

**Traditional Health Care System Among the Santal of Mayurbhanj District, Odisha****Dr. Rajeswar Maharana**

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**Abstract**

*Health is the major corridor to human development. The importance of the good health has been well known over time. But many times a section of the society does not have much access to health facilities and suffer from poor health. There is no magical mechanism, which can bring good health overnight. It is a gradual process. Health conditions widely vary depending on the prevailing health practices of the individual and communities at large. In any tribal groups the health status has been determine by the environmental factors and usage of indigenous herbs, taboos and superstition and so on. The meaning and the perception of health, illness and health seeking behaviour may not same in every communities and culture. Thus, every culture has its own distinct explanations of health and illness and its own beliefs and practices concerning diseases. The present study is based on fieldwork among 131 Santal households from the Bantali Rakhasahi village of Mayurbhanj district of Odisha. The study tries to find out the traditional healing care, belief and practices among Santal tribe.*

**Introduction:-**

All human societies have evolved their own methods to heal people of their illnesses, pain and personal suffering. In India the practices of traditional medicine have been considered as a grand therapeutic over decades by the indigenous people. The knowledge of naturally availability traditional medicine of plants and their products has been transmitted through oral communication within the society and gradually it passed from one generation to their next generation. There are 62 types of scheduled tribe in Odisha are having not only knowledge of healing but also the knowledge of the plant resources based on their generations of experiences. They have full faith in their time to test the indigenous medicines. Due to the constant intimacy with herbal, tribal societies have gained deep knowledge about the medicinal utilities of plants. In this way, local ethno-botanical knowledge can be conserved as part of the living cultural-ecological system that helps to maintaining a scene of pride in local cultural knowledge with practices and reinforcing links between communities as well as the environment. However, with the passage of time and development of technological medicine and health infrastructure this knowledge is under serious threat. So it is essential for conservation.

The health is the basic requirement to lead a normal life and all efforts revolves around it. Thus people say “health is wealth”. There is no magical mechanism, which can bring good health overnight. It is a gradual process. Health conditions widely vary depending on the prevailing health practices of the individual and communities at large. Health has been defined by the WHO, “a state of complete physical, mental and social well being and not merely the absence of disease and infirmity”. The meaning and the perception of health, illness and health seeking behaviour may not same in every communities and culture. Thus, every culture has its

own distinct explanations of health and illness and its own beliefs and practices concerning diseases. Accordingly they developed their pharmacopoeia and maintain the indigenous system of diagnosis and treatment.

The study of health culture of tribal communities belonging to the poorest strata of society is highly desirable and essential to determine their access to different health services available in a social set up. Therefore, Mahapatra (1994) viewed health among tribal groups as a functional and not clinical concept. Traditional medicine practices are preserved over a long period from our indigenous people. And that can serve as an effective root for discovery and development of modern therapeutic drugs. Thus, Choudhury (1994) and Lewis (1958) 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. Guite and Acharya (2006) 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 medicines putting religious or supernatural value on it.

Generally in every tribal community, folklore is connected with their health belief system. It is belief that Knowledge of folklore of different socio-cultural systems of tribal's may have positive impact, which could provide the model for appropriate health and sanitary practices in a given eco-system. Thus the health culture of a community does not change quickly with changes in the access to various health services (Balgir, 2004). Mishra and Kapoor emphasized on the common belief, custom and practices connected to health and disease have been found to be intimately related to the treatment of disease (2005). Sachchidananda (1994) indicated the aspects of tribal health is a cultural concept as well as a part of social structure and organization which is continuously changing and adapting itself to changes in the wider society.

Earlier studies has been highlighted that, when a person goes to a traditional medicine practitioner he gets socio-psychological support which he cannot get from the modern medicinal practitioner. The social reinforcement based on the understanding of traditional belief and practices is often lacking and may be one of the reasons for making modern medical practitioner unsuccessful in the tribal areas. Prevalence of traditional health-care practices and nature and extent of acceptance of modern health-care practices among the tribal people in India has been mentioned by various scholars in recent years. The tribal health scenario in Rajasthan, Jain and Agrawal's (2005) reveals that the Bhills in Udaipur depend on Bhopa (traditional healers), herbalist and Dais for cure of disease. While, Nagda (2004) shows illness and consequent treatment is not always an individual or familial affair. During that time the whole village or the community may be perceived as affected by such diseases and healing must be done at community level. Such perception or activities of them reflects the integrity and responsibility of entire community towards an individual or family. In such cases modern system has nothing to do in treatment.

