Indian Journal of Anthropological Research
Vol. 3, No. 1, June 2024, pp. 93-107

URL: www.arfjournals.com
https://DOI:10.47509/IJAR.2024.v03i01.07

Perceived Illness Aetiologies and Health-seeking Behaviour among Gond Tribe: Findings from an Ethnographic Study in Chhattisgarh, India

VINAY TRIPATHI*, PREETHA GS** AND PRASHANT VIJAY***

Abstract: Each culture has its understanding of health and the aetiology of diseases and illnesses, and to an extent, it offers an explanation for the prevailing health practices and behaviours. In tribal societies, illnesses and health practices have meanings rooted in the socio-cultural-ecological structure. The critical role that these culturally constructed illnesses and practices play in influencing people's health care-seeking behaviours has been part of ethnomedicine and medical anthropology discourses. The paper reflects on this critical role by examining the illnesses, their aetiology and health-seeking behaviour among Gonds, a tribal community found in India. The paper draws data from extended fieldwork conducted for an ethnographic study among Gonds of Chhattisgarh in India. Since the study was ethnographic in nature, participant observations and informal in-depth interviews were used as the key methods to collect the data. Informal in-depth interviews were conducted with the community members, ethnomedicinal practitioners, magico-religious experts, quacks, health functionaries and Panchayat members. Our findings suggest that the health culture of Gonds is dynamic, wherein multiple health systems are present, accepted, and utilised to explain illnesses ranging from naturalistic to personalistic aetiology. The practice of medical pluralism is evident in their culture, which consists of therapeutic measures that are based on their indigenous knowledge of different herbs and shrubs (constituting a popular system); the expertise of ethnomedicinal, magico-healer practitioners, quacks

Received : 10 March 2024
Revised : 12 April 2024
Accepted : 18 April 2024
Published : 26 June 2024

TO CITE THIS ARTICLE:

Tripathi, V., Preetha, GS., & Prashant, V. (2024). Perceived Illness Aetiologies and Health-seeking Behaviour among Gond Tribe: Findings from an Ethnographic Study in Chhattisgarh, India, *Indian Journal of Anthropological Research*, 3: 1, pp. 93-107. *https://DOI:10.47509/IJAR.2024.v03i01.07*

* Corresponding author-Associate Professor, IIHMR Delhi, Plot No. 3, Sector 18-A, Phase II, Dwarka, New Delhi, India; *E-mail: vinaytripathi@gmail.com*
** Professor, IIHMR Delhi, Plot No. 3, Sector 18-A, Phase II, Dwarka, New Delhi, India
*** Research Assistant, IIHMR Delhi, Plot No. 3, Sector 18-A, Phase II, Dwarka, New Delhi, India

(constituting a folk system); and care provided via the formal healthcare providers and institutions (constituting a professional system). Each system has its own space to practice and ways to establish acceptance among Gonds. There is a constant inter-movement of health seekers across these health systems, which the health service providers of the folk system sometimes facilitate. There is a close relationship between illness aetiology and healthcare-seeking behaviour among tribal communities; Gonds are no exception. The simultaneous presence and practice of 'encultured' and 'acculturated' healthcare systems reflect the dynamic nature of their health culture. However, the long-term ramifications of acculturation of the healthcare system can be concerning. Our programmes and strategies must be sensitive and respectful to the practices and behaviours of the tribal population and evolve solutions based on their cultural realities.

Keywords: ethnomedicine, ethnography, health behaviours, tribal population, India

Background

In anthropology, particularly medical anthropology, scholarship for a long time distinguished between disease and illness, often used interchangeably in common parlance and medical and allied fields. However, understanding the difference between the two is of utmost importance in any discourse on tribal health. The term 'illness', to put it in a very lucid manner, underlies a sociocultural connotation, while 'disease' has a biological or physiological connotation. Therefore, illness, as a sociocultural construct, emphasises underlying sociocultural aspects which play an important role in guiding or influencing an individual's perception, experience or explanation of a health condition or a disease (Fabrega, 1972; Litman, 1974; Kleinman *et. al,* 1978; Rivers, 2001), whereas, disease as a biomedical construct, concentrates more on physical state or physiological dysfunction among individuals (Comaroff, 1978; Cockerham & Ritche, 1997; Boyd, 2000).

