

Ethnographic Study of Pashtoon Village With
Focus on Traditional Healing system



By
Muhammad Qasim

Department of Anthropology

Quid-i-Azam University

Islamabad

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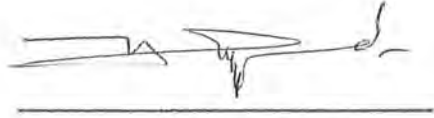
Quaid-i-Azam University, Islamabad
(Department of Anthropology)

Final Approval of Thesis

This is to certify that we have read the thesis submitted by Mr. Muhammad Qasim. It is our judgment that this thesis is of sufficient standard to warrant its acceptance by the Quaid-i-Azam University, Islamabad for the award of the Degree of "M.Sc in Anthropology".

Committee

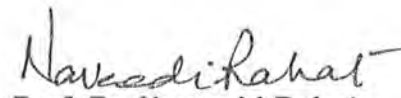
1. Dr. S. Anwar Iqbal
Supervisor



2. Prof. Javed Iqbal Syed
External Examiner



COUNTERSIGNED


Prof. Dr. Naveed-i-Rahat
Chairperson

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Chapter # 1

Introduction

Traditional healing system means, culturally constructed mode of treatment for illness and diseases. Every culture has evolved indigenous cultural practices to deal with various diseases and their curative practices which are determined and limited by the environment with its available herbs that have been proved useful from time to time. Though it is the local environment that produces the herb, yet it is the native culture that selects certain herbs and uses them according to their known behavior and practices so both environment and culture are playing a significant role in the development of native practices of curing disease.

Diseases exist in every society. These diseases vary from society to society. Like indigenous societies have different diseases than urban societies. The people of different societies have different perceptions toward the different diseases, that's how to behave with different diseases. This behavior toward disease has been made by our culture, that's why one disease has different healing systems in different cultures. Before the invention of modern or western medical systems every society and culture has different healing systems, but with the invention of modern or western medical systems healing systems of different societies became general, especially in educated societies. Still mostly rural and uneducated societies behave towards diseases with their old cultural healing system. This research focuses on the anthropological interpretation of the prevailing medical practices found in the village and it also discusses the changing trends in the behavior of the villagers towards the method of treatment.

Now Anthropologist, both socio-cultural and biological has turned their interest to cross cultural study of medical systems. Now day's Anthropologists are working on topics such as human evolution, anatomy, epidemiology, mental health, cross-cultural comparison of perception of health and illness, doctor patient relationship etc. In every society a phenomenon of health and illness exists people perceive it and adopt cultural behavior, beliefs and practices to maintain good health and to cure diseases.

1.2 Statement of the problem:

This study aims to probe into the community's perception of disease and how certain traditional curative practices help in curing the diseases in the research area. In addition in everyday activities, food habits, etc which may have some relevance to the diseases. It would be an attempt to make to establish a causal relationship between various environmental factors such as drinking water, severe weather conations etc and diseases.

1.3 Significance of the study:

The present study has both academic and applied implications. Disease is a global phenomenon. Modern world has shown significant progress in giving control over disease and its related issues. Contrary this traditional societies living in proximity to native, have proved to be the most vulnerable and full prey to a variety of disease. It is noteworthy that a bulk of social scientists has embarked up on this issue providing valuable information about inflicted traditional societies. This has mad good task of the world health organizations much easier. The present study is also of similar nature but unique in the sense. That it will be carried out in a very secluded area, where no anthropological work has been done before. It presents a description of diseases with their relevant environmental culture in the special federally administrated Balouchistan of Pakistan.

The present study aims to help in formulating policies. Strategies and programs in combating local diseases and improving the health of the community.

1.4 Objectives of the study:

- 1 To know the local perception about the causes of illness and treatment .
- 2 To know the treatment preference of community members.
- 3 To know the impact of religion, cultural values and economic on the behavior of native people regarding illness and treatment.
- 4 To know the role of Mulla or Pir (priest) as traditional health practitioners
- 5 To know the relations between traditional health practitioners and patients.

1.5 Research Methodology:

Methodology is the combination of tools and techniques, which are used to collect information for the research purpose in Anthropology. I, as a field worker used some particular methods in accordance with my relevant research topic and the problems which are followings.

1.5.1 Rapport Establishment:

Rapport establishment is an important technique in anthropological research because this method provides key to use other methods. Report establishment is also necessary for utilization of participant observation. To establish rapport I introduced myself as a researcher and tried to make know the people of village about the nature of my work. With help of good relationship I collected reliable data from the people of study area.

1.5.2 Observation:

The primary technique, which most Anthropologists adopt and most rely upon, is the technique of Observation. It helped me to find out the relationship of the current observing event with the other type of data which must be explored and other materials considered in order to make my observations useful regarding my research topic. .

1.5.3 Participant Observation:

In anthropological research participant observation is considered most important for data collection. This is a technique in which researchers immerse into the society and observe the people from their point of view. This technique was very useful to get an in-depth view most look of the community and get valid and authentic knowledge. Through participant observation, I was able to have a better understanding of health practices prevailing among rural. This also helped me in understanding the real facts behind their health-related behavior. It was through this technique that received some clues which was necessary for the selection of sample and making interview schedule for the analysis

1.5.4 Socio-Economic Census Survey Form:

The basic information related to the locale population, data was collected through socio-economic census forms which gave me an idea about the background of area profile i.e. types of family, occupations, educational level, economic status, average age, ethnic groups, types of houses etc. The quantitative as well as qualitative data about different aspects of traditional healing system had collected by the field questionnaire.

1.5.5 Key Informant:

Key-informant is the reliable person of the locale, from whom researcher can gain information. key informant, can be one or more than one. Researcher learns from his key

informant how to behave in particular culture. Shams-u-din, the only M.A pass in the village, was my key informant. The information gathered from the key informants proved to be very helpful in cross checking the data. Key –informant proved useful to validate both qualitative and quantitative findings. This cooperation proved very helpful in observing and judging the information.

1.5.6 Structured interview:

Interviews are the integral part of the verbal observations. Whereas the open ended or the informal interviews make it possible to obtain a wide variety of reactions from the respondents. Thus with the help of interviewing I enabled to analyze the data in the tabular, which helped to together the statistical data and vividly help me to identify the sharp change in the social orientation of the under study community.

1.5.7 Unstructured Interview:

When people looked to interview guide people can not speak boldly. That's why many time I conducted unstructured interviews especially when I was interviewing the woman. The strength of this approach is that the interviewer is flexible and highly responsive to individual differences, situational changes and emerging new information.

1.5.8 Sampling:

It needs more time and money to study the large population and to interview them. The total numbers of population of study area are above seven hundred. Due to time constraint, it was not possible for me to take in-depth interview from all population. I deemed it important to reduce the population of my study. I relied on the method of random sampling. Random sampling is a kind of probability sampling. The members of this sample would be selected randomly from the locale. In a random sampling each

individual must have exactly the same chance as every other individual of being selected. So I divided the entire population in upper, middle and lower income groups. I interviewed 180 people of the village through random sampling.

1.5.9 Interview guide:

For these aspects of research which needed more explanation; interviews were conducted. Information on the topic was collected by questioning (interview guides). By this technique the questions were not asked directly to respondents, but the researcher made the conversation and taught the respondents to speak as the respondent derives.

1.6 Review of relevant literature:

Different social scientists of past and present have worked a lot on social problems. Here the most important thing to be considered in this context is focus on the major contributions made in the field of medical anthropology. The topic of my study deals with the native conception of relevant healing practices. As such this study falls under what is known as medical anthropology. So for this topic I concerned different books which are following.

According to Landy David for rural people medicine consists in these cultural practices, methods, techniques and substances embedded in a matrix of values , traditions beliefs and patterns of ecological adaptations that provide a means for maintaining health and preventing disease and injury in members, So medicine is a sort of regime which involves different cultural practices, methods and techniques which provide health to an unhealthy person.. Landy,s definition of medicine applies to great extent on the village under studyI.

I Landy David.(1977) Culture Disease and Healing , 83-84

According to vied Skultans in Maharashtra population culture is set of beliefs regarding illness and misfortunes namely they are result of possession by a spirit or bhut bhada. In most human society woman's responsibility was to take care of the health of the family members. Women come as care givers. They pray that the illness be transferred from their family to themselves. India unquestionably occupies the topmost position in the use of herbal drugs, utilizing nearly 540 plant species in different formulations. For centuries a great majority of India's population has depended on crude drugs and drug extracts for the treatment of various ailments. Infact India was one of the pioneers in documented indigenous systems of medicine, the most notable being Ayurveda and Unani.²

Lower Nelson also pointed out some factors of use of traditional mode of treatment which declines the trend of modern medication, according to Lower Nelson " the problem of getting more modern medical care to rural people is in part one of breaking down reliance on home remedies and self medication. This can best be done by providing modern services on a basis which they can afford and by conducting an effective educational program to increase the confidence of people in more scientific care. He further says that : it is partly true to say that good health can be purchased while ill health is associated also with ignorance , personal neglected other like characteristics, the fact that the incidence of disabling illness is proportionately higher among the low income groups indicates a clear association between economic factors and sickness³

² Skultans, (1987) , the management of mental illness among Maharashtra families ,57

³ Nelson , Lower (1955) Rural Sociology ,62 -63

Traditional medicine offers some lessons for western medicine. For example traditional practitioners may have more success certain form of mental illness than psychotherapists do. Non Western systems may explain mental illness by causes that are easier to identify and combat. Thus it may be simpler to rid a body of a spirit possessor than to undo all the damage that a Freudian might attribute to an unresolved Oedipus complex, Another reason non-Western therapy may succeed is that mentally ill are diagnosed and treated in cohesive groups with the fu;; support of their kin . Curing may be an intense community ritual in which the shaman heals by temporarily taking on and then rejecting the patient's illness.⁴

Various anthropological studies related to medical system reveal that problems of health are the reflection of fundamental patterns and values of the cultures of which they are a part. As mentioned earlier, despite the fact that large amount of money is being spent every year on the medical health programs and various techniques, including vaccination an immunization, have been introduced against contagious diseases , particularly in the rural areas, yet they are unable to reach the desired goals and expectations.

The failure, according to many studies conducted on indigenous health practices are because of lack of understanding of integrative nature of culture and rural people. Among various communities particularly in the third world traditional health practices play a major role which also includes visiting shrines for curing purposes.

The people belonging to the poor class are much more inclined towards traditional health

4 Bannerman, 1983, Traditional medicine and health care coverage , 67

5 Nelson , Lowery ,(1955) , Rural Sociology ,48

practices as compared to the rich class. While in research comparing Mexican – Americans with the Negroes and whites and they divided these groups into income and educational levels. Group of the same income and educational levels have no significant differences in their attitudes and behavior towards modern medicine. It is the poverty and lack of education which determine the attitudes towards modern medicine.⁶

Rivers was first anthropologist to report on the medical beliefs and practices of non-literate people, he was pioneer in the attempting systematically to relate native medicine to other aspects of culture and social organization. His enduring theoretical contribution to medical anthropology lies in a two part proposition that animates his work- first, that primitive medical practices follow from and make sense in terms of underlying medical beliefs, and second that both are best conceived not as quaint folklorist but as integral parts of culture. Rivers states as follows. Native medical practices are not a medley of disconnected and meaningless custom –but rather medical practices are inspired by defined ideas concerning the causation of disease, native medical practices and belief together constitute a social institution, same method methods found to be of value in the study of social institutions in general.

A general statement of the interrelatedness of culture, biology environment and disease in the adoptive process as follows.

In general the incidence of disease is related to genetic and non genetic factors. Any change in behavioral system is likely to have medical consequences some of which will

⁶ Harris, Morvin, (1971) Culture man and Nature 91-92

produce changes in the genetic structure can effect the behavioral system. Such effect may be the result of population restructuring or the emergence of new immunological patterns which alter the possibilities for niche exploitation. In addition, induced or natural alterations in the environmental field provide new selective pressures relating to health and disease which must be met through a combination of somatic and on somatic adaptations. 7

It is noteworthy to state that none of the native practices can be categorized as irrational. Because when seen in the light of their belief there is sound justification present for it. The underlying meaning behind the native's beliefs and practices have been taken into account as Rivers continuously stresses. Despite the rational it has also been observed that there are certain practices which make the health of the people move vulnerable to various diseases as will be discussed later.

Medical anthropology and medical anthropologists' research on topics such as epidemiologist, mental health definition of health and illness and process of bringing scientific medicine to communities that previously have known only traditional medicine. Social anthropology is viewed by its practitioners as a bicultural discipline with both the biological and socio-cultural aspects of human behaviors and particularly with the ways in which the two interacts and interacted throughout human history to influence health and disease8

7 Foster, Anderson (1978), *Medical Anthropology*, 49-50

8 Foster, Anderson (1978), *Medical Anthropology*, 38

Denton defines it as “those beliefs and practices relating to diseases which are the products of indigenous cultural development and are not explicitly derived from the conceptual framework of modern medicine.”⁹

Famous sociologist Anthony Giddens writes in his book sociology, about the behavior toward health “health selection explanations contend that a person’s health influences their social position, rather than vice versa. According to such view, people with good health tend to be more successful and upwardly mobile, while people suffering from poorer health will naturally drift lower on the social scale, for example, a child with health problems early in life might not attain the same degree of educational or occupational status later in life as his or her peers, this argument contends that poor health can lead to exclusion from jobs, promotions and professional appointments. Cultural and behavioral explanations emphasize the importance of individual lifestyle on health. Lower social classes tend to engage in certain activities – such as smoking, poor diet and higher consumption of alcohol, which are detrimental to good health. This argument sees individuals as bearing primary responsibility for poor health, as many lifestyle choices are freely made. Some proponents of this approach argue that such behaviors are embedded with in the main causes of poor health.”¹⁰

In this village people prefer to traditional methods of treatment such as spiritual healing, use of home remedies etc. they visit shrines and pirs for seeking health. They also use the home remedies at the initial stage of their sickness.

