

Traditional Medicine Practices for Prenatal Health Care among the Kandha Tribe: A Case Study on Kalahandi District, Odisha.

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Abstract

Most of the tribal people in India live in remote rural hilly regions where there is limited or no access to medical care for maternal health. This study explores traditional prenatal healthcare practices among Kandha tribal women in three Gram Panchayats of the M. Rampur block in Kalahandi district, traditional healers, and explores cultural beliefs and practices during pregnancy. A descriptive exploratory research design is employed to understand these practices and beliefs within the tribal context. Data were collected through in-depth interviews with 100 pregnant women and mothers. In addition, focus group discussions involving elderly community members and women were conducted to gain deeper insights into their practices of prenatal care. The researchers employed a purposive sampling technique, which enabled the researcher to judiciously select participants who were considered the most knowledgeable and experienced figures in the community by the local tribals for traditional prenatal healthcare. Participants were selected based on their direct involvement in, and cultural understanding of, pregnancy and childbirth-related traditions.

Keywords: Traditional medicine, prenatal health care, cultural beliefs.

1. Introduction

Traditional healthcare systems remain an integral part of tribal communities, particularly in the domain of maternal and prenatal care. In many tribal regions of India, where access to modern medical facilities is limited or culturally resisted, traditional medicine serves as the primary source of healthcare. These practices, deeply rooted in indigenous knowledge systems, involve the use of herbal remedies, dietary customs, and spiritual rituals aimed at ensuring the health and well-being of both mother and child during pregnancy. Understanding these practices is essential, not only for preserving cultural heritage but also for improving maternal health outcomes in marginalized areas. Traditional healers, often

regarded as the backbone of the tribal community for health care, play a significant role in delivering prenatal care. They act as trusted advisors, blending medical knowledge with spiritual guidance, and are respected figures in the social and health well-being service structure of the tribal community. Their influence shapes the healthcare choices of pregnant women and their families. Here, the researcher mentions that the tribal people are self-sufficient in all respects since maintaining an indigenous knowledge system in parallel on the basis of their traditional wisdom. And they are societies that manifest such cultural features, which signify a primitive level in socio-cultural parameters. According to this study, traditional medicine refers to the ancient medical practice that existed in human society before the application of modern science to health. The importance of TM as a source of primary health care was first officially acknowledged by the World Health Organisation (WHO) in 1976, by globally addressing its Traditional Medicine plan. The traditional medicine refers to health practices, approaches, knowledge and beliefs incorporating plant-, animal- and mineral-based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination, in maintenance of health and the treatment of diseases (Dash and Swain, 2014). The authors write in this paper that Traditional health care practices among the tribes are closely connected to magico-religious beliefs and practices. They have their own ethnomedical remedies, and prefer to cure themselves with the help of the village medicine man. The plants, herbs, creeper leaves, barks, and roots of various kinds are collected for their use in the prevention and cure of health (Bage, 2014). Health is one of the essential aspects of human life and is an indicator to measure human development. The health practices are shaped by culture, economic life, and geographical and ecological conditions, among others. The tribal people are socially and educationally backwards. The government healthcare services have not optimally reached the tribal communities, and, hence, they are forced to depend on their traditional health practices. This article presents and critically evaluates the health status of tribals in Odisha. It outlines the performance of various health indicators, health status and the factors influencing tribal health.(Behera & Dassani, 2021). Here, the author says Traditional means “Paramparagata” in Odia. This traditional knowledge is passed down across generations through oral traditions, processes, and practices. The livelihood and the healthcare practices of the tribal population in any particular place are often influenced by the environment and ecology they live. This paper is an attempt to study the traditional healthcare practices in the tribal culture and their influence on the COVID-19 cure among the tribal population in Odisha. (Sanyal et al., 2022).

