

CONCEPT PERTAINING TO HEALTH AND ILLNESS AMONG THE KANWAR TRIBE OF CHHATTISGARH (INDIA)

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The concept of health and disease vary from culture to culture; healthy state in our culture may be considered unhealthy by some other ones. The Kanwar tribe is one of the largest tribal communities of Chhattisgarh state of India. Total 181 Kanwar individuals were selected through simple random sampling. Pretested interview cum structured schedule, focused group discussion and non participant observation are used for the collection of data. The health and illness among the Kanwar are found to be based upon some physical factors and they believe that all those physical conditions of men is only because of contentment of the supernatural beings. Consequently, it is concluded that among the Kanwar, health and illness are both a physical and spiritual state and are governed by some spiritual beings and that's why in healing practices, they go for spiritual practices along with medicine to convince the spiritual beings.

Key Words: Concept, Health, Illness, Kanwar tribe, Chhattisgarh, India

Introduction

If you wish to help a community, improving its health, you must learn to think like the people of that community. Before asking a group of people to assume new health habits, it is wise to ascertain the existing habits, how these habits are linked to one another, what functions they perform, and what they mean to those who practice them (Paul, 1955).

It is quite difficult to define the concept about health and disease of any culture because these are commonly known as relative terms. Chaudhuri (2004) has stated that every culture has its own beliefs and practices concerning diseases. According to Parsons (1972) health is a state of optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialized. The way of life one lives, affects the health status of an individual. The health seeking behavior of the tribal groups is associated with their beliefs, customs and practices. The relation of health and hygiene to its socio-cultural and natural environment and also found that the health habits and beliefs of people in any culture form a total system rather than being a separate part that stands in isolation (Das, 2004). Schulman and Smith (1963) defined normal health as the absence or minimal existence of factors which disrupt the "normal" life process and equated good or normal health to that of "adequately functioning" in one's age-sex role. At first sight, health refers "as the absence of disease". It is generally thought that a person

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free of disease is healthy, but actually it is not so. Health reveals not only lack of uncomfortedness and illness but also includes the overall development conditions due to which a person can possess power and ability of physical, mental, social and religious satisfaction (Premi *et al.*, 2010). Quinlan (2011) talked about ethnomedicine and found that each society has its own medical style or medical culture and their beliefs about the body and illness causation along with social norms comprises one's "culture of medicine."

The notions and concerns regarding health and disease vary from culture to culture; it could be possible that any physical, mental and social conditions which are called healthy state in our culture may be considered unhealthy by some other ones. It is very difficult to be familiar with the notions and attitude of the semiliterate or illiterate and indigenous society.

Tribal concept of health, disease, treatment, life and death is different in different culture and tribal societies follow traditionally laid down customs and every member of the society is expected to conform to it" (Premi *et al.*, 2010). In the present study, it has been tried to explore the health and disease related thoughts of the semi-literate and home-grown "Kanwar", which might be helpful for making need based interventional health policies and programmes for the tribal health improvement.

The Kanwar is one of the largest tribal communities of Chhattisgarh state of India. They mostly reside in Mahasamund, Bilaspur, Korba, Korea, Surguja, Raigarh, Jashpur and Raipur districts of Chhattisgarh state of India. According to census of India (2001), total population of Kanwar tribe is 7,60,298 which is 11.49% of the tribal population of Chhattisgarh out of which total male and female population is 378,687 and 381,611 respectively. Literacy rate of Kanwar tribe is 61% of which 45.6% are of females. They show similarities with the Dravidian group. The Kanwar tribe is divided into five sub tribal groups: Tanwar, Rathia, Painkra, Cherwa and Dudh Kanwar. The different clans of Kanwar tribe are Badhwa, Bichhi, Bilwa, Bokra, Chandrama, Chanwar, Cheetah, Champa, Dhanguru, Darpan, Gobra, Jata, Kothi, Khumri, Lodha, Suwa, Phulbandhiya, Gangakacchar, Sonwani, Majhi, Naahna, Bhainsa, Kodia, Dudh, Adil, Sonpaakhar, Juaari, Bhandari, Sikuta, Udaria. Their main occupation is agriculture and they speak Chhattisgarhi dialect.