The distinction aptly underscores the limitation of the biomedical perspective towards comprehending health in tribal populations. It highlights the need to recognise the sociocultural milieu's critical role in determining their health and well-being. Viewing health only from the bio-medical perspective undermines the different aspects of health and well-being, which vary from culture to culture. For instance, a particular health behaviour which is very normal, acceptable and followed in a particular society may be regarded

as entirely irrational in another society. Likewise, the causal explanation prevailing in society for particular diseases may not necessarily align with the biomedical understanding of those diseases. For instance, in the Heiban Nuba culture, people firmly believe that illness or other misfortunes are caused by witchcraft and accordingly practice shamanism (Nadel, 1940). In ancient Greece, health was considered to be a by-product of four humours and imbalance in these humours was believed to be the reason for ill health (Foster, 1987). A substantial amount of literature within the field of medical anthropology highlights culturally specific understanding and interpretations of health even in contemporary societies, including tribal. Therefore, the sociocultural perspective of health transcends beyond the biomedical boundaries, within which many 'scientific' medical and health professionals work, and considers health a bio-socio-cultural system.

Likewise, the healthcare-seeking behaviour among tribal groups is complex and cannot be understood from a single lens. Each culture has its understanding of health and wellbeing, illness aetiology, and explanations for prevailing health practices or behaviours that influence people's healthcare-seeking behaviour. The meaning that people assign to illness and health practices is rooted in the socio-cultural-ecological milieu, more so among the tribal communities (Kleinman et. al., 1978; Helman, 2007). The understanding of such perceptions related to the illnesses, causation and health-seeking behaviour facilitates better comprehension of the health, health behaviours and practices among the tribal communities and, in turn, provides relevant insights towards creating a better health service delivery mechanism which is conducive and accepted to the people.

Against this backdrop, the paper attempts to understand the perceived illness aetiology and health-seeking behaviour of the Gonds, a tribal community found in India. The country, with one of the largest tribal populations in the world, has more than 705 tribal groups listed as Schedule Tribes (STs) and constitutes around 9% of the total population (Census, 2011). The tribal groups are spread across the country with varying populations ranging from a few lakhs to double-digit numbers. Over the years, the tribal groups in the country have progressed but still lag in many of the development indicators compared to their other social counterpart groups. The inequitable percolation of the benefits accruing out from development pathways has resulted in this disparity in the developmental outcome. Concerning health outcomes, the tribal communities continue to suffer disproportionately from the high burden of communicable diseases, malnutrition, and maternal and child health

issues. They are also prone to the changing disease burden that the country is witnessing, with a high prevalence of non-communicable diseases being reported among tribal populations, too. Gond is the second most populous tribe in India, with the highest concentration in Central India, spreading across states such as Chhattisgarh, Madhya Pradesh, eastern Maharashtra, northern Andhra Pradesh and Western Orissa. The paper focuses on the Gonds of Chhattisgarh state.

Methodology

The paper draws data from extended fieldwork conducted among Gonds in Chhattisgarh for an ethnographic study on malaria. The state is divided geographically and culturally into three significant zones: north cultural, central cultural, and southern cultural Chhattisgarh. Gonds, which is a relatively mainstream tribe, inhabit all these three zones in varying proportions. Under the study, a Gond-dominated village (*Sarathpur*) was selected from the Baikunthpur block of the Korea district, which falls in the north cultural zone of the state. *Sarathpur* is located towards the south-west direction of Janakpur and is about 15 km far from the block. The village is surrounded by the Kaimur ranges, also known as *Chang Bhakhar Pahadi,* from the west, while the Banas river surrounds its northern and eastern boundaries. The village, with about 160 households, is spread over five to six square kilometres in five wards. Gonds of the village are divided into sub-tribes, such as *Oyam, Poyam, Markam*, and *Netam*, with *Oyam* dominating the village. The local term for the sub-tribes is *Kura*.

