

A Review on health seeking behavior and reliance on Traditional & Complementary Medicine (T&CM) among Tribal Population of India

Soumitra Mondal^{1*}, Sudeepa Ghosh², Rahul Biswas³, Saikat Bhattacharya⁴

¹Demonstrator, Department of Community Medicine, Medical College, Kolkata, West Bengal, India

²Guest Faculty, Department of Biotechnology, JIS University, Kolkata, West Bengal, India

³Assistant Professor, Department of Community Medicine, Medical College, Kolkata, West Bengal, India

⁴Assistant Professor, Department of Community Medicine, Medical College, Kolkata, West Bengal, India

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Abstract

Currently in India 8.6% of the population can be categorized as so called “scheduled tribe”, spread across 705 districts of the country. Tribal communities are particularly prominent in Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Odisha, West Bengal, states located in Northeast India, and also in the Andaman and Nicobar Islands. World Health Organization (WHO) categorizes health systems into three groups in terms of the way they treat with traditional and complementary medicine (T&CM). The terms “complementary medicine” or “alternative medicine” refer to a broad set of health care practices that are not part of that country’s own tradition or conventional medicine and are not fully integrated into the dominant health-care system. Almost half the population in many industrialized countries now regularly use some form of T&CM (United States, 42%; Australia, 48%; France, 49%; Canada, 70%; and considerable use exists in many developing countries (China- 40%; Chile- 71%; Colombia- 40%; Cambodia-40–50%; & up to 80% in African countries). Average rates of reliance on traditional medicine showed high variation between sites: only 15% of illness episodes in the peri-urban site were treated using traditional medicine, but this figure increased in the sites with more difficult access to public hospitals (31 and 46% for the rural hills and rural mountain sites, respectively). In the context of India, several studies have proved that traditional societies do not get the most needed psychological security in modern medical system as it ignores the cultural components of disease and treatment prevailing in a given society. The causes of ill health perceived by the tribal communities can be divided into two categories, namely, known and supernatural. Health in a tribal society is understood not as phenomena in isolation but in relation to the magico-religious fabric of existence. Thus understanding the culture of tribal groups is important in understanding the concept of tribal health. Health culture of a community is referred to as the ‘cultural factors influencing the health of a community, cultural meaning of health problems, diffusion of health practices from outside, cultural innovations by the current generations to deal more effectively with health problems and the overall health-related behaviour of the community’.

Keyword: Traditional Medicine, Tribal population, Health seeking behaviour. Health seeking behavior of tribal population.

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Background

Medical science like all other disciplines, has been a function of time and place; its progress since the inception of human civilisation bears imprints of knowledge and practice of generations percolated through trade and travel or conquests and conflicts. Amalgamation and cohabitation of different practices continued in this vast country of diverse cast, creed and religion. However, in the recent past, general preference and scientific advancement of modern medicine outpaced all other methods over last two or three centuries. In spite of the wonders of modern medicine, traditional medicine has not gone into oblivion. It can be considered as the extract of expertise and wisdom preserved in different cultures surviving the test of time. World Health Organization recognises this along with other systems like modern medicine, complementary and alternative medicines. Complementary medicine or alternative medicine is not part of country’s conventional system and not fully integrated into the dominant health-care system[1], while traditional medicine usually indicate indigenous health traditions[2]. Sometimes the terminologies are used interchangeably. Though none of the three is part of biomedicine or modern medicine, eventually an integrative system

ought to be recognised and developed to effectively cater to the needs of mankind for a comprehensive health care. WHO also acknowledges this, as reflected in the Traditional Medicine Strategy 2014–2023, designed in response to the World Health Assembly resolution on traditional medicine (WHA62.13)[3]. Health itself can be considered as a state of dynamic equilibrium between an organism and its environment [4] while instability and disequilibrium result in disease condition [5]. Traditional medicine emphasises on the importance of harmony with nature and act as the guiding principle on which scientific developments take place. However, it is not very easy to generate evidence pool on traditional medicine. It often escapes the discourse of scientific community, but remains popular among general mass. Our tribal people have preserved many old practices and the article aims to explore their reliance on traditional and complementary medicine. This would provide a much needed insight not only on prevailing health seeking behaviours of that community but also domains for integrating various medical systems.

