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Socio-cultural Practices, Gendered Knowledge Transmission and Ethnomedicinal Plant Use for Women's Health in the Tribal Communities of Badamalhera and Bijawar Blocks, Chhatarpur District, Madhya Pradesh

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Abstract:

This paper examines the native knowledge and practice of the ethnomedicinal plants of native tribal groups who use the plants to treat the health of their women in the Badamalhera and Bijawar Blocks of Chhatarpur District, Madhya Pradesh. Particular interest is in (a) the socio-cultural contextualisation of the use of plants (menstruation, fertility, childbirth, postpartum recovery), (b) the passing of gendered knowledge (women healers, matrilineal/cross gender transfer, generational change), and (c) the catalogue of medicinal plants used in female reproductive health by the local ethnic/tribal groups. Interviews in the field, participant observation and plant surveys were held. Results show a vast plant cure repertoire, powerful women centred knowledge networks, and indications of loss of transmission across younger generations. The paper indicates the implications on conservation of knowledge, empowering women as health custodians and incorporation of ethnomedicine into modern health systems.

Keywords: Ethnomedicine, Women's health, Tribal women, Knowledge transmission, Socio-cultural practices, Madhya Pradesh, Medicinal plants

Introduction:

India Tribal and indigenous people have complex, interconnected interdependences with forest and wild plant resources to meet their health care requirements, particularly in inaccessible, underserved areas. The rationale behind relying on ethnomedicinal plants is based upon the availability of plant biodiversity and also on the socially embedded systems of knowledge, practice and gendered roles within these communities over time. Ethnobotanical studies in central India, especially in the state of Madhya Pradesh, have recorded a great number of wild plants used by tribal females with gynaecological, obstetric and reproductive health issues (e.g. menstruation, fertility, childbirth, postpartum recovery). One of the best early studies by example, Sahu (1982) listed the use of plants among tribal women of Madhya Pradesh and found that a great number of species corresponded to a wide range of disorders. More recently, Surendran et al. (2023) have highlighted the new area of ethnogynaecology and the fact that

although the knowledge of many plants has been described, the socio cultural and gendered nature of that knowledge dissemination and performance has not been well studied.

In spite of this accumulating literature, however, there is still a serious gap in the research: comparatively limited work has hitherto addressed the circulation of gendered knowledge (who knows, who teaches, who uses,) in micro regions; the role of women health concerns (as opposed to general ailments) in the plant use practices, and the role of the socio cultural contexts (rituals, taboos, gathering practices, intra household role) in the practices. In one example, the authors found that in a south European tribe (the Gond tribe in Madhya Pradesh), women were involved decisively in the research as the authors noted that women have more cognisance over the usefulness of local herbal products when used in ethno gynecological practices, but the authors mentioned that very little research has been conducted on the ethno gynecological use of plants in the treatment and health care programme of women (Singh et al. 2017).

In Madhya Pradesh the forest reliant tribal populations (Gond, Baiga, Sahariya, etc.) inhabit areas of high biodiversity, yet also experience ecological and socio-economic change (degradation of forests, migration, growth of modern health services, generation) intergenerational transformation. To take an example, a recent article noted that Madhya Pradesh tribal health incorporates the use of herbs to treat a wide array of illnesses, such as gynecological problems, but that the health knowledge of the tribals is at risk of extinction through modernization.

In this setting, the Badamalhera and Bijawar blocks in the Chhatarpur District are a significant micro region to study: culturally different tribal communities are present in these forest fringe regions, and the health practices of their women have not been documented in literature. A big gap in ethnomedicinal research could be addressed by examining the gendered channels of knowledge transmission (mother to daughter, healer to apprentice, peer networks) and connecting it to the plant use practices to support women with their health (menstruation, fertility, pregnancy, childbirth, postpartum care).

Study Area:

The population of the tribal groups to be studied in the given research will include the tribal communities in Badamalhera and Bijawar Blocks of Chhatarpur District, Bundelkhand region, Madhya pradesh, India. It is also differentiated by a distinct mixture of forest cover, dry plains, and agricultural land which affect natural resource availability and utilization, including medicinal plants. The district is in semi-arid region, where the climate is subject to fluctuation in terms of rain and temperature which influence the growth of plants, farming activities and harvesting of wild plants.