Most of the Gond families in the village are nuclear, with elders residing in separate nearby houses but within the same ward. Most of the houses where Gonds live are self-constructed mud houses with a kitchen garden and space for the livestock. Houses have separate toilet facilities. The villagers' primary drinking water source is wells, largely unprotected, and hand pumps. Most of the Gonds own lands, but they do not actively engage in farming. Agriculture is primarily rain-fed, with only very few households accessing irrigation facilities. On the other hand, animal husbandry is quite common. Gonds sell animal products in nearby markets. The rural employment scheme constitutes a good proportion of their income in addition to the income generated from selling animal products. Migration is quite common among youngsters who move out from the village in search of better job opportunities and avenues for economic gains. Educational status is not very marked, with many children dropping out.

Since the paper is based on an ethnographic study, extended fieldwork was carried out for seven months in two phases: December 2021 to April 2022 and June 2022 to August 2022. A trained ethnographer was appointed under the study and was involved throughout the study and its activities, including fieldwork and data analysis. The ethnographer was not from the tribal community but belonged to the neighbouring region and understood the geography well. The ethnographer had the requisite educational qualification and experience of conducting extended fieldwork. The help extended by the Integrated Tribal Development Project officials during the initial phase of the study helped in approaching the field and accessing the community. The ethnographer was introduced to the key individuals in the village, who helped the ethnographer to understand the village and its surroundings during the initial days of the fieldwork. In the field, the ethnographer acted as a participant observer. Participant observation essentially means deep diving into the field setting and learning about the culture of the community via observation and participation in people's day-to-day activities. The ethnographer's fluency in the local language and close stay to *Sarathpur* facilitated the participant observation and established a good rapport with the community. The ethnographer participated in local festivals, visited places of religious importance, accompanied key informants to collect forest-based produce, and interacted with the community members. Apart from participant observation, other methods which were employed during the fieldwork were household surveys and unstructured interviews with the Gonds, ethnomedicinal practitioners, magico-religious experts, quacks, Mitanins (part of the health system), doctors of the nearest primary health centres, and Panchayat members.

While conducting the extended fieldwork, the ethnographer maintained field notes daily, which formed the base for the findings of this paper. These field notes were written using both Hindi (local language) and English. The significance of field notes is quite well-known in such ethnographic studies. The field notes reflecting on the illness aetiology and healthcare-seeking behaviour of Gonds were filtered out from overall notes, translated and typed in the English language by the ethnographer. The typed written field notes also included the ethnographer's observations and insights from triangulating data collected by different methods. These typed written field notes were reviewed, discussed and synthesised in two parts: aetiology of illnesses and healthcare-seeking behaviour.

Ethical approval for the study was obtained from the Institutional Review Board. Local-level administrative authorities, respondents and community

gatekeepers who facilitated our entry to the village were informed about the study and its purpose. To ensure the confidentiality of the participants, we have used pseudonyms for the field site. Some respondents, particularly ethno-medicinal experts, have expressed concern about revealing the names of specific herbs, and accordingly, the names of those herbs have not been disclosed.

Findings

In Gond's worldview, illnesses are defined in three broad lexical categories, namely, *Jar/Bukhar, Bed* and *Pretbadha or Pret*, with each one having a group of illnesses with culturally defined characteristics and treatment. Any common cold, fever, and cough is referred to as '*Jar/Bukhar'*. Gonds believe *Jar/Bukhar* is natural and anyone can suffer. They believe *Jar/Bukhar* is caused by a humoral imbalance, seasonal anomalies or changes in dietary patterns and is a part of human life. Gonds do not consider Jar/Bukhar a severe illness, and this is reflected in their daily conversations. For instance, Gonds say, "*Papari Padhina (a common herb) Jhapri, Ka Kare Jar/Bukahr Bapri*", which means 'if few leaves of the herb are consumed, *Jar/Bukhar* cannot do much harm to the body'. Though the instances of *Jar/Bukhar* occur throughout the year in *Sarathpur,* they peak in the months that follow winter and monsoon season, when most Gonds suffer from it. It is pertinent to highlight that April and May are the months of Mahua collection. Gonds spend their maximum time in forests collecting *Mahua*, a forest-based product that is sold in local markets or to local intermediaries. Mahua collection is one of their livelihood activities. These months, when Gonds are engaged in Mahua collection, are also marked with rising temperatures and relatively less humidity. Fever, heat stroke, and dehydration are widespread at this time.

