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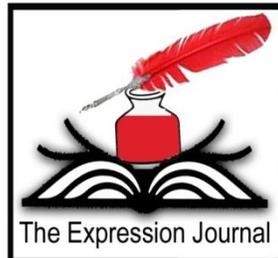
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SOCIO-CULTURAL DIMENSIONS OF TRIBAL HEALTH IN INDIA: ISSUES AND PROSPECTS

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Abstract

The paper explores the link between social factors that affect health and development of diseases among tribes in India. The various social values of tribes not only play a vital role in the origin, experience and treatment of illness, but also the physical and biological problems itself are influenced by the former one. Culture is the determinants of behavior of both the health professionals and patients. Hence analyzing diseases or medical cure without investigating the connection between the tribal culture and beliefs is to miss out on what is unique in the sociology of health and illness. Moreover, knowledge about the values and beliefs, norms and lifestyles not only provide insights into the nature and cause of illness, but also about the social organization of human resource designed to cope with health hazards.

Key-Words

Social Factors, Health, Development of Diseases, Culture, Tribal Health.

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ISSUES OF TRIBAL HEALTH

Health is not all about physio-biological determinants confined to a narrower, isolated and individualistic domain, rather it is an assemblage of a host of other intervening variables like social, cultural, mental, emotional and spiritual, acting simultaneously upon each other and forming a holistic network in a given community life (Mishra & Kapoor 1999). Health system of every society is concomitant to its various aspects of culture and belief systems. Systems of belief are often linked with the diseases and its causations, methods of treatment and cure within a given society (Bhadra & Chakravarty 1997).

Therefore, any study of an individual's health and health seeking behavior cannot be devoid of the socio-cultural network of that community, owing to their inherent linkages among themselves (Basu & Kshatriya 1994). Hence, it would be difficult to study sickness and medical treatments in the absence of their widely belief systems.

The present paper tries to study how tribal community views its health problem in relation to its distinct sets of norm, values and beliefs, and thus determines the nature and causation of diseases and its members' state of health. It seeks to enquire into the ways by which tribals' traditions and customs, values and beliefs affect their perceptions about health, sickness, death and diseases. Besides, the issues related to their health seeking behavior and also about the competence of traditional health practitioners, their patients, therapies etc, need to be analysed.

Another important issue would be to look at the modern medical institutions (health professionals and their views, interactions and experiences, perceptions) and problems in healing and dealing with the tribals. There is a general impression that the tribals stick to their traditional healthcare practices and systems of healing, and do not get attracted to the modern health practices (Chaudhuri, 1986, pp. 379-388). It is, therefore, important to ask how their indigenous

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and traditional cure systems, training and perceptions about health, sickness, death and diseases work. Moreover, what are the tribals' own perceptions of modern facilities and health professionals. Hence, it is important to analyze tribal health scenario against the above-mentioned socio-cultural backdrops and discuss some of the vital emergent issues.

Apart from the aforesaid issues, some other elementary issues are also contributing to the debates of tribal health and its socio-cultural determinants such as: what do we mean by indigenous health practices of tribal people? Are diseases tribe specific? Is their indigenous health system a myth or reality? Apart from these, there are also some recurrent issues which have been hounding the realm of tribal socio-cultural health studies like –what is the impact of modern health facilities over the tribals' own traditional health system? In other words, how do modern systems and traditional systems interact? Why are some aspects of modern medicine accepted, while others are rejected? Or, are the tribals' truly not interested in accepting modern medical facilities? And finally, are modern facilities entirely non-existent in the area? (Chaudhuri 1986)

More importantly, there is also a severe lack of sociological writings on tribal health and its socio-cultural determinants. So, the review of literature on cultural dimensions of disease and their health in the context of tribal societies reveals that there are only few analytical studies available. It is significant to note that most of the existing literatures are fragmentary and thereby do not appreciably add to our understanding of the problem at hand. So, the scanty focus on the treatment of disease as covered in various studies of tribal people by Elwin (1939), Basu (1994), Chaudhuri (1986) etc hardly supplement much material to give a comprehensive picture of the tribal health status.