Review of Literature

1. In this study, the researcher documented medicinal plant species used by tribal communities in the Malkangiri district of Odisha for rituals and primary healthcare. The research does not examine how such knowledge is transmitted through oral traditions or social structures. It also fails to specify which tribes use particular plants or explore inter-tribal variations in ethnomedicinal knowledge. These gaps limit understanding of cultural diversity, preservation mechanisms, and the sustainability of indigenous medicinal practices among tribal people.(Parida et al., 2020)

The study provides valuable insights into the cultural and traditional healthcare practices of the Santal community; in this research, several critical gaps remain that future research should address. While the study emphasises cultural perspectives, it does not assess the effectiveness or outcomes of Santal healing practices, providing no data linking traditional approaches to measurable health indicators, such as

recovery rates or disease prevention. Moreover, the research does not explore how Santal healers interact with formal health systems or whether integration between indigenous and institutional healthcare is feasible or currently occurring. This lack of engagement with practical models for collaboration limits the study's contribution to understanding how traditional medicine can be effectively incorporated into modern health frameworks.(Naik & Sethi, 2025).

3.The study provides an overview of tribal health conditions based exclusively on secondary data sources, which limits its depth and contextual understanding of community realities. By relying solely on documented reports and existing statistics, it fails to capture the lived experiences, cultural beliefs, and local health practices that shape the daily health-seeking behaviours of tribal populations. Moreover, the study does not examine the cultural and behavioural determinants influencing how tribal communities perceive illness, choose treatment, or interact with healthcare providers. Another major limitation lies in the absence of any other evaluation of government health programs operating in tribal regions, leaving questions about their effectiveness, accessibility, and community acceptance unanswered. As a result, while the study contributes to the general understanding of tribal health through secondary analysis, it lacks the empirical richness and ground-level insights necessary to inform culturally sensitive and effective health interventions. (Behera & Dassani, 2021)

4. This study on indigenous maternal healthcare highlights the critical role of traditional practitioners like Dai and community health workers such as Mitani in tribal regions. Most of the studies, including those on the Bhunjia tribe, are limited by small sample sizes, restricting generalizability across diverse tribal populations. While qualitative insights offer cultural depth, there is a lack of quantitative data linking these practices to maternal and neonatal health outcomes. Furthermore, although integration of traditional and formal healthcare is widely advocated, few studies evaluate policy frameworks or implementation models that support such collaboration. This gap underscores the need for broader, outcome-based, and policy-oriented research.(Singh Kosariya et al., n.d.)

5. The study documents herbal usage but does not assess the pharmacological efficacy or safety of the 30 tree species used by indigenous tribes. Additionally, there is no evaluation of how these traditional practices influence actual health outcomes or disease prevalence in the tribal population. The study notes overlap with modern medicine, but it does not explore how indigenous and formal healthcare systems interact or could be integrated effectively. (Mohanty & Patra, 2022)

6. The study primarily focuses on healers' distribution, typologies, and knowledge transmission methods, but does not evaluate the clinical efficacy or healthy outcomes of the traditional medicine practised. Furthermore, while it acknowledges challenges such as lack of recognition, resource limitations, and stigmatisation, it does not explore how these constraints directly impact health-seeking behaviour, maternal and child health outcomes, or the continuity of indigenous knowledge systems. The research also aggregates data across seven states and multiple tribes, offering breadth but not depth; it fails to capture the regional, cultural, and gender-specific variations within specific tribal groups—such as the Kandha, Gond, or Santhal—whose healing traditions and prenatal care practices may differ markedly. Moreover, the mechanisms for integrating tribal healers into the formal healthcare system remain theoretically proposed but not empirically tested, leaving unanswered questions about policy feasibility, community acceptance, and inter-system collaboration.(Kumar & Jain, 2023)

Objective

- I. To study traditional medicine practices of tribal people for prenatal healthcare.
- II. To explore the role of traditional healers in their communities.

Methods

This study explores traditional prenatal healthcare practices among Kandha tribal women in three Gram Panchayats of the M. Rampur block in Kalahandi district, Odisha. The study aims to identify the usage of traditional herbal remedies, examine the role of traditional healers, and explore cultural beliefs and practices during pregnancy. A descriptive exploratory research design is employed to understand these practices and beliefs within the tribal context. A sample of the Tribal 100 households was systematically selected. Data were collected through in-depth interviews with 100 pregnant women and mothers. The aged group 20-50, as this demographic typically engages in traditional medicinal uses in their community. In addition, focus group discussions involving elderly community members and women were conducted to gain deeper insights from their practice of prenatal care. The researchers employed a purposive sampling technique, which enabled the researcher to thoughtfully select participants who were considered the most knowledgeable and experienced figures in the community by the local tribals for traditional prenatal healthcare. Participants were selected based on their direct involvement and cultural understanding of pregnancy and childbirth-related traditions. After data collection, the data are analysed through SPSS software using descriptive statistics.