In the Kanwar families, the oldest member is considered as the head of the family. The patriarchal families exist there and they follow patrilineal system. They worship *Dulha dev, Thakur dev, Shikaar dev, Sarvamangla devi, Kosgai devi, Budha dev, raksha, Malin devi, Banjari devi, Surajbhumi, Naag, Baghdev and trees.*

Chhattisgarh located in central India, has been carved out of Madhya Pradesh on 1st November, 2000 to become the 26th state of the Indian union. It is endowed with huge mineral deposits and forest resources. Chhattisgarh also has the largest concentration of scheduled tribes in the country. There are total 42 tribal communities in Chhattisgarh, principal among them being the Gond tribe. Besides,

a large population of Kanwar, Binjhwar, Bhaina, Bhatra, Oraon, Munda, Kamar, Halba, Baiga, Sawra, Korwa, Bharia, Nageshia, Manghwar, Kharia and Dhanwar are also found in the state. Chhattisgarh has total 27 districts among which Korba is the one. Korba district was accorded the status of a fully fledged revenue district with effect from 25 May, 1998. Korba is the power capital of the newly formed state chhattisgarh. It comes under Bilaspur division and is inhabited mainly by tribals such as Hill Korwa, Gond, Kanwar, Binjhwar etc. It is often referred as the industrial hub of Chhattisgarh as various large companies and plants such as BALCO (Bharat Aluminum Corporation), SECL (South-Eastern Coal field Limited), CSEB (Chhattisgarh State Electricity Board) etc. are operating here. Korba district falls under the hot and temperate climatic zone and it is situated on the banks of the river Hasdeo and Ahiran.

Aims and Objectives

1. To explore the notions and thoughts regarding the health and illness of the Kanwar tribe.
2. To explain and conceptualize the state of health and illness in the Kanwar society.
3. To suggest some ideas to create need based interventional health policies and programmes for the improvement of the health status of the tribal population.

Methodology

Total 181 Kanwar individuals of age group 30-70 yrs were selected through simple random sampling among which maximum were the head of the family. Selection of area is done on the basis of their high concentration. Both males and females have been considered for the present study. Pretested interview cum schedule in the structured form are used for the collection of data and facts and for the cross-verification of the data, qualitative research tools like non-participant observation and focused group discussion are used

Results and Discussions

Concept of Good Health

Table 1 shows the cultural concept of health among Kanwar tribe. According to Schulman and Smith (1963) the common criteria for the healthy state for all ages and for both sexes are: (1) a high level of physical activity, (2) a well-fleshed body and (3) the absence of pain whereas the criteria for identification of healthy among the Kanwar tribe are high working capacity, high weight lifting capacity, higher food intake and higher wood cutting capacity. From the table 1, it is obvious that they give more emphasis (98.3%) on high working capacity as the main criteria of determining good health, likewise Schulman and Smith (1963) also found among

the Spanish speaking Villagers of New Mexico and Colorado that the concept of good or normal health are intimately associated with the positive value of ability to work. Similarly Dash Sharma (2004) declared the good health is more than just the absence of disease and it reflects a state of mental, social and physical fitness and well-being of the individual and is strongly influenced by his/her lifestyle. Kshatriya (2004) stated that incapacitation from work i.e. incapable of doing the routine work is the universal index of poor health. Afterwards, higher food intake scores 69.61% and about 33.14% responded to higher weight lifting capacity among the Kanwar people. Some of them believe that good diet is of utmost importance if one wants to be healthy because heavy work (high wood cutting capacity and high weight lifting capacity) leads to good appetite which ultimately needs higher intake of food. Only 29.8% consider higher wood cutting capacity as the criteria of determining good health. Vijayendra and Bhatt (2004) studied the Jenu Kuruba of Karnataka and found that lean and medium or short-statured persons are considered strong and healthy in this tribal community because this type of body built enables them to work hard and run faster to avoid the attacks of wild animals. In Kanwar, any person may be considered as healthy only by their external attitude, behavior and work done. According to them, one who is capable of performing his daily routine well and is energetic, is supposed to be healthy. As per the modern scientific concept of good health, some of the parameters determining good physical health are good energy, normal functioning of all body organs and good appetite which resemble the concept of good health among the Kanwar tribe. It implies that they also have knowledge of the scientific concept but they have their own ways to define it.

