

SUPERSTITION'S IMPACT ON HEALTHCARE CHOICES: A STUDY IN ASSAM

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ABSTRACT

This research delves into the intricate relationship between superstition and healthcare preferences in Assam, a culturally diverse state in northeastern India. The study uncovers a myriad of deeply ingrained superstitions that significantly influence healthcare decision-making, leading individuals to favour traditional healing practices over modern medical services. Findings reveal delays in seeking timely medical care due to these beliefs, impacting health outcomes and exacerbating preventable diseases. To address these challenges, the study suggests targeted awareness campaigns, cultural sensitivity training for healthcare providers, and policy reforms to discourage harmful practices. Achieving lasting change will require long-term behavioural shifts, ongoing research, and collaborative efforts to reduce superstition's influence on healthcare choices in Assam.

Keywords: Superstition, Healthcare Preferences, Indigenous Tradition, Cultural Sensitivity.

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I. INTRODUCTION

Assam, a northeastern state of India, is renowned for its rich cultural heritage and diverse history. Nestled in the foothills of the Himalayas and bordering countries, including Bangladesh and Bhutan, Assam's unique geographical location has shaped its culture and traditions over centuries. The state boasts a blend of indigenous tribal communities, ethnic diversity, and a harmonious coexistence of various religions. Assam's culture is deeply rooted in its folklore, rituals, festivals, and indigenous practices, some of which are steeped in superstition.

Despite its cultural richness, Assam grapples with a pressing issue that has a profound impact on the well-being of its population: superstition influencing healthcare preferences. Superstitions and irrational beliefs persist in Assam, affecting how individuals make decisions about their health and healthcare providers. This research aims to investigate the extent to which superstitions influence healthcare choices in Assam and the consequences of such beliefs on the healthcare system.

The primary purpose of this study is to shed light on the complex interplay between tradition, superstition, and healthcare preferences in Assam. By conducting a comprehensive examination, we seek to understand how deeply ingrained superstitions affect healthcare-seeking behaviour, shape perceptions of illness and treatment, and hinder access to modern healthcare services. Furthermore, this research intends to identify potential strategies to mitigate the impact of superstition on healthcare choices in the region.

This research holds significant importance in addressing a critical public health issue in Assam. By uncovering the underlying factors and consequences of superstitions in healthcare preferences, the findings of this study can inform healthcare policies and interventions to improve healthcare access, particularly for marginalized populations.

II. HISTORICAL AND CULTURAL FACTORS CONTRIBUTING TO SUPERSTITION IN ASSAM

Assam, with its rich and diverse cultural tapestry, has a long history of deeply ingrained traditions and beliefs. These traditions are often deeply intertwined with the region's cultural

heritage and historical development, contributing significantly to the prevalence of superstition.¹² Historically, Assam has been influenced by various dynasties, including the Ahoms, Mughals, and British colonialism, each leaving their mark on the culture and belief systems of the region.³

The indigenous Assamese culture has a unique blend of Hinduism, Buddhism, and indigenous tribal beliefs. This syncretic mix has led to the formation of various superstitions, myths, and rituals.⁴ For instance, the belief in "evil eye" or "nazar" is deeply rooted in Assamese culture,⁵ and it influences many aspects of daily life, including healthcare decisions.⁶ The "evil eye" belief often leads to the performance of protective rituals and the seeking of traditional healers or shamans for remedies.⁷

III. PREVALENT SUPERSTITIONS AND BELIEFS IN ASSAM

Assam is home to a multitude of superstitions and beliefs that impact various facets of life, including healthcare choices.⁸ Some prevalent superstitions in Assam include the belief in black magic, possession by spirits, and the power of amulets and charms to ward off illnesses.⁹ These superstitions are deeply entrenched in the psyche of the people and play a significant role in healthcare decision-making.¹⁰

For instance, individuals may resort to traditional healers or quacks who claim supernatural healing abilities rather than seeking medical professionals for certain ailments.¹¹ The fear of curses

¹ Singh, M. (2023). Addressing Intersectionality through Medical Pluralism: Role of Indigenous Healing Systems in Mental Health. *Journal of Applied Consciousness Studies*, 11(2), 91..