Result analysis

Table 1: Profile of the respondent

Profile of the respondent				
Variable	Particular	Frequency	Percentage	Standard deviation
Education	illiterate	75	75.0%	
	primary	15	15.0%	
	secondary	10	10.0%	
	higher	0	0%	
Total		100	100%	
Marital status	Married	85	85.0%	
	Widow	15	15.0%	
	Divorced	0	0%	
	Separated	0	0%	
Total		100	100%	
SES	Bellow 5000	71	71.0%	
	5000-10000	25	25.0%	
	10000-15000	2	2.0%	
	Above 15000	2	2.0%	
Total		100	100	
Age				11.154

Table 1 presents the socio-demographic profile of the study respondents (n=100 women), which is main important for understanding the study findings. It highlights the educational, marital, and economic factors that influence maternal health practices among the respondents. The high illiteracy rate of 75% indicates limited access to formal education, potentially affecting awareness and use of modern healthcare services. The predominance of married women 85% and the absence of divorced or separated individuals may reflect strong cultural norms favouring marital stability, which can influence family support during pregnancy. Additionally, the fact that 71% respondents fall into the lowest income bracket highlights significant economic constraints, likely leading to a reliance on traditional medicine due to issues of affordability and accessibility. The reported standard deviation of age of the respondents is 11.154, suggesting diversity, which also affects their health beliefs and practices.

Table 2: Use of Traditional Medicine

Statement	Response	Frequency	Percent	Valid Percent
During pregnancy	Yes	100	100	100
Preparation at home	Yes	19	19	19
Belief in effectiveness	Yes	100	100	100
Avoidance of certain foods	Yes	100	100	100

Table 2 highlights the common use of traditional medicine among pregnant women in the studied tribal community. All respondents (100%) confirmed using traditional medicine during pregnancy, namely deuria tabiz, gangasiuli (kharsel dal), nagbel, rasi tela, and bhuin neem, as well as akalbindu, ghikuari (aloe vera), and jada tel (castor oil), and an equal percentage affirmed a belief in their effectiveness. This uniformity reflects the deep-rooted cultural trust in indigenous health practices for prenatal care. Belief and use are universally accepted; only a small fraction, 19% reported preparing traditional medicines at home. In the region, 19% of respondents reported preparing traditional medicines at home because they belong to a healer clan; another 81% of women did not make medicines because they did not know how to prepare remedies. This specifies that the majority may depend on traditional healers, local practitioners, or community elders for the preparation of these medicines. Additionally, 100% of participants reported avoiding certain foods during pregnancy. Commonly avoided items include foods typically eaten by papaya, water apple mushrooms (bihiden chhati), sukua (dried fish), taal ice apple, bhulia Bhilawa, and sugar apple (Nagal Kanda) sweet potato. These food taboos reflect culturally embedded beliefs intended to protect both the mother and the unborn child from perceived harm. Overall, the data underscores the importance of traditional knowledge systems and suggests the need for culturally sensitive maternal health programs that acknowledge and integrate local beliefs and practices.

Table 3: Stage of Pregnancy and Used Traditional Medicines

Statement	Response	Frequency	Percent	Valid Percent
1st trimester (weeks 1–12)	yes	13	13.0%	13.0
2nd trimester (weeks 13–27)	Yes	44	44.0%	44.0
3rd trimester (weeks 28–40)	Yes	37	37.0%	37.0
Throughout pregnancy	Yes	6	6.0%	6.0
Total		100	100%	100

Table 3: Presents the use of traditional medicine by tribal women during different stages of pregnancy among 100 respondents. The majority reported initiating traditional medicine use during the second trimester (44%), followed by the third trimester (37%). A smaller proportion began using it in the first trimester (13%), while only 6% reported using traditional medicines throughout pregnancy. These findings suggest that reliance on traditional remedies increases as pregnancy progresses, particularly during the second and third trimesters. This trend may reflect cultural beliefs about the safety and effectiveness of traditional treatments in preparing for childbirth or managing discomforts in the later stages of pregnancy. The lower usage during the first trimester could be due to caution in the early, more vulnerable stage of pregnancy or a stronger preference for biomedical care at that time.