TABLE 1: CONCEPT OF GOOD HEALTH AMONG THE KANWAR

<i>S. No</i>	<i>Causes</i>	<i>No. of respondents</i>	<i>Percentage (n = 181)</i>
1.	High working capacity	173	98.3%
2	High weight lifting capacity	60	33.14%
3	Higher food intake	126	69.61%
4	Higher wood cutting capacity	54	29.8%

Concept of Illness

Table 2 reveals the concept of illness among Kanwar tribe. Illness actually is a state of being unhealthy. To determine the concept of illness among Kanwar tribe, four criteria have been considered namely less working capacity, very weak and lazy, painful condition and irregular social activity. Maximum (99.4%) responded to very weak & lazy and painful condition as the main concept. Likewise, 98.9% consider less working capacity i.e., one who is not able to perform his daily work well might be considered as ill one. Only 56.9% responded to irregular social activity (less interested and enthusiastic in his normal and social activities) as a criterion in determining the concept of disease. Thus, their concept regarding illness

is based on weak & lazy and painful condition while in modern concept “any condition which impairs the health or interferes with the normal functioning of the body due to one or other reason, is called disease”.

TABLE 2: CONCEPT OF ILLNESS AMONG THE KANWAR

<i>S. No</i>	<i>Criteria</i>	<i>No. of respondents</i>	<i>Percentage (n=181)</i>
1.	Less working capacity	179	98.89%
2	Very weak & lazy	180	99.4%
3	Painful condition	180	99.4%
4	Irregular social activity	103	56.9%

Concept Regarding Symptoms of Illness

Table 3 shows the concept regarding symptoms of illness among the Kanwars. Most of the Kanwars (98.9%) consider fever as the main symptom of ill health. An equal response (98.9%) is given to laziness and change in body temperature. After this, 67.9% Kanwars responded to irritation, likewise, 24.86 % to behavior, 14.3% to sweating and 3.31% to difficulty in breathing. As per their responses, if any person behaves somewhat different from the normal behavior, then he is said to be diseased one.

TABLE 3: CONCEPT REGARDING SYMPTOMS OF ILLNESS AMONG THE KANWAR

<i>S. No</i>	<i>Criteria</i>	<i>No. of respondents</i>	<i>Percentage (n=181)</i>
1	Change in body temperature	178	98.3%
2	Change in behavior	45	24.86%
3	Sweating	26	14.36%
4	Difficulty in breathing	6	3.31%
5	Laziness	178	98.3%
6	High body temperature	179	98.9%
7	Irritation	123	67.9%
8	Hair fall	101	55.8%
9	Hot-temperedness	86	47.5%

Concept Regarding Causes of Illness

A universal concept is the dichotomous origin of illness as either natural or unnatural and natural illness is a result of the individual not following a law of nature or becoming out of harmony whereas unnatural illness is placed on the passive victim by another who wishes to do harm (Wing and EdD, 1998). Foster (1976) has identified two principal disease etiologies in non-western medical systems: Personalistic and Naturalistic. As noted by Foster (1976) and Das (2004), in personalistic medical system, disease can be said to occur due to the active, purposeful intervention of an agent, who may be human (a witch or sorcerer),

nonhuman (a ghost, an ancestor, an evil spirit), or supernatural (a deity or other very powerful being), Whereas in naturalistic system illness is explained in impersonal and systemic terms and disease is thought to be due to some natural forces or conditions such as cold, heat, winds, dampness and mostly by the imbalance of the basic body elements. White (1930) found among the Navajo Indians that they feared that they were guilty of unconscious witchcraft if they had entertained “bad thoughts” about someone who subsequently died or became ill, similarly, among the people of Europe, the Middle East, North Africa and Latin America, a person who possess the “evil eye” is usually unaware of his/her supernatural powers to inflict sickness on people whom he envies (Helman, 2001).