² Razina Ahmed, S. S. (2023). A Psychological Analysis of the Structural, Socio-Cultural, And Legal Aspects of Women's Rights, their Societal Development & Superstition-Gender-Based Violence and their Eradication Alarming Practice. *Journal for ReAttach Therapy and Developmental Diversities*, 6(8s), 140-155.

³ Dikshit, K. R., & Dikshit, J. K. (2014). *North-east India: Land, people and economy*. Dordrecht: Springer Netherlands..

⁴ Jhala, A. D. (2019). *An endangered history: indigeneity, religion, and politics on the borders of India, Burma, and Bangladesh*. Oxford University Press.

⁵ Borah, L., & Das, M. (2019). Witch-hunting in Assam: Myth or reality. *Space and Culture, India*, 7(3), 99-114.

⁶ Network, N. E. (2015). Witch hunting in Assam: individual, structural, and legal dimensions.

⁷ Chaudhuri, S. (2012). Women as easy scapegoats: Witchcraft accusations and women as targets in tea plantations of India. *Violence Against Women*, 18(10), 1213-1234.

⁸ Saikia, T. (2013). *A sociological study of health in the Mishing tribe of Golaghat district in Assam* (Doctoral dissertation).

⁹ Mishong, D., & Thamminaina, A. (2023). Witch-hunt Accusations and Violence against Women among Misings of Assam, India. *Antrocom: Online Journal of Anthropology*, 19(1).

¹⁰ Goswami, V. (2023). Bej Bejali in the Assamese Socio-cultural Context. *Black Magic, Witchcraft and Occultism: Secret Cultural Practices in India*.

¹¹ Bhattacharjee, S. Kapherem: a Traditional Healing Through Chantings of the Karbis in Karbi Anglong, Assam.

or hexes can also deter individuals from consulting modern healthcare practitioners, further perpetuating superstitious practices.¹²

IV. THE IMPACT OF SUPERSTITION ON HEALTHCARE-SEEKING BEHAVIOUR

Superstitions can have a profound impact on healthcare-seeking behaviour in Assam. Individuals may delay seeking medical attention or bypass modern healthcare facilities altogether due to fear of supernatural consequences or beliefs in alternative healing methods. This can lead to serious health consequences, especially in cases where timely medical intervention is critical. Furthermore, superstitions can affect adherence to prescribed treatments.¹³ Patients may discontinue medical treatments in favour of traditional or superstitious remedies, undermining the effectiveness of healthcare interventions.¹⁴

It is essential to recognize that the impact of superstition on healthcare preferences is not uniform, and its manifestations may vary across different cultural and regional contexts within Assam.¹⁵ Therefore, a comprehensive understanding of these factors is vital for designing effective strategies to address healthcare disparities influenced by superstition in the region.

This literature review provides a foundation for understanding the complex relationship between superstition and healthcare preferences in Assam, highlighting the need for further research and targeted interventions to mitigate the negative effects of superstitions on healthcare access and outcomes in the region.

V. METHODOLOGY

The research predominantly utilized secondary data sources to fulfil its research objectives. These secondary data were meticulously gathered from a wide spectrum of written materials, encompassing sources like books dedicated to the subject of Superstition and healthcare, scholarly journals, newspapers, magazines, academic research articles, official government reports, survey results, and information available from online sources. To provide a comprehensive understanding of the topic, the paper incorporates a particular observation related to the subject matter. This

¹² Khosla, M., & Das, J. (2019). Psychological and cultural facets of traditional healing practitioners from Assam. *Indian Journal of Psychology*, 86-97.

¹³ Al-Tarawneh, F., Ali, T., Al-Tarawneh, A., Altwalbeh, D., Gogazeh, E., Bdair, O., & Algaralleh, A. (2023). Study of Adherence Level and the Relationship Between Treatment Adherence, and Superstitious Thinking Related to Health Issues Among Chronic Disease Patients in Southern Jordan: Cross-Sectional Study. *Patient preference and adherence*, 605-614.