⁹ Denton(19678)Medicalsociology,71-72

10

¹⁰Anthony Giddens (1989) Sociology :147

Denton states about folk medicine; first folk medicine is widespread and is not limited to certain sub-cultures. It is found in all groups and groupings although the content of remedies may vary over time. Second, every one uses home remedies and self medication to some extent. Third, home remedies are not necessarily valid or detrimental. They may be empirically valid, some substances in the item, taken some action performed or some food eaten in the diet may perform healing function ,Home remedies are not necessarily correct empirically may be perceived as working by those who use them and belief in them are thereby strengthened. This perception of home remedies, effectiveness is supported in two ways. First persons recover naturally from the majority of illness that plague a population, therefore the chance, that use of any home remedy will be correlated with recovery is very high. Secondly, home remedies may influence recovery through psychological dynamics of setting in their effectiveness, however, it seems that a positive attitude towards the treatment being used whether folk medicines or main stream medicine, is an important factor in healing. 11

11 Denton ,(1978) Medical Sociology ,38-39

Chapter # 2

Village profile

2.1 Name of locale and its origin:

This study is conducted in the Nevgi Vialla. Nevgi Vialla is part of union council Thora Thana thehsil Borai, and district Loralai Balouchistan. As far as concerned to the origin of the study area, according to the old villagers, some five kilometers away from Nevgi Vialla, one stream was there, it was small, while it was rained the water had come in the shape of floods. It was a problem for the villagers, so then people of the village decided that, we will have to do something. Before forty five years they informed district government of the time and government gave bulldozer, with help of bulldozer people of the village made one another stream for the water which is called Nevgi Vialla (new stream) from that time it is called Nevgi Vialla.

2.2 Geography of study area:

In the North of Nevgi Vialla just one-kilometer away Anambar mountain, which is full of the marble, and people also go to for hunting's. South of the village three kilometers away, national high way is there, which links the Balouchistan and Punjab provinces. In the east some five-kilometer away village Sangharai there, and in the west four-kilometer away Chamaza village is there.

2.3 Climate:

The area is refreshingly cool in summer, from May to August. It starts getting cold in September, and is extremely cold during November-March. In winter, it gets a good amount of rain of January – March in winter, and July – August in summer receives most of the rainfall. In the end of winter, the temperature often falls well below zero Celsius. Temperature ranges from (-5) to (-8) and in the summer temperature ranges from (28) to

(32). In February slight cold ends, and weather starts changing. Springs starts from 10th of March and trees like almond, From May to 21st Jun, weather is called “ worae” (light hot weather starts). It is the belief among the local people, that on the 6th September a star is seen in the sky every year, which is called “ da soheil starga” with its appearance the cold weather begins again . 6th September to 15th October is called “ Awal Manae”(cold autumn) .During the 16th October to 16th November is called “ Soor Manae”(cold autumn in this season people slaughtered goats and sheep for making “Landhi” and starts wearing warm cloths . from 16th November to 16th December it is called “Thora chila” (Blach forty days)and from 16th December to 22th February it is called “Spina chila”(White forty days).

2.4 Environment:

The over all situations with respect to environment are good in the greater part of the area. Little bit environment is created National highway. There is heavy transport on the national highway.

2.5 Mood of living:

The settlement is small and scattered. The houses are built near the farmland and are wide apart from each other. The joint family system is heavily dominant in the area and is a major determinant of the housing pattern. A joint family consists of husband wife, sons, unmarried daughter families of matted sons, and parents of husband, unmarried or widow or divorced brothers and sisters of the husband. Among them, the joint family may extend even to great grandchildren. They live within four walls in “haveli” type houses comprising a large number of rooms. The houses of course sprawl over a large area. It is also common hat several houses are built within a single enclosure with a common gate.

2.6 Construction materials of houses:

All houses have been made kacha (mud) with large distance from one another. In two or three years they once give one cover of mud. Recently two large houses have been made which are made in paka or cemented houses. Wood doors have been put in the majority of the houses.

2.7 Food Habits:

The people in the locale are more or less the same as in the whole village. The food is simple, but people eat well. The breakfast consists of tea (milk tea) and simple "Dodi"(bread). The standard composition of lunch is vegetable with "Dodi". Four or five times they take tea in a day. The dinner comprises meat and "Dodi" rice is not a normal or even a frequent item in their diet. All meals are freshly made. The family normally eats together, sitting on a mat or blanket spread on the floor. In their food, they mostly eat meat and potatoes; children drink milk and have the same food, which their parents take. Elite and rich people eat meat regularly whereas middle class takes mostly potatoes and some other vegetables.

2.7.1 Landhi:

It is a special cultural item of the people living in this area. Landhi is dry meat of sheep, which they eat in winter. This special meat is hot and keeps the people warm in winter season. To make Landhi is a complete process. First of all a sheep is reared and fed for 6-9 months with grass, wheat and dry bread. In the end of November, the sheep is slaughtered. All its hair is plucked out with hands, till the skin comes out. For cleaning completely the skin from hair, they pass an iron rod in from its neck and out from the anus, then hang it

on the stand and put fire under it. They use soft woods or bushes to make fire. When remaining hairs is completely burned then they take it to the sterna, wash it, clean it with knife, till all the black of fire, and burned hair wash away, after this they make some peaces of the whole sheep then put it for often cold air, as long as cold weather touched the meat of Landi. It becomes delicious. After two week they start eating.

2.8 Source of energy:

Firewood is the principal source of energy for cooking. Animal dung is used along with firewood. Gas cylinder is also used in some houses, and is in good demand. Both firewood and gas cylinder are very expensive and are not widely available. The electricity is the main source of lighting in the study area and along the whole district. 88% of the village households have access to electricity. Gas cylinders and lanterns are also used, as are kerosene lamps.

2.9 Drinking water:

The whole population of the village draws drinking water from tub well, water pump. Those people who have good agriculture, they have tub well and others have water pump they all gets drinking water from these . Women are the prime collectors of water. Water supply schemes are absent. According to health expert water is not pure, due to water different disease exist in the human,

2.10 Sanitation:

The majority (85%) of the houses have pit- latrines inside, which are meant mainly for women and children. Men go outside, and each household has a specific place for this purpose. The overall sanitation situation is very bad.

2.11 Political parties:

There are two political parties and activist in the village. The first one is nationalist political party (Pukhtoonkhwa Mili Awami Party) and the second one is religious party (Jamiat-e-ullma Islam F) .in the last local and National and provincial election Pukhtoonkhwa Mili Awami Party won the election from the village polling both.

Table 2.1 Total No of Male and Female

Gender	No	Percentage
Male	335	47.71 %
Female	409	52.29 %
Total	744	100 %

2.12 Population:

Total families in the village are 53, in these 53 families 744 people are there. Female population is more than male , most of the male people have two marriages .population is on the following schedule.

2.13 Agriculture:

Agriculture is the major source of income 90% of the village are involve in agriculture. The village land is clay and soft which is too good for agriculture. Water is also available. According to the villager before 1999 Nevgi Villa had very good agriculture. When in 1990 draught came in Balouchistan, that fully effect the overall agriculture of the area,

because before this all agriculture depend of the natural springs/agriculture .when draught came, they did not have tub well so their all agriculture was effected, at that time the economic position of the people were also good. Now again they have restore, their agriculture through tub well and water pumps. The main products are cauliflower, chili, garlic, onions and different vegetables, which they use in daily food

Table 2.2 :classification of land

Type of Land	Acres	Percentage
Cropped land	1200 Acres	40 %
House build land	300 Acres	10 %
Forest land	1500 Acres	50 %
Total land	3000 Acres	100 %

2.14 Classification of land:

The village land is divided in three main parts : the first one is forest land which is half land of the total village area , this forest area was also at agriculture area but due to drought in 1997 to 2003 water became too low then it became forest .the second one is cropped land , and third one is house build land . the land is devided in the following way.

2.15 Cutting and Marketing process:

In cutting season all of male villagers work together in one field. It is called “Ashar”. Children also take part in the cutting, and one by one they are cutting products. The

people have access to D.G khan and Multan markets, because they get more profit in Punjab than local markets. Provincial and local government does not have any plan for inputs of people agriculture.

Table 2.3 :Sources of Irrigation.

Type of Irrigaton	No	Percentage
Tub well	48	97.96 %
Spring	1	2.04 %
Total	49	100 %

2.16 Irrigation:

Almost the entire cultivated area is irrigated, the sources of irrigation are open wells, tub well and the only one kareze/ spring which comes from east side in the village. This karez/ spring is shared by all of the villagers. While before the drought 90 percent people were dependent on kareze/ springs.

Table 2.4 :Livestock

Type of Livestock	No of Livestock	Percentage
Cow	105	37 %
Sheep	140	50 %
Goats	25	8.9 %
Donkeys	10	3.5 %
Total	280	100 %

2.17 Livestock:

The livestock sector makes an important contribution in their food and agriculture area. The important livestock species donkey. They are sheep, goat, cow and get milk, meat, and dung which they use as source of energy. The detail are following

2.18 Infrastructures and communication:

The Locale village is just four mile away from the national highway, which road is in good position. The road, which leads to the study area, is under construction, but people are using kacha road. Because of this inseminated road people are facing problems.

Transport position is too poor in the study area. There are only two people, who have there own cars. One van is their which goes to the city early in the morning and comes back to village evening time. if any one missed the van than he has to go to one motorcycle or walk to national highway.

Radio /Transistors are said to be found in a good number all over the area. It is listened by the people of study area, but there is no TV boaster in the area, although TV boaster is available in the city of Loralai . Two homes are in the village that have kept the dish antennas at home. Youngsters go to these two homes and watch dish antennas. Telephone facility is available in the village. Thirty-five households have the facility of telephone. Mobile courage is not available in the village. Some people have got the Mobile and Sims while they go to city, they use the mobile.

2.19 Health facilities:

There is neither dispensary nor private clinic in the city. Mostly people of the village depend on the remedies or spiritual healers. When illness becomes too serious, than they treat the patient through city doctor, most of them treat the patient through remedies and spiritual healer.

Table 2.5: Level of Education

Level of Education	No of People	Percentage
M.A	1	0.8 %
B.A	4	3.4 %
Intermediate	12	10.2 %
Metric	15	12.9 %
Middle	14	12 %
Primary	70	60.3 %
Total	116	100 %

2.20 Education facilities:

There is only one government primary school for boys in the village, which has been established in 1988. Female school is not available in the village; just two small girls are studding in the Loralai city. Female get religious study in the mosque. When she become 11 or 12 year, than she is not allowed to go out side or study religious books in mosque. One man who has married with metric pass educated women, he has settled with his family in city. There is only one M .A pass person, who was my key informant.

2.21 Religious Beliefs:

All inhabitant of the study area are Muslims and practice the Sunni faith. Men as well as women offer prayers five times a day, fully fast in the month of Ramzan and celebrate all religious festival with fervor. Women strictly observe pardah, and normally stay inside the house. Most of the young boys and girls attend mosques to learn Holy Quran. two mosques are in the village

2.22 Superstition:

Like every society of the world has superstition, the people for the study area have also some superstition. Superstitions are Irrational fears of what is Unknown or mysterious. They have a lot superstition some of them are in bellow. They have a belief that some one sweeps the house in the evening, God's curse will be upon that house. If hen sites in the fireplace then the villager expect some travelers or guest, likewise, if the crow does crowing by sitting on the house wall, they expect some body guest to come. They do no sweep before the departure of any family member; they have belief that by doing this the person who is leaving the house might face any mishap. Number three is not considered good among the people of the area. They consider it bad if any thing is given let us say, if three pens, three apples or three sweets are given to them, they will mind it bad. They said if this is done with girl, she would divorce by her husband. The same is the case for boy. If on the way some body came across a fox, it is considered the sign of sadness. The women of the study area believe that evil spirits cannot come near a newly born infant if knife or a dagger is put near its pillow or at its head. Therefore, they always keep a sharp edged weapon besides the infants pillow to ward off evil spirits. Mother puts amulets

(Tawiz) round the child's neck as a protection against the evil eye or "bad look" . The amulets written by a pious man and simple "Mulla" in a string are suspended round the child,s neck. Women take a handful of wild rue called "spailanay" in pukhto, which is considered a panacea for warding off malignant eye. She puts some wild rue on red hot coals and start revolving the bowl round the ailing child while chanting some magical incantations. This is called " Nazar Mathawal" or removing effects of the evil eye. The howling of dogs at night is considered a bad omen, indicating the coming sickness or death of some one in the family. The sinking of the right eyelid is taken to mean a happy tidings and throbbing of a left eyelid as a bad omen. In case of a hiccup, it is generally believed that an absent friend or relative is remembering. Removing shoes, if perchance, one shoe lands on top of the other; it is thought that the person would undertake a journey in the near future. If the right palm starts itching, it is believed that money will come into his hands.

2.23 Rituals:

Most modern anthropologists would agree that culturally defined sets of behaviors can function as a language, but not all will accept the vein that the term ritual is best used to denote this communicative aspect of behavior. The people of the area perform certain rituals, which are connected with their apple economy, for which they have to depend mostly on the rain.

2.23.1 Spinshirak:

Literally spinshirak means beggar or to beg. People of the area perform this ritual for rain. A person disguises himself as a monster, having horns or cloth on the head. He along with a grouping of people goes door to door for begging and collecting, four, meat

sugar and money in the name of rain. All the day spend in collecting. At night they start cooking it, also sings various songs. Next morning they eat the meal and it is the dogma that as soon as they finish the food the rain starts to fall in reality it does happen that it rains.