Ramkalesh lives in the Parjipara ward with his wife and two daughters. After marriage, he built his new house in the southern part of the ward. His house was visited in April when Gonds were engaged in mahua collection. Mahua trees surround his house, but his own Mauhari (a word describing the tree/s which falls under an individual authority) is a few yards away. Ramkalesh's younger daughter Rajvati was found to be suffering from fever during the visit. Ramkalesh was asked about her condition, and he said that two days ago, Rajavti, who is four years old, went to the Mahua collection with her mother. They came back in the afternoon, and since that evening, she has been suffering from a fever, but nothing has happened to her mother.

Sogaripara is the easternmost ward where Bhaillal lives with his wife Nanbai. Nanbai was found to be suffering from a fever during the visit to

Bhailal's house. Bhailal said that she went for mahua collection a few days ago, and thereafter, she got heat stroke (look lag ge), which, according to him, could be because she consumed water immediately after returning from the forest. March to May is when forest-based/dwelling activities like herb collection, mahua collection, tendu patta collection, etc. intensify. In this season, people visit the forest more than any other time of the year.

Likewise, during monsoon season, Gonds cultivate paddy and spend time in rice fields. These rice fields are known to provide breeding grounds for mosquitoes, particularly during the early stages of plantation. Malaria, dengue, and viral fever are also common during this time. However, such cases Jar/Bukhar are found to be relatively fewer in the winter season as Gonds do not engage in forest-based activities as intensively as they do in the months following winter.

In Sarathpur, the household survey was conducted between January and March month. During these months, most of the Gonds were found to be at home or in nearby surroundings. Generally, they only have a few agricultural and forest-based activities in winter. People prefer to avoid going out to the forest. Since winters are intense in these areas, people prefer to be at home or in surroundings with bonfires. The outdoor activities (including forest-based activities) were found to be very limited. They venture out or go near forest areas only to collect wood. Some go inside the forest area only to collect herbs, which are believed to provide health benefits if consumed during winter due to their hot properties. While the household survey was conducted between these months, only a few reported anyone suffering from ailments, particularly fever.

Gonds rely on their traditional wisdom of ethnomedicines for *Jar/Bukhar* treatment. This wisdom is transferred from one generation to another in a very subtle and natural way. Everyone in *Sarathpur* knows about different herbs and shrubs used to treat *Jar/Bukhar.* Most of these herbs and shrubs have ethnomedicinal properties and are available near their habitat, while some are found in nearby forests. For instance, Gonds use *Batilaha*, an herb for treating cold and cough, while *Ban Masala (Urgniea indica)*, another herb for treating weakness, fever, and body pain. Likewise, another herb, *Hathigan (Heliotropium indicum)* is used to treat wounds. Most of these herbs are consumed with black pepper, which is believed to be an effective carrier of bioactive compounds found in these ethnomedicines. Though many Gonds of *Sarathpur* know ethnomedicines for *Jar/Bukhar*, some other ethnomedicines are known to only a few Gonds. These Gonds are considered ethnomedicinal experts in *Sarathpur*.

These ethnomedicinal practitioners, recognised only by their first names, are well known in *Sarathpur* and nearby areas for their ethnomedicinal wisdom. People (either from the village or outside) approach these practitioners and seek treatment. The ethnomedicines, advised by these practitioners, are meant to manage and deal with specific health problems. For instance, one of the ethno-medicinal experts is known to possess knowledge about an herb that helps ease labour pain. Similarly, another ethnomedicinal expert knows about another herb that is used to treat children with weak legs. However, the knowledge about these specific herbs stays within the ethnomedicinal expert family and is passed from generation to generation. In rare cases, a member from outside the family can learn and practice these ethnomedicines provided the learner follows and is obliged to all the rules and regulations set for such learnings.