¹⁴ Ibid.

¹⁵ Sarma, S. K. (2022). *Encountering State: A Study of State–Society Interface in the Tea Garden Labour Community of the Brahmaputra Valley, Assam* (Doctoral dissertation).

comprehensive approach to data collection from various reputable sources enhances the robustness and depth of the research findings.

VI. SUPERSTITION IN ASSAM

Assam, a state in northeastern India, is a region rich in cultural diversity, with a history steeped in traditions and beliefs. Superstitions play a significant role in the daily lives of the people of Assam. These superstitions often stem from a mix of indigenous beliefs, animism, and influences from Hinduism, Buddhism, and tribal religions.¹⁶ Some prevalent superstitions and beliefs in Assam include:

Fear of Evil Spirits: Many Assamese people believe in the existence of malevolent spirits that can bring harm.¹⁷ This belief often leads to various rituals and practices to ward off these spirits.

Astrological Influences: Astrology has a strong influence on decision-making in Assam. People consult astrologers for important life decisions, including healthcare choices, based on their astrological charts.¹⁸

Rituals and Offerings: Superstitious rituals and offerings are common during various life events, such as childbirth¹⁹, marriage, and illness.²⁰ These rituals are believed to appease gods and spirits.

Taboos and Omens: Assam has numerous taboos and omens that influence daily life. For instance, seeing certain animals or birds in specific circumstances can be considered a bad omen.²¹

¹⁶ Saikia, J. (2017). Religion and Social Change among the Ethnic Communities of Assam. *Intl J Interdisc Res Sci Soc Cult*, 3, 180-195.

¹⁷ Islary, S., & Pathak, J. (2023). Witchcraft, Witch-Hunting And Anti-Witch-Hunting Laws In Assam: An Analysis. *Journal of Namibian Studies: History Politics Culture*, 34, 6580-6591.

¹⁸ Vijay, T. S., Tripathi, P., & Vijay, M. K. (2017). Superstitious beliefs among school teachers. *International Journal of Home Science*, 3(2), 613-615.

¹⁹ Sharma, U. K., & Pegu, S. (2011). Ethnobotany of religious and supernatural beliefs of the Mising tribes of Assam with special reference to the 'Dobur Uie'. *Journal of ethnobiology and ethnomedicine*, 7, 1-13.

²⁰ Sarma, U. K., & Barpujari, I. (2011). Eco-cosmologies and biodiversity conservation: Continuity and change among the Karbis of Assam. *The International Indigenous Policy Journal*, 2(4).

²¹ Chakraborty, J., & Borah, A. (2013). Witch hunting in Assam: Strategising alternative media for women empowerment and overcoming superstition. *Journal of North East India Studies*, 3(2), 15-24. See Also: Barman, B. K. (2020). Witch Hunting Is it a Social Prejudice.

Traditional Healers: Traditional healers, known as "bez" or "ojha," are often consulted for illnesses,²² as they are believed to possess supernatural powers to cure ailments caused by curses or evil spirits.²³

VII. HISTORICAL AND CULTURAL CONTEXT OF THESE SUPERSTITIONS

The prevalence of superstitions in Assam can be traced back to its rich history and cultural diversity. The state's history is marked by the coexistence of various indigenous tribes, each with its unique beliefs and practices. Over time, these indigenous beliefs have intertwined with mainstream Hinduism and other religious influences, creating a complex tapestry of superstitions.²⁴

Moreover, Assam's geographical isolation, lush forests, and riverine landscape have contributed to a sense of mystery and reverence for nature. This connection to the natural world often finds expression in superstitions related to the environment.²⁵

VIII. HEALTHCARE PREFERENCES AND PRACTICES IN ASSAM

Assam boasts a healthcare landscape characterized by a blend of traditional and modern healthcare systems. Assam's healthcare system is structured into three tiers: primary, secondary, and tertiary healthcare.