Native Americans perceive nature as having great power and believe that by touching certain animals, eating certain game, or being insensitive to environmental changes they invoke illness (Wing and Thompson, 1995; Carnody and Carnody, 1993; and Huttlinger and Tanner, 1994). Natural illness is attributed to an imbalance or obstruction of Chi, which is energy (Kleinman, Lin, Inui, and Womack, 1982), on the other hand Afro-Caribbean people believe that natural illness results from defying laws of nature (Campinha-Bacote, 1992; and Schwartz, 1985). Harley (1941) pointed out that death results from the intrusion of an outside force usually by some magical means, similarly, Alland (1964) found among the Abron of the Ivory Coast that people get sick and die due to some power, may be good or evil. Price-Williams (1962) stated that among the Tiv, the general features of illness is interpreted in a framework of witchcraft and malevolent forces, similarly, the Kaguru of Taznazia believes most misfortunes, illness, death, miscarriages, sterility, difficult childbirths, poor crops, sickly livestock and poultry, loss of articles, bad luck in hunting and sometimes even lack of rain are caused by witches (Beidelman, 1963). Kleinman (1978) proposed that there are several causes and descriptions responsible for any kind of illness. Jenu Kuruba tribal community of Karnataka classified illnesses into four categories on the basis of etiological factors as body linked illnesses (sharilada kayile), deity-linked illnesses (daivada kayile), spirit-linked illnesses (galiyetu) and sorcery-linked illnesses (matada kayile) (Vijayendra and Bhatt, 2004). In the present study among the Kanwar tribe, three causes of illness namely spiritual causes, human causes and bio-medical causes have been found.

Spiritual causes (Supernatural forces) : Table 4.1 reflects the supernatural forces which are considered as spiritual causes of illness among Kanwar tribe. According to them, intrusion of devils (82.32%) and intrusion of soul of disease into human body (83.97%) are the main causes of illness. Afterwards, 75.13% Kanwars responded to displeasure of specific god & goddess, it means if anyone, by his act, makes their god & goddess unhappy, he or she will become ill. Likewise, 62.43% and 23.2% Kanwars responded to intrusion of soul of disease and spirit of ancestors respectively. Only 12.15% consider breach of taboos as the main spiritual

cause responsible for any kind of illness. Das (2004) studied the causation of illness among the Rathwas of Suskal and found that when goddesses are not given due recognition and reverence, they show their wrath by causing disease and death among men and they believe that *Sitala-mata* or *Devi* usually causes small-pox to express her anger and local deity, *Tilau Mata* is responsible for leprosy.

TABLE 4.1: SUPERNATURAL FORCES FOR CAUSES OF ILLNESS AMONG THE KANWAR

<i>S. No</i>	<i>Criteria</i>	<i>No. of respondents</i>	<i>Percentage (n=181)</i>
1.	Intrusion of soul into human body	113	62.43%
2.	Intrusion of devils	149	82.32%
3.	Intrusion of soul of disease	152	83.97%
4.	Breach of taboos	22	12.15%
5.	Displeasure of specific god & goddess	136	75.13%
6.	Spirit of ancestors	42	23.2%

As per the study of Wing and EdD (1988), traditional peoples often believe that the spirit or soul, returns to earth and inhabits a body of its choice and therefore congenital illness is accepted as the desire of the spirit. In the present study same concept regarding the causes of illness applies, as these peoples also believe that illness is an outcome of intrusion of soul into human body. Wing (1996) concluded that if one has been spiritually fit, unnatural illness would not have occurred which is a common thought of the studied Kanwar people also.