Geographical location Indian Tribal population

Studies on tribal health have been traditionally pioneered by anthropologists over the last few centuries. History of human evolution and migration in a specific geographical terrain is the chronicle of adaptation (or lack of it) of local tribes with various socio-political and environmental onslaughts. At present, it is estimated that in India 8.6% of the population belongs to so called “scheduled tribe” community spread across 705 districts. The term ‘Scheduled Tribes’ first appeared in the Constitution of India. Article

*Correspondence

Dr. Soumitra Mondal

Demonstrator, Department of Community Medicine, Medical College, Kolkata, West Bengal, India.

E-mail: drsmitramondal@gmail.com

366[25]. It defined scheduled tribes as "such tribes or tribal communities or parts of or groups within such tribes or tribal communities as are deemed under Article 342 to be Scheduled Tribes for the purposes of this constitution". In states like Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Odisha, West Bengal, those in Northeast India, and Andaman and Nicobar Islands, majority of the country's tribal people resides. People of these communities joined late in the roller-coaster ride of modern civilisation, hence many unadulterated customs and skills survived through generations. This helped in preserving the traditional system of medicines and enrich our understanding of health and disease.

The tribal population of India lives in a belt stretching from eastern Gujarat and Rajasthan in the west all the way to eastern states of Nagaland and Mizoram. This region known as the 'tribal belt'. These 'tribal belt' correspond roughly to three regions. The western region is eastern Gujarat, south-eastern Rajasthan, north-western Maharashtra as well as western Madhya Pradesh, is dominated by Indo-Aryan speaking tribes like the Bhils. The central region is covering eastern Maharashtra and Madhya Pradesh, western and southern Chhattisgarh, northern and eastern Telangana, northern Andhra Pradesh and western Odisha is dominated by Dravidian tribes like the Gonds and Khonds. The eastern belt centred on the Chhota Nagpur Plateau in Jharkhand and adjacent areas of Chhattisgarh, Odisha and West Bengal, is dominated by Munda tribes like the Hos and Santals. Roughly 75% of the total tribal population live in this belt. Further south, the region near Bellary in Karnataka has a large concentration of tribals, mostly Boyas/ Valmikis. Small pockets can be found throughout the rest of South India. By far the largest of these pockets is in found in the region containing the Nilgiris district of Tamil Nadu, Wayanad district of Kerala and nearby hill ranges of Chamarajanagar and Mysore districts of southern Karnataka. Further south, only small pockets of tribal settlement remain in the Western and Eastern Ghats. On eastern hills of India many hill tribes reside like Lepcha, Naga, Kuki, Mizo, Lusai, Garo, Khasi etc. They are mostly mongoloid tribes and carry many resemblance in life-style, foods, culture and festivals with tribes residing in South East Asian countries like Myanmar, Thailand, Malaysia and Indonesia.

In keeping with the above understanding of health the Indian context presents a varied and diversified health issues [6]

- I. By the varied climatic conditions and environmental variations ranging from the sub-freezing mountainous ranges in the North and some parts of Northeast to the warm tropical and coastal climatic conditions in the South to the arid and dry climate in the North Western regions and;
- II. There are differences in customs and practices among the people made complex by conditions of social, economic and political inequality.

Reliance of traditional healers

The growth of public interest in and use of traditional medicine and complementary and alternative medicine (T/CAM) has been well documented. Almost half the population in many industrialized countries now regularly use some form of T&CM (United States, 42% [7], Australia, 48%[8]; France, 49% [9] ; Canada, 70%[2]; and considerable use exists in many developing countries (China- 40%; Chile- 71%; Colombia- 40%; Cambodia-40-50%; & up to 80% in African countries). Average rates of reliance on traditional medicine showed high variation between sites: only 15% of illness episodes in the peri-urban site were treated using traditional medicine, but this figure increased in the sites with more difficult access to public hospitals (31 and 46% for the rural hills and rural mountain sites, respectively). Reasons for its popularity among tribal people is attributed to its alignment with their cultural norms, availability of herbal medicinal plants in hilly & forest region along with perceived efficacy and safety as well as low socioeconomic condition, less access to modern healthcare facility[10]. In the context of India, several studies have proved that traditional societies do not get the most needed psychological security in modern medical system as it ignores the cultural components of disease and treatment prevailing in

a given society[4]. The traditional healers act as the medium between man and nature the supernatural entity and provide spiritual security to the tribal people. It has been argued that lack of emotional content and spiritual security in modern health care system causes the failure of its utilization. Sachchidananda [11] sees the field of tribal health aspects as a cultural concept as well as a part of social structure and organisation which is continuously changing and adapting itself to changes in the wider society. It is a faith, prevailing among tribes that diseases are caused by supernatural agencies. Broadly, the tribal people of India believe in four types of super-natural powers:

1. Protective spirits who always protect them.
2. Benevolent spirits who are worshipped at the community and familial level regularly, otherwise they may bring diseases or death.
3. Malevolent spirits-the evil spirits who control smallpox, fever, abortion, etc. &
4. Ancestral spirits, the spirits of their ancestors that always protect them.

The causes of ill health perceived by the tribal communities can be divided into two categories, namely, known and supernatural. Thus Choudhury and Lewis believes that the study of tribal health should be with reference to their distinctive notions regarding different aspects of diseases, health, food, human anatomy and faiths as well as in the process of interaction with modern world. Singh [12] indicates nine factors to examine and assess the tribal health situation in India. He highlights the effect of changing physical environment on tribal health, which is ultimately related to their economic pursuits, nutritional availability, medicines etc. Studies of Barth [13] reveal how ecological niche influence people's health status. Guite and Acharya [14] have shown that the acceptance of a particular health care system among the tribal people mostly depends on its availability and accessibility. It is interesting to note that while the tribal groups following traditional religion use traditional medicines putting religious or supernatural value on it, the converted Christian tribes use the same medicine excluding its religious tune.

Pramukh and Palkumar's [15] study shows that the tribal groups namely, the Savaras, Bogatha, Konda Dora, Valmiki, Koya, Kond Reddi etc. believe in the power of prayers and rituals that enables some herbs to act as medicines to heal diseases among them. They attribute diseases to certain deviant acts of self and others towards elders, nature, and divine rules. Thus, their first priority is to get spiritual cure in a traditional way. Jain and Agrawal's [16] study shows that the Bhills in Udaipur, Rajasthan, attribute disease to the act of deities and spirits of various kind and by appeasing them, they believe, disease may be healed. They depend on Bhopa (traditional healers), herbalist and Dais for cure of disease. The same study shows that people are, to a great extent, inclined towards modern health care system too, without ignoring the traditional system. Bhasin's [17] study among the Ladakhis of northernmost hilly parts of India shows a blend of health care involvement. She finds that in case of serious illness people tend to attend modern health care facilities. But in many cases accessibility of such facilities do not confirm people's acceptance of modern health care system. Nagda [18] shows that among the tribal people of Rajasthan, the western desert state of India, illness and consequent treatment is not always an individual or familial affair. At times the whole village or the community may be perceived as affected by such diseases and healing must be done at community level. Such perception shows the integrity and responsibility of entire community towards an individual or family and vis-à-vis which is defined by existing culture. In such cases modern system has nothing to do in treatment. Sunita Devi's [19] study among the Meitis of Manipur, the eastern hilly state bordering Myanmar, reveals that though the people are educated enough, the concept of deities and their effect on human health are widely prevalent among them. Bhasin's [17] another study deals with the causes of underutilization of Biomedicines among the tribal women of Rajasthan in treating sexually transmitted infection (STI) diseases, locally called Sujak. They attribute Sujak to the evil effect of matron, a spirit that evolves when a pregnant woman dies. The author finds

that when the women see a modern health care provider in case of other diseases, STI diseases are closely guarded and treated with the traditional healers. Jagga [20] have found that belief in spirits and deities are prevalent among the most of the tribal population in west Godavari district of Southern Indian state of Andhra Pradesh. The authors also show that the people are in transition and realize the changing situation in their environment, culture and food habit etc., for which, they believe, the traditional treatment system is losing its credentials.

Understanding Tribal Health

The socioeconomic status of tribal health in India is poor and is affected by the general widespread poverty, illiteracy, malnutrition, absence of safe drinking water and sanitary living conditions, poor maternal and child health services ineffective coverage of national health and nutritional services which make for the 'dismal health conditions prevailing among these vulnerable population'[12]. In India the tribal groups differ from each other in various aspects-language they speak, cultural practices and traditions and socio-economic categories. As the majority of them live in remote areas like forest and hilly terrains, they often remain isolated and untouched by civilization and are largely unaffected by the developmental processes that go on around them.