Primary healthcare serves as the initial point of contact for individuals seeking medical assistance. It is delivered through a network comprising sub-centres, primary health centres (PHCs), and community health centres (CHCs). Sub-centres, the most basic facilities, offer essential services like immunization, maternal and child healthcare, and managing communicable diseases. PHCs provide a more comprehensive range of services, encompassing preventive and curative care, as well as maternal and child healthcare. CHCs, on the other hand, offer specialized services including obstetrics, gynaecology, pediatrics, and surgical procedures.²⁶

Secondary healthcare is provided through district hospitals and medical colleges. District hospitals are strategically located and offer specialized services such as surgery, obstetrics,

²² Gogoi, C., & Bora, M. (2020). Zoo-therapeutic practices among the deori tribes of Dhemaji district, Assam, India. *International Journal of Fauna and Biological Studies*, 7(4), 196-198.

²³ Gohain, C. (2020). THE KARBIS BELIEF SYSTEM OF HEALTH CARE PRACTICE: IMPORTANT AND IMPACT OF MODERNISM.

²⁴ Supra.21

²⁵ Bargohain, R., & Mokashi-Punekar, R. (2022). Poetry, identity and the geography of culture: representations of landscape in poetry in English from Northeast India. *Asian Ethnicity*, 23(1), 47-65.

²⁶ Khound, S. (2019). An Analysis of Access to Primary Health care Services: A Study in Jorhat District of Assam. *SCOPUS IJPHRD CITATION SCORE*, 10(9), 17.

gynaecology, and pediatrics. Medical colleges represent the highest tier of secondary healthcare, providing advanced services including super-specialties like cardiology, neurology, and oncology.²⁷

Tertiary healthcare is delivered through regional and national institutes. These institutes are equipped to address complex medical conditions and offer specialized services. Regional institutes focus on advanced medical care, including surgeries and critical care, while national institutes are renowned for their expertise in areas such as cardiology, cancer treatment, neurosurgery, and organ transplantation.²⁸

This three-tier healthcare system in Assam ensures that healthcare services are accessible and tailored to the diverse healthcare needs of the population, ranging from basic care in the primary tier to specialized treatment for complex medical conditions in the tertiary tier.

Private Healthcare Sector: Over recent years, the private healthcare sector in Assam has witnessed remarkable growth. Private hospitals, clinics, and diagnostic centres have proliferated, offering diverse medical services. The private sector also attracts patients seeking specialized care, advanced medical technology, and reduced waiting times. It has become a significant player in Assam's healthcare landscape.²⁹

Traditional Healers: Traditional healing practices are deeply ingrained in Assam's culture. Ayurvedic medicine and traditional herbal remedies are commonly used for various health concerns, especially in rural areas.³⁰

IX. FACTORS INFLUENCING HEALTHCARE DECISION-MAKING

The decision-making process regarding healthcare in Assam is influenced by a variety of factors:

²⁷ Ibid.

²⁸ Bharathi, N. R., & Hegde, S. (2016). Rural Healthcare Management. *International Journal of Research in Commerce, IT & Management*, Volume, (6).

²⁹ Devi, N. Impact And Implications Of Economic Reforms On Health Sector: A Study With Special Reference To Assam.

³⁰ Giri, C. C. ETHNOMEDICINE AMONG THE MISING OF BOROLA AND URIAMGURI VILLAGES OF MINGMANG, DHEMAJI DISTRICT, ASSAM.

Economic Status: Socioeconomic factors heavily influence healthcare choices. Lower-income individuals often face barriers to accessing modern healthcare facilities and may opt for traditional alternatives due to cost considerations.³¹

Cultural Beliefs: Cultural and religious beliefs often guide healthcare decisions. Superstitions and traditional practices can impact individuals' choices regarding illness management and treatment.³²

Geographic Accessibility: Accessibility to healthcare facilities varies widely across Assam. Remote and hilly areas face challenges in accessing modern healthcare, leading residents to rely on local alternatives.³³

Education and Awareness: Levels of education and health awareness among the population play a significant role.³⁴ Educated individuals tend to make more informed healthcare decisions, while those with limited education may be more influenced by traditional beliefs.