Spiritual causes (Human Acts) : Table 4.2 reveals the human acts for causes of illness among the Kanwar tribe which are also painstaking as another spiritual causes of illness. 100% Kanwar families responded to all human causes such as evil eye, evil touch, evil magic and evil mouth. Black magic is done by evildoers known as "*Tonha*" (Witch male) & "*Tonhi*" (Witch female). According to them, the main causes of black magic are to take revenge, to make their pet spirit happy and to raise the power of magic. Das (2004) has noted that the Rathwas consider "Evil-eye" and "witch-craft" as the agent of illnesses caused by magical powers.

TABLE 4.2: HUMAN ACTS FOR CAUSES OF ILLNESS AMONG THE KANWAR

<i>S. No</i>	<i>Causes</i>	<i>No. of respondents</i>	<i>Percentage (n=181)</i>
1	Evil eye	181	100%
2	Evil touch	181	100%
3	Evil magic	181	100%
4	Evil Mouth	181	100%

Several previous studies support the present findings about the concept of (1)"evildoer" or "third party" that makes bad medicine to bestow illness or misfortune on a victim among Native Americans, (2) black magic in the Afro-

Carribbean and (3) the evil eye i.e., the gaze of a human eye that causes misfortune among the Mediterranean, parts of Africa, Central and South America, the Near east and the Orient (Wing and Thompson, 1995; Campinha-Bacote, 1992; Rairdan and Huggs, 1992; and Pasquale, 1984). The noted concept is also practiced among the Kanwar peoples to cause harm or to bestow illness on a desired people.

Bio-Medical Causes : Table 4.3 shows the bio-medical causes of illness among the Kanwar tribe. From the table, it is clear that there are several bio-medical factors responsible for ill health. Maximum (96.6%) responded to rapid fluctuation in temperature of the body. About 85% Kanwars considered contact with diseased person (locally called as “*Chhut Bimari*”) as the main bio-medical causes of illness. Least consideration was given to indigestion of meal and unhygienic factors. Gupta (1986) found among the Santhal that there exists a scientific theory of disease and it is believed to be caused by large or microscopic ‘Tijio’ germs. As noted by Wing and EdD (1998), living in harmony with nature and maintaining balance in one’s life are essential for health maintenance and there is a natural order to the universe that, if disturbed, result in illness to either an individual or a community. Foster (1976) in his study, disease etiology in non-western medical systems, concluded that in naturalistic systems, health conforms to an equilibrium model whose contemporary descriptions mostly deal with “hot and cold dichotomy” which explains illness as excessive heat or cold entering the body. Anderson (1987) believes that people maintain or restore wellness by balancing opposite forces such as heat and cold, or dryness and wetness.

TABLE 4.3: BIO-MEDICAL CAUSES OF ILLNESS AMONG THE KANWAR

<i>S. No</i>	<i>Causes</i>	<i>No. of respondents</i>	<i>Percentage (n=181)</i>
1.	Indigestion of meal	61	33.7%
2.	Rapid fluctuation in temperature	175	96.6%
3.	Extreme cold	163	90.05%
4.	Extreme hot	69	38.1%
5.	On coming in contact with diseased person	154	85.08%
6.	Unhygienic factors	51	28.17%

The bio-medical causes of illness found among the Kanwar are somewhat different from that of the previous studies. They believe that illness is mainly a result of rapid fluctuation in temperature and also contact with diseased person to some extent. Among the Venezuelan peasant village of El Morro, the indigenous causation is naturalistic (Suarez, 1974) whereas Fortune (1932) found the dominance of personalistic causality (witchcraft, sorcery, poisoning, suicide, or actual assault) among the Melanesian Dobuans.

Hence it can bring to close that spiritual causes of illness are the fundamental concept regarding the illness among the Kanwar.