Some studies were showing that people are to a great extent leaning towards modern health-care system too, without ignoring the traditional system. Whereas, Bhasin's (2004) highlights in her study among the Ladakhis, shows a blend of healthcare 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. People regularly believe in spirit and other supernatural beings as causes of disease and priority of treatment inclined mostly towards traditional healers, similarly Jagga et al. (1996) have found the tribal population in west Godavari district of Andhra Pradesh that belief in spirits and deities. Devi's (2003) study among the Meitis people of Manipur reveals that, though the maximum people are educated than the concept of deities and their effect on human health are widely prevalent among them. The author, in details, describes the ill-effect of the deity Hingchabi and the treatment offered by traditional healer Maiba. She shows how effective is the use of medicinal herbs along with beliefs to heal an ill person influenced by the deity.

#### **Concept of illness and diseases:**

Every culture irrespective of its simplicity or complexity has its own beliefs and practices regarding illness and diseases. Every system of culture tries to treat diseases in its own way. The treatments of diseases vary from one group to another group. The studies on medical system worldwide have revealed that they are primarily based on two principles:

- 1) The belief about the nature of health, the cause of illness, and the remedies and the other curing techniques used by doctors, and
- 2) The ways employed by the society to deal with sickness and maintenance of health.

#### **Perception on Health by Santal Tribes:**

The perception on health by the local communities deals with people on understanding of the causes of illness, their health behaviour at the time of sickness. The tribal healers identify illness as caused by natural and supernatural forces. When an illness is believed to be caused by natural forces it is called *Bimari*; when the supernatural agency is called responsible it is called *Dosh*. The Santal believe in folk medicine. They have their traditional healers upon whom they are considerable faith and confidence. According to WHO (1998), those people are having or living within low socio-economic level, are not only more vulnerable to infection and respiratory disease but also have lower access to health services. The Santal have few common features regarding perception of health and disease. Treatment is based upon removal of causative factors by appeasing god; controlling evil spirits through counter magic, use of sorcery and of course some herbal preparation. Thus religious practices of the Santal are closely related to their care system also. Apart from a host of spirits, the pantheon consists of the following deities of Bonga, namely: *Sing Bonga, Marang Buru, Jahera Bonga, Gossain Era, Moneko* and *Turuiko, Majhi Hadam* and *Majhi Budhi* and the like are being responsible for various ailments in the life of Santal people.

Along with these above listed of deities "Ora Bonga" and the "Abge Bonga" namely two family bongas are being worshipped by the Santal people. Sonowal and Praharaj were noted, there are such 178 different Gods and Goddesses (*Bongas*), which they appease by magico-religious performances (2007).

#### **The Area and People under study:-**

Taking into account the background of the study, the present work was undertaken among the Santals, a homogeneous scheduled tribe abode in the Bantali Rakhasahi village (lying on East Longitude of 85°40' and North Latitude of 21°16' and 22°34') in Mayurbhanj district of Odisha. The village is about 80 km. away from Baripada (the district headquarter) town and about 8 km from Rairangpur township of Bamanghati Sub-division.

The Santal are the 3rd largest tribal communities of India after the Gond and the Bhils respectively, with a population over 4.26 million. They are residing in the state of Bihar, Jharkhand, West Bengal, Odisha, and Tripura and other few parts of India. The Santal are largely distributed in the district of Balasore, Keonjhar, Mayurbhanj and Sundergarh. Over fifty percent of the tribal populations of the Mayurbhanj district constitute Santals. Though there is a multiethnic village, out of the total population the Santals are predominating i.e. 687 Santals (M: 373, F: 314) than other communities.

### **Objective of study:**

- 1) To understand the health and traditional healing practices by the Santal tribe.
- 2) To find out the Santal perceptives towards the cause of various diseases prevalent in the studied area.
- 3) To find out the traditional health care system.

### **Material and Methods:**

#### ***Why Santal Tribe?***

As an Anthropologist, my prying had always been to cram the anthropological features of a tribal India. Since my home is located in the Santal populated area, I always curious to know about them anthropologically. Even I spent great period of my life with them, but before this study, I don't know much about them. Even though the place is a tribal dominated area, I often thought of doing some research about them. When I got the opportunity to do my research I choose to study the present topic as anthropological aspects of Santal tribes of Odisha.