Social Cultural Aspects of Tribal Health and Disease

Tylor defines 'culture' as that complex whole, which includes knowledge, belief, art, morals, laws, customs and any other capabilities and habits acquired by man as a member of society. In general, culture as a learnt behavior transmitted socially from one generation to another, is the chief determinant of human behavior. However, the relationship between health and culture is much more entangled. Implicit in all theoretical conceptions, health and disease depend on the state of health institutions on one hand and socio-cultural context on the other. For example, an obese woman in some cultures is an object of envy and desire, whereas obesity in other groups is viewed as a physical disease with negative emotional manifestation attached to it. Similarly in some societies supernatural powers are attributed to the epileptic, whereas in others, persons afflicted with epilepsy are regarded not only as sick, but they also become an object of scorn and social prejudice. In other words, conceptualization of health and disease is very culture specific (Mechanic, 1978, pp. 16-17).

So any study about health and disease which ignores the socio-cultural backdrop is not only bound to fail in comprehending the true nature of the concerned community's health problem, but is equally fatal to social science research. It is important for planners to take into consideration the patients' life cycles, beliefs, cultural milieu, and social organizations coupled with some of the value systems like the prevalent ideals of sympathy and care inherent among kinsmen for the patient. So, health is concomitantly related with the material as well as non-

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material aspects that surround an individual. Any attempt to understand the concept of health in narrow perspectives would misconstrue the undertaken field of health research. It is, thus necessary to relate the study of tribal health to their socio-cultural milieu.

Apart from physico-biological dimension (mechanistic functioning of the body), the concept of health among tribes comprises of various other aspects like mental health (thinking ability), emotional ability (expressive health- joy, grief, pain etc), spiritual health (way of acquiring peace of mind), societal health (individual's health connected with its social surrounding), social health (health based on inter-relationship among people) and finally a holistic view (inter-relatedness of all aspects of health) (Mishra & Kapoor, 1999, pp. 277-78). In addition, health is a product of complex interplay of several forces and factors, some of which are physical environment, nutritional availability and dietary habits; psychosocial culture; health culture and health related behavior; mortality and morbidity patterns; diseases and disorders; therapeutic systems in vogue and health delivery systems (Singh, 1994, pp. 42-43).

Theoretically, the concept of health in all tribal societies is functional rather than clinical. Therefore, in the context of the *Kondhs* of Orissa, having a normal headache, stomachache or weaknesses does not signify as a threat to health. People do not treat scabies, itches or ringworms as hurdles in their daily work. In fact, any person who takes them seriously becomes a source of laughter and joke. Affliction of diseases like malaria, chickenpox etc. is considered to be the outcome of follies committed by an individual, rather than a manifestation of unhygienic way of living in the community (Mahapatra 1994). For example, the *Sahariyas* of Rajasthan believe that disrespectful and derogatory gestures towards the 'supernatural' portend ill health for the community (Mishra & Kapoor 1999). Moreover, tribals do not always live in unhygienic and unhealthy surroundings, as is observed in the case of the *Santhals* and the *Hos*, who neatly plaster their houses, clean their utensils and clothes, and bathe regularly. Notwithstanding, they are completely unaware of the causative aspects of hygiene and good health (Mahapatra, 1994, pp. 5-6).

The tribals' belief of causative aspects of diseases can be systematically explained in terms of two causes i.e. supernatural and physical. The former comprises a violation of prevalent taboos, sorcery, will of ghosts, ancestral spirits and supernatural powers; evil eyes, evil mouth *Mana*, fetish etc. Physical cause, on the other hand, includes effect of weather, effect of stale or contaminated food, accidents and natural calamities etc. It has been seen that supernatural causes of disease are more dominant in tribal societies. Even life threatening diseases like tuberculosis and cancer are considered to be the outcome of unseen forces. Besides, ailments like skin and venereal diseases are seen as outcome of some sins committed by the individual, either in the past or present, therefore, leading to a belief that these diseases cannot be prevented (Swain, 1994, p. 42).

Tribal people also perceive diseases in terms of gender, age, curable or non-curable, hereditary and non-hereditary. For example, physical (sexual) prowess is considered exclusively male specific, whereas melancholia is believed to be generally confined to grown-up girls as a disease. Children are also seen to be more vulnerable to inauspicious factors than the elders. In

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addition, leprosy is viewed as incurable, while tuberculosis, diabetes, fileria, color blindness as hereditary ones (Behuria, 1999, p. 257).

