

Health Status of Karbi Tribe: A Sociological Study on Karbi Anglong District

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Abstract: - Karbi tribes are one of the dominant tribe of Assam with having a huge geographical area. Since the early stage of their migration, the Karbis people have been suffering from low health status because of several reasons like poverty, sources of livelihood, confide upon supernatural power, illiteracy, ignorance, lack of modern medical treatment, unhygienic environment, influence of malaria etc. Since the primitive time, Karbi people have been practising ethno-medicines, herbs, plants for the treatment of various diseases. Magico-religious performances are also an integral part of Karbi society to cure disease. However, in the present time, several changes and development has taken place in Karbi society in terms of the traditional medical practice. The present studied has followed the qualitative and quantitative research. The sample size was 100, which covered rural, urban, male, female and all the religious groups. The primary data has collected through structured interview, questionnaire and interview and observation method. Secondary data has collected from several journals, periodicals, magazines, periodicals also visited to OKDISCD (Omeo Kumar Das Institute of Social Change And Development) , Tribal Research Centre, Guwahati.

Key concepts: - Tribe, Nutrition, Sociology, Health

Tribe:

Tribe is a socio-political organisations consisting of a families, clans or other groups who share a common ancestry and culture and among whom leadership is typically neither formalised nor permanent. Tribe is a social division of people defined in terms of common decent, territory, culture etc. Many Anthropologists used the term tribal society to refer to societies organised largely because of kinship, especially corporate decent groups. Some theorist holds that tribes represent a stage in social evaluation intermediate between bands and states.

Nutrition:

Nutrition is the sum of the processes by which an animal or plants takes food substances, nourishment and use it for growth of metabolism, repair and quick and healthy growth. Many common health problems can be prevent or alleviate with a healthy diet .The diet of an organism is what it eats, which is largely determined by the perceived palatability of foods. Clinical nutritionist is health professionals who focus more specifically on the roll of nutrition in chronic diseases; including possible

prevention or remediation by addressing nutritional deficiencies before resonate the drugs. The main determinants of health include the social and economic environment, the physical environment, and the person's individual characteristics and behaviour.

Sociology of Health:

Sociology of health and illness, alternatively the sociology of health and wellness, examines the interactions between society and health. The objective of the study of sociology of health is to see how social life has an impact on morbidity and mortality rate, and vice versa. This aspect of sociology differs from medical sociology in that this branch of sociology discussed health and illness in relation to social institutions such as family, employment, economy, religion, culture, tradition, etc. Sociology of health and illness covers sociological pathology (causes of diseases and illness, reasons for seeking particular type of medical aid, and patient compliance with medical regimes).¹

Objectives of the Study:-

1. To study the traditional health care practices in the Karbi society
2. To study the changing health care practices among the Karbis.
3. To study the continuity and change in the health status of the Karbis of Karbi Anglong district of Assam.

Methodology

The field study has been carrying out from January 2017 to March 2018. There are 100 samples were selected randomly from of Karbi Anglong district. Data and relevant information has collected through focus group interview and observation and the type of research was qualitative. Primary data has collected from the Karbi Traditional medicine practitioner, Academicians, Village headmen. Secondary data has collected from historical books and articles; library work has carried out in OKDISDC, Assam Institute of Research for Tribal's and Scheduled Caste.

Introduction:

World Health Organisation defines health as a state of complete physical, mental, and social well-being, not merely the absence of diseases and infirmity. Well being can be define as a state of harmonious relationship of an individual or group with its physical, biological, and socio-cultural environments, and the

¹ Ahluwalia, A. 1974. Sociology Of Medicine In 'Survey of Research In Sociology And Social Anthropology', vol. II , Bombay.

feeling of satisfaction derived out of the same. The concept of health in almost all the tribal societies is a functional one and not clinical. Primitively, the health of the tribal people had threatened not only by the spirit, but also by persons emanating evil. Lack of adequate nutritious food, effect of bad weather, excessive exposure to sun or rain or cold and physical contact with a diseased person are some of the factors, which can be recognised as having deleterious effect on health. Tribal people constitutes about 8percent of the total population of India. They do not represent a homogenous group, but show considerable variations in socio cultural, tradition, economy, language and even in physical features.

Health is recognised as a birthright of all citizens and health is considered man's natural condition. A good health always leads a person towards socially and economically productive life. Health has become a major instrument of overall socio-economic development and creation of a new social order. Tribal people of India are generally suffering from dangerous diseases like small pox, whooping cough, diphtheria, tetanus, and polio. These diseases are arising from poverty, ignorance, malnutrition, bad sanitation, lack of safe drinking water; inadequate housing and low level of housing and low level of humanity are still rampant. Health is a function not merely made for medical care but also overall integrated development of society, cultural, economic, educational, social, and political. ²There is heterogeneity in the area of tribal health, their belief, and practices. Tribal people have distinct notion regarding different aspects of diseases, health, food, human anatomy and facility, their medical technique, particularly for making diagnosis and prognosis, and their organisation of persons, roles, groups, and categories. Health belief and practices are also being.

Genesis on tribal health: -

The tribal people are famous to possess good health particularly those who are unexposed to their unfamiliar situation. The health problems of tribal groups are more or less similar to that one experiences in rural India³. The most common diseases from which the tribal groups suffer are happen primarily due to inadequate nutrition, proper sanitation facilities, and exposure to foreign bio-cultural environment. Infringement of tribal areas results in discriminate utilisation of forest and its products lead to reduction of forest resources of the tribal people. ⁴This has not only created scarcity of basic nutrients and supplements

². Elwin V, 'Tribal medicine In India', Statesman, 1953.