X. TRADITIONAL AND ALTERNATIVE HEALTHCARE PRACTICES IN ASSAM

Assam has a rich tradition of indigenous healthcare practices, including:

Ayurveda: Ayurvedic medicine, an ancient Indian system of medicine, is widely practiced in Assam. It involves the use of herbs, diet, and lifestyle modifications to promote health and treat illnesses.³⁵

Herbal Remedies: Assam is abundant in medicinal plants, and traditional herbal remedies are commonly used for various ailments. Local healers possess knowledge of these plants and their medicinal properties.³⁶

³¹ Baruah, P. B., & Hazarika, P. J. (2019). Socio-economic status of fishermen of Assam: A descriptive Analysis. *International Journal of Fisheries and Aquatic Studies*, 7(4), 34-39.

³² Suranjan, D. (2013). Health culture of scheduled caste: a case study of patni in cachar district of Assam. *International Research Journal of Social Sciences*, 2(12), 35-41.

³³ Singh, T., Vaiyam, P., Saini, S., Banjarey, P., Thakur, R. S., & Kumar, D. (2022). Is Traditional-Knowledge, Attitude and Practices (T-KAP) a Barrier to Accessing Modern Health Care Facilities in the Tribal population in India? A Systematic Review.

³⁴ Nermend, M., Singh, U. S., & Singh, S. (2022). Educational background as decision criteria in selection of private sector healthcare service providers. *Procedia Computer Science*, 207, 4651-4659.

³⁵ Sarma, B. (2020). Survey of medicinal plants with potential antidiabetic activity used by villagers in lower Assam districts of North East, India. *International Journal of Herbal Medicine*, 8, 1-6.

³⁶ Ibid.

Ritual Healing: Rituals, ceremonies, and religious practices are sometimes employed to address health issues. These practices may involve offerings, prayers, and consultations with spiritual leaders.³⁷

XI. THE INTERPLAY: SUPERSTITION AND HEALTHCARE

Superstition exerts a significant influence on healthcare preferences in Assam, often leading individuals to favour traditional or alternative healing methods over modern medical practices. This preference is rooted in various factors deeply ingrained in the cultural and social fabric of the region.³⁸

Belief in Supernatural Causes: Many individuals in Assam hold steadfast beliefs in supernatural or spiritual causes of illnesses, attributing health problems to curses, malevolent spirits, or divine displeasure. Consequently, when faced with health issues, they turn to traditional healers, shamans, or religious leaders who claim the ability to address these supernatural influences.³⁹ The belief in supernatural causation drives individuals to seek remedies that align with these beliefs.

Fear of Consequences: Superstitions often carry the fear of dire consequences if traditional remedies are not sought. People may believe that neglecting these practices could exacerbate their condition or lead to further harm.⁴⁰ This fear, rooted in the conviction of supernatural repercussions, compels individuals to prioritize traditional healing methods.⁴¹

Community Pressure: In Assam's close-knit communities, the pressure to conform to traditional beliefs and practices can be intense. Deviating from these established norms can result in social ostracization or stigmatization, causing individuals to adhere to superstition-based healthcare.⁴² The desire to maintain social harmony and avoid potential backlash further reinforces the preference for traditional healing methods.

³⁷ Sarma, C. (2022). Healing Practices and Rituals of the Forest-Dwelling Rabha Community in Assam, India. *Indigenous Knowledge and Mental Health: A Global Perspective*, 49-62.

³⁸ Jugli, S., Chakravorty, J., & Meyer-Rochow, V. B. (2020). Zootherapeutic uses of animals and their parts: an important element of the traditional knowledge of the Tangsa and Wancho of eastern Arunachal Pradesh, North-East India. *Environment, development and sustainability*, 22, 4699-4734.

³⁹ Ibid.

⁴⁰ Taher, M., Pashaeypoor, S., Cheraghi, M. A., Karimy, M., & Hoseini, A. S. S. (2020). Superstition in health beliefs: Concept exploration and development. *Journal of family medicine and primary care*, 9(3), 1325.

⁴¹ Sahoo, M., Som, M., & Pradhan, J. (2017). Perceived barriers in accessing the reproductive health care services in Odisha. *Indian Journal of Community Health*, 29(3), 229-238.

