

## Health Challenges and Indigenous Practices: A Comprehensive Study of Tribal Communities in India

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### ARTICLE INFO

#### Article history

RECEIVED: 17-Feb-24

REVISED: 23-Apr-24

ACCEPTED: 15-May-23

PUBLISHED: 01-Jun-24

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**Citation:** Ashutosh Parhi, Rabi Narayan Subudhi, Shiva Ram Patnaik and Swapna Samal (2024). Health Challenges and Indigenous Practices: A Comprehensive Study of Tribal Communities in India. Horizon J. Hum. Soc. Sci. Res. 6 (S), 8–15. <https://doi.org/10.37534/bp.jhssr.2024.v6.nS.id1248.p8>



### ABSTRACT

**Purpose** – This paper aims to investigate the health status, medical practices, and cultural perspectives on health among tribal communities in India with the aim of developing culturally sensitive healthcare interventions that integrate traditional wisdom with modern medical advancements. **Design/methodology/approach** – The sample contains 40 relevant papers that have used theories and were collected from the Pub Med and Scopus database. This study uses a systematic review technique. **Findings** – The review shows dire health conditions among Indian tribal populations, with prevalent diseases like goitre, yaws, and malaria. Poverty, inadequate healthcare, and reliance on traditional healing exacerbate these challenges. Integrating indigenous wisdom with modern healthcare is crucial for culturally sensitive interventions to enhance tribal well-being in India.

This paper uniquely explores prevalent diseases, cultural beliefs, and traditional healing practices. Emphasizing the integration of indigenous wisdom with modern healthcare, it proposes holistic solutions for addressing health disparities among tribal populations in India.

**Keywords:** Healthcare practice; Tribal culture; Tribal Communities; Indigenous Practices.

### 1. Introduction

India is a country characterized by its rich tapestry of cultures and traditions, hosting numerous indigenous communities, each with its own distinct lifestyle. Among these, tribal communities, residing in remote and sometimes hard-to-reach areas, have safeguarded their unique customs, beliefs, and practices over generations (Torsen and Anderson, 2010). Their cultural identity

is significantly shaped by their distinct approach to healthcare, which differs markedly from conventional medical practices. The tribal communities in India are a mosaic of diverse ethnic groups, including but not limited to the Gonds, Santhals, Bheels, and many more, each with its distinct language, social structure, and healthcare practices. These communities predominantly inhabit the forested and hilly terrains, leading lives intricately woven with nature. The health status of these

tribes is often shaped by the geographical isolation, limited access to healthcare facilities, and a dependency on traditional healing methods (Rath et al; 2010). The prevalence of communicable diseases, maternal mortality, and malnutrition remain significant challenges for these communities (Swaminathan et al.; 2019). The intersection of cultural practices and health outcomes forms the core of this study, seeking to unravel the intricate dynamics that influence the well-being of tribal populations.

Health practices within these tribal communities are deeply rooted in their cultural ethos and a harmonious coexistence with nature. Traditional healers, often revered as custodians of ancient wisdom, play a pivotal role in addressing health concerns (Harrel, 2018). The belief systems of these communities attribute illnesses not only to physical imbalances but also to spiritual disharmony and malevolent forces. Consequently, the healing process is multifaceted, involving rituals, herbal remedies, and a holistic approach to well-being (Ranganathan, 2018). The tribal healthcare system is inherently community-centric, emphasizing the interconnectedness of individuals with their social and natural environment. Practices like herbal medicine, spiritual healing ceremonies, and community support systems underscore the holistic nature of healthcare among these tribes. As we embark on this empirical exploration, we aim to shed light on the intricacies of these indigenous health practices and their implications for the overall well-being of tribal communities in India.

The poor health conditions of tribes in India stem from various factors, such as a shortage of healthcare personnel, limited access to medical services, and inadequate health infrastructure (Boro and Saikia, 2020). Additionally, the diverse and often remote geographical locations of their settlements make it challenging to reach and address their health issues effectively. Factors like poverty, illiteracy, lack of disease awareness, insufficient access to safe drinking water, poor sanitation, adherence to age-old traditional healing practices, and irrational belief systems further compound their health challenges.

