were alleged to have involved in serious offences. This category is called as 'Amangba Loi' (unclean Loi). This term was applied to those people who were declared outcaste or unclean by the royal decree for their misdeeds and wrongful acts.

The Lois consisted mainly of people who were expelled by the king for political dissent or for their failure to conform to prevailing norms and practices and forced to reside in

segregated villages. To these added were war captives as well as families and groups who refused to convert to Hinduism at the advent of 18th century. Although the large majority of the Lois population is obviously Meitei by origin, sustained segregation gradually reduced them to a community of outcaste with a distinct identity and tradition. There was a time in the Meitei society when Meitei's degraded some Meitei's who did not adopt Hinduism and did not mix, eat and sit with them. The Lois are such communities who were made to settle down in the far flung places and foothills during the rule of the kings. And for a long time, they have been treated as a separate community even though they belong to the same clans of the Meiteis'. This attitude of treating the "Lois" as the lower caste by the Meiteis' is an important factor for them to be included under the scheduled caste (SC) category, even though their habits are quite different from other scheduled castes in the country⁷. The Lois are specialized in brewing rice beer, silk-making, salt extracting and pottery making but most of them took to cultivation.

Lois of Thanga: The Theory of origin of Lois of Thanga is that, many of them believed that they are the descendents of powerful and bravery, who were worked as King's aid in once upon a time. Due to political reason, they were forced to reside in these small islands to keep away from the King's men. Later on, as they are disconnected for a long time with the mainstream society, they are outcasted and became to belong to Lois community. Though they belong to Lois community, their culture and customary is quite different from the Lois of Sekmai, Pheiyeng, Khurkhul and Andro which are considered to be the origins of Lois concept. The Lois of Thanga follows almost a similar culture and tradition with the mainstream Meitei's community. Some intellectual opined that the kings' of those days made to do so in order to avoid disturbances in their administration by making them exile who were against the will of the rulers. Recently five surnames are included under the scheduled caste (SC) category. It is also believed that Lois of Loktak were originated from the ones which the State made them exile to islands of Loktak as a punishment. They were chiefly engaged in fishing in the Loktak lake, who did not perform *Lallup*⁸ but paid tribute to the King in the form of fish. This was probably because there was plenty of fish available as it was the staple food of the people. It is said that this section of Loi was known as the Sel Loi⁹

Health Services in the Loktak region: The islets of Loktak lake have a very poor health facilities. Currently one primary health centre is operated located at the hill top of the Thanga island and the two sub health centers are operating at Karang island and Keibul village respectively with a limited number of staffs and infrastructure. There are a few shops selling some medicines in Thanga. There is no private clinic and good doctors in the region. Only the para-professionals health practitioners extend their help for minor illness. Many a times, traditional healers are approached for unknown kind of illness. Surgical facilities are available in the nearest community health

centers located at Moirang and Kumbi towns, about 10-17 km from these islands.

Material and Methods

Study setting: The empirical research for this proposed study was carried out in the village located in Loktak pat (lake). Loktak is the largest fresh water lake in the northeast India. It is located in the southern part of the Imphal valley of Manipur. It has paramount economic value on agriculture, industry, power supply, social and cultural attributes. The hydrological and biological resources play a vital role in the socio-economic development of the state. It provides lives of about one-tenth of the total population of the state. Loktak has three major islands as Thanga, Sendra and Karang with a number of floating islands of huts on weeds. These islands are situated at a distance of 55-60 km from the Imphal city.

The Lois of Thanga resides in the foothills and small islands known as Thanga, Sendra and Karang surrounded by Loktak Lake depending mainly on fishing for their livelihood. Some of them reside on floating huts on the Loktak Lake. There is no road connectivity for Thanga Karang villagers except by waterways. These villages come under the Bishnupur district of Manipur. It is located at a distance of around 55 km from Imphal city.