⁴² Razina Ahmed, S. S. (2023). A Psychological Analysis of the Structural, Socio-Cultural, And Legal Aspects of Women's Rights, their Societal Development & Superstition-Gender-Based Violence and their Eradication Alarming Practice. *Journal for ReAttach Therapy and Developmental Diversities*, 6(8s), 140-155.

XII. BARRIERS CREATED BY SUPERSTITION IN ACCESSING HEALTHCARE SERVICES

Superstition in Assam creates significant barriers that hinder individuals from accessing modern healthcare services. These barriers, rooted in cultural beliefs and fears, can have detrimental effects on public health and well-being:

Delayed Treatment: Superstitions often lead individuals to delay seeking medical attention until their health conditions deteriorate significantly.⁴³ The belief in supernatural causes and the hope that the ailment will resolve on its own may cause people to postpone medical consultations. Consequently, when they eventually seek treatment, their conditions may have progressed to advanced stages, making them more challenging and costly to address.⁴⁴ This delay in seeking timely medical care poses a substantial barrier to effective healthcare delivery.

Stigmatization of Medical Facilities: Superstitions frequently associate hospitals and clinics with negative energy, bad luck, or the potential for encountering malevolent spirits. This association can create deep-seated fears and apprehensions about healthcare institutions, particularly in rural areas where superstitions are deeply ingrained.⁴⁵ As a result, individuals may hesitate or refuse to seek healthcare at these facilities, choosing alternative healing methods instead. The stigmatization of medical facilities further exacerbates the challenge of accessing modern healthcare services.⁴⁶

Financial Burden: Superstitions often involve various traditional healing methods, rituals, and offerings intended to appease spirits, deities, or supernatural forces. These practices can be financially burdensome for individuals and their families.⁴⁷ Resources that could have been used to access affordable and evidence-based medical care may be diverted toward these rituals and ceremonies. The financial burden created by superstitions not only affects individual households but can also strain healthcare systems by diverting resources away from essential medical services.

⁴³ Alahmed, S., Anjum, I., & Masuadi, E. (2018). Perceptions of mental illness etiology and treatment in Saudi Arabian healthcare students: A cross-sectional study. *SAGE open medicine*, 6, 2050312118788095.

⁴⁴ Saikia, T. (2013). *A sociological study of health in the Mishing tribe of Golaghat district in Assam* (Doctoral dissertation).

⁴⁵ VanPool, C. S., & VanPool, T. L. (2023). Defense Against the Dark. In *An Anthropological Study of Spirits* (pp. 143-198). Cham: Springer Nature Switzerland.

⁴⁶ Rawat, M., Thompson, A., Gaitonde, R., Jain, S., & Mathias, K. (2020). Exploring Community Mental Health Systems-A Participatory Health Needs and Assets Assessment in the Yamuna Valley, North India.

⁴⁷ Supra.⁴⁵

Addressing the barriers created by superstition in accessing healthcare services in Assam requires a multifaceted approach that combines cultural sensitivity, education, and community engagement

XIII. IMPLICATIONS AND CONSEQUENCES

Superstition has a profound impact on health outcomes in Assam, affecting individuals and communities in several detrimental ways. One significant consequence is the delay or avoidance of medical treatment. When individuals attribute illnesses to supernatural causes, they often turn to traditional healers or rituals first, causing a delay in the diagnosis and treatment of medical conditions.⁴⁸ This delay can result in the progression of diseases and worsened health outcomes.