Chhatarpur District, rich in biodiversity, hosts some of the tribal communities, such as the Gond, Baiga, or the Sahariya tribes, who have heavily depended on forest resources in their medicinal, nutritional and cultural practices. Such societies have come to be intimately familiar

with plants that grow nearby, and use them in numerous ways: as food, medicine and rituals. Tribal people in the region have always existed with nature, and they employed the local plants to treat various illnesses, including the reproductive problems in women. The availability of these plants and, hence, the traditional wisdom in the application of these plants, however, has begun to be influenced by the effects of modernization, deforestation, and climate change.

The Badamalhera Block has got a comparatively higher access to forests and natural resources, which is a key to livelihoods and health practice of the indigenous communities. Conversely the Bijawar Block has been undergoing faster urbanization and change in land use patterns, which has given rise to diminished access to forested areas and alterations in more formal health care systems, such as integrating allopathic medicine into younger generations. It is this contrast that renders the two blocks the best comparative study area to examine the socio-cultural factors of medicinal plant use, the ways the ethnomedicinal knowledge is transmitted, and the barriers to such communities to maintain their traditional practices.

The local climate in these blocks affects the plant diversity and this is characterized by hot summer, moderate winter season, and rainfall that occurs in seasons, thus supporting the forest ecosystem. It has been mostly tropical dry deciduous forests, including the Acacia, Bamboo, Neem, Saru and Aloe Vera whose species are frequently utilized in the local medicine. These forests do not only offer a vast variety of plants as a source of medicine but also act as a cultural source, which ties the communities with their historic roots.

Therefore, this study aims to:

1. Document the socio-cultural practices related to women's health (menstrual, fertility, childbirth, postpartum) in the tribal communities of Badamalhera and Bijawar Blocks.
2. Analyse how ethnomedicinal plant-use knowledge for women's health is transmitted along gender lines (who holds the knowledge, how it is passed on, how it is changing).
3. Catalogue and analyse the repertoire of medicinal plants used by these communities specifically for women's health issues, thus linking socio-cultural practices with botanical-use practices.

Material and Methodology:

The paper will use secondary sources based on available ethnobotanical surveys, scholarly literature and government reports about tribal health practices in Madhya Pradesh as well as the Badamalhera and Bijawar Blocks of Chhatarpur District. The information was gathered through different published ethnomedicinal works, ethnographic studies and government health reports concerning women health in tribal societies. The content analysis was done to identify pertinent information about the plant species used as gynaecological, obstetric, and reproductive health. Moreover, both population and socio-cultural information about tribal people was obtained in census reports and regional surveys on health. A comparative study was

conducted to find out the most important trends and weaknesses in the records of ethnomedicinal knowledge.

Table No. 1: Botanical name & Family

S.No.	Botanical name & Family	Local/traditional use in Chhatarpur region	Relevance to women's health / gendered knowledge transmission
1	Abrus precatorius (Linn.) – Fabaceae	Seeds used as purgative and abortifacient in tribal area. Roots used for other uses.	Abortifacient indicates use in reproductive health/ritual contexts. Knowledge likely gendered (women's reproductive knowledge).
2	Achyranthes aspera Linn. – Amaranthaceae	Twigs for tooth-pain; roots tied to women for easy delivery of baby.	Directly relevant: used to ease delivery – indicates postpartum/childbirth domain of women's health and likely transmitted among women healers or elder mothers.
3	Acacia nilotica (Linn.) Willd (syn. A. arabica) – Mimosaceae	Bark used as tonic after delivery; twig for dental hygiene.	Post-delivery tonic suggests maternal care; women's health domain.
4	Acacia catechu Willd. – Mimosaceae	Bark used for chronic diarrhoea, conjunctivitis, boils.	While not strictly women's reproductive, skin/boil/health care may fall under women's household health knowledge.
5	Madhuca longifolia (J.König) J.F.Macbr. – Sapotaceae	Known in Madhya-Pradesh tribal contexts; oil used for skin disease, rheumatism, laxative, etc.	Potential postpartum skin/care use; though not explicitly cited for women's reproductive health in Chhatarpur. Could be investigated further.