Treatment System

It has generally been emphasized that in India tribes usually believe that most of the diseases, especially epidemics, are caused by evil spirits. They also believe that a violation of any taboo will anger the clan God and the violator will then be subjected to punishment. In fact, tribals see a close link between disease and sorcery, violation of taboo etc. To protect themselves against diseases tribes worship a number of deities and spirits. However, in case of diseases supposedly caused by evil eye, sorcery or witchcraft, they seek the help of traditional magician-cum witch doctor in the community, which comprises of a specialist like diviner, ethno-medicine man, shaman, mid-wife, masseur, and sorcerer. The therapist may specialize in more than one type of disease based on an ongoing learning process and years of experience. Spiritual accreditation is another characteristic of local medical therapy (ibid.). However, one cannot simultaneously perform two roles like that of a shaman and sorcerer side-by-side. Shamans are the most sought after due to their proficiency in multiple areas, like curing snakebites, prescriptions of ethno-medicine, herbal medicine, freeing the victim from the influence of witchcraft or sorcery, exorcism etc. Therefore, all roles performed by the shaman are directly related to the cure of diseases, and indirectly related with the eradication of 'social personal maladies'.

In addition to the belief in healing power of the spirits, plants also play an important role in the tribals' healing practices. As Basu and others (1994) note, "herbal medicine comes as another alternative to tribal people for various treatments and is generally found in locally harnessed plants like tulsi leaves, turmeric powder etc. Sometimes herbs are used to avoid pregnancy, treatment of infertility etc. The tribals also combine Ayurvedic medicine with their own indigenous system" (pp. 30-31).

Therefore, plants not only play an important role in the process of treatment of various diseases, but also play a role in the socio-cultural and economic life of tribal people. For example, the *Baigas* (inhabiting mainly in central India) considered as the traditional doctors of the tribals have discovered numerous herbs by trial and error methods, the knowledge of which is orally passed on from one generation to another (Tiwari, 2001, p. 44).

Tribal medicine and treatment procedures can be systematically conceptualized under two heads i.e. *preventive* and *curative* methods of treatment. The preventive procedure comprises worship of God, belief in protective function of rituals, use of amulets, animal sacrifice, propitiation of disease seeking spirits etc. On the other hand, curative methods include worship of deities and spirits (Swain, 1994, pp. 17-18). Hence, for tribals, religion and medicine are not separate domains but closely and intricately linked. As Elwin notes, various gods are associated with various diseases among tribal people. Certain gods are associated with children's diseases; disease of pregnant women, and disease of animals etc. and propitiation of these gods is made directly through the shaman (Elwin 1944).

Therefore, religious performance occupies a prominent place in the treatment of diseases like smallpox and plague. As Mann and Mann observe, religion is quintessential to tribal health

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and cure. In their view, among tribes like *Garasala*, various ingredients of religion comprising gods, goddesses, spirits, ghosts and the associated rites and rituals have a direct link with diseases, sickness and their cures.

Within the entire gamut of disease and cure among tribals, the supernatural ghost is another deity of utmost significance. Mann and Mann further show how among certain tribes like the *Onges*, *Nicobarese*, *Hakkipikki*, *Bhils* etc., the healing power of the supernatural is largely well recognised. As in the case of the *Onge* (hunting and food gathering tribe of little Andamans), there is an intimate relationship between people, health and religious belief. So, the *Onges* depend on their religious men to cure various diseases. Their medical specialist called 'kuvera' (holy man) links the root cause of a disease with supernatural forces. They specialize in the prevention of diseases mainly caused by religious forces. Similarly, the *Hakkipikki* (a tribe of trappers and sailors in Karnataka), too are heavily influenced by beliefs in spirits. In this regard the effect of spirit on health is widely recognized (Mann & Mann 1986).

Many tribes have their own system of cures for sicknesses and heavily hinge upon socio-cultural milieu. Eg. the *Sahariyas* of Rajasthan have developed their own explanation of sicknesses and consequently devised their own unique techniques for cure. Thus, traditional medical system, which understands disease in terms of evil spirits, can only be cured by spiritual powers. Patients often fall back upon their local witch doctor called *Janteyar* even for serious diseases like typhoid, tuberculosis, tetanus, pneumonia, measles and polio, as these diseases are believed to be engineered by evil spirits and ghosts of the dead, and therefore can supposedly be warded off only by them. Here, *Janteyar* also represents a particular deity (Mishra & Kapoor, 1999, pp. 280-281). Though to the modern man these practices often appear to be non-scientific and illogical; to the tribals, these practices are linked to restoration and maintenance of good health.