Furthermore, superstitions can lead to misdiagnosis, as traditional healers lack formal medical training. Relying on such practitioners can result in incorrect treatments or the exacerbation of health conditions, further compromising the well-being of individuals.⁴⁹ Additionally, the fear associated with superstitions can induce significant psychological stress, which can have cascading effects on physical health. Anxiety, stress-related disorders, and psychosomatic illnesses can emerge from the fear of curses or supernatural repercussions, underscoring the mental and physical toll of superstition on health.⁵⁰

Moreover, superstitions that discourage individuals from seeking medical attention for contagious diseases pose a grave public health risk. When people avoid medical facilities due to superstitions, they inadvertently contribute to the spread of these diseases within communities, creating substantial challenges for public health efforts

Economic and Social Consequences of Healthcare Choices Influenced by Superstition

Superstitions impact not only individual health but also have wider economic and social repercussions:

Financial Burden: The reliance on traditional healers or rituals can lead to significant financial burden on individuals and families, particularly when these practices are not covered by health insurance.⁵¹

⁴⁸ Supra.48

⁴⁹ Birbeck, G. L. (2000). Seizures in rural Zambia. *Epilepsia*, 41(3), 277-281.

⁵⁰ Maranise, A. M. (2013). Superstition & religious ritual: An examination of their effects and utilization in sport. *The Sport Psychologist*, 27(1), 83-91.

⁵¹ Supra.45

Loss of Productivity: Illnesses that go untreated due to superstitions can lead to increased absenteeism from work or school, resulting in a loss of productivity and income.⁵²

Gender Disparities: Superstitions may disproportionately affect women, as they are often blamed for supernatural events or illnesses.⁵³ This can lead to discrimination, social isolation, and limited access to healthcare.

Community Tensions: Belief in superstitions can sometimes lead to tensions within communities, especially when individuals are accused of being witches or wizards.⁵⁴ This can result in social ostracization and conflicts.

XIV. ONGOING CHALLENGES IN ADDRESSING SUPERSTITION IN HEALTHCARE

Addressing superstition in healthcare continues to be a significant challenge in Assam, as in many other regions around the world. Superstitions often lead to harmful practices and beliefs that can have severe consequences on people's health. In Assam, several ongoing challenges in addressing superstition in healthcare can be identified:

Deep-Seated Beliefs: Superstitions are deeply ingrained in Assamese society, making them resistant to change.⁵⁵ It often takes generations to modify cultural beliefs significantly.

Limited Resources: Government and NGO initiatives face resource constraints, which can limit the reach and impact of their programs.⁵⁶

Lack of Awareness and Education: Superstitions often persist due to a lack of awareness and education among the population. Significant portion of population in Assam, especially in far flung rural areas and areas having significant tribal settlements, not aware of the scientific explanations behind various health conditions and believe that such events may be the result of supernatural being.⁵⁷

⁵² Atlas, J. (1998). Medieval Crime, Violence, and Superstition: Symptomatic Dysfunction. *The Journal of Psychohistory*, 26(1), 514.

⁵³ Mishra, P. (2019). Politics of Gender and Witchcraft in Odisha. *Folklore foundation, India India*, 12.

⁵⁴ Alam, S., & Raj, A. (2017). The Academic Journey of Witchcraft Studies in India. *Man in India*, 97, 123-138.

⁵⁵ Razina Ahmed, S. S. (2023). A Psychological Analysis of the Structural, Socio-Cultural, And Legal Aspects of Women's Rights, their Societal Development & Superstition-Gender-Based Violence and their Eradication Alarming Practice. *Journal for ReAttach Therapy and Developmental Diversities*, 6(8s), 140-155.

⁵⁶ Network, N. E. (2015). Witch hunting in Assam: individual, structural, and legal dimensions.

⁵⁷ Gogoi, V. (2023) A CONCLUSIVE STUDY ON DECODING WITCH-HUNTING AS A SOCIETAL THREAT TO ASSAM. *Dogo Runglung Research Journal*. 13(1); 97-108.

Limited Access to Modern Healthcare: In many parts of Assam, access to modern healthcare facilities is limited. Providing medical healthcare services is challenging in far flung rural areas. This forces people to rely on traditional healers and superstitions for their healthcare needs. Improving healthcare infrastructure and increasing access to medical services can help reduce the reliance on superstition.

Gender Disparities: Superstition and healthcare preferences disproportionately affect women in Assam. Women were the victims of various superstitious practices.⁵⁸ For instance, ninety percent of victims of Witch-hunting were women.⁵⁹ Addressing this issue requires a multifaceted approach that promotes gender equality and women's empowerment.