In Gond's illness lexicology, another term, *Pretbadha or Pret*, is used to refer to those illnesses which are persistent, have traits that cannot be diagnosed either by ethnomedicine practitioners or quacks, and remain untreatable even after receiving treatment from the practitioners of ethnomedicines and quackery. The Gond community believes that such illnesses are either caused by evil spirits, sorcery and witchcraft or a sign of the local deity being unhappy or angry. The term *Pretbadha* or *Pret* is also used to refer to misfortunes, including ill health. In *Sarathpur,* there are a few Gonds, who are considered a magico-religious expert (called *baba,* which is also known as Gunia in other parts of Chhattisgarh), are approached for such illnesses as they possess methods which can identify the cause of illness and suggest measures to heal them.

In Sarathpur, a young boy from Kharika ward was suffering from fits. He used to faint frequently. Apart from fits, he had no other problems. He appeared normal, like any other person of his age, and communicated well. His mother had approached various ethnomedicinal practitioners, quacks and other formal healthcare providers for treatment, but in vain. He continues to have fits, and because of his frequent fits, his mother believes that someone has used witchcraft on her son. Interestingly, many people (in the village) also believed that he was the victim of witchcraft. His mother said he started having fits when returning from the forest. His mother and many other people in the village also said he started getting fit after visiting the forest. Generally, people in Sarathpur believe that some parts of the forest are haunted, and villagers avoid going to those areas at night. This young boy did not believe in rumours and visited those forest areas, and people believed that since then, he had started suffering from pret badha. Another person in his family (cousin's

brother) shared that this witchcraft must be the handiwork of some of his friends who are jealous of him.

Mandhari lives in Surajpara ward of the village. He is an animal herder and rears cows and goats. A few years ago, he noticed one of his goats suddenly fell and died. The goat was healthy and did not have any symptoms. At first, he thought the goat might have died either because of eating some poisonous plant or an animal bite while taking them to the forest. However, after a few weeks, the second goat of his herd died. The second goal was also supposed to be healthy and did not show any illness or related symptoms. He suspected something was wrong and went to Kherva to seek help from Baiga Raja. Baiga Raja performed some rituals, and the Demigod conveyed his message (via Baiga raja) that his ancestors had promised to sacrifice a goat at Kherva but had failed to do so for some reason. Now, the Demigod wants him to fulfil his ancestor's promise. Mandhari agreed to sacrifice one goat at Kherva and organised a feast honouring the Demigod. Since then, he has not faced such an issue.

There are about ten to twelve such magico-religious experts in *Sarathpur*, but not all are involved in the practice. The treatment methods include sacred objects, sacred chants, sacred offerings and the trance state of the healer to diagnose the illness and recommend healing ways. An individual with such illnesses pays a visit to these *babas* with a bowl of rice, which is then placed in a rectangular shape structure called *Soopa*, made out of bamboo. Though this *Soopa* is generally available in many households for husking wheat and rice, the one used for the purpose has religious significance and is made by the *Pandoh* community at the special request of a magico-healer. Every healer has his own *Soopa*, which he keeps for the ritual. The magico-healer takes the rice from this *Soopa* in his right hand, goes into a trance and establishes contact with the evil spirit or the supernatural being believed to be causing the illness. The magico-healer explains the reason and possible solution to illness while in a trance. Magico healers also use soil (*Mandaer*) and a musical instrument (called *Janjh)* in this ritual. The whole ritual is performed in an open space, either at the magico-healer's or the sick person's house and can be seen by other community members. However, some parts of the ritual, particularly sacred chants and related practices, are not performed in open spaces. They are performed inside the house with a few family members. Once the ritual is over, the seeker is obliged to organise a feast, the magnanimity of which can vary depending on the severity of the illness. In life-threatening cases, such as a snake bite, or where more than one magic healer is involved, the seeker needs to offer a sacrifice of

a goat within seven days of the ritual. In other cases, there is no such time limit, and the offering includes sacrificing hen, rice, lentils and liquor.