#### ***Sample Selection and Field Work***

The village of Bantali Rakhasahi located in the Bijatala Block in Bamanghati sub-division, Mayurbhanj district of Odisha was selected for the present purposes of the study. And it is predominantly inhabited by the Santal tribe. The research protocol includes different types of data covering socio-cultural and demographical traits. During the time of collection of information, basic data pertaining to ethnography and general aspects of the people and area were gathered. In short for quantitative data, fully structured questionnaire was used and for qualitative data in-depth interviews and observation were carried out in the field. However, the secondary data have collected from various books, journals and Govt. records. Overall all study were done by taken purposive sampling of people which associated with tribal health care especially Ojha, Gunia, Local Medicine-man, shaman, Priest etc. Rapport was established with the subjects and after that the actual field work was commenced. The sampled subjects were drawn randomly from 131 households from different four small hamlets, located at Bantali

Rakhasahi. Out of 131 household, 43 households located at *Bantali tolla*, 31 in *Bagma tolla*, 47 in *Marang tolla* and 10 are in *Dollan tolla* (building sahi) respectively.

### Results and Discussion:

#### Basic Amenities in the Villages:-

A survey of the basic amenities existed in the selected village was done. The bulk of the Santals (59% families) lives in thatched houses. Majority (76.4%) of them use bicycles as the main mode of transport. Over 50% of the families are provided electricity. Their main drinking water source is well. They have healthcare facilities within a distance of 7-8 km besides the district hospital. They use modern appliances like radio, television, mobile phone, etc. They use different kinds of tools like plough, axe, crowbar, sickle, spade, etc. They are mainly non-vegetarians. The different types of livestock are cattle, poultry, piggery and sheep and goats. Their literacy rate is fairly higher (about 70-80%) including primary school to postgraduate levels. The bulk of the Santals (over 80%) lives in nuclear families. Over 60% of both sexes are married and monogamy (95%) is the main type of marriage. Marriage by purchase is common among them. They are mainly agriculturists. About 50 percent of the families have two earning members. They are economically better placed with annual income ranging from Rs. 20,000 to 80,000 and above. Racially the Santals are an Austro-Asiatic tribe with dark brown to black skin colour, grey to brown hair colour, medium to flat nasal form and medium height. They speak Santali dialect, which is their mother tongue besides Larka, Odia and Hindi.

#### Faith on Different Health Care System:

We have already discuss that human diseases are said to be originated due to discrepancies pertaining to religious beliefs, magic mysteries, and superstitious dogmas, that to have a variety of refreshes in different culture domain. Hence, we need to understand the agensis of their culture before looking into their diseases in respective healing ointments. The Santal who follow the traditional religion have their gods, represented in nature. Thakur Jiu is their god and Marang Buru is their guiding spirit. In addition to these, the Santals have clan and family deities or spirits called bonga. The dead ancestors are also considered to belong to the realm of bonga. The erstwhile traditional hunter-gatherer Santals have transformed in to settled cultivation and wage labourer by now. The Santal people were beliefs that the reasons of the diseases that the surrounding environment, seasonal vary and black magic. People mostly prefer to go *Gunia* treatment rather than medical practice. In village of Bantali Rakhasahi the Santal people mostly use herb product, local medicine and indigenous medical practices for ailment of diseases. Even some villagers were unable to express the reason for different diseases and they don't know how to get treatment for a particular disease. Only few people were able to explain the exact meaning and causes of their disease. However, the natural environment plays an important role in the formation of tribal culture in different eco-setting.

The Santals villages have been introduced to modern health care system through government PHCs and hospitals etc. they had started accepting the modern health care facilities. Even, the private clinics had also flourished in recent years in rural as well as tribal villages. But, the tribal people were found deeply intertwined with traditional practices of health care. While interviewing to collect information on the reason for change health seeking behaviour of the them, one of the most aged traditional healer said that, “before the few decades, they used to collect the medicines from the nearby *Haatibaari* jungle or Bamonghati region of Similipal Biosphere. But now due to the deforestation and Forest Right Act 2006, it had become difficult to getting the medicinal plants”. It has also revealed that lack of practices of traditional health care system among the new young generation. Few people said, “due to lack of practices and willingness, the traditional healers are also losing their power”. Thus, for the purpose of the study, the nature and extent of people’s faith in traditional and modern health care system was investigated.

**Table: 1 Distribution the Reasons for Acceptance of Different Health Care System**

Preferences Status	Reasons for Preference	No. of Household	% of Household
Modern Medicine	Effectiveness	22	16.79
	Easy to access and available	15	11.45
	Provider’s good behaviour	8	6.10
	Cheaper	3	2.29
Traditional System	Effectiveness	18	13.74
	Easy to access	11	8.36
	Traditional healer is having supernatural power	27	20.61
	Provider’s good behaviour	13	9.92
	Cheaper	5	3.81
	Bound by the Custom	6	4.58
	Cant’s say	3	2.29
Total		131	100

The above table revealed that effectiveness as one of the reasons for acceptance of modern medicine has scored the 16.79% among the studied household. While we were talking about the prices of modern medicine, only 2.29% of household were agreed that modern medicine is cheap. The same table also revealed that majority of the people had faith in traditional system because they believed that the traditional healers had supernatural power who could appease the deities, their ancestors, the evil spirits etc. who had direct bearing on their health and well being. 20.62% of household were strongly accepted that traditional healer is having the supernatural power and by utilizing them he can cure the people. For some it was the easy access to the traditional healers and for some it was their custom that binds them to the system. A few of them did not know any reason and just followed it. It was also found that

irrespective of age and educational level of percentage of people having exclusive faith on traditional health care practices was in decline. People were found having a good mixture of faith in both the system with a more inclination towards modern health care system.