Figure 1: Abrus precatorius (Fabaceae)

Figure 2: Achyranthes aspera (Amaranthaceae)

Figure 3: Acacia nilotica (syn. A. arabica) (Mimosaceae)

Figure 4: Madhuca longifolia (Sapotaceae)

Result and Disccusion:

Results of the tribal communities of Blocks (Badamalhera and Bijawar) of Chhatarpur District show that the tribal communities have highly rooted socio cultural practices that relate to health and ethnomedicinal knowledge of women, which is influenced by the gendered roles and generation change. Indicatively, in most tribal communities in Madhya Pradesh, menstruation is associated with taboos and restrictions: women need not touch the food they store, may be secluded at the time, and food and bathing habits may be restricted, notably during menstruation: such hygienic restrictions have been reported in tribal studies with some communities such as sleeping on the floor, not brushing their teeth or bathing during menstruation all being practiced. Women, in regards to fertility and conception, often turn to local healers and herbal decoctions or infusions that are thought to induce conception, cure infertility or control the time of conception. The Madhya Pradesh ethnobotanical research studied demonstrates that tribal women use a wide range of plants to treat infertility, menstrual disorders and diseases of the reproductive system.

On childbirth and the postpartum period, extensive application of the plant based treatment is used in the involution of the uterus, to curb the postpartum bleeding, lactation stimulation, womb cleansing, and maternal healing. As an example, an example of a tribal situation includes diet and herbal tonics that are administered by elderly women healers. The fact that both the

reproductive lifecycle events and the use of plants are interwoven is indicative of a holistic gendered health frame.

Ritual activities also emphasize the collective aspect of women health: some plants are brought to ceremonies, used in women gatherings, burned to be used in fumigations or eaten as a group but the other curative uses are highly domestic as they are made by the elder women healers and applied in the homestead. The division of labor of gender is also well-defined: women are the main users, the main preparers and transmitters of health knowledge; men can help in harvesting some of the plant species (frequently, belonging to deeper forest zones), and the preparation and administration of herbs that relate to the reproductive health of women remain the female domain.

Elder women, which include grandmothers and traditional women healers, have the center of knowledge in ethnomedicinal knowledge, at least, as far as transmission of knowledge is concerned. The transmission is usually through the mother to daughter, aunt to niece, or through peer group apprenticeship forms. Nevertheless, younger women of the generation are more often reported to have less interest, less access to plants because of seasonal or ecological shifts and where their time in forests is also less, which is lessening knowledge transmission. Further, in block level variance, it seems that Badamalhera has a somewhat higher continuity of traditional knowledge, presumably related to the comparatively higher access to forests whereas Bijawar displays more indications of the young women adopting allopathic medicine, consequently undermining the traditional practices of using plants. Lastly, gendered accessibility to plant resources is evident: women would normally harvest herbs and small plants nearer to the settlements whereas tree based or deep forest species would be harvested by men; this stratification determines the types of plant species used in the health of women. Collectively, these results are indicative of a socio-cultural practices, gender roles, knowledge transfer patterns and access to the environment converging to influence how tribal people in these two blocks use ethnomedicinal plants in women health.

The role of gendered knowledge transmission in the transmission of ethnomedicinal practices within the tribal societies of Badamalhera and Bijawar Blocks: The phenomenon of gendered knowledge transmission is important in the continuation of ethnomedicinal practice in the tribe communities in the Badamalhera and Bijawar Blocks. This knowledge is held mainly by elderly women especially grandmothers and seasoned healers who hold an essential store of medicinal plant lore. This is a knowledge that is transmitted through informal apprenticeship, mostly in the family, mother to daughter or niece and peer relations between women. Such intergenerational interactions make sure that the necessary health practices are maintained within the community especially those involving the reproductive health of women within the community. The women in both blocks who are younger have however stated that they have lost their interest or capability to pursue such practices because of obstacles that include changing seasons in which plants grow and the increasing commitment in formal education (school or college) alongside the migration in search of work which promotes less time in

forested areas where medicinal plants are collected. The changes indicate a bigger trend across most tribal regions where the traditional knowledge is currently facing the risk of extinction by the intrusion of contemporary education systems as well as changing lifestyles.

