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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.

Key words : Indigenous medicine, IEC, WTO, TLC, PCL

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.