IX. DISCUSSION AND ANALYSIS

The study provides valuable insights into the pervasive influence of superstitions on healthcare preferences and practices in Assam, revealing a complex tapestry of deeply ingrained beliefs that significantly shape healthcare decision-making within the region. These prevalent superstitions often lead individuals to favour traditional and alternative healing methods over modern healthcare services, including seeking assistance from traditional healers, astrologers, and religious practitioners. One noteworthy finding highlights the delay in seeking timely medical care attributed to these superstitions. Furthermore, regional variations were identified, emphasizing the need for tailored interventions. Ultimately, the study underscores the critical importance of comprehending and addressing the profound impact of superstitions on healthcare access and outcomes, as they contribute to the progression of preventable diseases to critical stages due to delayed treatment.

Implications for healthcare policy and practice

In light of the research findings, the implications for healthcare policy and practice in Assam are multifaceted and call for strategic interventions to address the impact of superstition on healthcare choices. These includes:

⁵⁸ Das, H. (2022). Reproductive Health In Developing Countries: An Overview Of Indian Scenario. *Journal of Pharmaceutical Negative Results*, 11012-11015.

⁵⁹ Neogi, D. (2020, December). A Study on the Practice of Witch-Hunting in Assam, an Ontology. In *Proceedings of the World Conference on Women's Studies* (Vol. 5, No. 1, pp. 1-8).

Awareness and Education Campaigns: Healthcare policymakers and practitioners should prioritize launching targeted awareness and education campaigns to debunk prevalent superstitions. These campaigns should emphasize the importance of evidence-based medical care.

Incorporate Traditional Practices: Recognize and incorporate certain aspects of traditional healing practices that are safe and effective into modern healthcare systems, thereby addressing cultural sensitivities and preferences.

Training and Sensitization: Healthcare professionals should receive training and sensitization to understand the cultural context and superstitions prevalent in Assam. This can help them communicate more effectively with patients and bridge the gap between traditional beliefs and modern medicine.

Telemedicine and Outreach: Given geographical variations, consider the implementation of telemedicine and mobile healthcare units to reach remote areas where superstitions may have a stronger hold.

Policy Reforms: Formulate and implement policies that discourage harmful superstitions and practices while respecting cultural diversity and beliefs. Legal measures should be taken against witch-hunting and other harmful practices. Further continue monitoring of the effectiveness of the policies is necessary to evaluate the effect and take further actions.

XV. CONCLUSION

In conclusion, this paper has provided a comprehensive examination of the intricate relationship between superstition and healthcare preferences in Assam, a state renowned for its cultural diversity and rich traditions. This study has unveiled a profound influence of deeply ingrained superstitions on healthcare decision-making, revealing a complex interplay between tradition, belief systems, and access to modern healthcare services. The key findings from this research underscore the critical need for targeted interventions to address the impact of superstition on healthcare choices. Prevalent superstitions, such as the fear of evil spirits, astrological influences, and reliance on traditional healers, have been identified as significant drivers behind healthcare delays and suboptimal health outcomes. Moreover, regional variations in the prevalence of superstitions emphasize the importance of tailoring interventions to suit the specific needs of diverse communities within Assam.

To combat these challenges, this paper outlined several implications for healthcare policy and practice. These include the importance of awareness and education campaigns to dispel myths, the

incorporation of safe traditional practices into modern healthcare, training and sensitization of healthcare professionals, and policy reforms to discourage harmful superstitions. For reducing the influence of superstition on healthcare choices in Assam requires a multi-pronged approach that prioritizes long-term behavioural change, ongoing research and monitoring, community engagement, and collaboration among stakeholders. While superstitions may be deeply rooted, the collective efforts of healthcare providers, policymakers, educators, and local communities can gradually pave the way for evidence-based healthcare practices that improve the well-being of Assam's population.

In summary, this research not only sheds light on a pressing public health issue but also serves as a call to action to address the cultural nuances that impact healthcare decision-making in diverse societies like Assam. By doing so, we can strive towards a future where healthcare choices are driven by evidence and compassion rather than superstition and fear.