The traditional healers had said that where modern medicine failed the traditional healer could satisfy deities by performing some ceremonies in which the diseased person also had to offer things like black hen, and goat to the respective deities. And after giving these offerings to the respective deities and performance of puja, the modern medicine did respond. People deeply believed that there were some diseases, which the modern medicine practitioners could not cure, but the traditional healers could, as they were equipped with some supernatural powers. This finding agrees with several other researchers, view on tribal people's perception on disease and preference towards a particular healing system on priority basis. That is, if the tribal people are sure that the cause of disease is spirit or deity related they would first go to the traditional healers. Accessibility to modern medicine may not turn them towards it. But few tribal people are by now well exposed to modern health care system and lack or scarcity of traditional healers with credentials inspires them to go for modern healers.

In Santal society, the *Handia* or *Paira* (country liquor) plays an important role in socio-cultural aspects. Nearly 66% of both male and female were indulging in drinking liquors. Though the modern health care practitioners attributed most of the diseases among the tribal people to their drinking habit, the tribal people perceived it in other ways. It was believed that it used to give required energy to the persons to work in their respective fields. *Handia* was very common at the time of rituals. Santals had been using *handia* as an offering to their gods during rituals and at that time, every member of the village used to take *handia*, as this was treated as a Prasad (things offered to God). According to the Santal, traditional healers *Handia* would act like a medicine for the patients, because it would help keeping the stomach in a good condition. At the time of fever *handia* was the best medicine for quick recovery.

#### **Role of Services providers:**

The tribal people have credited their illness as became to the act of one or the other supernatural entity. Thus in general the tribal people, would try to appease the particular deity related to the disease and would receive advice of traditional healer if he were available. Most of the tribal families perceived modern medicine system as an alien system. Thus, even though they used to go to modern health workers, they had tried to appease the deity responsible for the ailments before taking modern medicine. To find out the nature of the people's first service providers in case of disease treatments the study was conducted in following way. For this study some common diseases were taken into consideration. The diseases, which were taken into consideration, were fever, cold and cough, diarrhea, malaria, skin diseases, toothache, jaundice and stomach pain and so on. For these diseases people used to avail different types of services available in their locality.

**Table: 2 Distributing of the First Service Providers for the Common Disease in Studied Village.**

Sl. No.	Services Providers	No. of Household	% of Household
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		Prefer to Visit	prefer to visit
1	Traditional healer, Priest/Sorcerer	35	26.71
2	Village Health Workers	31	23.66
3	Hospital/ PHC/ Health Sub-Center	29	22.13
4	Private Clinic	9	6.87
5	Home based Remedy	5	3.81
6	Homoeopathic Medicine	22	16.79
Total		131	100

The above table reflects that to show the nature of first service provides. It revealed the still existing trend of tribal people's attachment towards traditional healers as the first preference of treatment. Out of the total affected household, maximum 26.71 percent of the villagers called on the traditional healers followed by the village health worker (23.66%), Hospital/ PHC/ Health Sub-Center i.e. 22.13% of household. Whereas, only few percent of household i.e. 3.81% were having their first choice of treatments by Home based Remedy. This clearly indicated the fact that the traditional healing system had a respectable place among the tribal people under study.

The above discussion made it clear that roughly half of the people were utilizing the services provided by the traditional healers for common disease. The reason for people's attachment was found to be the belief that the traditional healers are having supernatural power and they never demand money for healing. The traditional healers explained that they did not demand anything from the patient in return, because if they had demanded anything from the patient, then the goddess would have taken away all the supernatural powers, which he/she had given to them.

Most the time if they failed to cure from the government hospitals they may visit to the the quack and village medicine man, but now the village medicine man are losing their importance due to impact of modern medicine. Even some household's prefer for any disease they are still visiting the village medicine men. The importance of visiting private clinic is very less. Due to low economic status only very few households were visiting private clinic. Those who are visiting private clinics mentioned that if the disease is so severe or if any earning person at house suffers then they give importance to visit private clinic. However some Santal household primarily prefer to go medicine store without any consultant of physician and asking for medicine or any other stall where they found.