Gonds use another term, *Bed*, to refer to those illnesses which do not get cured either by ethnomedicinal experts or magico-healers or quacks and remain persistent despite their treatment. It needs to be highlighted here that the practitioners of ethnomedicine/magico-healers themselves categorise an illness as *bed* and mostly ask a seeker either to visit government/private facilities or doctors. However, how many days of treatment these practitioners decide to classify an illness as *the bed* is not very specific and may range from a few days to weeks. Sometimes, an ethnomedicinal expert, magico-healer, or quack may refer to another ethnomedicinal expert or quack if they feel unable to treat the illness.

Gonds of *Sarathpur* also seek care from the government and private healthcare facilities for *Jar/Bukhar* and *Bed*. At the village level, women and children prefer to visit Mitanins for any ailment of their children. Mitanins are local-level health functionaries and provide healthcare services in line with ASHAs in the state. As Mitanins play an important role in facilitating the women for institutional delivery, they establish a good rapport with the women, encouraging them to seek care for their children. Mitanins use their knowledge and skills gained through their formal training to provide health services and engage in activities of different programmes. Highlighting her journey and role in one particular health program, Sita Bai, who works as Mitanin shared

I look after two wards of the village. In the beginning, most of the villagers would not listen to what I used to say about malaria, its prevention and control measures. However, over time, things have changed. Since we started using kits (RDK) and giving medicine for malaria, things have changed. People, particularly young generations, have different understandings. Unlike earlier generations, the younger generation understands malaria and is aware of the role of mosquitoes in malaria transmission. However, commenting on the connection which earlier generations used to have with forest and nature, she says the current generations are not as connected with nature as she or her forefather's generation used to be. This could be why people from earlier generations and elders have different understandings about the causation of malaria, which may not necessarily be following what we tell them. Back in time, when people were not aware of malaria's actual transmission and symptoms, they used to blame weather or forest ghosts for the fever. Sometimes, they also believed that the fever was the result of sorcery and witchcraft. With time, there

has been a shift in understanding of malaria. However, the belief that mother nature (Bandevi) is there to protect them still exists among people, which may not be very prominent among the young and current generation.

Further, periodic health communication via different channels of the government healthcare system also facilitates Mitanins in dovetailing their responsibilities. Unlike females and children, male members, particularly elderly males, do not approach Mitanins to seek care, possibly due to the avoidance of relations between elderly males and their daughters-in-law, which exist in traditional rural north Indian societies. Instead, they prefer to visit ethnomedicinal practitioners, quacks, magico-healers, or health facilities near their settlement. It was observed that though Mitanins are key health functionaries responsible for providing primary healthcare and are playing their expected role, their position in the power structure of *Sarathpur* is not at par with magico-healers and ethnomedicinal experts who are well respected in the community and also hold political power. Mitanins feel constrained to question and challenge their healing practice, which revolves around local beliefs and practices, in open spaces.

Discussion

The health-seeking behaviour of a community can be understood as sets of practices and behaviours which the individual or a group of individuals of that particular community follow to seek relief from a health problem. Health culture, more so in tribal communities, has been known to play an important role in defining and guiding these practices and behaviours. The notion of being healthy or ill, the perceived aetiology of illnesses, and treatment influence the communities' practices and behaviours. Studies focusing on tribal communities have discussed this aspect of culture quite well. However, the health culture of a community is not static but dynamic, meaning that it constantly interacts and negotiates changes happening in time and space. The study's findings reflect on the dynamic nature of the health culture of Gonds, where multiple health systems are present, accepted, and utilised, along with different aetiological explanations of the illnesses. It is apparent from the findings that Gond's perception of illnesses has both naturalistic and personalistic explanations (Foster, 1976). The naturalistic aetiology, wherein the illness is caused either due to physiological malfunctions or humour imbalances, relates to *Jar/bukhar.* Meanwhile, personalistic aetiology, rooted in supernatural agents, relates to *Pretbada*/*Pret*. These findings align with many other studies highlighting the presence of naturalistic and personalistic