Conclusion

The Parameters of good health among the Kanwar tribe are found to be based upon some physical factors such as good energy (which makes any person to complete his work in a specific period of time), good physical labour and proper diet. All health related parameters found among Kanwar tribe show the physical dimension of the health because only that person is capable to do physical labour whose physical state is good and likewise a person having good digestive system would only be able to take proper diet and they also believe that all those physical capabilities of men is only because of contentment of their supernatural beings.

Physical aspects of health play an important role among the Kanwar tribe in determining their concepts regarding illness. As per their thought, person getting tired very easily with little physical labour is definitely afflicted with some kind of illness and likewise physically weak and lazy person is also identified as ill among the Kanwar tribe and this is the reason that biomedical factors such as rapid fluctuation in body temperature is considered as one of the important symptoms in the identification of any kind of illness.

Figure 1 depicts the concept of health and illness among the Kanwar tribe where parameters of good health are shown on left hand side and illness related parameters on right hand side.

Figure 2 shows the causes of illness where it has been found that they rely more on personalistic perspectives regarding causes of illness whereas naturalistic perspectives are accepted as the main thought regarding health and illness.

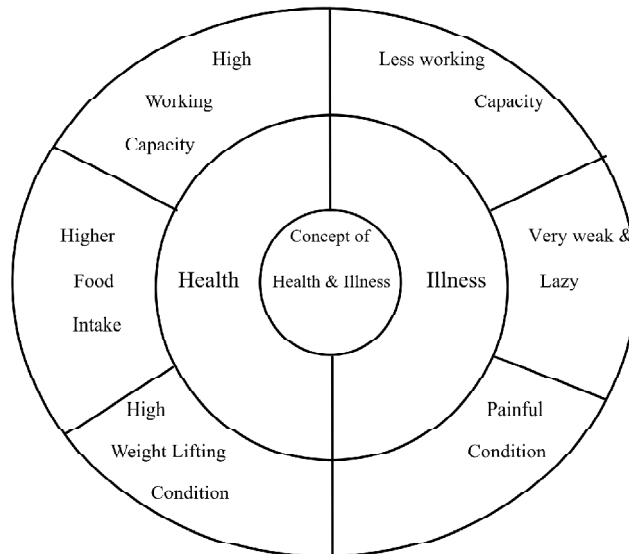


Figure 1: Concept of Health & Illness

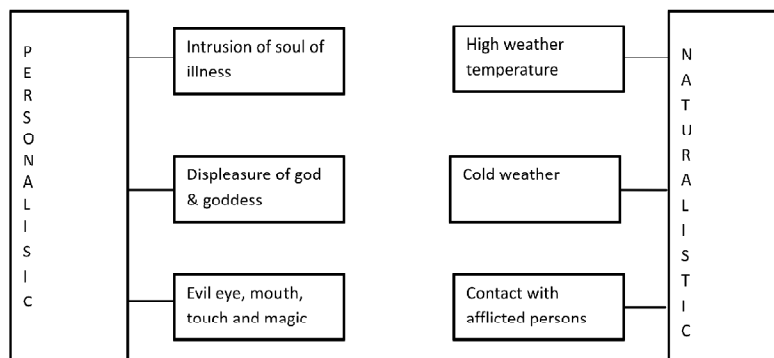


Figure 2: Causes of Illness among the Kanwar

In this way, illness and their causes among the Kanwar tribe have been found contrast to each other. This type of situation generally creates obstruction in understanding the health related concepts in any indigenous culture because where, on one hand, health and illness is governed by naturalistic parameters, at the same time, on the other, causes responsible for illness mainly evil spirit, god-goddess, sorcery and magical practices is purely personalistic in nature . Although some naturalistic causes such as high and low temperatures of the surroundings have also been considered. In the light of above discussion, it can be finally concluded that among the Kanwar tribe, health and illness are both a physical and spiritual state and are governed by some spiritual beings and that's why in healing practices, they go for spiritual practices along with medicine to convince the spiritual beings.