This present study delves into the health status and medical practices of the tribal communities in India, unravelling the intricate tapestry of their holistic well-being. By understanding their unique perspectives on health, we can pave the way for culturally sensitive healthcare interventions that bridge the gap between traditional wisdom and modern medical advancements.

## 2. Methods

The investigation into the health status and practices of tribal communities involved a meticulous examination of existing literature, with systematic studies conducted in adherence to scientific protocols. The study's objectives were achieved through the retrieval of pertinent literature spanning the period from 2004 to 2020, utilizing various internet databases such as Pub Med and Scopus. A Boolean search strategy, incorporating relevant subject headings and keywords (Tribal, healthcare, indigenous knowledge, health status) with modifiers, was employed. The systematic search adhered to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) technique, adapted from (Moher et al., 2009), as outlined in Figure 1. The foundation of this paper lies in a comprehensive literature review, drawing upon approximately 40 papers sourced from reputable scholarly databases, including Pub Med and Scopus. The initial pool of identified papers amounted to 1142, subsequently reduced to 754 after eliminating duplicates. Further refinement during the abstract screening phase led to the retention of 147 papers for in-depth consideration. Through a rigorous assessment of full-text articles, 40 papers meeting stringent eligibility criteria were ultimately included in the conclusive study.

### 3.1. Health Status

The study in (Basu, 1994) brought attention to the precarious health conditions of tribal populations, providing insight into the widespread prevalence of debilitating diseases in specific regions. His investigation highlighted the pervasive occurrence of ailments such as goitre, yaws, malaria, and guinea worm among tribal communities, shedding light on the substantial health challenges faced by these marginalized groups. Subsequent to Basu's work, the National Family Health Survey conducted between 1998 and 1999 validated these findings, underscoring alarming rates of infant and child mortality within tribal demographics. Moreover, the survey accentuated the significant prevalence of anaemia among tribal women, revealing a critical health issue that significantly contributes to the heightened vulnerability of these populations.

In the study (Basu, 1994) highlighted the fragile health conditions of tribal communities, offering valuable perspectives on the widespread prevalence of debilitating diseases in distinct geographical areas. Rao underscores