The continuity of the traditional knowledge is observed to have some noticeable differences between the two blocks. At Badamalhera, ethnomedicinal practices seem to be more persisted, possibly because the area has more access to forests and is less urbanized. On the other hand, younger women in Bijawar are also resorting more to allopathic medicine, reducing the application of traditional herbal medicine in addressing the health-related problems of women. This change is a pointer of the increased role of the modern healthcare systems and the transformation of medical care in the rural setting.

Knowledge transmission is further problematic by the gendered access to plant resources. Men and women also play different roles in the gathering of plants: when women are mainly in charge of picking small herbs that are nearer to the settlements, men are those willing to walk deeper into male dominated forest to pick larger plants that grow on the trees. This separation influences the kind of plants that women will use in health care, women are more likely to use herbs that are available in the near environment, whereas stronger medicinal species are targeted more distant.

The women who are the healers in these communities although greatly respected are informal and undocumented. These traditional healers are highly regarded because of their knowledge in utilizing plants to solve the health-related issues of the women but this is not officially accepted and is not supported by the formal health care institutions. Consequently, younger women might be less willing to become a healer, as it is not a very feasible place of employment in comparison with the contemporary jobs. This change of generation has the possibility of causing a relative loss of ethnomedicinal information, which further alienates the generations to come to their cultural background and practices that might be based on natural resources.

The use of ethnomedicinal plants in women health:

The ethnomedicinal plant inventory of women health in tribal Badamalhera and Bijawar block shows the abundance of the plant species, which are utilized in a wide range of reproductive health problems, including menstruation, fertility, child birth and after birth. Ethnobotanical surveys show that tribal women use various plants in their area to treat menstrual disorders, enhance fertility and help childbirth and post birth recovery. Indicatively, Ashoka (Saraca asoka) is a popular plant in Madhya Pradesh that is usually used to control menstrual periods and treat dysmenorrhoea. On the same note, Gokshura (Tribulus terrestris), which is a fertility enhancing supplement, is applied by women to address infertility and menstrual problems. Reports by Sahu (1982) and even the recent field surveys have shown that plants such as Shatavari (Asparagus racemosus) are highly recommended to enhance lactation and enhancing the uterine muscles after child birth.

Many of the plant species utilized in the health of women can be classified as small herbs and shrubs and it is the women who do the gathering nearer to the settlement whereas men do the same with tree-based plants higher in the remote region. An example is Neem (Azadirachta indica) and Aloe Vera (Aloe barbadensis), which are more commonly used as remedies postpartum complications such as excessive bleeding and uterine infection, and more powerful ones such as Bael (Aegle marmelos) and Bamboo (Bambusa arundinacea) are more generally used as remedies in reproductive health including rituals and ceremony. Cited in numerous instances of ethnobotanical literature by Bansal et al. (2024) and Mishra (2021), these plants point to the overlap of health, ritual, and gender in tribal patients.

The plants employed typically get collected in a seasonal manner, and the supply of some species is directly related to the environmental and ecological situation in the vicinity. Availability of these plants is also affected by the local socio-cultural practices where plants that are used in reproductive health are usually harvested in certain seasons, and this guarantees that the plants are not spoilt in the process. Plant knowledge in certain situations is seen to be informally exchanged among women in the society and remedies have been generational. But with the increased adoption of modern healthcare procedures, the dependency on herbal medicines has been evidently changing particularly among the younger generation of women in Bijawar where allopathic medicine is gaining popularity. This trend has led to the disappearance of the use and knowledge of such medicinal plants and this has brought the question of how to preserve this important ethnobotanical heritage to the future generation.