Data collection: Data were collected from the households located in Thanga and Karang islands. Structured interview schedule was used to gather the data from the respondents. The researcher spent four months in the field to collect data. It was conducted from March 2010–June 2010. The researcher took the help of a boy from the village to get guidance about the place. A list of 200 households was taken up from the sampling frame based on the electoral register. All the households were listed using random number table. The researcher also interviewed few key informants to gain qualitative data substantiating the quantitative data.

Data Processing: Data were entered and processed using SPSS software version 18.0 (SPSS Inc. Chicago IL). Frequencies and cross tabulation were used for descriptive analysis as all the variables of interest were categorical or categorized. Following the descriptive analysis, cross tabulations and chi-square test were applied to assess the association between participants socio-demographic characteristics (education, religion, occupation, Standard of living Index, (Pearson's chi square test was performed). A value of $p < 0.05$ was considered statistically significant.

Results and Discussion

The background characteristics of the respondents are summarized in table 1. Majority of the household heads (62.0 per cent) were mainly concentrated in the age group 51-70 which are above middle age and growing old followed by (28.0 per cent) in the middle age group 30-50. The size of the

households of the study population comes in the range from four to five people i.e. (48.0 per cent) and followed by (40.0 per cent) which is more than five members in a family.

The Thanga island is dominated by Hindus followed by *Sanamahi* which is an indigenous religion. A very few people started practicing christian religion recently which were almost countable in the village. Majority of the households i.e. (66.0 per cent) were hindus. Hinduism came to Manipur in the early part of 18th century during the reign of King Garibaniwaz. He made the people compulsion to follow hindu religion otherwise they were given penalty. Even though they were hindus, every household remains worshipped '*Sanamahi*'. Since last 1950's, a revivalist named Naoriya Fullow started the campaigning of *Sanamahism* (earlier cult) revival movement which is increasing its number of follower year by year. (28.0 per cent) were Sanamahists and countable number of christians (6.0 per cent) among the study population.

The educational status of the household heads (37.5 per cent) was found to be very poor, mainly illiterate/just literate and only (21.5 per cent) of them are graduate and above. Educational institutions came up in the village very lately. Till now, there exist government and private schools up to 10 standard only. For those who want to study further in reputed institution, they prefer school and colleges located in Imphal or outside Manipur. Half of the respondents (50.5 per cent) were engaged in fishing which is the main occupation of the region as this is the easiest means of primary economic activity. As larger portion of the lakeshore area of the loktak has lying under swamp and marshy lands of the land, lands are not favourable for cultivation while (32.5 per cent) were self employed such as household industry, agricultural labourer, construction, trade and commerce and other activities. Maximum households (44.5 per cent) of the study population had a monthly income of 6000-10000 and (33.5 per cent) had monthly income more than 11000.

Table 2 shows that almost (44.1 per cent) of the Study population irrespective of the low and high standard of living index practiced religious rites during illness which they considered, the causes was related with supernatural spirits like case of evil eye, exorcism etc whereas (31.7 per cent) of the study population who belong to medium standard of living index performed rites when astrologer (*Paanji*) suggested to do a rite to protect them from the bad incident which would be occurring in the future according to the results shown in the calculation of zodiac sign. Statistically, there is no significant association ($p=.938$) in practicing of religious rites due to standard of living index.

It is also observed that majority of the study population (56.8 per cent) who studied till higher secondary perform religious rites in a situation, when they considered that a person is fall sick due to supernatural forces followed by illiterate/just literate (44.0 per cent) of the study population. Again, majority who were studied till secondary (37.8 per cent) practiced religious rites when some bad incident occurred or some bad omen

symbol came across in the family. There is no significant association ($p=.242$) between practice of religious rites due to educational qualification.