In other words, superstitions have teleological explanations which may not augur well in the realm of empirical science, but at the psychological and cultural level, they imply a plethora of rich and complex meaning systems. Since the traditional medicine man shares common cultural tradition with the patient, the component of faith and trust emerges as an intrinsic value in this nexus. As Carstairs (1955) observes "no matter how much a medicine you give to a patient, unless you and he have faith in it, he never will be cured." (p. 107). So faith is very crucial to the socio-psychological reinforcement of health which is grossly missing in modern medical system (Mishra & Kapoor 1999).

Modern Health System versus Tradition Health System

It has been emphasized in the foregoing discussion that every cultural system defines and cures their diseases in their own specific ways leading to variations in treatment procedures from one community to another. But these cultural complexes might be meaningless from modern health system's viewpoint. So a few pertinent questions arise as to how do these two contradictory approaches- traditional and modern health cure systems- operate within their individual paradigms? Why are tribals accused of not accepting modern facilities? Are tribals really not interested in accepting modern medical facilities or does their paucity in the area disincentivize them?

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Tribal communities generally cling to their traditional culture, in spite of the onslaught of forces of modernization in recent times. There is strong resistance to change by the tribal people particularly in the domain of health. Diseases and treatment are explained according to their traditional flurry of causation. Talking on the same line but in a more systematic manner, Carstairs (1955) further adds that the persistence of traditional indigenous health care system is mainly due to the gap of understanding between the western trained doctor and the Indian villager. This gulf is created due to incompatibility in perception between the two cultures-western culture and tribal culture. For instance, in western system of medicine, anemia is a biological disorder that could be cured by the administration of some iron and vitamin tablets. But among the tribes anemia is seen as a moral weakness due to transgression of the ethical code, which can be cured by taking holy bath. While studying Indian culture and personality in Sujarupa and Delwara areas in Rajasthan, Carstairs, as mentioned previously, reiterates the significance of "trust or faith" which is so supreme that even the best of cures and medicines do not work without it. This lack of trust on the western medical system among tribal people is the root cause for the creation of this major gulf. (p. 108)

Thus, tribes have three grounds of distrusting western medicine: *firstly*, diagnosis and explanation of diseases purely in western terminology, *secondly*, inability of the western trained doctors to emulate the indigenous tribal practitioner and *thirdly*, lack of reassurance about the efficacy of medicine to cure diseases, unlike their own healer who assuredly reinstates their confidence in the efficacy of the treatment (Carstairs, 1955, p. 107, p. 122).

Likewise, the contrast between western and rural Indian medicine can also be studied in terms of doctor-patient relationship where social structures act as the primary frame of reference. In this context, unlike psycho-cultural explanation of the existing gap between modern and traditional health systems, various institutions like social status, roles, religion etc. are germane to understanding the existing chasm between the two entities. For example, Marriot (1955) in his famous study of Kishangarhi in Aligarh district of Uttar Pradesh reveals several incompatibilities between indigenous and western medical practitioners primarily in terms of their roles, lifestyles, behavior, and attitudes etc. that constitute the primary source of conflict.

However, this does not mean that all tribal people resort to traditional treatment only. Rather many go for modern medicines too. As Chaudhuri (1992) shows, how villagers of Asnabani, a multi-caste village in Midnapur district, West Bengal believe that overwork and polluted tank water are the major cause of certain diseases. They also have a fair idea about the contagious nature of measles. Hence, their worldview about disease and illness are fairly causative and scientific. At the same time, they view sudden fever as the effect of evil spirits or witches. Hence, they rely on both traditional as well as modern health system.