explanations of illnesses among tribal communities (Joshi, 2013; Sharma & Srinivasu, 2013; Menon, 2013). However, another category of illness, referred to as *Bed* in Gond health culture, does not ascribe to the naturalistic or personalistic explanatory model of illnesses as the *aetiology* of *Bed* lies in the severity of illness, which the treatment provider determines. Accordingly, Gonds's health culture ascribes to medical pluralism, i.e., Gonds rely on a different healthcare system, which is grounded on different principles, to seek care. Gond's healthcare system consists of popular, folk and professional sectors (Kleinman, 1978, 1980), with the popular sector consisting of Gond's sound knowledge of different herbs and shrubs, the folk sector consisting of ethnomedicinal experts, magico-healer practitioners and quacks, and the professional sector consisting of formal healthcare providers and institutions. The presence of these three healthcare systems in Gond community is in line with the findings of other studies which point out the existence and practice of medical pluralistic behaviour among the tribal groups (Muthu et al., 2006; Oliver, 2013; Mishra et al., 2014; Bhasin, 2017; Tripathi & Preetha, 2021; Reddy et al., 2022) as well as in rural societies (Bhargava & Narang, 1997). Rather than being in disagreement, multiple healthcare systems in *Sarathpur* provide alternatives and choices for the Gonds seeking healthcare. This finding aligns with other anthropological and sociological work findings, which see these systems of medicine "not as dichotomies but as overlapping instrumentalities" (Gupta, 1988). However, these three healthcare systems do not exist in isolation. Instead, there is a constant exchange regarding Gonds moving from one system to another. The inter-movement across the healthcare system, within the health culture of Gonds, is not only limited to the choice of seekers but is also facilitated by practitioners wherein practitioners of a folk system refer a health seeker to the professional system in a situation where the illness remains untreatable. Among Gonds, each healthcare system has its acceptability and space for practice. Each system has its way of creating evidence, facilitating its acceptability. In the case of the folk system, practitioners of ethnomedicine or magico-healers rely on acts of healing rituals that are performed in public view, as they create witnesses who have either observed or experienced them. Those who have witnessed these healing rituals share their experiences with others, and this experiential sharing plays an instrumental role in facilitating the acceptance of the ethnomedicinal practitioners or magico-healers among Gonds. On the other hand, practitioners of the professional system, mainly frontline health workers, rely on evidence-based biomedicine principles and communicate them to the wider population as part of different health

programmes. Our study, if viewed from a positivist lens, is limited in generalising the results to the same or other tribal groups residing in the state or country's other cultural and geographic distinct regions.

Conclusion

The health and health-seeking behaviour in tribal context is a result of the complex interplay between the people and the meaning that people assign to health or ill-health. A thorough understanding of this interplay entails a perspective which transcends beyond the boundaries of biomedical understanding of health and incorporates a sociocultural perspective. The recognition that health and illnesses are the by-products of complex social interactions underlines and reiterates the need to understand health and related issues more so in tribal settings using the lens of a bio-socio-cultural system. Among tribal communities, including Gonds, a close relationship exists between illness aetiology and healthcare-seeking behaviour. The culture, social structure, and health are closely linked and influence Gond's health culture, which is dynamic and responds to the larger societal changes. The simultaneous presence and practice of the 'encultured' and 'acculturated' healthcare systems reflect this dynamic nature, manifesting in their medical pluralistic behaviour, which has different illness explanatory models. Appreciating and recognising this dynamic nature of health culture is essential as it influences how members of the tribal community understand health and illness, seek health care and respond to available health services. However, the long-term ramifications of acculturation of the healthcare system in terms of the vanishing of tribal communities' traditional and rich knowledge of the medicinal uses of flora and fauna are well documented. Our programmes and strategies must be sensitive and respectful to the practices and behaviours of the tribal population and evolve solutions based on their cultural realities. These solutions must facilitate the protection and amalgamation of rich knowledge that tribal communities possess nationwide and worldwide.

Acknowledgements

We acknowledge the funding support received from the Indian Council of Medical Research (ICMR), New Delhi towards this study. We thank Gonds of *Sarathpur* for allowing us to be with them and learn from them. We are grateful to our key informants and respondents for sharing their knowledge and insights during our fieldwork. We also thank the gatekeepers of the community who facilitated our entry to the field site and the authorities for permitting to carry out this study.