It is also evident that the indigenous religion *Sanamahism* followers (44.6 per cent) perform religious rites in case they assumed that the illness is related with supernatural forces followed by Hindu followers (40.9 per cent). Usually, these were performed by the (*maibas or maibis*) who¹⁰ act as healers through divination technique. Majority respondents, Hindu (34.1 per cent) performed pujas when astrologer (*Paanji*) suggested if he finds some bad omen in the calculation of zanam kuthi (sacred birth paper issued by *Paanji* containing details of zodiac sign of a person) or the occultist asked them to perform a rite to avoid bad consequences. They suggested doing so in order to protect them from the hurdles of life events or to live in a well-being state. But the majority of the christians (50.0 per cent) performed religious rites or prayer if there was any occurrence of bad incident in the family. Statistically, it shows no significant relationship ($p=.247$) with practicing of religious rites due to religion.

Table-1
Background Information of the study population

Variables	N=200(%)
Age	
30-50	(28.0)
51-70	(62.0)
71-80	(10.0)
No of family	
<4	(11.0)
4-5	(48.0)
>5	(40.0)
Religion	
Hindu	(66.0)
Sanamahi	(28.0)
Christian	(6.0)
Education	
Just literate	(37.5)
Secondary	(22.5)
Higher secondary	(18.5)
Graduate and above	(21.5)
Occupation	
Fisherperson	(50.5)
Self-employed	(32.5)
Govt. job	(17.0)
Monthly household income	
1000-5000	(22.0)
6000-10000	(44.5)
11000 and above	(33.5)

Figures in parenthesis are percentages

Personal Health Beliefs and Practices by Background Characteristics: The following tables give the personal health beliefs and practices by background characteristics of the respondents.

Table- 2

Prevalence of Practicing of religious rites for well being of the family by Standard of Living Index, Education and Religion

	Practicing of religious rites			Total
	During illness related with supernatural	When Pundit/occultist suggest	When any bad incident occur in the family	
Standard of Living Index				
Low	(44.1)	(29.0)	(26.9)	93
Medium	(37.8)	(31.7)	(30.5)	82
High	(44.0)	(28.0)	(28.0)	25
Total	(41.5)	(30.0)	(28.5)	200
$x^2 = .801; df = 4; p = .938$				
Education				
Illiterate/just literate	(44.0)	(33.3)	(28.0)	75
Secondary	(28.9)	(27.0)	(37.8)	45
Higher Secondary	(56.8)	(32.6)	(16.2)	37
Graduate and above	(37.2)	(28.0)	(30.2)	43
Total	(41.5)	(30.0)	(28.5)	200
$x^2 = 7.943; df = 6; p = .242$				
Religion				
Hindu	(40.9)	(34.1)	(25.0)	132
Sanamahism	(44.6)	(23.2)	(32.1)	56
Christian	(33.3)	(16.7)	(50.0)	12
$x^2 = 5.419; df = 4; p = .247$				
Figures in parenthesis are percentages and represent row percentages.				

The qualitative analysis also shows that they approached to the Maibas (healer) for illness which is assumed due to supernatural force. The researcher himself witnessed the incident in that night which happened in the residence where he was stayed. The patient started saying... “.....I am terribly uncomfortable and cannot breathe properly. Call your local grandpa (who is a Maiba) to ease my pain urging not to delay...”

Then the researcher and her eldest son went to bring the Maiba but he was busy coming back from fishing. So he asked to look for another Maiba in the Locality. Her son fumed and came back. The son told the reason for illness to the researcher saying it was due to the exorcism by someone from the locality. Finally, one young Maiba found in the locality and he gave treatment doing divination technique and ritual offering to supernatural forces. The next day, the researcher found that the ailing woman recovering her health condition. Specialist (Maibas and Maibis) help people to combat withcraft or protect the victims from the infliction or harm caused by evil spirits. They perform several rituals to appease spirits to gain the strength of the minds of victims¹¹. It is also argued that rural clients approach traditional practitioners not only because of

their ability to heal but also because of poor and inaccessible health services¹².

This society has a strong belief in the existence of benevolent God of the village which they believe that it protects the village from the malevolent spirits and want the people live in harmony and in equal status. Thus, one school teacher said “.....Our village God is very powerful and worshipping our God is part of life. Nobody could survive peacefully in this village who are arrogant and having much pride of their status. Many of the people in the village who have achieved high status in the society migrated to Imphal city in the believe that they could not have a long life if they continue to stay here .The village God wants his people to live in the same status”.