Therefore, the common assumption that tribals are very much confined to their own traditional medical system and reluctant to use modern medical facilities is far from reality, rather it gives a one-sided picture. In fact, many tribes display tremendous enthusiasm to avail modern health facility, provided they are affluent enough or have access to such facilities. While studying

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the health culture of the tribal workers of the tea industry in West Bengal, Bhadra and Chakravarty (1997) discern that some diseases like paralysis, chickenpox are understood in terms of witchcraft and spirit affliction. However, other diseases are explained through physical, natural and biological determinants (p. 183). This shows the decline of influence of supernatural agency in their worldview of disease and health. It also shows that spread of education, modern medical services and contact with the outside world have eroded their traditional concepts of aetiology of diseases substantially.

However, the temptation to fall back on traditional practices is largely due to poor availability of doctors and medicines at the health centre. In addition, unavailability of alternative sources of modern medical facilities of treatment, economic constraints, illiteracy, negligence and ill treatment by the staff of the health units renders the tribals vulnerable to ultimately resort to their traditional health practices (ibid.). Thus, while studying the perceptions of health and patterns of health seeking behavior among the tribal population groups of Bastar district of Madhya Pradesh, Phulbani and Sundergarh districts of Orissa; Basu, Jindal and Khatriya (1994) show how one of the tribes called *Kutiya Kondhs* from one of these regions relied on traditional medicine because they have no other options. The reason for this has been attributed to the distant location of health care facilities, rough and really difficult terrain, economic conditions, and non-availability of medicines. Furthermore, far flung location of health care centers often leads to loss in wages due to usurpation of valuable labor hours (p. 33).

PROSPECTS

The logic of understanding non-conventional domain of tribal health, other than physico-biological explanation, is borne out of the fact that it equips us with a streamlined approach to tackle the perennial problem of tribal health. The reason for having in-depth knowledge of socio-cultural background of tribal people is not only to understand their conception of health and cure, but also the patterns of diseases that exist among them (Ali, 1994, p. 130). The heterogeneous population of tribal communities coupled with their varied socio-cultural tradition, economic interaction with outside world, perceptions and conceptualization of diseases and its treatment techniques are bound to be different from each other. Therefore, if health policies are to have any bearing on the tribals, it is pertinent to study these specific and different traditional practices and their implications over the modern medicines (Chaudhuri, 1992, p. 33).

It is often also argued that poor health of tribal people is resultant of the widespread assumption that tribal proximity with nature creates an environment which should be beneficial to their health. However, their overt dependence on supernatural cures makes them incompatible with the western system of medicine. Adding to their woes is the almost inaccessible terrain they inhabit, which in turn becomes a major hurdle for health services to be delivered smoothly and efficiently (Sachidananda, 1994, p. 59).

Conclusion

This paper attempted to look at the socio-cultural dimension of health among tribes in India. The link between social factors that affect health and development of diseases has been analysed. Since social values are fundamentally essential to the origin, experience and treatment

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of illnesses, therefore, the physical and biological problems are influenced by the former. Culture is the crucial determinant of behavior of both the health professionals and patients respectively.

Hence, analyzing diseases or medical cure without investigating its connection with the culture of the society and their beliefs is to undermine the basic tenets of sociology of health and illness. Moreover, knowledge about the values and beliefs, norms and lifestyles not only provide insights into the nature and cause of illnesses, but also about social organization of human resources designed to cope with health hazards.

So, it is rightly assumed that one should treat illness both as a subjective as well as an objective experience. Furthermore, as mentioned previously, apart from physico-biological dimensions (mechanistic functioning of the body), the concept of health among tribes comprises of a number of other aspects as mental health (thinking ability), emotional ability (expressive health, like joy, grief, pain etc), spiritual health (way of acquiring peace of mind), societal health (individual's health connected with its social surrounding) and social health (health based on inter-relationship among people).

In short, tribes have a holistic view of health (i.e. inter-relatedness of all aspects of health). Tribal health is a product of complex interplay of a multitude of forces and factors, some of which are physical environment, nutritional availability and dietary habits; socio-psychological culture; health culture and health related behavior; mortality and morbidity patterns; diseases and disorders; therapeutic systems in vogue and health delivery system.

It can thus conclusively be stated, that higher occurrence of various diseases in tribal population is due to the failure of the various public policies to incorporate the specific socio-cultural realities of tribes. However, the grave misunderstanding that extreme reliance of tribals on cultural beliefs to cure diseases is concomitant of severe backwardness and high level of superstition is extremely questionable. Therefore in order to reveal and further review this underlying misconception, socio-cultural determinants need to be given centre stage.

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