2.23.2 Lado:

The teenaged girls of the area for rain perform “lado” ritual. Lado “means” a doll. The girls together and then they make the doll . The height of the lado is about is two feet’s. The girls even go to the roads for stopping cars and buses and demanded the money for charity food. The ritual is performed for one day. One girl carries the lado and leads the rest of the group and move door to door. In addition, keep the lado in the lap of people for demanding money, sugar and tea etc. at this time, they sing a song which is related to the lado and rain. After collecting many things, they cook them in one of the girls house . Women at this time also join them and help them in cooking. Some times it does rain after this ritual.

2.23.3 Language:

The anthropologists have recognized the importance of language since long. It is not only a tool for more effective fieldwork, but also a critical element of the cultures fabric, which they study. Pukhto is the language, which. Local people speak in the study area. It is a traditional language and since the time of their ancestors, they have been speaking this language.

2.24 Dress pattern:

Male pukhtoon wear “partug”(trousers) and “Qamees”(shirt). They wear “chapels” footwear of different designs. On heads commonly, wear cap called “ khulai” and tie

around it “Lungai” or “patkai” Turban. On the Qamees ,they wear waistcoat and in winter wear a thick hot “chaddar” along with sweaters. Women wear simple dress in the study area. It consists of a “partug “(trouser) “Qamees” (shirt) and a “Dupata” (chaddar or scarf. old women prefer loose and baggy trouser, long shirts with wider sleeves and coloured clothes. In study area women use a variety of jewellery such as pendants, bracelets and necklaces. The pendants include “ paizwan”, “Natha” or “Nathkai” (Large nose rings),” Chargul” and “Maikhakay” (small nose ornaments), Wallai” Large ear rings, and “ Teek” worn on the forehead.

Chapter #3

Socio-economic Organization

3.1 Introduction

Kakar is the major caste in the study area. This is a mainly Pukhtoon populated area . Each caste has its own headman, called: “the Killi Malik” (village headman). Similarly, each tribe (comprising several clans/ communities) has a Malik. In the selection of a Malik, the main determinant is heredity. The individual characteristics the man influence, qualities, wealth, etc. carry far greater importance in the selection of a headman or Malik among Pukhtoon. The retention of influence acquired by the Malik, however, depends on external support such as that of the government rather than of the tribesmen themselves. Individuals and small groups prefer to have direct contact with the government rather than approach their Malik in every matter. The Malik system continues to exist, like many other traditions, but is weakening gradually.

An organization comes into existence when explicit procedures are established. To coordinate the activities of a group in the interest of achieving specified objectives. In social organization of the study area , I have studied how a Pukhtoon society is organized and how it organizes itself, how it grows. There are economic, political and religious groups within the social organization of the local Pukhttoons .

3.2 Kinship and units of Kinship

Kinship plays an important role in both the regulation of behavior and the formation of social recognition and cultural implementation of relationships derived from descent.

Whole study area distinguishes various categories of relationship by descent or consanguinity. Following are the units of Kinship in Pukhtoon society in the study area.

3.2.1 Kor or Kahol (family)

The Kor or Kahol is the basic unit of social organization. It comes into being through marriage, it includes more than two generations vertically downward, and the first and second cousin in horizontal dimension. The residence pattern observed in the valley families is patrilocal. Thus at the time of marriage the female moves from the parents household to the side of husbands household. The off springs after marriage live with the parents. The descent in “KOR” is traced through the male line. The male is considered important because he keeps his patriarchal name moving to the next generation.

Customarily the property is inherited by the male. The females get only dowry and leaves her own right in the property in favour of her brother. She gets property when she has no brother. The proper age of the boy to be married is 25 years for girls it is 18 years among the people of study area..

3.2.2 Tarboor (Patrilineal Cousin)

“*Tarboor*” is a Patrilineal group in which the consanguinal of the father side are lumped together to make group. Within this group of Tarboor all members can trace their relations with each other. Tarboor is considered as a unit in which the members have common prestige. If the prestige of one member of Tarboorwali is damaged the whole Tarboors feels ashamed.

3.2.3 Kheil

The larger unit of concentric circle is "*Kheil*". It may be called as extension of "*Tarboor*". Kheil is a patrilineal group which includes members having common ancestors. Kheil is actually the unit in which people participate in the primary and secondary group relationships. This means that whenever there is any event of common happiness and sorrow they will participate with each other.

3.2.4 Kaum

It has been observed during the fieldwork that a majority of people having a common Kheil (Surname). Many Kheils when combined together formulate a larger circle, which is termed as "*Kaum*". The basic difference between Kheil and Kaum is that Kheil is the unit of participation while Kaum is the unit of identification. People identify themselves with each other by a common surname, which provides a sense of identification of its members.

3.2.5 Kinship Terminologies:

In the study area different terms are used by people for addressing relatives and with specification of the sex of the person. Husbands and wives never address each other by name or by formal terms. Often a girl is addressed by mother-in-law by her name and sometimes as "*Lore*" (daughter). The term for brother's wife whether younger or older is "*Oryandara*". Mother's sister or father's sister is addressed as "*Tarore*". Mother's younger or elder brother is called "Mama". Mother's Brother is called "*Mami*". For elder male the word "*Mashar*" and for female "*Mashra*" is used. For younger male word "*Kasher*" and for female "*Kashera*" is used.

Table 3.1: Kinship terminologies

Pashto	English or Abbreviations
Akhshi	Sister, a husband (ZH) or wife's brother (WB)
Dada	Mother's mother (MM)
Dadi	Father's mother (FM)
Kaka	Father's brother (FB)
Khore	Sister (Si or Z)
Khurayai	Sister's son (ZS)
Khurza	Sister's daughter (ZD)
Lore	Daughter (Da or D)
Mama	Mother's brother (MB)
Mami	Mother's brother wife (MBW)
Mera	Husband (HU or H)
Mor	Mother (Mo or M)
Niqah	Mother's father or father's father (MF,FF)
Plar	Father (Fa or F)
Taror	Mother's or father's sister (MoZ, FoZ or (MF,FF)
Urana	Brother's son (BS)
Urera	Brother's daughter (BD)
Urore	Brother (Br or B)
Uryandara	Brother's wife (BW)
Zoi	Son (So or S)
Zypa or Shaza	Wife (Wi or W)

3.3 Customs of Cooperation

The system of communal cooperation does exist in the study area. But is not as strong or prominent as in other areas. This is perhaps due to the predominance of the joint family system, which enables each family to take care of all or most of its problems on its own,

and to the comparatively better economic conditions of the district due to the fruit production.

3.4 Role, Position and Status of Women:

Most of the woman live within the old-age. Boys and girls are segregated when they reach the age of puberty. Female mobility is usually restricted to their household where *purdha* (seclusion) is strictly observed. In the Pukhtoon male dominated society, the women's place is in the house, where she is expected to do the traditional home tasks of rearing children maintaining the house and spends her time cooking, fetching water, feeding and cleaning the livestock, milking cows and many other tasks. Women make an important contribution to crop production, livestock and poultry farming, and post harvest management of crops. A large number of women are engaged in sewing and embroidery work as a part or full time earning activity. Work like fetching water and fuel wood, repairing the houses etc. take a good deal of their time. Most of the women in study area, possess no formal education, married against their wishes in their early teens, have to bear about 5-11 children, are deprived of family inheritance despite of Islamic injunctions and do not enjoy the same standard of living as their male counterparts. Apart from all these hardships, women still augment family income through poultry keeping, selling embroidered clothes and rearing livestock. The locale code of ethics enjoins upon women not to burst into laughter in the presence of strangers or persons with whom they are not closely related; not to address their husbands by name, nor to speak loudly, and avoid being heard beyond the four walls of the house.

3.5 Polygamy:

It is an ancient Greek word “poly” means many and ‘gamy” means women. Among the Pukhtoons of the study area , polygamy exists because Islam (their religion) has allowed four women to be married with a man (provided he maintains equality among them) at a time. In the valley, there are some Pukhtoons who are living with two to three wives at a time in one household.

3.6 Child rearing

In the study, area because of lack of education the child up bringing is not one of the important functions of the parents. The rate of stillbirths and miscarriages is high; the reason is that mothers do not take special precautions during pregnancy. Young girls of six or seven years of age take care of their younger brothers and sisters and have to do other sorts of work at home. That is why the girls are not regular and punctual for their school. The boys of six to seven years do not take responsibility of their younger brothers and sisters. They attend school, just roam in the village, play, bring woods and domestic items. They also along with their fathers look after fruit orchards. Old people like grandfathers, maternal or paternal, could also be seen looking after the children, holding and taking them to the orchards. Babies are not given any solid food for a year after their birth. When they attain the age of one year and start crawling, they are given a piece of bread at different times. girls of nine and ten years of age help of their mothers and elder sisters in taking care of cows and donkeys and in cloth washing.

3.7 Different social relations

In the study area husband, wife relations are sometimes good and sometimes they quarrel, but women obey their husbands because of the tradition of the Pukhtoons. Wives play less part in the decision making in house her opinion is only asked concerning her daughter's marriage. in a house, they had fights on minor matters like food or small disorder. The relation between mother in law and daughter in law is very delicate. Both of them want to drag the son and husband towards her. Both talk against each other in front of their son and husband separately. This is not practiced in all the households, but it is a part of the valley life. Father son relationship is very good, sons are obedient to their fathers. When sons in the younger age do some misdeeds then father also beats them. Brothers have good relations, some do fight but commonly they live in harmony. There are some examples in the valley that brothers fight and are separated.

3.8 Birth Rite:

The expected advent of the child is kept secret as far as possible. The expectant mother is kept secluded and only an old woman proficient in midwifery or one or two female relatives are allowed to attend to her. The birth of a female child generally passes unnoticed but the birth of a male child is a joyful event; an occasion of rejoicing and festivity. The society is patriarchal in structure where the law of inheritance rests with the male line. Far more important is, therefore, attached to sons as compared to daughters. This, however, does not mean that daughters are deprived of paternal affection. The news of a male child's birth is a happy tidings for parents as well as for near relatives. The news spreads like wild fire in the neighborhood and messengers hasten to distant places to break the happy tidings to paternal and maternal uncles etc. this is called "*Zairay*". The

person who breaks the good news first to a near relative receives a handsome reward in cash. Relatives and friends felicitate the proud parents and let off their guns as a mark of jubilation. The father warmly receives the guests, slaughters a ram or goat and serves a sumptuous lunch to the visiting guests. Sweetmeats are also distributed among the young and old alike. Female relatives also hurry to the house to offer congratulations to the child's parents. They bring presents, including clothes for the infant and also offer some money. A record of the money, so proffered, is kept for repayment on a similar occasion. All women who offer money are given "*Paroon*" (*Scarfs*) in addition to sweetmeats. The first important ceremony in the child's life is performed by the village Mullah or priest or an old pious man. The Mullah whispers *Azaan* (call to prayers or profession of faith) in his or her ears. The village Mullah receives some money for this religious service. The child is also given a dose of indigenous medicine called "*Ghutti*". This liquid compound is administered to the child by a pious woman, preferably mother of several sons. Within seven days of the birth, the child is named by religious, ethnic, cultural and own heroes or elders. The infant is wrapped in swaddling clothes with his hands tied to his body. This binding practice continues for over six months. The idea behind the binding of infants from shoulders to toes seems to be to prevent him from exhaustion or causing an injury to himself. At night the child is laid beside its mother. The child entirely belongs to the mother; she feeds it, at least, for two years and makes every possible endeavor to protect it from the malignant eye or the glance of evil spirits. Those women who have no male issue pay visits to their holy shrines on Thursday nights and beseech the favors of the holy saints for a male child. They offer alms and sometimes bind a stone to one of the flags hanging beside a wall or tree near the saint's mazar (Shrine). After the child's birth,

precautionary measures are taken to protect the mother from evil spirits. She does not take a bath, at least, for a fortnight after the birth of the child. The mother is never left alone in the house at least for forty days in succession for fear of evil spirits. The mother refrains from doing any work for a week and she resumes her usual occupations after a lapse of 40 days.

3.8.1 Sar Kharawal (Head shaving):

The second important ceremony in a child's life is SAR KHARAWAL or hair cutting. When the child is about 40 days old, his or her hairs are shaved by a village old woman or another expert person. The expert person is given some money for this service. This event is also celebrated with the slaughter of a goat or sheep for guests.

3.8.2 Soonat (Circumcision):

The third important ceremony is known as "*Soonat*" i.e. circumcision of a male child .the Circumcision ceremony is again performed by the village expert person or barber when the boy is over one year old. On this occasion the boy is made to sit on an earthen platter in the compound of the house duly attended by his relatives. They also offer some money to the child. This ceremony is observed by well-to-do persons with pomp and sumptuous feast.

3.9 Child Schooling:

In the fourth stage the child, generally is sent to a Mullah (Religious leader) in the village mosque for religious education, including learning by heart of "*lamoonz*" and reading of the Holy Quran. He is first taught "*Kalma Tayyaba*" (first kalma) and later other tenets of Islam. He also starts going to school at the age of five to six years. Later he adopts

shooting as his hobby. After school hours he goes on shooting excursions and shoots down birds. He uses a catapult like weapon called "*Ghulail*" for hunting. In this stage of life, he develops an aptitude for sporting excursions such as target shooting. He begins helping his father in his work. The young girl on the other hand assists her mother in household work and shares the domestic duties with her.

3.10 Wadah (Marriage Rite)

"*Wadah*" as a general rule, is arranged by parents in Pukhtoon society and the boy and the girl themselves do not play any role in the negotiations. Their conservatism coupled with strict segregation of sexes makes it impossible for a suitor to select a girl of his own choice even though they may have soft feeling for each other.