Hence, the community observes the pleasing God ceremonies (Lai Haraoba) every year in a particular month where the temple (Laishang) is located in the village. The people has a firm belief that it will bring prosperity and wellbeing of the village. The Lois worship many gods in order to protect them from the suffering and pain and to give them a healthy, wealthy and good life.

Generally to this population, good health means active condition of the body i.e., the proper functioning of the body. Those, who can do manual work, can take normal food and can do domestic work, are considered to be healthy. The concept of health is functional one and not clinical one. Therefore, good health is only a perfect combination physical and mental constitution. Figure 1 reveals that Majority of the respondents (44.5 per cent) responded that healthy person are those who can have proper food and no tension followed by (32.0 per cent) respondents perceived that healthy persons can perform their activities well without any being disturbed. Most of the traditional society have

a perception of people of a healthy person is that he should be free from any disease and has normal functioning of body and is free from sorrows and worries and that of one who could perform his daily routine work without difficulty. Many of them are engaged in the manual work and their livelihood depends mainly on Loktak. Therefore, it is considered that a person is healthy until and unless he falls sick and unable to work, enjoying food etc. This is probably might be the reason that people believe that a sick person never feel appetite and doing work.

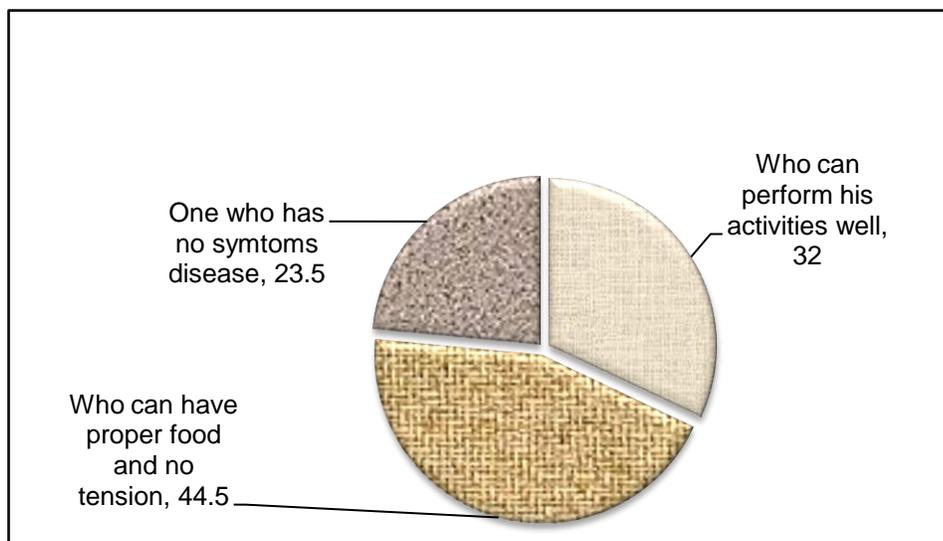


Figure-1
 Graphical presentation of perception of a healthy person

Table -3
 Prevalence of perception of bringing good health by standard of education

	Perception of bringing good health			Total N=200
	Good character or good habits (%)	Balanced diet and doing exercises regularly (%)	Doing rituals to gods (%)	
Education				
Illiterate/just literate	(49.3)	(46.7)	(4.0)	75
Secondary	(33.3)	(60.0)	(6.7)	45
Higher Secondary	(45.9)	(54.1)	(0.0)	37
Graduate and above	(25.6)	(69.8)	(4.7)	43
Standard Living of Index				
Low	(39.8)	(52.7)	(7.5)	93
Medium	(34.1)	(64.6)	(1.2)	82
High	(60.0)	(40.0)	(-)	25

Figures in parenthesis are percentages and represent row percentages.