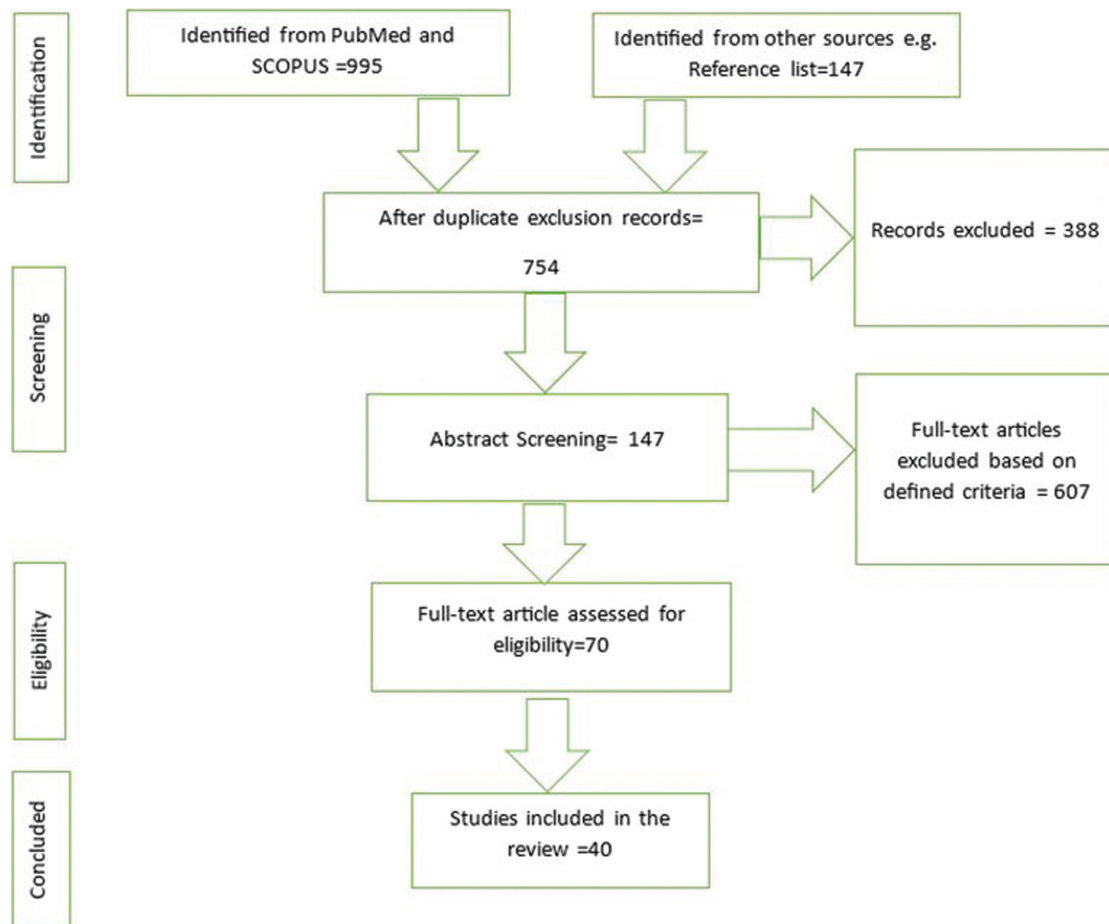


Figure 1. PRISMA flow diagram showing the steps involved in the systematic review.

the detrimental impact of poverty on health outcomes, highlighting its complex interplay with nutritional inadequacies. The absence of accessible and suitable antenatal and postnatal care further contributes to heightened health disparities within these communities. Rao's thorough analysis provides insight into the multifaceted nature of health disparities among tribal populations, emphasizing the imperative for a holistic approach that addresses not only economic challenges but also nutritional deficiencies and gaps in maternal healthcare.

The research (Basu, 2000) explores the significant impact of supernatural therapies on the health beliefs held by tribal communities. Within these communities, ailments are often attributed to unsanitary living conditions, inadequate personal hygiene, and archaic childbirth practices. Basu underscores the prevalence of genetic disorders, specifically highlighting the widespread occurrence of sickle-cell disease and sexually transmitted infections. The impact of magico-religious beliefs further compounds the health challenges faced by these tribal populations. This intricate interplay between cultural practices, traditional beliefs, and health outcomes

emphasizes the need for a nuanced understanding of the socio-cultural context in healthcare interventions.

Numerous scholarly investigations, such as those conducted by Rajiv Yadav and J. Roy (2005), P. Manikanta (2013), and K. Mallikharjuna Rao et al. (2006), have meticulously explored the intricate landscape of nutritional inadequacies prevalent within tribal communities. These studies illuminate the pervasive issue of insufficient consumption of essential nutrients, a concern particularly pronounced among vulnerable demographic segments, namely children and the elderly. The discernible consequence of this nutritional deficit is the exacerbation of malnutrition and the emergence of deficiency disorders, casting a shadow over the health and well-being of these marginalized populations.

The Indian Council of Medical Research's 2002 findings underscore significant regional disparities in health outcomes, particularly evident in the primitive tribes of Orissa, where elevated rates of anaemia and respiratory infections have been identified. This geographical health divide is further elucidated by the study (Chakma et al., 2006), which delves into the prevalence of diseases

among various tribal communities in Madhya Pradesh and Chhattisgarh. The research emphasizes the intricate interplay of dietary habits and socio-economic backgrounds as pivotal factors shaping health disparities within these tribal groups.

The inadequacy of healthcare infrastructure in tribal regions remains a pervasive and concerning issue, as underscored by the study (Singh, 2008). Singh draws attention to alarmingly high mortality rates among diverse tribes in North-East India, pinpointing the contributing factors to be injuries, infectious diseases, and deeply rooted beliefs in supernatural causes. The dearth of accessible and quality healthcare services exacerbates the vulnerability of these communities, perpetuating a cycle of poor health outcomes. Particularly noteworthy is the lack of awareness regarding reproductive and child health (RCH) services, further compromising the well-being of tribal populations.