3.11 Kowzda (Betrothal):

As is common everywhere, the parents cherish a desire to get their sons married to pretty and virtuous girls of respectable families. The boy is now also consulted while selecting a girl and his views are given due weight in educated families. Customary overtures for betrothal commence with a visit by the mother or sisters of the boy, to the girl's parents. Negotiations for matrimony are undertaken either by the parents themselves or by friends and relatives. As a precautionary measure the girl's parents make searching enquiries about the character, education, occupation and other attributes of the prospective son-in-law. After an informal agreement has been reached, the boy's parents approach the girl's parents in a formal way i.e. "*Jirga*" consisting of relatives and village elders' calls on the father or elder member of the girl's family. Similarly a female party calls on her mother on the day of public proposal. The "*Jirga*" settles terms and conditions regarding

ornaments, clothes, Mehr (dowry) and Sar (bride's price or head money). The ceremony is rounded off with distribution of sweets among the people in the Hujra.

3.12 Walwar (Head money):

The customs of walwar is as strong as ever. The amount of walwar ranges from Rs.1000,000/ to Rs.250,000/. Most parents use the walwar for the dowry (in the form of ornaments, clothes, household goods) which the bride takes with her. The amount of walwar is determined by such factors as the girl's beauty, age and her personal qualities. The younger people, especially those who are educated, look down upon the walwar system, not so much for its amount as for the social stigma that it carries. In most cases, however, walwar as in practice in this area is not seen as a bride price, but as the bridegroom's contribution to the marriage expenses incurred by the bride's parents. The money in fact mostly comes back to the bridegroom in the form of ornaments, utensils, furniture etc that the bride brings with her. "Walwar" or (head money) which forms part of the negotiations is also determined at the time of engagement. In accordance with the Jirga's decision the suitor's parents agree to pay in cash the stipulated amount to the girl's parents before the marriage. A part of the payment is made on the spot. The rest of the money is paid on the marriage day. The dowry is usually meager. The practice of head money or bride's price has sometimes been criticized as a sort of business transaction or selling out of the girl. This criticism is based on ignorance of problems of the tribesmen. The head money does not mean that the girl is sold out like a marketable commodity or she is an "economic asset." The idea underlying is to provide some financial relief to the girl's parents while purchasing gold or silver ornaments, clothes, household utensils etc for their daughters. If viewed from the natives' point of view, the

head money is a matter of honor for them. The more the bride's price the more she commands respect in her husband's family. Even wealthy and prosperous parents, who otherwise do not stand in need of the head money, reluctantly have to accept this for preservation of honor of their daughters in her in law's circles. In spite of the medical opinion that marriages among close relatives have the risk of congenital defects in the offspring, the practice of consanguineous marriages, particularly with first cousins is a common phenomenon. An exchange of betrothals, particularly cousins is also generally affected. The natives feel reluctant to marry their daughters outside the family or tribe and they, therefore, prefer marriages among blood relations, preference is given to girls of one's own tribe or sub tribe, in case no girl is available within the family. There is no fixed age for betrothals and they usually take place a year or two before the marriage, in some cases, engagements are contracted in childhood.

3.13 Wadah (Marriage Ceremony):

Marriage ceremonies usually take place on Sunday and Friday. Marriage festivities commence three days before the scheduled date of the actual marriage. respectable but elderly women and other female relatives visit the house of the bride a night before the marriage for dyeing her hands and feet with henna and for braiding her hair into three or more plaits. The braiding of hair is generally entrusted to a woman with several male children. The bride's "Naway Jorra" or (Special bridal dress) and ornaments etc are normally sent a day before the marriage. The bridegroom serves two meals to his own guests as well as the bride's villagers. Usually the feast is given on the wedding day.

3.14 Marriage Party:

The bridal procession is Marriage Party. On the day of a marriage, the village of the bridegroom wears a happy look. Old and young alike, wear their best clothes. The marriage party generally starts for the bride's village at noon time with musicians leading the procession. The "War" or (marriage Party) starts from the village to the sound of drums and the male participants let off their guns.

3.15 Nishana Weeshtal (Target Shooting):

The natives are fine shots. Target shooting is one of their favorite games and a fascinating feature of the marriage ceremonies. The bride family invites other villages for target shooting. The challenge is accepted by the others to show their mettle. The target is generally placed in a cliff, a rocky defile or at a place where it hardly comes in the range of the bullet. The man who hits the target first receives a "Lungi" (turban) as a prize for his accurate marksmanship.

3.16 Nikah (Wedlock):

The friends and relatives of the bridegroom assemble in the bride's for "Nika" by the "Mulla" or the religious leader. On this occasion the bride proposes the name of bridegroom's brother, uncle or any other near relative as her Nikah Father (Attorney). It becomes the moral duty of Nikah father to give paternal love and affection to the bride and treat her at par with his own children. The "Mulla" repeats the names of the bride and bridegroom two times and seeks the approval of the bridegroom in the presence of two witnesses and some village elders. After this he recites a few verses from the Holy Quran and declares the couple wedded to each other. The Imam is given some money for this religious service.

3.17 Rukhsati: (Farewell):

While men remain busy, the female party gives a display of its skill in singing and folk dances. Divided into two groups they sing in the form of a duet. Sometimes they form a circle and dance and sing in a chorus. This is called "Atan" (Pashto dance). The bride is handed over to the bridegroom's relatives in a solemn ceremony. The bride accompanied by the marriage party is led to a car or bus. The female party sings happy songs and men fire crackers and volleys of shots in the air. On arrival at the village, the village children stop the way by stones or rope to get money from them and then go to the bridegroom's house. After this the bride is made to sit on a decorated cot. All the women hasten to see her face. The mother in law or sister in law take the lead in un-veiling her face and other female relatives follow suit. This is called "Makh Katal" or (showing face). The bride is presented with some money on this occasion. The services of dancing girls and musicians are acquired to entertain the guests. Marriages with widowed sisters in law are common and a brother considers it his bounden duty to marry the widow of his deceased brother. The widow, however, is not compelled to marry her brother in law or anyone else for the matter against her wishes. In most cases widowed women prefer not to marry after the death of their husbands. If she has children, it is thought most becoming to remain single.

3.18 Death rite:

The residents of the study area are very social, humane and friendly. They share each other's joys and sorrows. Their sympathetic behavior can be judged from the fact they give more importance to participation in funeral processions than festive occasions like marriages etc. At the time of someone's death, the elders of the surrounding villages

come to the "Hujra" of dead body to express their sense of grief and sympathy with the bereaved family and the youngsters hasten to the graveyard for digging a grave and making necessary funeral arrangements. The women of the neighborhood also go to the house of the bereaved family carrying articles of daily use such as sugar, gur, wheat, rice etc. and to offer condolences. The lamentation is generally joined by the females of the neighborhood. The burial takes place on the day of death, if the death occurs in the morning, otherwise on the following day. Weeping in the house continues for at least three days but it sometimes continues intermittently for a fortnight or even forty days. No marriages take place among the deceased's near relatives till the first anniversary of the deceased is observed. Only in rare cases marriages take place within a year of the occurrence of death and that, too, with the consent of the members of the bereaved family. Music and jolly activities are avoided for at least forty days. The deceased's family is fed by relatives and friends for three or seven days.

3.18.1 Funeral:

Before burial, the corpse is bathed by the village Mullah or some other old man. The dead body is usually washed in the veranda or in a corner of the house. Some time few candles are lighted at this place in the evening for at least three nights to scare away the evil spirits, and people avoid passing over the spot. The funeral procession is preceded by a Mullah and three or four persons, carrying the Holy Quran on their heads. Friends and relatives join the funeral procession and carry the bier turn by turn. The "Janazay Lamoonz" (recitation of the burial service by an Imam) joined by mourners from all over the area, are offered in the community graveyard and then the body is lowered into the grave which is always dug north to south with its face turned towards the Kaaba. The

Pashtoons consider the payment of “Iskhat” as an essential part of the religious service and a question of their prestige. Even the poor, who can hardly afford two square meals, borrow money for this purpose to vindicate their honor. It is also one of the customs to present on this occasion a few copies of the Holy Quran to the Mullahs of area for “Quran Khwani” (recitation).

3.18.2 Khairat (Charity):

The burial ceremony over some food is served in charity to the poor. This is called “Khairat” or (charity). Rice or meats are cooked in a few cauldrons and the participants in the funeral procession are invited to partake of it.

3.18.3 Draima (Third Day):

The third day of the death is called “Draima” in Pashto or “Qul” in Urdu. The day is observed with due solemnity. The women of the vicinity assemble in the deceased’s house on that day. They pay a visit to the graveyard in the morning lay a floral wreath on the grave and offer Fateha. Meanwhile, friends and relatives continue pouring into the village Hujra for offering condolences. This practice continues at least for seven days.

3.18.4 Salweshti: (40th day of the death)

The 40th day of the death is called “Salweshti” in Pashto. The day is rounded off with “Khatm-e-Quran” (Khairat) and distribution of alms. It is observed on a Thursday, five or seven weeks after the day of death. One laudable custom among the residents of the area is that the villagers take upon themselves to supply meals and tea to the bereaved family for three consecutive days after the death. They also look after the guests of the family in their Hujras. The Pashtoons have an immense love for their motherland. They cherish a

desire to be buried in their ancestral graveyards beside their near and dear ones. In case they die in a foreign land their bodies are brought home for burial. Even on the battlefield the Pashtoons do not leave their dead behind and carry them at a great personal risk.

3.19 Social usages

3.19.1 Lashkar:

“*Lashkar*” (widely known as Lakhkar) is an armed party which goes out from a village or tribe for warlike purposes. The *Lashkar* may consist of a hundred to several thousand men. The Lashkar assembled for Jihad (Holy War) is usually very large. The decisions of a Jirga, if violated by a party, are enforced through a tribal Lashkar. The Lashkar thus performs the functions of police in the event of a breach of tribal law.

3.19.2 Ashar:

“Ashar” can be best described as a village aid programme under which a particular task is accomplished on the basis of mutual cooperation and assistance. At the time of sowing or harvesting the villagers lend a helping hand to the man who seeks their help. They take out their pair of bullocks to plough his fields at sowing time and assist him in reaping his crops at the time of harvest. The man, thus obliged, by the fellow villagers holds a feast in their honour in the evening.

3.19.3 Itbar:

“*Itbar*” which means trust, or guaranteed assurance or is the arch of society, is governed by un-written laws or conventions. All business including contracts relating to sale and mortgage or disposal of property, is transacted on the basis of trust or “*Itbar*”. Such transactions are verbal and are entered into in the presence of the village elders or a few

witnesses. The violation of “Itbar” is considered to be dishonourable act, un-becoming of gentleman and contrary to the norms of Pashtoonwali.

3.19.4 Hamsaya:

The word “Hamsaya” in Persian and Urdu stands for a neighbor but in Pashto it applies to a man who abandons his home either due to poverty or blood feud and seeks protection of an elder of another village. In this way the latter becomes his client or vassal. It is, therefore, incumbent upon the protector to save his “Hamsaya” from insult or injury from any source. In some cases the “Hamsayas” till the lands of their protectors and render them help in other vocations. But it has no marked bearing on the “Hamsayas” social status and they are treated at par with the other inhabitants of the village. Barbers, cobblers, butchers, blacksmiths, carpenters etc. can live as “Hamsaya”

3.20 Social setup of the local Kakar Society :

3.20.1 Family

An attractive feature of the Kakar way of life is the joint family system which signifies their deep love for the family’s solidarity and welfare. All the family members, even the married sons, live jointly in a house large enough to separately accommodate each married couple under the authority of the father who, as head of the family, manages the family affairs and exercises an immense influence in his own domain. All expenses on food, clothing, education, health, birth, marriages and deaths are defrayed from this common fund. The internal management of the household rests with the mother who exercises her authority within her own sphere of influence. The joint family system,

however, is gradually giving way to individualistic trends under the impact of modern influences. It is losing its hold, particularly on educated classes and well off sections.

3.20.2 Respect for Elders:

The Pukhtoon children are taught to show a great degree of respect to their parents and elders. Senior members of the family, particularly elders, command great respect. Parents are properly and reverently looked after in old age and every effort is made to provide them with all possible comforts. There is a famous Pashto maximum that “Paradise lies under the feet of the parents” and Pukhtoos true to their faith leave no stone un-turned in obtaining their blessings. It is generally believed that parents’ curses bring sorrows, miseries and hardships. The elder’s opinion prevails in all important matters. “Kashars” or youngsters of the community rise from their seats as a mark of respect when an elderly person enters the “Hujra”. Youngsters are normally not expected to talk or laugh loudly or smoke a cigarette or take snuff in the presence of their elders. Even in tribal “Jirgas” the younger members of the village are not allowed to speak. Everything is left to the discretion of their elders.

3.20.3 Manners:

The residents of the study area have several ways of greeting and salutation. Strangers passing on a road or thoroughfare exchange courtesies such as “Starrey ma sey” (May you not be tried) and ‘Pa khair raghley” (welcome). This is answered by “Khudai de mal sa” (May God be with you). The people usually embrace their friends and relatives when they meet them after a long absence and warmly receive each other by a hearty handshake. A visitor entering a village Hujra is greeted with the traditional slogan of “*Har Kala Rasha*” (May you always come) and he replies “*Har Kala ossey*” (May you

always abide). Friends while parting commit each other to the care of God by saying “Pa makha de sha” (May you reach your destination safely), and “Da khudai pa aman” (to the protection of God). If a man suddenly appears at the time of conversation between some or more persons about him, they immediately exclaim “Omar de ziyate-she Oss mo yadawalay” (You have a long life, we were just talking about you). The people very often use the word “Inshaallah” (God Willing) “Ka Khudai to manzura wee” “Ka Khair Wee” (if all goes well) when they promise to accomplish a task at a particular time.