References

Bhargava, B., & Narang, R. (1997). Medical pluralism in rural India. *Lancet (London, England)*, *350*(9073), 298. https://doi.org/10.1016/S0140-6736(05)62276-3

Bhasin, V. (2017). Ecology and health: A study among tribals of Ladakh. *Studies of Tribes and Tribals.* 3 (1): 1-13.

Boyd, K. M. (2000). Disease, illness, sickness, health, healing and wholeness: Exploring some elusive concepts. *Medical Humanities*, *26*(1), 9–17.

Census of India. (2011). Office of the Registrar General & Census Commissioner, New Delhi.

Cockerham, W.C., & Ritche, J. (1997) *Dictionary of medical sociology*. UK: Greenwood Press.

Comaroff, J. (1978). Medicine and culture: Some anthropological perspectives. *Social Science & Medicine*, *12*(4B), 247–254.

Fabrega, H., Jr (1972). The study of disease in relation to culture. *Behavioral Science*, *17*(2), 183–203.

Foster, G.M. (1976). Disease etiologies in Non-Western medical systems. *American Anthropologist.* 78(4): 773–782.

Foster, G.M. (1987) On the origin of humoural medicine in Latin America. *Medical Anthropology Quarterly Volume 1* (No.4) pp. 355-393.

Gupta, (1988). cited in Medicine, State and Society, by V Sujatha and Leena Abraham (2009) EPW, vol XLIV (16), pp. 35 – 43)

Helman, C. (2007). *Culture, health, and illness*. 5th ed. London: Hodder Arnold.

Joshi, P.C. (2013). *Relevance of traditional medicine in global era*. New Delhi: Icon Publications

Kleinman, A. (1978). Concepts and a model for the comparison of medical systems as cultural systems. *Social Science & Medicine*, *12*(2B), 85–95.

Kleinman, A. (1980). *Patients and healers in the context of culture: An exploration of the borderland between Anthropology, Medicine and Psychiatry*. USA: University of California Press

Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine*, *88*(2), 251–258.

Litman, T. J. (1974). The family as a basic unit in health and medical care: A social-behavioral overview. *Social Science & Medicine*, *8*(9-10), 495–519.

Menon, V. (2013) Health-seeking among forest-dwelling Kanikkar in Kerala. In: H.K. Bhat, P.C. Joshi and B.R. Vijayendra, (ed.). *Illness, health and culture*. New Delhi: Concept

Mishra, S., Kusuma, Y.S. and Babu, B.V. (2014). Pluralistic care and therapeutic itineraries among a migrant tribal community in an Eastern Indian city. *Journal of the Anthropological Society of Oxford* 6(1): 61-78

Muthu, C., Ayyanar, M., Raja, N., & Ignacimuthu, S. (2006). Medicinal plants used by traditional healers in Kancheepuram district of Tamil Nadu, India. *Journal of ethnobiology and ethnomedicine*, *2*, 43.

Nadel, S.F. (1947). *The Nuba: An anthropological study of the hill tribes in Kordofan* (Oxford: Oxford University Press, 1947), 173

Oliver, S.J. (2013). The role of traditional medicine practice in primary health care within Aboriginal Australia: A review of the literature. *Journal of Ethnobiology and Ethnomedicine*, *9*, 46.

Reddy, S., Guite, N., Subedi, B., (2022) Eth*nomedicine and tribal healing practices in India - challenges and possibilities of recognition and integration*. Singapore: Springer

Rivers, W.H.R. (2001). *Magic, medicine, and religion*. London: Routledge.

Sharma, B.V. & Srinivasu, N. (2013). Health status and healthcare among the Chenchus. In: H.K. Bhat, P.C. Joshi and B.R. Vijayendra (ed.). *Illness, health and culture*. New Delhi: Concept.

Tripathi, V., & Preetha, G.S. (2021). Knowledge and practices about malaria in two tribal-dominated regions of Madhya Pradesh, India. *Journal of Communicable Diseases*. 53(3): 112-117.