In (Bhasin, 2007) research, explored the complex relationship between the susceptibility of tribal women to diseases and their limited awareness of sexually transmitted infections. Bhasin highlights the multifaceted challenges faced by tribal women in the realm of reproductive health, particularly accentuating the detrimental impact of early marriages on their well-being. The early onset of marital unions exacerbates reproductive health challenges among tribal women, leading to a heightened prevalence of reproductive tract infections. This critical exploration underscores the urgent need for targeted interventions aimed at enhancing both awareness and access to healthcare resources within tribal communities. Bhasin's research serves as a poignant reminder of the intricate interplay between sociocultural factors and women's health outcomes, advocating for comprehensive strategies that address not only reproductive health challenges but also the broader context of tribal women's well-being.

In the study, (Arlappa et al., 2008) delved into an extensive examination of the dietary patterns and nutritional well-being among elderly tribal populations, shedding light on pronounced imbalances in chronic energy deficiency and the heightened incidence of severe anaemia within this demographic. The research underscores the compounding challenges faced by these elderly individuals, as the absence of dedicated caretakers exacerbates their vulnerability. Additionally, economic constraints emerge as a critical factor amplifying health disparities among this aging cohort. The findings

underscore the intricate interplay of socio-economic factors in shaping the health landscape of elderly tribal communities, advocating for targeted interventions to address their distinctive healthcare needs.

According to (Balgir, 2006), the suboptimal state of health among Indian tribes is attributed to deficiencies in health education, poverty, substandard feeding practices, and irrational beliefs. (Ghosh and Malik, 2009) emphasize that the extensive prevalence of poverty, illiteracy, malnutrition, lack of access to safe drinking water, unsanitary living conditions, and inadequacies in maternal and child health services collectively contribute to the dismal health conditions of tribal populations. Building on this, (Balgir, 2011) identifies various factors contributing to health issues among tribes, including inadequate sanitation and hygiene, economic deprivation, perceptions about diseases, health-seeking behaviors, adverse environmental conditions, and entrenched superstitions. It is evident that these multifaceted elements significantly contribute to the substandard health conditions and heightened morbidity rates within tribal communities (Balgir, 2006; Ghosh & Malik, 2009; Balgir, 2011).

### 3.2. Health Practice

In many tribal cultures around the world, illness is often perceived as a consequence of natural causes deeply intertwined with the spiritual and metaphysical realms. These communities often rely on traditional medical practitioners to diagnose and treat ailments, drawing upon centuries-old knowledge passed down through oral traditions. The belief system is rooted in a holistic understanding of health, where the physical, spiritual, and social aspects of an individual are considered interconnected.

Indigenous tribal communities in India possess unique belief systems, traditions, and practices pertaining to health and illness. (Azeez and Sebastian, 2016) note a concerning trend of degradation in tribal indigenous health practices (Sebastian & Azeez, 2014). Many tribes rely on a traditional system of medicine rooted in supernatural and magico-religious beliefs. (Negi et al., 2002) highlight the harmonious coexistence of tribes with nature, exemplified by the Raji people's dependence on 50 herbal plant species for healing in the Kumaon Himalaya. The transmission of ethno-biological knowledge across generations underscores the persistence of traditional healthcare practices, often necessitated by the absence of

modern healthcare services in remote areas (Uniyal et al., 2006; Balgir, 2006).

Moreover, the interconnectedness of beliefs, customs, and health practices is evident in various tribal communities. Shukla, Chakarvarty, and Gautam (2008) identify 23 plant species used for gynaecological diseases among Chhattisgarh tribes, while Sikdar and Dutta (2008) document 62 plants employed by the Nath community in Assam for medicinal purposes. The persistence of traditional healing methods is observed in the Rongmei tribe of Manipur, utilizing 60 plant species for treating ailments (Prakash et al., 2014). Despite embracing some allopathic treatments, tribal health-seeking behavior remains deeply rooted in traditional beliefs, rituals, and customs (Islary, 2014; Dutt, Bhagat, & Pandita, 2015). This rich tapestry of traditional medicine, spanning plant-based remedies and ritualistic practices, represents an integral aspect of the healthcare landscape in tribal communities across India.