Suggestions

This type of study must be done in any indigenous community to know about their concepts and thoughts regarding health and illness which can be further compared with standard scientific criteria so that we can get the exact health status of the particular community. Some scientific programmes regarding the disease and its scientific causes should be organized in the form of “*Nachagammat*” a folk theatre which is famous in all over Chhattisgarh, so as to remove all misconceptions regarding health and illness which ultimately improve the health status of the Kanwar tribe. Lack of communication is another factor which keeps them untouched by modern medical concept and bound them to their traditions only.

General health education must be included in the curriculum of both, middle and high school, so that they can have the basic knowledge of different kind of diseases and their causes and cleanliness. Special pay package and residential facilities should be arranged for the health workers including (physicians) doctors, mid-wives, compounders, nurses etc. working in the tribal villages. All MBBS

degree holder doctors must be compulsorily posted for at least 3 yrs in the tribal and rural areas.

References

- Ackerknecht, E. H. (1942), 'Primitive Medicine and Culture Pattern', *Bulletin of the History of Medicine*, 12: 545-574.
- Alland, A. (1964), 'Native Therapists and Western Medical Practitioners among the Abron of the Ivory Coast', *Transactions of the New York Academy of Sciences*, 26: 714-725.
- Anderson, E. N. (1987), 'Why is Humoral Medicine So Popular?', *Social Science and Medicine*, 25(4): 331-337.
- Beidelman, T. O. (1963), 'Witchcraft in Ukaguru', in J. Middleton and E. H. Winter (eds.), *Witchcraft and Sorcery in East Africa*, pp. 57-98. London: Routledge and Kegan Paul.
- Campinha-Bacote, J. (1992), 'Voodoo Illness', *Perspectives in Psychiatric Care*, 28(1) : 11-17.
- Carmody, D. L. and Carmody, J. T. (1993), *Native American Religions*. New York: Paulist.
- Census (2001), A-11, State Primary Census Abstract for individual Scheduled Tribe. New Delhi: Office of the Registrar General of India.
- Chaudhuri, B. (2004), 'Science in Society: The Caste of Tribal Medicine', in A. K. Kalla and P. C. Joshi (eds.), *Tribal Health and Medicine*, pp. 362-375. New Delhi: Concept Publishing Company.
- Clements, F. E. (1932), 'Primitive Concepts of Disease', *University of California Publications in American Archaeology and Ethnology*, 32: 185-252.
- Das, M. (2004), 'Disease and Illness and their Ethnomedical Treatment among the Rathwas of Suskal', in A. K. Kalla and P. C. Joshi (eds.), *Tribal Health and Medicine*, pp. 283-300. New Delhi: Concept Publishing Company.
- Dash Sharma, P. (2004), 'Nutrition and Health among the Tribes of India'. in A. K. Kalla and P. C. Joshi(eds.), *Tribal Health and Medicine*, pp. 71-98. New Delhi: Concept Publishing Company.
- Elliot-Schmidt, R. and Strong, J. (1997), 'The Concept of Wellbeing in Rural Setting: Understanding Health and Illness', *Australian Journal of Rural Health*, 5: 59-63.
- Fortune, R. F. (1932), *Sorcerers of Dobu: The Social Anthropology of the Dobu Islanders of the Western Pacific*. London: George Routledge.
- Foster, G. M. (1976), 'Disease Etiologies in Non-Western Medical Systems', *American Anthropologists*, 78(4) : 773-782.
- Giger, J. N. and Davidhizar, R. E. (1991), *Transcultural Nursing*. St. Louis, MO: Mosby.
- Gupta, S. P. (1986), 'Tribal Concepts of Health, Disease and Remedy', in B. Chaudhuri (ed.), *Tribal Health: Socio-Cultural Dimensions*. New Delhi : Inter-India Publications.
- Harley, G. W. (1941), *Native African medicine: With Special Reference to its Practice in the Mano tribe of Liberia*. Cambridge: Harvard University Press.
- Hasan, K. A. (1964), 'Folk Concepts of Etiology and Illness in a North Indian Village', *Kroeber Anthropological Society Papers No.30* (Spring).
- Helman, C. G. (2001), *Culture, Health and Illness*, 4th Edition. London: Arnold.
- Kleinman, A., Eisenberg, L. and Good, B. (1978), 'Culture, Illness and Cure: Clinical Lessons from Anthropologic and Cross-cultural Research', *Annals of Internal Medicine*.