Health in a tribal society is understood not as phenomena in isolation but in relation to the magico-religious fabric of existence. Also most tribal communities define health, medical care and aetiology of disease in relation to social context[15]. Tribal health according to Singh [12] is largely 'influenced by interplay of the complexity of social, economic and political factors'... and their health behaviour by their culture. Thus understanding the culture of tribal groups is important in understanding the concept of tribal health.

Among the tribes health is understood more in functional terms than clinical. Ill-health or affliction by disease among tribes is often taken as incapacitation of an individual from perform his/her normal or routine work which she/he is expected to carry out in society. This functional understanding of health among tribes make them often neglect symptoms of cough, cold, headache, weakness etc., as not serious since such symptoms often do not hinder them from carrying out their daily activities. Also, one universality of perception of disease at individual, family or society level among tribes is the interpretation of 'breach of trust' either by commission or omission of some act which displeases the spirits or disease causing agent. Such perception are revealed in the rituals that they perform by burning of incense sticks, ghee (purified butter) and offering of liquor and meat to propitiate the gods/spirits or the disease causing agents[12]. Diseases such as measles, chicken pox, unsafe delivery, snake bite, fever, typhoid, malaria, pneumonia, tetanus, fits are believed to be caused by evil spirits and curse of gods [12]. Forrest Clements in his 'Primitive Concept of Disease' identifies five categories of disease causation concepts based on illustration on their worldwide distribution. They are [1] Sorcery, [2] Breach of taboo, [3] Intrusion by disease objects, [4] Intrusion by spirits and [5] Loss of spirit[21]. Tribal health has to be understood from the context of it being placed in the modern world with the tribal concepts and understanding of their health related to practices and beliefs. 'Interpretation of illness is a culturally informed process'[12]. This cultural context may range from simple food habits to a complex traditional practices and 'health culture' that people practice. Health culture of a community is referred to as the 'cultural factors influencing the health of a community, cultural meaning of health problems, diffusion of health practices from outside, cultural innovations by the current generations to deal more effectively with health problems and the overall health-related behaviour of the community' If the understanding of such health related culture of the people are neglected intervention at the community levels will not be effective. It is a state of dilemma between the two opposing forces of 'tradition' which people feel has worked in the past and the 'modern' which perceives new as better than the old. Researches for optimum synchronisation between these two are essential to have effective

interplay between the traditional and modern systems to achieve maximum health benefits in tribal population.

Health seeking behaviours of tribal health

A study carried out by Muthu et al. [22] on the other hand found that among the rural people in Kancheepuram in Tamil Nadu people preferred the traditional medical system for treatment of both 'simple and complicated diseases' like cold, cough, fever, headache, poison bites, skin diseases and tooth infections though modern medicine was accessible. Factors that affect health seeking behaviour of tribal people have been analysed by different researchers. Some of these factors that are responsible are socio-cultural and magico-religious beliefs and traditions [12][15], beliefs, customs and practices, and socio-economic factors, illiteracy and unawareness[12].

In many areas tribal people though seek medical treatment from traditional medical system are shifting towards modern system of medicine. This can be largely attributed to the destruction of forests leading to non-availability of herbal and medicinal plants, accessibility and affordability of modern medical system and globalization [4] and proven effectiveness of modern medicines which is becoming acceptable to tribal population mostly by word of mouth promotion. Besides health education is playing a major role. National Rural Health Mission (NRHM) with its components of Behavioural Change Communication (BCC) have been targeting to bring about change in health seeking behaviour among people especially in rural as well as tribal areas.

Health seeking behaviour among tribal women related to parenthood is taking a gradual change. This could be due to efforts made to provide quality reproductive health services- including institutional delivery, safe abortions, treatment of RTIs, and family-planning services, to meet unmet needs while ensuring full reproductive choice to women. Health seeking behaviour among tribal women during pregnancy was found to be directly related to their socio-economic and educational level [23]. It is observed that among tribal groups no 'special care' is given to pregnant woman except in critical cases[12]. The 'special care' provided to pregnant mothers by the modern health system may be one big motivator for the tribal population when it comes to acceptance of delivery services more than other services offered by the PHCs. Also child birth is hardly associated with acts of malevolent deities so tribal people don't feel the need of chanting and using traditional healing practices when it comes to delivery services.