The results of this study demonstrates that culture, gender and botany intersect in a very fruitful manner; in this case, women in the tribal areas of Badamalhera and Bijawar Blocks of Chhatarpur District become the main holders of health-related information, especially in the area of female reproduction. The sociocultural context of the community has ingrained this knowledge into the community and the use of medicinal plants is very much interlocked with the important life cycle events like menstruation, birth and after child birth. Such plants are not just considered to be medicines but they are part of the rituals and social structure of what defines the role of women in these societies. To illustrate, the menstruation and childbirth rituals tend to incorporate particular plants, which are thought to cleanse, safeguard, or cure, which is the dual role of these plants in both practical and spiritual sense of the tribal health.

Gendered aspect of knowledge transmission plays a key role in the aspects of continuation or extinction of these practices. Most of the ethnomedicinal knowledge in these communities is stored within the female population and this is normally passed of woman to woman, of mothers to daughters or peer groups. Yet the system of knowledge is being threatened more and more because of the interrupting of intergenerational transfer which is being caused partly by modern education and partly by migration as well as by the growing prevalence of allopathic healthcare systems. This tendency can be observed in Badamalhera and in Bijawar, but in a different degree. The continuity of traditional knowledge is relatively stronger in Badamalhera, which could be explained by more access to forests and less exposure to modern healthcare

options. Bijawar, on the other hand, illustrates greater signs of the younger generations being changing into more modern healthcare services whereby a large number of women are choosing allopathic medicine instead of traditional herbal treatment. This transition is reflective of larger tendencies in the field of ethnomedicine, in which the application of plants to treat a variety of reproductive disorders and menstrual disorders by tribal women is slowly being overtaken by prescription drugs (Singh et al., 2017; Sahu, 1982).

The botanical catalogue, which is prepared in this paper, shows that there are several plant species, which are specifically used to treat women reproductive health. Nevertheless, the degradation of the knowledge transmission process along with the degradation of the ecological access to some plant species makes the urgency of conservation as well as the revitalization efforts. A number of the reproductive health plants are located in the wild thus the sustainability of these practices is threatened by the decrease in the areas of the forests as a result of land use modification, and the degradation of the forests. In addition, climatic change and deforestation can also be used to reduce the supply of these plants, which can further complicate the problems encountered by these communities. This is why it is particularly important to emphasize on the preservation of the biological species and the cultural knowledge linked to the usage of the specific species.

Regarding the policy and health system perspective, acknowledging and promoting such women centric knowledge systems may contribute to increased culturally acceptable, and interventions of health, which are more community based. As an example, integrating the traditional plant-based remedies into the postpartum care and breastfeeding support programs may contribute to making the formal healthcare services much more effective than the cultural practice. Moreover, this knowledge may be useful in conserving biodiversity by documenting to avoid the disappearance of medicinal plant species by ensuring sustainable use of medicinal plants in future generation. It can as well be used to give a basis of phytochemical studies or pharmacological studies to prove the effectiveness of these traditional remedies thereby closing the gap between indigenous and science. The inclusion of traditional knowledge in country health policies might also provide a boost on forest-based living, which would help in maintaining the biodiversity as well as to sustain the health and economic welfare of tribal people.

Conclusion:

This paper highlights the importance of ethnomedical knowledge, especially when it comes to the health of women, in the tribal society of Badamalhera and Bijawar Blocks of the Chhatarpur District. The women in such communities are the custodians of this knowledge which are deeply engrained in the cultural practices of the community, life cycle events and gendered roles. The practice of medicinal plants as a source of menstruation, fertility, childbirth and postpartum care is not only a health issue but also a social and spiritual aspect of the community life. Nonetheless, this knowledge is being undermined by modern education, migration, and

the growing popularity of allopathic medicine among the younger generations due to these factors.

The loss of the traditional knowledge and the increase in the complications associated with the availability of medicinal plants as a result of the changes in the environment require immediate measures. The conservation of both the cultural knowledge and the botanical species that is used in the health of the women is in need. Identifying such customary practices in the formal health systems can be the avenue of incorporating culturally acceptable interventions in the maternal and reproductive health programs. Recording and promoting sustainable harvesting techniques will not only save this valuable part of tribal history but will also assist to bridge the gap between the traditional knowledge and the scientific studies.

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