- Kshatriya, G. K. (2004), 'Tribal Health in India: Perspectives in Medical Anthropology', in A. K. Kalla and P. C. Joshi (eds.), *Tribal Health and Medicine*, pp. 17-45. New Delhi: Concept Publishing Company.
- Lin, K. M., Innui, T., Kleinman, A. and Womack, W. (1982), 'Socio-cultural Determinants of Help-seeking Behaviours of Patients with Mental Illness', *Journal of Nervous and Mental Disorders*, 170: 78-85.
- Parsons, T. (1972), 'Definitions of Health and Illness in the light of American Values and Social Structures', in E. Jaco (ed.), *Patients, Physicians and Illness*. 2nd edition. New York: Free Press.
- Paul, B. (1955), *Health, Culture, and Community: Case Studies of Public Reactions to Health Programs*. New York : Russell Sage Foundation.
- Premi, J. K., Sarkar, S. , Pradhan, A. and Mitra, M. (2010), 'Perception and Attitude regarding Illness and Health among the Sawara Tribes of Chhattisgarh', *Man in India*, 90(3-4): 601-611.
- Price-Williams, D. R. (1962), 'A Case Study of Ideas Concerning Disease among the Tiv', *Africa*, 32 : 123-131.
- Quinlan, M. B. (2011), 'Ethnomedicine', in M. Singer and Pamela I. Erickson (eds.), *A Companion to Medical Anthropology*, pp. 381-403. United Kingdom: Blackwell Publishing Ltd.
- Rivers, W. H. R. (1927), *Medicine, Magic and Religion*. London : Kegan Paul, Trench, Trubner & Co.
- Rizvi, S. N. H. (1989), 'Health Practices of the Jaunsaries: A Socio-cultural Analysis', in B. Choudhary (ed.), *Tribal health : Socio-Cultural Dimensions*, pp. 223-246. New Delhi: Inter-India Publications.
- Schulman, S. and Smith, A. M. (1963), 'The Concept of Health among Spanish-speaking Villagers of New Mexico and Colorado', *Journal of Health and Human Behaviour*, 4(4): 226-234.
- Suarez, M. M. (1974), 'Etiology, Hunger, and Folk Diseases in the Venezuelan Andes', *Journal of Anthropological Research*, 30: 41-54.
- Vaishnav, T. K. (2008), 'Chhattisgarh ki Anusuchit Janjatiyon ka Sanchipt Parichay', in Vaishnav, T. K. (ed.), *Chhattisgarh mein Jaati Pramaan Patra evam Aarakshan ki Paatrata*, pp. 17-28. Raipur: Tribal Research and Training Institute.
- Vijayendra, B. R. and Bhatt, H. K. (2004), 'Ethnomedicine among the Jenu Kuruba of Karnataka', in A. K. Kalla and P. C. Joshi (eds.), *Tribal Health and Medicine*, pp. 391-399. New Delhi: Concept Publishing Company.
- White, L. A. (1930), 'A Comparative Study of Keresan Medicine Societies', in *Proceedings of the 23rd International Congress of Americanists 1928* , pp. 604-619. New York.
- Wikman, A., Marklund, S. and Alexanderson, K. (2005), 'Illness, Disease and Sickness Absence: An Empirical Test of Differences between Concepts of Ill Health', *Journal of Epidemiology and Community Health* (1979), 59(6): 450-454.
- Wing, D. M. and EdD. (1998), 'A Comparison of Traditional Folk Healing Concepts with Contemporary Healing Concepts', *Journal of Community Health Nursing*, 15(3) : 143-154.