3.20.4 Religious life:

The people are punctilious in offering their daily prayers and observance of fast during the month of Ramazan. Writing about the devotion of Pashtoons to their religion, Major H.B. Edwards says, “*whatever occupation they might be engaged in, whether business or pleasure, it was always interrupted at the hour of prayers*”. Each Ziarat village has a mosque in which a “Mullah” or “Pesh-Imam” leads the daily prayers and imparts religious education to the village children. The “Mullah” is served free meals and he receives “Zakat” and alms from village folk. Alms giving is specially resorted to during adversities and food is also served to the poor. On the occasion of Eid, Muharram, Shab-e-Barrat and certain other religious days rich food is prepared to invoke the blessings of Allah. The holy men, Saints, Syeds and Mullahs are held in deep reverence. They give amulets and charms to the people which are considered to be antidote to illness, disease, calamity and evil influences. They are shown utmost respect and their hands are kissed in acknowledgement of their piety. The practice of “Piri-Muridi” (Teacher-student relation in Sufism) is also common. A “Pir” or religious preceptor guides his “Murid” or disciple in his spiritual progress.

3.20.5 Shrines:

Being orthodox Muslims with strong religious susceptibilities the people hold holy men and their shrines in high esteem. The devotees pay frequent visits to shrines which are in the village graveyard and enter the precincts bare footed and entreat the saint's blessings for the restoration of falling health, wealth and success in certain other ventures. The more a saint enjoys reputation, the more his tomb attracts devotees. Certain "Ziarats" (Shrines) have a special reputation for the cure of specific ailments and credited with certain other virtues. The visitors and devotees, particularly women bring back a handful of salt or "gur" which is believed to be a cure for illness. For Muslims, Friday is a sacred day and visits to the shrines are paid on Thursday or the night preceding Friday. The trees around a shrine are never cut and the birds enjoy complete safety. The devotees attend these gatherings annually for two days in large number and engage themselves in "Zikar" or religious meditation.

3.20.6 Tobay Westal:

After a persistent dry spell when drought conditions prevail, the people of the villages headed by the "Mullahs" come out to the fields and offer prayers, at least for three consecutive days. This is called "Tobhay Westal" or supplicating God for rain.

3.20.7 Hujra

The *Hujra* which represents the sociable character of the Pukhtoons is a useful institution and it plays a pivotal role in their daily life. It is a centre for social activities as well as a Council Hall for the settlement of family and inter-tribal disputes. It is used as a male dormitory where bachelors of the village sleep. It is a guest house where guests are

jointly entertained by village folk and a community centre for betrothals, marriages and social functions. Even condolences are offered in the *Hujra* on the demise of a person and here sympathy is expressed with the bereaved family. “The guests and strangers are fed and sheltered free of all charges in the village *Hujras*”.

3.21 Social Institutions:

There are two social institutions in the area (1) Jirgah (2) Levies. In both institutions, the local inhabitants of the valley are the members.

➤ **Jirgah (Council of elders) :**

The Pashtoons are mostly very democratic, and instead of being usually under a common leader, choose a leading man in each minor groups. Each clan is therefore a separate entity, and in matters affecting their welfare, the members of the clan are generally guided in their view by Jirgah or council of elders of each clan.

➤ **Levies:**

Levies is another institution which resolves disputes even arrest the accused, maintain peace and order in the area and does the official work relating to “*Zakat*” and “*Usher*”. levies consist of Rasaldar Major, Jamadar, Dofidar, and Howaldar. Levies controls accidents and thefts, its members at night walk on the roads and maintain law and order. The areas in which police is active are called “A” areas and where police are not active are called “B” areas.

3.22 Ways of achieving power :

Following are three kinds of ways to achieve power:

3.22.1 Kinship relationships:

Kinship relations also enhance a person's power and influence. Influential persons try to give their daughters to influential persons outside of the clan for alliance and within the clan for solidarity.

3.22.2 Numerical strength:

Numerical strength particularly of males is also an important factor of gaining power in the village; the families having more male members are regarded as more powerful.

3.22.3 Wealth status

The basic tool for acquiring power and influence is wealth. The wealth holding is not considered as good as desirable but spending of wealth and the show of wealth are considered important.

Table :3.2 Occupation of the people

Occupations	No of People	Percentage
Govt servant	8	8.7 %
Trader	5	5.5 %
Transporter	2	2.2 %
Agriculturist	76	83.6 %
Total	91	100 %

3.23 Occupation of the people

Agriculture is the major source of income .84% people of the study area income is from agriculture, because every one has land, and access to the water is also too easy, That's

why every one is attaché with agriculture, some government servant, transporters are also in the study area but the main source is agriculture.

3.24 Pukhtoon code of life (Pukhtoonwali):

I would draw a comprehensive picture of Kakars, who being Pukhtoos, and having seminary lineage system are forced by circumstances to endless relations of opposition, contempt and hostility. At this point I would like to say that each society has its own code of life, which are the basic principles of the social organization of the concerned society. Every member of the society is, therefore expected to follow some social rules and avoid others.

Kakars have their own code of life called “Pukhtoonwali”, and every member of the society who wants to live as an equal member of the society must follow this code of life. Man who does not act upon these focal rules has, in local thought, no right to call himself a Pukhtoon.

The important points of “Pukhtoonwali” are *Mailmastia* (hospitability), *Nanawati* (refuge), *Badal* (Revenge), *Wafa* (Loyalty), *Path Nang* (honor, courage and *Purdah* (seclusion).

3.24.1 Mailmastia (Hospitability):

Every man in the hospitable is respected. Every one, therefore, tries to how himself as “Mailmapal” hospitable or “Sakhi” (generous). There are many myths and legends about the generosity and hospitality of the families. However left their wives and gave up their homes for their guests. But God blessed these people with better than they had

previously; they very sadly express their feelings for those persons, who according to them no longer exist in the society. Their “Kasay” (cooking pots) according to them were always full for guests.

Hospitality is thus, used as a validation for greatness in the present, and those families who consider themselves as “Syal” to each other and wish respect must continue to offer hospitality. Malik of the Valley, therefore always give a big share to the Molvi of the area, Taliban (the religious students), “Faqir” (beggars) and passengers. Most of the villagers have cows, or goats who give milk, cheese or ghee to have nots. Those who serve more guests are considered as “Naik Bakhta” (lucky). Whenever a guest comes he/she is requested to stay for more and more days. A guest is never asked about the purpose of the visit until he is given or served food. It is shame for any person if a guest goes from house without taking food. If someone has a demand from the host he refuses to take food until the host accepts the demand. When the guest reaches the host’s home all the male members of the family comes out of their house in his respect and then all of them sit with him in “Baitak”. A chicken or in some cases a sheep is slaughtered in his respect. After the food is cooked and served, now the guest is asked again and again and encouraged to eat more food. Although the more the guest eats, the less remains for the host and his family. After the meal black tea is presented with sweets. At last the guest is given the best bed at night for sleeping though the people are very poor to afford more guests. But if a “Mailma” (guest) is taken by another one to his own house from the initial host, this is considered as insult for the host and this insult can cause feud between the two hosts. There is no other idea behind the sincere generosity and hospitality is to

avoid “Paighor” (scheme) and become equal or superior to the other members of the society. They always compare their hospitality and generosity with one another.

3.24.2 Badal (Revenge):

Revenge is one of the basic codes of Kakars life. One who fails to take revenge is considered as non Pukhtoon as he has not competed his rival which means he has not done “Syali”. And it shows his inferiority to his rival and he therefore is neglected by all the members of society and considered as “Nasyal”. He faces “Paighor” (shame) of the society. This “Paighor” compels him not to let any person injure, him, harm him, hate him or meet in a hostile manner. He should respond in the same manner. No one in the society is considered as above revenge. The punishment of state even cannot spare the guilty from revenge.

If the quality is left alone he only is responsible for the case but if he is sided and favored by his agnatic relatives, as it is mostly seen, then the whole group or segment is responsible for the guilt and the revenge may be taken by any one of the segment.

There are two ways, which can save the guilty from revenge

If a Jirga sits and solves the matter by making the person agree on taking money, arms and sometimes girls from his enemy, as remedy for the damage as these things are related to shame so his revenge is compensated there and is given an apology. The guilt himself goes to the house of his enemy and asks for apology. Thus he shows his weakness, which makes him unequal to his enemy and becomes “Nasyal” this is called “Nanawati” which means weak and it is not right to do Syali with Nasyal.

3.24.3 Nanawatai (Refuge):

“Nanawati” (giving refuge) is the compliment of the hospitality. Every person giving refuge to some one tactics to fulfill his “syali” in this context so that he may become equal to other ones in the society failing to give protection to his “Nanawati” can harm his power and honor before the society. In “Nanawati” the idea is also linked to the guest – host relationship, but here the host is not just provider but also a protector. The guest is not only given food and house but also a safety for his enemy. Nanawatai is given to any person regardless of his tribe, religion and language. The honor of the guest (Nanawatai) becomes the honour of the host. The guest therefore is protected from any kind of harm, injury, murder or insult. One can also become Nanawati even in the house of his enemy and seeks apology in this case. The host is obliged to give him apology in very serious matters like murder or tor. Even women of the murdered or Tor¹ go as Nanawatai to the house of their enemy and beg for apology. A request from a woman would be extremely dishonorable “*Baighairatai*” and “Nasyali” to ignore.

3.24.4 Pardah (Seclusion):

Pardah (wearing of veil) is observed in the area strictly. There are certain social sanctions that the female should cover their heads with “chadar”. Talking to strangers and smiling to them is not considered good. They are not free to roam in the area openly. They cannot work and participate in the valley functions together. The women of the valley do not

take part in all the social and economic functions of the valley, except in certain rituals in which only women of the valley participate exclusively.

Seclusion of women is a matter of pride and honor. It is close to every one's heart. One who fails to protect or cover his women is considered as Baighairat (without honor).

Women are not allowed to work outside the compound. She is considered as the part of house, which should not be separated from it. They say:

“The Shazay zai lakor di la gor”

(The place of woman is either home or grave)

She goes outside home on special occasions like attending a marriage party or going to a doctor (if the case is serious). She cannot go to a doctor without a male. The HB, HF or WB² will go with her but husband can not go with his wife. He even can not speak to his wife in the presence of other family members until they grow old. Husband and wife cannot call each by their names. The terms of reference and address for wife are either “Kor Wala” (of the home) or “kushniyano more” (the mother of children) while husband is termed as “kushniyano plar” (the father of children). There these terms cannot be used in the presence of others. As they try to avoid each other in the presence of others so that the seclusion may not be effected. A woman if found speaking or revealing her face to an outsider is liable to be harshly beaten by her husband.

Woman is kept sub-ordinate. She even cannot go out on the above mentioned special occasion without the permission of male. If she is labeled as guilty of “Tor”. She must be killed by her relative because according to them it damages their honor if she is left alive,

and people might give them “Paighor” at public places. Thus, who has kept more restrictions on his females in the matter of Pardah is more respected. They therefore try to do it more than one another.

3.24.5 Tor: (A person who is found guilty of illegal relations):

As has been suggested earlier that Pukhtoons are sensitive about the honor of their women folk and slight molestation of the women is considered a serious and an intolerable offence. If a Pukhtoon discovers that a particular person is carrying a relationship with any female of his house, then he neither spares the life of the female nor that of her seducer. Both the man and woman are put to death according to the customary law and this type of dishonor, abuse and insult is wiped out with the blood of the culprit. Besides adultery, death penalty is also prescribed for (elopement) (To run away with somebody in order to marry) which also falls under the purview of “Tor”. In cases of “Tor” murder is not accounted for and the woman relatives are justified by the local law to kill their female relation as well as her paramour. Otherwise the matter remains “Paighor” (reproach). “Tor” has two aspects. If a woman is criminally assaulted and raped by force by a man with whom she had no previous illicit relations, then the woman is spared because of her innocence and the guilty man alone is put to death. The accused is handed over to her parents, or her husband, if she is married. If the culprit’s family refuses to hand him over to the “Jirga” or the relatives of the violated woman, then the adulterer’s family is forced to abandon their village and seek refuge outside tribe limits. In such cases the relatives of the woman have a right to wipe out the insult by killing the accused himself or his brother or father. Not only the husbands but even brothers consider themselves bound to wipe out the insult. The second aspect of “Tor” is that if

the infidelity of a woman or the alleged involvement of adultery of both male and female is proved, then both are put to death. It is because of such deterrent punishment and ignominious death that both the sexes are not indulge in fornication.

3.24.6 Path and Nang (honor and courage)

The two principles of Kakars life is completed on the basis of Syali. Those who are not courageous or are not able to protect his honor in relation to other do not have the right to call him Pashtoon. Every one in the society is expected to protect his honor and to show courage i.e. not to bear insult in any form like abuse, speaking against him in his absence. They even cannot bear the straight looking of person with whom he has not a good relation .the person who has courage is called “Nangyalai” and without courage is called “Baynanga”. Nangyalai must be able to protect his honour it means he must also “Pathman”. Who can protect honor. “Baypatha” cannot be “Nangyalai”, when he is “Nangyalai” he is also honourable. Nang and Path are therefore the two important pillars of code of life and every one must follow it if Kakar has to become the “Syal” of others.

Chapter # 4

Socio-Economic Feature of Respondents and treatment preferences

4.1 introduction:

This part of the thesis mainly deals with the perceptions of villagers about some specific diseases commonly found in the village. It also includes discussion on the existing position regarding mode of treatment in study area. People in general conceived disease and illness differently as compared to a doctor.