Table: 4 Types of Traditional Medicine

Statement	Response	Frequency	Percent	Valid Percent
Drinks	Yes	13	13.0%	13.0
Pastes	Yes	10	10.0%	10.0
Oils	Yes	12	12.0%	12.0
Thread	Yes	9	9.0%	9.0
All	Yes	56	56.0%	56.0
Total		100	100.0%	100.0

Table 5 represents the types of traditional medicines used by tribal women during pregnancy. More than half of the respondents (56%) reported using all of the herbal medicine practices for prenatal care, like bhuilim, kharsel dal, munda dukha patar, rasi oil, closter oil, and deuria thread, indicating that an integrated approach to traditional remedies is common. Herbal drinks were the most frequently reported individual practice (13%), followed by massage oils (12%), pastes (10%), and the wearing of a white thread (9%). The preference for using multiple remedies may reflect the community's holistic understanding of maternal care, where physical, spiritual, and cultural elements are interwoven. The relatively lower percentages for single remedies suggest that women rarely rely on just one type of traditional practice but instead combine several to ensure protection, comfort, and perceived safety during pregnancy. These findings highlight the significance of culturally embedded health behaviours

and underscore the need for maternal health programs to respect and incorporate local beliefs while promoting safe practices.

Table 6: Purposes for Using T M Pregnancy

Statement	Response	Frequency	Percent	Valid Percent
Morning sickness	Yes	6	6.0%	6.0
Vomiting	Yes	5	5.0%	5.0
Fever	Yes	17	17.0%	17.0
Body pain	Yes	6	6.0%	6.0
Foot swelling	Yes	13	13.0%	13.0
For all	Yes	10	10.0%	10.0
Total		100	100.0%	100.0

Table 6 presents the purposes for which Kandha tribal women (N = 100) used traditional medicine (TM) during pregnancy. The findings reveal that the majority (43%) used TM for all the listed conditions, reflecting its perceived versatility in addressing a range of prenatal discomforts and ailments. Among specific purposes, fever (17%) was commonly treated with traditional preparations such as kharsel dal and bhuilime root, which were typically boiled at night and consumed in the morning before food. For body pain (13%), women most frequently used various types of oils such as jada, kusum, and rasi oil. Foot and ankle swelling (10%) was also treated using similar oils. Morning sickness (6%) respondents gave answers that they used some food for morning drinks, boiled kolothe jhol, boiled some kanda that they ate in the morning and back pain (6%) was managed through the application of warm oil and a hot cotton cloth, while vomiting (5%) was a comparatively less common reason for seeking traditional remedies.

Table 7: Perceptions and Practices Related to Traditional Healers during Pregnancy

Statement	Response	Frequency	Percent	Valid Percent
Visit a healer in PNCY	Yes	21	21.0%	1
	No	79	79.0%	100
Total		100	100%	100
Healers give TM for PW	Yes	100	100%	100
	No	-	-	
total		100	100	100
Healers perform rituals as a part of treatment	yes	58	58	
	No	42	42	
total		100	100	100
Healer available when needed	yes	70	70	
	no	30	30	

total		100	100	100
Trust the healer, then the government health worker	yes	100	100	100
	no	-	-	
total		100	100	100
Healers charge money for services	yes	62	62	
	no	38	38	
total		100	100	100

Table 7 presents data on the perceptions and utilisation of traditional healers among Kandha tribe women during the prenatal period. The findings indicate that a majority (79%) of respondents did not visit a healer during prenatal care because they belong to other villages that are at a serious stage of pregnancy, but a healer comes to a pregnant woman's house for prenatal care purposes, suggesting a gradual shift towards institutional healthcare. However, it is noteworthy that all respondents (100%) acknowledged that healers provide traditional medicine to pregnant women for the prenatal health care, indicating that the role of healers remains culturally significant and widely recognised in the tribal community. More than half of the respondents (58%) reported that healers perform rituals as part of treatment, reflecting the integration of spiritual and medicinal elements in traditional healing practices. This aligns with previous ethnographic studies on tribal health systems in Odisha, where ritual and belief systems are integral to the healing process. Furthermore, 70% of respondents confirmed that healers are available when needed, highlighting their accessibility compared to formal healthcare providers in remote tribal areas. Interestingly, all respondents (100%) expressed greater trust in traditional healers than in government health workers, revealing the deep-rooted cultural legitimacy and social authority of healers within the Kandha community. Despite this trust, a majority (62%) stated that they sometimes need different puja materials like got, hen, duck so that healers charge for their services, indicating a semi-commercial dimension to traditional healing practices.