Lack of awareness and education among tribal groups also determine their health seeking behaviour. In Jharkhand lack of awareness and education coupled by difficulty in accessing the service caused 72% of the births to tribal mothers to have no antenatal checkups as they felt it customarily not necessary[23]. Among the tribal communities of Manipur a study carried out by Nembakkim [24] showed that awareness and education imparted by Christian missionaries has led to practice of hygienic practices and decline in them seeking health care services from quacks and traditional practices.

Following the above discussion the following framework of health seeking behaviour is constructed.

- **External environment:** geophysical environment, politics, policies, health systems, media.
- **Personal predispositions:** beliefs, socio-cultural structures and status of an individual and demography that are to be influenced by socio-cultural setting.
- **Perceived morbidity:** functionalist understanding of health and illness which is highly determined by socio-cultural backgrounds.
- **Behaviour:** choices between traditional, self and modern treatment of illnesses.

The health seeking behaviour often moves between different options-traditional, self-therapy and modern. Traditional/Indigenous medicine is embedded in folk systems and literate tradition. They consist of treatment by use of herbs, animals, minerals and other substances which are available in nature, culturally acceptable, cheap and affordable and based on ancient knowledge and wisdom. These herbs, animals, minerals, and other substances used have both

preventive/promotive and curative effects which in turn reinforces the *Andrographis paniculata* (Burm.f.) Wall. ex Nees: Malaria, fever; poison bites, menstrual disorder; for skin boils leukoderma, diabetes, liver problems, cough and cold, stomach pain

Justicia adhatoda L. :Cough, cold, piles, leprosy, diabetes, bronchitis, asthma, sinusitis, anti-inflammatory, paralysis, allergy, stop bleeding in cuts and wounds

Justicia gendarussa Burm. f.:Rheumatism , cancer, septic, headache, cuts & wounds

Mangifera indica L. : Indigestion, dysentery, cough and cold, worm, infection, hypertension, heat stroke, digestion, jaundice

Annona squamosa L.: Diabetes and wounds, ulcer, tumour, stomach problems

Alstonia scholaris (L.) R. Br.:Increase lactation. To treat cough & cold, worm infestation

Calotropis procera R. Br.:Nocturnal enuresis, tumour, leprosy, dropsy, cut and wound, hydrocele

Colocasia esculenta (L.) Schott:Constipation, weakness, alopecia, blood circulation, cuts and injuries, liver problems, hair lengthening , malaria

Cocos nucifera L.:Itching, sore in nose , weight loss, hair vitalizer

Tagetes erecta L.:Blood coagulator, cuts and wounds, dental problems, mouth ulcers

Diplazium esculentum (Retz.) Sw.:Constipation & stomach problems traditional system of medicine in a tribal community. But if availability and affordability is ensured there is a high tendency of seeking health service from modern system, at least for some services like delivery. It has been observed that tribal people in parallel with the treatment by traditional system of medicine also adopt allopathic system of medicine for ailments and had more faith in private practitioner than the government doctor. Tribals want immediate relief and so often 'prefer injection to medicine'. That's why they prefer quacks as they are more affordable, always available and often prescribe injections for quick recovery.

Traditional medicines used by tribal population of India

There are plenty of traditional medicines used by indigenous population in India. Studies were conducted to understand it's effectiveness and utilisation. A few of them are stated below which is not exhaustive list. There is plenty of scope of further research to understand these locally available medicines in the light of modern medical research.

Conclusion

It can be concluded from this review that health seeking behaviour of indigenous population in India is largely dependent on traditional and complementary medicine (T&CM) which in turn dependent on acceptability, availability and affordability of these products locally due to reliance on supernatural and cultural beliefs. Though some of these medicines have shown to be effective in stringent medical research but a plenty of them are still there where extensive research can be conducted. Ethnographic research, medical anthropology and studies on health belief can open many facets regarding these treatment modalities which in turn be helpful, not only for tribal population but as in general in future.

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