According to Foster,s definition of Illness “ it is the social recognition that a person is unable to fulfill his normal roles , adequately, and that something must be done about the situation .¹²

In the same way natives also define illness in terms of one’s inability of performing one’s role in this particular society. Foster has provided two categories of disease etiologies found in non-westren societies which are “personalistic” and “naturalistic systems”. Foster’s first category of cause of illness (personalistic system) holds in this society as the people include God’s will or God as “ supernatural force” ,, spirits, nonhuman being and human being through their involvement in Jado and evil eye as the cause of Illness while the second category of illness causes (naturalistic system) is applicable to a limited extent. As it is only confirmed by the idea of natives regarding environmental severities. But there is no concept regarding the balance of basic body elements in this society. Psychological category mentioned by the natives in which they nclude worry and unhappiness as a main cause of illness does not fit in the either

¹² Foster Anderson , (1978) Medical Anthropology , 42-43

categories mentioned by Foster. Thus his categories of causes of illness is applicable in this society partially

They made evaluations primarily in terms of their own direct experience. In the village Nivgi vialla perceptions of the inhabitants mostly depend upon their belief system and is deep rooted in religion. Their beliefs are transmitted through generations and are based on tradition rather on current knowledge of medicine.

Landy he name “ehnomecine” to the traditional ways or folk ways of treating disease. According to him; ethno medicine is related with those beliefs and practices relating to diseases which are the products of indigenous cultural development and are not explicitly derived from the conceptual framework of modern medicine. For rural people medicine consists in these cultural practices, methods, techniques and substances embedded in a matrix of values, traditions, beliefs and patterns of ecological adaptations that provide a means for maintaining health and preventing disease and injury in members.¹³

Some diseases are believed to caused by the active, purposeful intervention of a sensate agent, who may be non-human being (such as ghost or evil spirit) of human being witch sorceress, the sick person literally is a victim, the object of aggression of punishment, directed specially against him for reasons that concern him alone. Native believe that illness is a punishment for wrong doings or misconduct and sins of ones parents and forefathers. Punishment against disobeying the moral values often caused sick behaviors and for that sensate agents (ghost or evil spirit) took possession of the body of victim who

13 Landy David, (1977) , Culture Disease and Healing , 55

had committed the sin. People of the village also believe that some time evil spirit or ghost took possession of the body for the sake of taking revenge against the action of the victim, who is supposed to pay damages to these creatures. This type of sickness caused by supernatural beings is usually called spiritual sickness.

It is believed that such type of sickness is only curable by spiritual healers such as pir or moulvi sahib and therefore, it is not necessary to take the patient to a doctor. The native people do not diagnose such type of diseases.

Inhabitants of the village believe that such diseases have unexpected and immediate beginnings. Spiritual healer treated them with taweez or Dum.

Three types of taweez are given:

- a) A taweez is tied around the neck,
- b) A taweez for drinking,
- c) A taweez for burning which is called "toof" in the native language,

For some types of disease patient is removed to Shrine (Ziarat) of saint for prayers. A piece of cloth is knotted on the tree near the shrine by the patient, or the patient moves around the grave of the saint. In such a way a "Mannat" is committed. Sweet eatables (sheerni) are given to the sick person and also to the people around the grave with a view to become healthy. It is also distributed after the fulfillment of a "Mannat".

Other type of treatment is known as "Koodi" which is performed against some superstitious disease. It is a non-medical action, which is presumed to harm a healthy person or particularly to harm an enemy and to achieve health or prosperity. It does not involve the eating of any kind of medicine. Whereas "Koodi" involves certain medicine

of indigenous type or eating of certain things which are said to have a magical effect on healing. It is seen that home remedies carry on initial treatment for physical diseases. It is more common in lower income group. About four to five days they use home remedies, then the patient is either taken to a hakeem or to traditional and religious scholar (pir or moulvi sahib).

In study area mode of treatment for diseases depends on the perception of native people about these diseases. In the case of spiritual sickness, the sick person is taken to the religious healer. For physical sickness the traditional (herbal) medicines and modern medicines (in very rare) are used. It is seen that both types of treatments are used simultaneously. The person who has no pain in the body is considered the healthy person,

4.2 Socio-Economic Characteristics of the Respondents:

I conducted 180 interviews in my study area. Most interviewees were uneducated. Few were educated. Five old women were also interviewed; I have characterized them in the following way.

4.1 :Age of Respondents

S.No	Age	No of Respondents	percentages
1	20 _____ 25	16	8%
2	25 _____ 30	14	7%
3	30 _____ 35	19	10.50%
4	35 _____ 40	14	7%

5	40 _____ 45	16	8 %
6	45 _____ 50	20	11%
7	50 _____ 55	24	13%
8	55 _____ 60	23	12.50%
9	60 _____ 65	18	10%
10	65 _____ 70	16	8%
11	Total	180	100%

1 Age of Respondents :

My majority of the respondents are from old age, because old age people are very well known about old mode of treatment. They are still using this mode of treatment on waste bases. They have also very important role to decide that what kind of treatment should be give to the patient. Youngsters and middle ages people are also my respondents but they know very less about traditional mode of treatment, that's why researcher focused the aged people in interviews.

4.2 : Occupation of Respondents .

S.No	Occupation	No of respondents	Percentage
1	Government servant	5	2.7 %
2	Trader	4	2.2 %
3	Transporter	2	1.1 %

4	Agriculturalists	128	71.1 %
5	Elder of the Family	35	19.4 %
6	Students	6	3.3 %
7	Total	180	100 %

2) Occupation of Respondents :

The area, where I conducted my research, is agricultural area . that ,s why my majority respondents occupation is agriculture. Agriculturists people very less go to outside of the village or city, that's why they do not change very easily. In case of treatment they are still attach with their old mode of treatment . Although some government servant , traders and transporter are also my respondents but they are very few.

4.3 : Income of Respondents

S. No	Annul Income	No of Respondents	Percentages
1	40000 ____ 60000	43	23.8%
2	60000 ____ 80000	35	19.4%
3	80000 ____ 100000	32	17.7%
4	100000 _____ 200000	24	13.3%
5	200000 _____ 250000	19	10.5%
6	250000 _____ 300000	16	
7	300000 _____ 500000	11	8.8%
	Total	180	100%

3) Income of the respondents:

Some respondents who were like government servant or others they have fix monthly income. The income of agriculturist is not fix it is dependent up on weather, rain. It is vary from year to year, they seasonal income. If we look the table there are big difference between upper and lower income groups. I have taken out last annual income of each my respondents family which are followings

4.4 Marital statuses of the respondents:

S.No	Marital statuses	No of respondents	Percentages
1	Married	162	90%
2	Unmarried	7	3.8%
3	Vidove	9	5%
4	Divorce	2	1.2%
5	Total	180	100%

4) Marital status of the respondents:

My most of respondents are married, local people conduct the marriage in teenage of the boy and girl, that's why most of them have experienced traditional mode of treatment with their children. Especially female have good experience of home remedies. Home remedies are very common mode of treatment in the study area. My some respondents are unmarried but they have very less knowledge about traditional mode of treatment, because they do not have the children to experience diseases and different mode of treatment.

4.5 : Education of Respondents .

S.No	Education	No of respondents	Percentage
1	M.A pass	1	0.5%
2	B.A pass	2	1.1%
3	Intermediate pass	7	3.8%
4	Metric pass	12	6.6%
5	Middle pass	10	5.5%
6	Primary pass	22	12.2%
7	Religious education	8	4.4%
8	Uneducated	118	65.5%
9	Total	180	100%

5) Education:

As we discussed above, that very few people are educated of the study area , my most respondents are uneducated. They usually use the traditional mode of treatment. Some educated people are also my respondents but most of them are primary passed,. There is little difference between these primary passed respondents and uneducated respondents. M A passed and B. Passed respondents have different opinion about illness and their treatment.

4.6: Respondents contact with media,

S.No	Nature of Media	No of respondents	Percentages
1	TV dish Antenna	8	4.4%
	T V	13	7.2%
3	Radio	123	68.3%
4	Newspaper	15	8.3%
5	Not related with media	21	11.6%
6	Total	180	100%

6 Respondent's contact with media:

Media plays very important role to aware the people about different issues of life. very few People of the locale are attach with screen media , because screen media is not considered good among the native people , just eight respondents are watching Dish antenna and thirteen respondents are watching T. V . Many of them are listening Radio just for news. Some fifteen educated people are reading Newspaper; they read the Newspaper in city because Newspaper does not come in the village.

4.3Local perception about health and illness :

This chapter deals with local perception of health illness and causes of illness. The special focus here will be on disease etiology . its important to know about thses concepts because they influence health and preference of treatment mode .

According to Skultans “ in every society , there exists a body of beliefs and concept with regard to the nature of disease and its treatment. One common feature however is there close integration with the other institutions and organizations of society. Cultural patterns

and religious, beliefs economy and normality, social values and medical beliefs are all found together to form the health culture of a community.¹⁴

4.3.1 Local perception about health :

Skultans defines health as “ A healthy man is one in whom all the doshas vata , pitta and kapha are in equilibrium , whose power of digestion is normal, the tissues of excretions of whose body are normal as well as soul, sense and mind are in full vigor”¹⁵

Following table represent the different views of the inhabitants of the village about good health .

Table 4.7: perception of good health

S.No.	Perception of good health	No of Respondents	Percentages
1	Having no illness	43	23.4 %
2	Having no pain	88	48.8 %
3	Having no worries	8	4.4 %
4	When a persons is able to do work	41	22.7
	Total	180	100 %

¹⁴ Skultans, (1978) the management of mental illness among Maharashtra families, 17 -18

¹⁵ Skultans, (1978), the management of mental illness among Maharashtra families, 35

From the above table it is clear that about 44% people perceive health having no illness. About one third think a person is healthy until he is above to work.

In comparison to these views Foster refers person who define health as: “ A state when there is no pain and worries and a person is capable to carryout hi daily routine work efftetely.

4.2.2 Perception of illness:

Illness is a condition of the body in which there is a less of normal health. The mere presence of an abnormally is insufficient to imply the presence of disease unless it is accompanied by ill health. The word disease is therefore synonymous with ill health and illness. Disease and illness are viewed as distinct theoretically

Foster refers to Easel who differentiate between illness and disease as : “ illness as what patients feels when he goes to the doctor and disease to mean what he has on the way home from the doctor offic .

The following table represents the different views of the people of the village of research about concept of illness :

Table 4.8 : perception of illness

S.No.	Perception of illness	No of Respondents	Percentages
1	Inability to do work	87	48.3 %
2	Lack of appetite	15	8.3 %
3	Weakness	27	15 %
4	Ailments	22	12.2 %
5	Looking pale	29	16.1 %
	Total	180	100 %

The definition of illness given by local people is almost the opposite of their definition of good health. Their illness perception can be summarized in the following way . “ A state in which a person has weakness, lack of appetite and inability to do his daily work “.

I conducted 180 interviews in my study area. Most interviewers were uneducated. Few were educated. Some women were also interviewed, women and uneducated people have the same perception, but educated people have different perception about some diseases.140 native uneducated people and 10 women’s perception about diseases.

4.3 Disease, causes and treatment

Table: 4.9: Diseases, Causes and treatment

S.No	Local name of diseases	Causes of the diseases	Treatment of the diseases
1	Margai parai	Bad look of evil eye	Spiritual healing
2	Shana Ghara	Spiritual disease	Spiritual healing
3	Bala walai	When ghost are hurt by some one	Spiritual healing/remedies
4	Bomai	due to sin	Spiritual healing
5	Gozane/ableej	Due to sin	Spiritual healing/home remedies
6	Nazar	Evil eye	Spiritual healing
7	Kawsakai	It comes once in life	Spiritual healing / home remedies / Hakeem
8	Margharai	Due to eating hard food or over eating	Hakeem /home remedies
9	Noo wathal	Due to left up heavy weight	Spiritual healing like shrine
10	Thoor zharai	Due to sin	Spiritual therapy
11	Zigar khathal	Due to cold	Remedies/ Hakeem
12	Zakham/injuries	They think on reasons	Remedies/doctore
13	Ear Ache	Infection in the child ear	Remedies
14	Kidney pain	Stone in kidney	Remedies/ Hakeem

Disease No.1 “Margai parai”

Perception:

People of study area take ghost as the spiritual disease due to the possession of the evil eye or ghost (jin). According to them this disease is mainly attributed to children. Elders may also suffer from this disease, if it is not cured at the initial stage. The patient

suffering from this disease feels breathing problems, and does not sleep well, and loses weight.

Treatment:

People of the study area do not believe in the treatment of this disease by the doctors or by quacks. They do not use home remedies for the treatment of this disease. They preferred to go to a spiritual healer for the treatment. The patients wear a silver string in his neck or tie a thread having four or five knots around his neck. The moulvi sahib do Dum or the thread and ties knots.

According to the mother of a child, who is suffering from this disease, when this disease is diagnosed, she commits a “Mannat” and ties a silver string with his neck for few years. The number of strings increased year by year, till the child is cured.

Disease NO. 2 Shna ghara (child disease)

Perception:

According to the people it is a spiritual disease usually children suffer from this disease, but it is prolonged if it is not treated at initial stage. It is a dangerous disease, and some times it causes death if it is not cured properly, the boy of the patients suffering from this disease becomes green or blue and body weight is reduced readily. They believe that this disease comes to every child once.

Treatment:

People believed that doctors did not know about this disease. According to them the patients are cured by the home remedies and spiritual healing for the time being, but after some time they again suffer from this disease.

There are two types of taweez or the treatment; one for the drinking and the other is tied around neck of the patient. They are shown in the figures. They also use home remedies for the treatment of this disease. It is crushed and is eaten with sugar by the patient.

Disease NO.3 “ Bala walai

Perception:

Bala walai is a spiritual disease caused by the possession of ghost (jin). According to the people when the supernatural beings such as ghost are hurt by some one, then they enter into his / her body and give punishment to take revenge. Symptoms of this disease are childlessness, menstruation problems etc.