The research (Bhasin, 2003) revealed that Rajasthan's tribal communities attribute diseases, accidents, and calamities to supernatural forces. Within these tribal frameworks, illnesses are often attributed to a range of factors, such as displeasure of ancestral spirits, imbalance in the natural elements, or malevolent forces. Traditional healers, often regarded as custodians of ancient wisdom, play a crucial role in identifying the spiritual origins of illnesses and restoring equilibrium. Rituals, ceremonies, and herbal remedies are employed as part of a holistic approach to healing, addressing not only the symptoms but also the underlying spiritual disharmony. Pox disease, for instance, is perceived as the manifestation of mother goddesses in the form of bodily heat, requiring remedy through specific rituals and festivals. Typhoid, viewed as the wrath of a supernatural power named "Thakurbaba," is believed to be a consequence of inadequate worship. The malevolent influence of the evil eye is another factor contributing to tribal health concerns. Traditional healers, including spiritists (Bhopas) and Traditional Herbalists (Jaankar/Jaangar), are commonly favored by tribal communities. Numerous studies, such as those by Jain and Agarwal (2005), Katewa, Chaudhary, and Jain (2004), Raj Pramukh and Palkumar (2006), Sharma et al. (2012), and Singh (2014), further corroborate the tribal inclination toward attributing illnesses to supernatural forces and relying on local health care systems for treatment.

The reliance on traditional medical practitioners reflects a deep cultural respect for indigenous knowledge and a belief in the symbiotic relationship between humans and the natural world. In these communities, healthcare

is not merely a physical intervention but a spiritual and communal endeavor. While modern medicine has made inroads in some tribal societies, the traditional healing practices persist, serving as a testament to the resilience of cultural beliefs and the profound connection between health and spirituality in these communities.

#### 4. Conclusion

The status of tribal health in India not only presents a formidable concern due to the severity of prevailing poor conditions but is also intricately entwined with the distinctive traditional healthcare system prevalent within these communities. Cultural dynamics play a pivotal role in shaping the societal fabric of any community, exerting a profound influence on their perspectives regarding health and illness. Tribal cultures, deeply interwoven with their natural surroundings, cultivate a belief in supernatural powers, deities, and goddesses, attributing both health and illness to these celestial forces. Influential factors such as the malevolent gaze, ill-spirits, and ancestral spirits are regarded as significant determinants of health conditions. The appeasement of these metaphysical forces assumes an integral role within the tribal healthcare system, prompting individuals to seek guidance and remedies from local medicine-men or traditional healers to address a spectrum of health concerns. Despite the transformative impact of government-led development initiatives on traditional medicine within tribal communities, concerted efforts persist to reshape and integrate tribal healthcare into mainstream healthcare frameworks. India stands as a repository of substantial traditional health knowledge, predominantly safeguarded by indigenous populations. In the midst of globalization and evolving societal landscapes, it becomes imperative to meticulously preserve and document this reservoir of traditional wisdom, recognizing the necessity for a harmonious integration of indigenous knowledge with contemporary healthcare practices for sustained and culturally sensitive healthcare advancements.

Future studies should explore integrating traditional tribal healthcare with modern medical systems to improve health outcomes among indigenous communities in India. Research could develop culturally sensitive healthcare models that respect indigenous knowledge while addressing health challenges like communicable diseases and malnutrition. Investigating the impact of socioeconomic factors and geographical isolation on healthcare accessibility will be essential, contributing to policy-making aimed at enhancing healthcare



infrastructure and promoting holistic well-being in these marginalized communities.

## Acknowledgements

The authors would like to express their gratitude to the editors and editorial staff of JHSSR for their assistance during publication period.

## Funding

The authors received no financial support for the research, authorship and/or publication of this article.

## Declaration of Conflicting Interests

The authors declare that they have no competing interests.

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