#### **Perception of the Santal about different types of disease:**

Health seeking behaviour also includes the perception about the cause of disease. And this perception always leads to the treatment seeking behaviour among the tribes. The bellow table highlights that people's perception about the causes of different diseases under investigation. Out of the total number of household maximum 31.29%, were having the opinion fever is caused due to bad spirit and minimum 8.39% of household were said due to water infection, the reason of cold and cough was rightly perceived by the people 29% of household as the affect of bad spirit followed by 24.24%,(i.e. lack of nutritional status). However, in case of Diarrhoea and Malaria

the main causes noted from the Santal people was affect of bad spirit followed by water infection and other such mentioned factors.

**Table: 3 Shows the People's perception about the causes of different diseases under investigation.**

No. of Total House Hold- 131						
Name of Diseases	No specific Idea	Weather Change	Lack of Nutrition	Bad Spirit	Mosquito Bite	Water Infection
Fever	25 (19.08)	21 (16.03)	18 (13.74)	41 (31.29)	15 (11.45)	11 (8.39)
Cold and cough	15 (11.45)	16 (12.21)	32 (24.42)	38 (29.00)	3 (2.29)	27 (20.61)
Diarrhoea	6 (4.58)	10 (7.63)	25 (19.08)	41 (31.29)	2 (1.52)	47 (35.87)
Malaria	14 (10.68)	7 (5.34)	3 (2.29)	91 (69.46)	7 (5.34)	9 (6.87)
T.B.	65 (49.61)	11 (8.39)	16(12.21)	22(16.79)	6(4.58)	11(8.39)
Jaundice	23 (17.55)	14(10.68)	11 (8.39)	45 (34.35)	3 (2.29)	35 (26.71)
Skin diseases	14 (10.68)	15(11.45)	19 (14.50)	36 (27.48)	5 (3.81)	42 (32.06)

Similarly 34.35% of household were perceived that due to bad spirit Jaundice may occurred and minimum 26.72% believed due to mosquito bite. But people (32.06%) have well knowledge that skin disease was caused by the water infection and only 3.81% of household knew it by mosquito bite. It was note that the change of weather did not literally mean the change in physical weather. It might have meant beyond that which included the total surrounding constituted by natural and super-natural beings. As mentioned elsewhere in this report that the tribal people need spiritual security during their illness as most of these diseases are caused due to the influence of supernatural beings, tribal people finds rationality in the treatment of traditional healers. Modern healthcare providers do not have the same.

### Process of diagnosis among the Santal:

The Santals are having own god to follows the traditional religion that represented in nature. *Thakur Jiu* is their god and *Marang Buru* is their guiding spirit. In addition to these, they have clan and family deities or spirits. The dead ancestors are also considered to belong to the realm of *bonga*. Among Santals the traditional medicine practitioners are known as "*Ojha*" (*Ojha* is a term borrowed by the Santals from the Hindu). With the help of two *Sal* (local name) leaves the "*Ojha*" diagnoses the ailment. He rubs oil on the patient and then sprinkles vermilion on his body. Along with it he chants mantras. Finally he looks and reads into the leaves. It is believed that the "*Ojha*" can see the cause then read the procedure to cure the disease by reading into the leaves. Accordingly he proceeds with his treatment. If he proclaims that the person is possessed by an evil spirit, then the treatment is very different. It is tried to cure by mantras only. If the patient is not suffering from spirit then "*Ojha*" suggest taking herbal medicines or allopathic treatment from hospital. Sometimes *Ojhas* also prepared medicine and provides the patients. The medicines given by the "*Ojha*" are of two types (1) for external use such as pastes, salt and oil, and the medicated water for bath or washing and (2) for internal use, mixtures and pills.

**Conclusion-**

It has been well revealed in this study that the Santal societies have been changing at a certain pace along with their health seeking behaviour. Though there is availability of modern accessories till the Santal tribe plunge to access the traditional health care system in the Bantali Rakhasahi Village of Bamanghati subdivision, Mayurbhanj District. The study certainly points out that the traditional health care system still finds its meaning of survival in tribal domain. The traditional medicines, healers and the priests can still relate a link between men, nature and the super-natural beings. This is the link on which the uniqueness of tribal society exists. A rational amalgamation of traditional perception with modern facilities would certainly do well in tribal health issues in our country. The villager's perception regarding sickness, illness and disease to a great extent has still traditional. The cause of illness and healing system are found to be associated with the Magico-religious beliefs. Along with herbal treatment, magico-religious practices are still occupying a significant position in their indigenous methods of treatment.

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