Treatment:

People believe strongly in the spiritual treatment for this disease. They go to a spiritual healer, and spiritual healer gives two types of taweez to the patients, one is tied around the neck and other is for drinking. The patient also eats a mixture of fennel seeds(sonf) mint(podina) . This is a home remedies, which is used by or suggested by the grand mother or any old lady of the family.

Disease No 4 Bomai

Perception:

People perceive it as a spiritual disease, because a spiritual healer only cures it. It is a skin disease. Boils grow on the body, and when the disease reaches at its peak, and then pus runs through these boils. Patient feels pain in his body, and suffers from fever also.

Treatment:

People believe that the doctors can not cure this disease. They perform certain toona and totka, with the help of a spiritual healer. The spiritual healer asked the patient to bring the

dung of brown buffalo and performs Dum. Small balls are made up of this dung. This dung balls are then put on each boil, until the water of these balls enters the boils. They repeat this procedure minimum for 3 weeks and maximum for 7 weeks and then patient is thus cured. The treatment is not over at this stage, but they perform certain other things, such as, they do not throw these dung balls, but paste them on the walls of barn to prevent them from sunlight and rain. When the dung balls become dry, they are burned in fire. It is believed that if these balls are not dried and are not burned, the patient cannot be cured. After the removal of dung balls from the boils they paste butter with buttermilk mixed with amalgam. This repeated for three or seven days.

Disease No 5 Gozane/ Ableej

Perception

People of this village believe that this disease is also a spiritual disease, which is cured by a spiritual healer, only. It paralyzes human body disease. Patient can not move his body organ which is affected by the “Ableej” this disease comes to mostly aged people.

Treatment;

According to the people of this village that allopathic medicines are not effective or healing. Patient goes to spiritual healer for the treatment of this disease. The pir asked the patient to bring 7 thorns of any type of berry (berry na kanda) and rub on the infected part. They repeat this for 3 to 7 days, and then these thorns are burnt. If they are not burn, the person again suffers from this disease because these thorns become sacred after Dum.

Disease No 6 Nazar(child disease)

Perception:

People of study area perceive it as a spiritual child disease. According to them when a child across a junction of four roads then that child is possessed by an evil eye which is called “nazar” in the native language. Due to this disease child weeps continuously and does not drink milk of her /his mother.

Treatment

The mother of the child performs a Toona, According to which she burns the soil of the junction of four roads (from where child has passed) with near (a herb) few hair of the tail of cow. After performance of this act the child is cured.

Disease No. 7 Kawsakai (child disease)

Perception

According to the people of the village moles of black or dark brown color appeared on the body skin, to which they call as: kawsakai” this is a child diseases. They believe this kind of disease comes one in each individual life.

Treatment

People believe that spiritual healing and home remedies are harmful for treatment of this disease. So they seek help of the shrine of for the treatment. Patients take three rounds of grave of shrine. They also wash these moles with sacred water of the stream shrine water .

Disease NO 8 Margharai

Perception:

According to the inhabitants of the village “Marghari” is a throat disease. Allopathic therapists call it Tonsils.

Treatment:

Inhabitants of the village believe in the spiritual healing of this disease. According to them it is better to use home remedies for the treatment. They also perform certain “Toona” and “Totka”. Patients go to the religious scholar (imam of the masjid) for the treatment of tonsils. He blows Quranic verses (Dum) on the piece of wool, and dips it in the mustered oil. Then this piece of wool is rubbed on throat. After this it is tied with the neck and remained there till the piece of wool has become dried. At this stage the patient is cured.

Disease No 9 Noo Wathal

Perception

People perceive it as a throat disease, which can be cured only by the spiritual treatments or therapies.

Treatment:

For the treatment of this disease people of study area visit to the shrine and rub soil of grave on their throats and are cured.

Disease No 10 “Thoor zharai

Perception

People perceive sarthan as a throat disease. According to them doctors name of this disease is cancer.

Treatment:

Some people provide both spiritual and doctor treatment but mostly believe only in spiritual therapy for the treatment of this disease. For the treatment people rub soil of the grave of shrine on infected part, and are cured. They give some “pokh taweez” which slow and gradually treat the patient.

Disease No 11 Zigar khathal**Perception:**

People perceive it as a physical disease because they know causes of this disease. Severe cold is one of the major causes of whooping cough.

Treatment:

According to their perception, it is better to use home remedies for the treatment of this disease. They use following treatments frequently.

- i) They eat burned grass hipper with sugar.
- ii) They drink water of a banana tree, which flows from the broken branch of the tree.
- iii) They eat the mixture of crushed peel of pomegranate and sugar. Treatment:

They believe only in spiritual therapy for the treatment of this disease. For the treatment people rub soil of the grave of shrine on infected part, and are cured

Disease No 12 Zakham (Injuries)**Perception:**

According to the people, there are two types of wounds, simple wound and septic wounds. They have strong belief in various home remedies for the treatment of these

injuries. According to them it is wastage of money on the use of expensive allopathic medicine for the treatment of injuries.

Treatment;

People use the following home remedies.

- i) They paste Mobil oil on the minor wounds and on boils also.
- ii) Paste of crushed finale tablets is also pasted on the septic wounds.
- iii) Wounds are also washed with human urine to avoid septic in wounds.
- iv) Burn cloth ashes are also put on the injuries for stopping blood.

When injuries are too serious they use moderen medicine as well.

Disease No 13 Ghowz kharish(Ear ache)

Perception:

People call this disease also as a physical disease. It is caused due to any wound or due to insect bite etc.

Treatment:

They use home remedies for the treatment of earache. Such as soil extracted from “aunt hill” is mixed with water and some paste is prepared, which is rubbed near ear (out side the ear).

Disease No 14 Badogi dabara (kidney pain)

Perception

People of the village call it a physical disease. According to them kidney pain is due to stone in kidney;.

Treatment:

People use self-medications for the treatment of kidney pain

- i) The crop sac hen is sundries and crushed. Then this mixture is eaten by the patient
- ii) A type of potherb (sag) is boiled and then juice is drunk by the patient.
- iii) People of the village also use various types of pot herbs for the treatment of tooth ache, stomach pain, digestive problems, Diarrhea, fever etc
- iv) From the above explanation of perceptions about diseases and their treatment it is clear that inhabitants of study area clearly differentiate both physical and spiritual disease. They use spiritual and self medications for both types of diseases.

4.4 Comparison of traditional and traditional healing system:

4.4.1 Traditional healing system

In research locale people have developed certain traditional practices of healing and curing, which they received from their forefathers, locally that mode of treatment is called "korani illag". Traditional mode of treatment is almost invariably indigenous and tradition which include utilization of home remedies and folk healers.

Denton says; all the home remedies, rituals, and forms of treatment used by lay persons to care for their own illness.

indigenous mode of treatment can be subdivided into two parts which are followings

1. Self medication (home remedies)
2. Folk healers :including religious healers.

1 Self medication:

This type of treatment consists of certain activities performed at the house hold level. In local language it is called koranaï illaj these are mostly used by women for the treatment of minor illness like flu, cough , fever diarrhea etc. local people are very much familiar about home remedies. Actually home remedies consists of preparation of certain food items and usage of herbs brought from market or in some cases planted at homes. Food items used to prepare home remedies are easily available at home such as milk, eggs, Nuts, tea etc. this kind of treatment of home remedies is adopted for minor illnesses as mentioned above. As it has been discussed that females play better role in home remedies that is because they are considered responsible and quite expert in the preparation of such medicines. In winter milk and eggs are given to people who are ill in order to provide them with energy and develop immunity against the illness. People have the perception about home remedies that raw materials used in their preparation are pure and without any chemicals. Moreover one remedy is effective for more than one illness. Natives even expressed at large that they have experienced these home remedies since generations. It is believed that as these remedies purify the blood therefore they cure the illness from the root. Mostly old women prefer to use these home remedies.

2 Folk healing system:

Folk healing is an important traditional mode of treatment in the Nivigi villa. There are several healers in the village who specialize in certain disorders. These folk healers are most often sought out because they are considered as having special healing knowledge and skill. Actually these healers are part of one culture and learn about healing from their elders.

As Denton says . At some stages of illness, however, the ill person may seek help from others, such help may be from a family member from a community member who has special knowledge in folk medicine and home remedies or from one of a number of medical practitioners working in our society.¹⁶

professional healers :

These healers rely on this profession and they don,t have any other earning profession . folk healers can be categorized in the following groups.

1.Traditional Birth Attendant

According to the definition of W.H.O a traditional birth attendant is a person who assists the mother during child birth and initially acquired her skills by delivering babies herself or through apprenticeship to other traditional birth attendants.

In research locale there is only one traditional birth attendant locally called Dai. She is illiterate she assists the mother and baby at the time of birth , she also gives advice during pregnancy and after delivery. Women of the village also consult her about infertility. Some times she receives her dues in form of cash and some times in gifts.

2.Hakeem :

There is one Hakeem in the village that is very popular in the village and surrounding villages. His name is Haji Akber 55 year old. He is primary pass. He acquired the knowledge from his father. He started his work in 1985 after the death of his father. Most of the old people of village prefer to visit this Hakeem in case of illness.

Religious healer:

¹⁶ Denton, (1978) Medical Sociology 69

When natives perceived illness due to supernatural causes, then it is usually handled by religious healer. According to Denton; the connection between religion and medicine is long and complex one the linkage has been closer at some times than at other in past history, and is closer in some societies than in others at the present.¹⁷

Religious healing involves in two ways .

1 visit to religious healer

2 visit to shrines

1.visit to religious Healers

In the research Local people have very strong belief in religious healers. In this village there are two types of religious healers which are contacted at the time of illness

2.Moulvi :

Apart from leading five times prayers Moulvi also provide guidance to the people about daily affairs. Besides solving their religious problems Moulvi also address issues of health. People of the village visit to Moulvi for different illnesses like toothache headache etc. Moulvi of village tells to the people about different Quranic verses for the Treatment of illness. They do not have any demand of their services, where as whatever is offered from the patients as Hadaya (reward) he accept it .

3.Syeds:

Syeds are considered very respectable in the village. People visit them in case of illness. Usually people of the village believe that as they belong to the Holy prophet (P.B.U.H)

¹⁷ Denton, (1978) Medical Sociology 58

therefore they have Shifa in their hands . People give them money and other gifts on account of their services for people.

Health methods used in religious healing

1.Taveez :

Literal translation of taveez is amulet in English language. Oxford dictionary defines taveez as “A thing worn as a charm against evil “. Taveez is a piece of paper in which a verse from Holy Quran or other sacred words are written. Different figures are drawn on it in certain cases. Figures are of rounds square, rectangular or cross shap. Some ties straight lines and numerals are randomly written on it . in most cases the names of Allah or his prophet are written on the tavezz . Especially the word ya shafi is written on those amulets which are given for curative purposes. Different colors inks are used for writing these amulets taveez are not only used for curative purposes but also for solution of different economic and social problems.

Tavezz can be used in various ways, some are

-tied around neck

-burnt

-burried

kept under pillow, bed or any other placle

2.Dum Darood :

Dum is used for the treatment of different types of ailment and there is no harm in using it. actually dum is verbal expression of Holy Quran which are recited very softly by controlling breath and then the breath is blown on effected part of the body or on glass of water, while doing dum silence is offered from both sides from healer and patient.

3.Visit to shrines:

People of locale visit shrines for the curing of illness and also for other purposes. In this village there is one shrine Mullah khizer Nika , which is on the distance of the village. This is the most famous shrine among the people of surrounding villages as well . For the solution of problems people promise, it means they in their heart say that if I will get accomplished in my work then I would distribute ten degs of rice. Mostly people slaughter any animal in the shrine area and distribute the meat in the surrounding of shrines. People of the area bring various items like sugar, salt and oil from shrines and consider it as healing power and use them while mixing with already present at home. When people reach at the shrine they kiss the shrine and recite different Ayats including Fatcha. Shrine's oil and water is often used for curing different illness. Some of the people visits daily but on average people visit shrines on some fixed days. it has become very clear that women have more belief on shrines. Some shrines are specific for curing specific illnesses. Some of the people even said that they were having stone problems; they went and stayed for four days. During the night Mulla Khizer Nika came and operated u and now a day there is no problem.

4.4.2 Allopathic mode of treatment:

Second main mode of treatment include utilization of allopathic medicines through self medication and consulting doctors, in private clinics and government hospitals. About doctor medicines people of the village are of the view that there are certain illness types which could only be cured by doctors For example blood pressure heart attack, sugar.

Usually in this mode a patient is given treatment after going through a formal procedure of checkup. People of the village utilize this mode during illnesses such as in case of a sudden accident or a sudden severe pain in any part of the body. Another way of utilizing allopathic medicine is self-medication. In this mode an ill person, himself or any of his family member buys medicines from clinic or medical store and utilize it without consulting doctor.

4.5 Existing position regarding the mode of treatment:

The existing position regarding the mode of treatment of the villagers shows variations. In this village the treatment of the diseases is related to perceptions about the diseases and beliefs in the mode of treatment adopted by the people. Certain things/ factors influenced their beliefs and perceptions, such as old family members preferred the traditional mode of treatment, as had strong belief in them. The information about traditional mode of treatment was transmitted through generations.