Perceptions, Knowledge Transmission, and Roles of Traditional Healers among Kandha Tribal Women during Pregnancy

This paragraph's findings provide valuable insights into the role and perception of traditional healers among the Kandha community. The data reveal that all respondents (100%) reported that healers explain to pregnancy women for how to use medicines during pregnancy care, demonstrating the interactive and educative role of healers in guiding pregnant women and community members about proper usage. This reflects a strong trust-based relationship between healers and the people they serve. Regarding the frequency of consulting healers during pregnancy, responses varied: 6% reported always consulting healers, 24% often, 34% rarely, and 36% sometimes. This distribution suggests that while traditional healers remain a vital part of prenatal care, consultations are occasional rather than constant, possibly influenced by accessibility, trust, or integration with modern healthcare services. When asked about the mode of knowledge transmission, 100% of respondents confirmed that the healer's knowledge is oral rather than written. This finding highlights the oral tradition of indigenous medical knowledge, characteristic of tribal societies where healing practices are transmitted through apprenticeship, storytelling, and observation. Such oral transmission preserves cultural continuity but also makes the knowledge vulnerable to loss if younger generations move away from traditional practices. In terms of beneficiaries, 86% reported that healers help everyone in the tribal community for their health care like

fever, cough, sugar, while only 14% said they focus solely on pregnant women. This indicates that healers play a multifunctional role, providing healthcare not only for maternal cases but also for general ailments, thereby reinforcing their central position in community health systems. Finally, the entire sample (100%) agreed that a healer's knowledge should be preserved. This strong consensus underscores the community's recognition of the cultural and therapeutic value of traditional healing practices. It also emphasises the need for systematic documentation and protection of this indigenous knowledge to ensure its sustainability and integration with formal healthcare systems.

Discussion

The findings show that traditional medicine and tribal healers continue to play an important role in prenatal care among Kandha tribal women in the M. Rampur block of Kalahandi district. Despite increasing access to modern healthcare, traditional medicinal practices remain indispensable in their day-to-day lives of cultural and age-old influences. And tribal people basically belong to marginalised, low-literacy, no access to proper modern health care and economically belong to disadvantaged families; so the tribal people depend on easily available local remedies and traditional healers. Herbal preparations, e.g., kharsel dal, bhuin neem, nagbel, and rasi oil, jada tel, bija chhali, and dumer cher (fig root), reflect the tribe's rich indigenous knowledge of maternal health. Women often begin using these remedies during pregnancy to manage discomfort and prepare for childbirth. Spiritual elements such as rituals and protective threads highlight their holistic view of health, balancing body, mind, and spirit. Traditional healers command deep respect and trust for their personalized care, accessibility, and cultural understanding. Their orally transmitted knowledge shows both the resilience and fragility of this heritage. To improve maternal health, future initiatives should respect these cultures and traditions, promote safe practices, and encourage collaboration between healers and health workers, fostering culturally sensitive and inclusive healthcare for the Kandha women.

Conclusion

In conclusion, the study reveals that traditional medicine and healers remain an essential part of prenatal care among Kandha tribal women in the M. Rampur block of Kalahandi district. Rooted in cultural beliefs, economic necessity, and limited access to modern healthcare, these practices reflect the community's deep connection to nature and indigenous knowledge. The use of herbal remedies and spiritual rituals demonstrates a holistic understanding of health that integrates physical, emotional, and spiritual well-being. Traditional healers, trusted for their accessibility and personalised care, continue to hold strong social and cultural authority. However, the oral mode of knowledge transmission also makes these practices vulnerable to loss. Therefore, integrating traditional and modern health systems through culturally sensitive programs can strengthen maternal healthcare, for future safety while preserving valuable indigenous traditions that sustain the health and identity of the Kandha community.

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