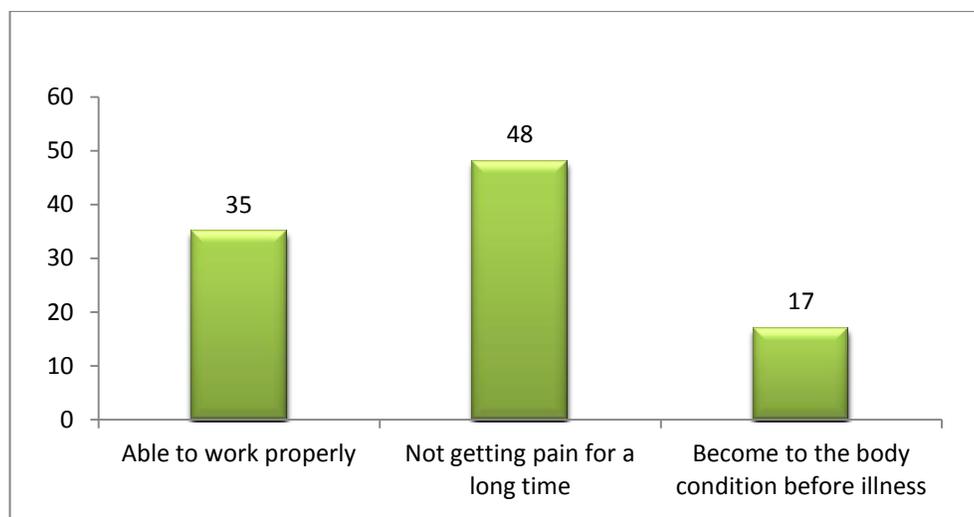


Figure-2
Prevalence in percentage of Perception of cure of illness

The above figure 2 shows that majority of the respondents (48.0 per cent) have a perception that cure of illness means recovering from the illness in a condition of not getting pain any longer while (35.0 per cent) of the respondents say that cure of illness means when a person is able to work again properly. Their livelihood is mainly depends on fishing which is a daily routine. Nevertheless, they have to work to maintain their family. Till they can perform their activities, the notion of illness is far away. Hence, curing of illness is perceived as inexperienced of pain for a longer time and ability of functioning of the body.

Conclusion

Every community has diverse culture and tradition, following its own health belief and practices to maintain their health and well being. WHO defines health as a state of complete physical, mental and social well being and not merely the absence of disease and infirmity. This definition of health has similar understanding with the indigenous people's concept of health as well-being and it is about the harmony that exists between individuals, communities and the universe¹¹. According to the kind of illness and belief, Lois performs religious rites consulting with the *Maibas or Paanji*. Results of the (table 2) shows that there is no significant association between the practice of religious rites due to standard of living index, educational qualification and religions they follow. For instance, they approach to the *Maiba* in case of illness related with supernatural forces and consult with the *paanji* if they come across bad omen or accidents. *Paanji* suggest performing pujas so that it would protect them from the unseen forces that may create problem in their life.

The Lois community has a strong belief system in the existence of benevolent village God and every year, the ceremony of "Pleasing Gods" called *Lai Haraoba* is celebrated in the month

of May/June. It is performed to gain the favour of the *Lai* (God) with the help of *Maibas* and *Maibis* celebrating the creation of earth by the creator god, stable settlement of lives and continuance of their ancestral rites. It is also belief that after the pleasing of the village Gods, it would bring prosperity and well being in the village. However, majority (69.8 per cent) of graduate and above perceived that good health can be maintained through balanced diet and doing exercises regularly. Taking treatment also depends on the concept of their health and illness, many consider that a person is quite well and healthy till he is not affected by tension, anxiety, depression. Majority (48.0 per cent) perceived that curing of illness means not getting pain any longer (table 4).The *Jaunsari* people beliefs that health means the right condition of the body and the proper functioning of the body¹². The *Lois of Thanga* follows a particular health belief system and perception of wellbeing based on their culture and tradition irrespective of socioeconomic status. To improve access to health services, policy makers and service providers should understand the health beliefs and practices of the community.

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