Table 4.11 : Role family members in decision making

S.No	Category	Percent	Percentages
1	Grand mother	83	46.1 %
2	Mother	37	2.5 %
3	Father	22	12.2 %
4	Other old ladies	21	11.6 %
5	Grand father	17	9.4 %
	Total	180	100 %

The ones decisions about the mode of treatment play a significant role in the adoption of any mode of treatment and family members play an important role. The above table shows the role of family members in the decision making, about the primary mode of treatment, which includes self medication, spiritual treatment, herbal treatment etc

4.6 Factors responsible for the traditional healing system

4.6.1 Belief system:

Religion is an essential component to study the belief system of a society because it is as Foster says:As institutions consisting of culturally patterned interaction with culturally postulated super human beings with reference to institution. Religion is an attribute of social groups comprising part of their cultural heritage.¹⁸

From the above quotes it is clear that all the human societies irrespective of their degree of material and social advancement have a set of beliefs, which provide the community with knowledge of men place in nature and general character of behavior in the realm of sacred and profane. Almost all societies hold beliefs, which have religious sanctions, as well as secular ones from this perspective belief system of people Nivgi villa was studied.

Belief system in relation to sickness:

There exist two types of beliefs in relation to sickness in the village Nivgi villa. One is “Nazar” mean evil eye and other is “saya” mean possession of evil spirits and also the reflection of effected male or female. Most of the ailments in children like Diarrhea ,

¹⁸ Foster , George M (1978) , Medical Anthropology ,66

motion, weakness, fever etc are the result of Nazar. Nazar is differentiated from saya as it is considered to be covetous, greedy, admiring or envious look by certain person at others or at an object, which can be new house, person or some other admirable object, which the farmer lacks. As a result of Nazar the object is harmed. The person becomes weak due to sickness. The possessor of evil eye is usually unaware about the effect.

The work of G.M, Foster on the subject of evil eye has been proved true in village Nivigi villa.

If the envy actually exists (people often suspect or fear that they are being envied) and it represents symbolic aggression, then the evil eye would confirm to a personalities model. Yet the person accused of having the evil eye may not intentionally caste a spell. They may have a power in spite of themselves and it is some times unknown to them in the absence of intent it is harder to classify the cause as personalities¹⁹.

Evil eye is a concept that is difficult to categorize, generally it is thought that a human agent as a consequence of envy or admiration, consciously or unconsciously produces illness in another person or cause damage to some possession of the individual envied. Usually the envied object is a beautiful healthy child but domestic animals automobiles or almost any other object that one might desire is potential victim of evil eye.

While the saya considered being the covetous and envious look by certain super human beings such as (Jin) . The possession of Saya can be seen in the form of reduction of body weight, severe weakness body becomes green, red and blue.

¹⁹ Foster , George M (1978) Medical Anthropology , 139

4.6.2 Economic factor:

Table 4.12 :Mode Treatment in relation to economic Level

S.No	Mode of treatment	Low income group	Middle income group	High income group
1	Self medication and home remedies	50.20%	43.30%	40.70%
2	Spiritual treatment	38.77%	37.37%	15.25
3	Hakeem	10.03%	9.27%	8.06
4	Doctor	1.00%	10.06%	35.98%

Present situation of the people of study area about the primary mode of treatment is evident from the above-mentioned table. The self-medication is more common than any other mode of treatment in all the three income groups, 50.20 percent people of low-income group, 40.30 percent people of middle-income group and 40.70 percent of high-income group use the mode of self-medication. While 38.77 percent people of middle-income group and 15.24 percent people of high-income group have adopted the spiritual mode of treatment. The table shows the less percentage of the people who visit doctors. The percentages given in table 12 of the people adopted four modes of treatment are represented graphically in figure. This figure shows the declining trend of traditional medication with the increase in income level or economic status.

This figure also shows the more common trend of self-medication because it is less expensive. This is also clear from the figure that the trend of spiritual treatment declines with increase in income level while the trend of modern medication is more common in

high-income groups. Inhabitants of the study area are changing their views to some extent due to awareness about diseases and their treatment. This is due to the approach towards education and exposure to the new world, which is the world of science. It is expected that if the people have knowledge about the cause, nature of disease and proper treatment to be given to the patient, rate of mortality will definitely decline. Education plays an important role in this aspect. In this village education played an important role in changing the primitive perceptions about the diseases to the scientific perception. In the following table we will see the educated people of the village have different perception and mode of treatment towards different diseases.

4.6.3 Education:

Education is a major factor for change. Education broadens the mind of people. Their views become more and more broad. They are able to see behind things. In the village Nivgi villa education acts as an important factor in bringing about change in the traditional behavior of the people. . These educated people are acting as agent of change and influencing the behavior of their parents as well by giving arguments and try to make them to be rational and logical. As the people belonging to the low income group are having low level of education and are more prone to different types of diseases because they have lack of knowledge for food, nutrition, health and illness. In the people of village having no education or low education are even unknown about the usage of allopathic medicines according to prescription ,so most of time they use with own way and find no effect of these drugs and then develop different beliefs that allopathic medicines are not good . There are so many side effects of allopathic medicine.

4.7 Data Analysis :

Religion is an essential component to study the belief system of a society. Almost all societies hold beliefs, which have religious sanctions as well as secular ones. From this perspective belief system of the people of Nivgi vialla village is studied. Local people believe system shape the people ideas toward the spiritual healing, local people think that, diseases are punishment of our sins from the supernatural being, when we will obey religious rules or perform some religious activities then diseases will be removed. That's why they adopt traditional mode of treating.

A person who can act for things beyond man's understanding, who came in the category of mysticism can be regarded as a pir. Pirs are living persons, who are believed to have some special powers due to their contacts with God by virtue of their years of meditation in religious beliefs. In the study area, a Pir helps the people in three different ways. The first way is the recitation of Quranic verses for the visitors, which is called as Dum. The second way is they give the visitors amulets (taweez) and the third way is they ask their visitors to perform certain acts in the light of directions. This is known as Dum Taweez in local language.

People of the village have strong belief in a Pir; they consider a Pir a religious person because of their devoutly religious activities. They are of the opinion that these Pirs can help in solving their spiritual and worldly problems. People of the village also visit a Pir for the solution of socio-economic problems such as settlement of family quarrels, job availability, income, etc. There are certain other personalities in the village, who are doing spiritual practices; Imam-e-masjid, a religious leader, treats only child disease, which is spiritual, such as Nazer (bad luck). The inhabitants of the study area offer oblation (nazrana) in the form

of cash or kind to the pir and other spiritual leaders to show their heartily love and respect for them.

The ancestors of each ethnic group are buried near their residences. Among these ancestors the graves of some became shrines because of their devoutly religious activities. People of each ethnic group visit the graves of their ancestors and offer prayers (Fateha). There is one popular shrine in study area its name is Mulla khizer nika they commit (mannat) at these graves for the cure of any disease or for the resolution of any problem. They also eat the soil of the grave as a medicine to cure the disease. Inhabitants of the village visit this shrine each Thursday especially women to there and lit oil lamps, candles and beg for different ambitions in life such as jobs for their sons and husband, guinen problems, etc. Children are carried there when they fall sick. Animals are also brought to these shrine buffalo are brought to the shrine and cloth is knotted with tree and offer prayers for the enhancement of milk of buffalos.

In the village Nivgi villa income of a person had greatly affected their mode of treating diseases. People of this village prefer to less money on medication that is why the use of home remedies. Those families whose income level is low, could not afford the expenditure on modern medication, Income level also affected the education of the people; the literacy rate of people of low-income group is 15.36 percent while the educational level of high-income group is 39.66 percent. In other words wealth affected the adoption of tradition mod of treatment especially belief in spiritual treatment.

A person is considered fit and healthy till that time in the study area, when he take bed than he is considered ill. Hepatitis B is common disease in the study area, they did not take serious because it suddenly not effect or bed the person. In contrast to this,

temperature is normal sickness, but they take serious, because temperature gives pain to body suddenly. The local people perception about the causes of diseases and illness. Mostly people consider that diseases are punishment of our sins, from God's side. Second "Bad Nazar" (bad look) is also considered reason of the illness and diseases.

The preference of local people towards treatment of the illness .in the first stage they first try to treat the illness with remedies, if remedies do not give the result, then they use farther. If patient feels maximum pain, they treat with modern medicine, with modern medicine they also appeal to spiritual healers. If pain does tease the patient, then they treat through spiritual healer. The people whose economic condition is good, they use multiple treatments.

The local health practitioner has strong relation with the local people, because he knows the family terms of the each family, and treat every person on traditional way . local people are satisfy from spiritual health practitioner , that's why they use traditional mode of treatment. Mostly people of the area consider that diseases are examination the people from the God side.

Chapter #5

Summary and Conclusion:

This research was carried out in the village Nevgi Villa, of district Loralai of Balouchistan. There are total fifty five households comprising total population 705. My objectives of the research were to identify factors responsible for the traditional health practices, occurrence of disease in different socio-economic classes, to have knowledge about the modes of treatment adopted by the native people of the village to achieve these objectives. The researcher used various anthropological techniques such as rapport establishment, socio-economic census survey, sampling, interview guides, daily diary etc. Primary source of income of the inhabitants of my local is agriculture. But the geographical location of the village, mountainous land has affected the productions, which is not profitable for people. This production is sufficient for all the subsistence and needs. The inhabitants of Nivgi villa have their own sets of explanation for every disease and methods of treatment. These sets of explanations are transmitted through generations. The knowledge about various treatment, about traditional or folk medicine for various diseases was memorized and not recorded in written form. This is a typical trait of a folk society.

Some people of locale have different perceptions about diseases and their treatments, which depends upon their belief system. Their beliefs are based on traditions rather than on current knowledge of medicine; these beliefs are also passed from generation to generation. They treat diseases according to their conceptions, which may not have any scientific validity.

In this village people prefer to adopt the traditional methods of treatment such as spiritual treatment and self medication. Their adoption of tradition also base on their

economic condition. Those people who have good economic conditions, they mostly use the multiple treatments for to the diseases .the data shows that people of low income group were more inclined towards traditional health practices as compared to the people of high income group. They were less inclined towards modern medical practices than people of high income group. People visit shrines and pirs for the purpose of health. They use home remedies also in the initial stage of their sickness.

low economic status, rigid belief system, low educational level, etc. these factors have also motivated people of Nivgi villa village towards traditional ways of treating diseases. Thus certain social, economic and ecological factors of an area contributes a lot in determining the ways of life of people living in that area. Theses factors bring changes in the adoption of life amenities available e.g. education, mass media, transportation, which are responsible to bring changes in every sphere of life such as in the adoption of methods for treatment of diseases, life style etc. the facility of mass media and communication makes the local populace more aware of developments taking place in the outside world. And this enable them to use modern innovations in their advantage.

This field research supports landy ,s idea that " modern and traditional medical features co-exist in a rural area and are undergoing a process of acculturation". But in this process beliefs of a traditional or folk society do not change rapidly as compated to other spheres of life. For instance, the villagers have accepted other types of modern amentias such as education, transportation, and mass media. But are relatively less inclined towards modern medical treatments because of their strong belief in traditional treatments. In Nivgi villa social stratification is based on inequality in differential excess to valued

goods and goals such as property (possession of land holding) wealth means of production and symbols of prestige.

Finally it can be stated that traditional mode of treatment an ethno-medical way of treating disease, which involves the beliefs and practices of the people of a traditional society. A combination of socio-economic factors plays both direct and indirect roles in a traditional society, which are responsible for the adoption of traditional medical way of treating diseases.

Interview Guide

Date: _____

Place: _____

Personal introduction of respondent.

1) Name: _____ 2) Age: _____

3) Marital status _____

4) Occupation: _____ Income, Annual _____ Monthly _____

Weakly _____

5) Education: _____ Religious education _____

6) Availability of deferent media:

Radio _____ TV _____ News paper _____

Any other _____

7) Number of Family Members: Male _____

Female _____

8) Children under fifteen years: _____

9 What is your concept of disease?

10 hich disease is more frequent in your community?

11 Which type of treatment do you go for and why?

(i) Spiritual _____

19 How did you get the information about various home remedies if it hereditary?

20 For what sort of diseases you use home remedies?

21 Do the results encourage, you to use it or you do not have choice in the matter?

22 Is there a particular disease pattern being established –i-e- Do you respond disease stage wise?

24 What is government doing to minimize disease in area?

25 Is there a change notice in the mode of treatment over generations if yes why?

26 Who take the decision during illness?

27 Who take care of the patient?

28 Who is allowed near the patient?

29 What is the reaction of family towards the sick?

30 What is the reaction of community towards the patient?

31 Are there any rituals for attaining food health and preventing disease? Discuss.

32 Are there any tonics for preventing disease?

33 Are there any taboos and prohibitions related to disease causation and cur?

34 Are there belief regarding health, and disease?

35 Which disease is not taken seriously, and which are termed as serous?

36 Is there any element of gender discrimination in the analysis and treatment of disease?

37 Does the socio-economic position of the family members affect their attitude towards a particular disease and its treatment?

38 Does illiteracy affect the attitude of the family towards the sick?

39 What is diarrhea? Discuss

(i) Local name _____

(ii) Local perception _____

(iii) Symptoms and cause locally identified

(vi) Different cures for diarrhea _____

40 What is conjunctivitis? Discuss

(i) Local name _____

(ii) Local perception _____

(iii) Symptoms and causes locally identified

(vi) Different cures for conjunctivitis _____

41 What is scabies? Discuss

(i) Local name _____

(ii) Local perception _____

(iii) Symptoms _____

(iv) Different cures for scabies _____

GLOSSARY

Dum : spell for curing (an inspiration of quran recitation+softly and then a breath is blown on the hurt limb of the ailing person) verbal expression of Quranic verses.

Fateh : Recitation of a Quranic verse.

Kacha : made of mud

Moulvi: religious leader who leads prayers in mosque

Manat: A solmn , commitment before a shrine/ pir

Nazrana: oblation

Nazar: covetous look of a person.

Pacca : made of bricks and cement.

Pir : saint / spiritual healer

Taweez : Amulet/ written expression of Quranic verses.

Toona totka : charm/ a kind of treatment against superstitious diseases.

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