³ Ali, Almas, 1986, Bhubaneswar.

⁴ Joseph A.N.T.1989, Ethno zoology of Reptiles In Relation To Health Care Among the Tribal's In Madhya Pradesh, Social Action,39(4).

but also compelled them to make some alteration in their food habit and occupation, which have multiplied their problem of health and nutrition.⁵

The tribal population in general has their own concept of diseases, its causes, and remedies. The diseases in tribal concept are caused by three agencies such as supernatural, natural and human and accordingly they have their age-old tradition of treatment by their own specialist. ⁶The specialists are termed differently by different tribal groups according to their treatment of diseases of patient through magical-religious performance and by administering folk medicine.⁷

Health or lack of health can merely attribute to biological and natural condition. Sociologists have demonstrated that the spread of diseases is heavily influenced by the socio-economic status of individual, ethnic traditions, belief and other cultural factors.⁸ Where medical research might gather statistics on a disease on that case a sociological perspective on an ill would provide insight on what external factors caused the demographics, who concentrated the diseases to become. Each disease are sociologically examined and compared based on the traditional medicine, economics, religion, and culture that are specific to each region.⁹

Traditional Health care Practices among the Karbis:

Karbi Anglong district is the largest district of Assam consists with Karbi tribes as the prominent inhabitant of this district. Karbi Anglong district covers total geographical area of 10,434 sq. Km, which is 13.3% of the total population of Assam. Karbi Anglong is autonomous hill district of Assam with having almost all the departments under the administrative control of Karbi Anglong Autonomous Council. Karbis are principal tribal community in the Karbi Anglong District of Assam, a district administered as per the provision of the sixth scheduled of the constitution of India having an autonomous district of their own since 17 Nov 1951. However, in this present era, several changes and development has taken place in Karbi society but still in some extent, they have a strong believe in super natural power, power of ghost, in result they perform some sacrifices in front of some animals, trees, rivers, lacks to honoured them.¹⁰

⁵ Vidyarthi, L.P. & Roy, B.K. 1985: The Tribal Culture of India,(2nd Ed), Concept Publishing Company.

⁶ Behura, N,K. 1986, BANAJA, Government of Orissa

⁷ Basu, Salil, 1994, Tribal Health In India, Manak Publication Pvt. Ltd

⁸ Read, m. 1966: Culture Health And Diseases. Tavistack Publications, J.B. , Lippin Cott. Company

⁹ Subba- Reddy,D.V,' Folk Medicine and Modern Medicine in Present Society, Its Relevance to Modern Education , Indian Journal Of Medical Education 1966.

¹⁰ Lyall, Sir Charles ,1997, The Karbis, Published by Spectrum publications, Guwahati, Assam.

Karbi tribes are one of the most numerous and homogeneous group of people belongs from Tibeto-Burman races inhabiting the province of Assam. Racially the Karbis are belonging to the Mongoloid group and linguistically they belong to the Tibeto-Burman group. The original homeland of the various people speaking Tibeto-Burman language was in western China near the Yang-tee-kiang and the Hwang-Ho River. Through migration, they entered Assam from central Asia to the courses of the Brahmaputra. The Karbis along with other entered Assam from central Asia is one of the weaves of migration. The folk-lore ,folk-tales, folk- narratives, songs of the Karbis , revealed the fact that during the long past ,once they used to live on the banks of the rivers of Kalong and Kapili and the entire Kaziranga area, the famous national park situated in Assam .

Since the time immemorial, Karbi people have been practicing the magico religious rites and rituals to cure diseases. Traditionally Karbi people are Animist and believe in the totems and taboos related with their religious rites and rituals .The folklores, folk tales, and folk narrative have revelled the fact that since the primitive time, Karbi people sustained a firm belief about the supernatural power. In the beginning of a Karbi New year, all the animist Karbi people start the process of worshipping of different deities according to their power.

Presentation of data and Findings:-

In Karbi-Anglong district the wide spread of poverty , illiteracy, malnutrition, absence of safe drinking water and sanitary living conditions , poor maternal and child health services and ineffective coverage of national health nutritional services are some contributing factors to dismal health conditions prevailing among the Karbi tribe of Assam. Health problems are now one of the main challenging issues for the Karbi tribe of Assam.

The arrival of colonial rulers and the Christian missionaries in the Karbi Anglong district brought tremendous change in the field of health care practices and medical uses of wild herbs, plants, and roots. Gradually allopathic and Homeopathic treatment came to the Karbi society. The district council of Karbi Anglong started to take initiation for the development of medical department in different places of Karbi Anglong district. State Government facilitate the people with free medical check-up, free surgery, and free medicine with free emergency ambulance service. Government has adopted several schemes for maternal and child health care and the Karbi women and children's are getting the benefits of the schemes. However, the interior hill areas are still depriving from the modern medical treatment. The schemes and plans for the maternal child health care are unreachable to the interior hill areas until today. Due to inconvenient road and communication, doctors and other medical units are uninterested to go these places and vice versa. Emile Durkheim in his great work "The Elementary Forms of Religious life" said that religion has its origins in

totemism and Totems are the collective symbols that represent both god and society. Totemism is a belief system associated with animistic religion.

The people who had settled down in the hill interior areas, shifting cultivation is the basic source to earn their livelihood and due to poor financial condition and inconvenient road condition, traditional health care practices and the magico religious practices are the exclusive way to get rid of the diseases.

Table no 1:- Type of treatment in Karbi Society of Karbi Anglong District.

Type of treatment	Diphu Sub division (%)		Bokajan sub division (%)		Total (%)
	1 st preference	2 nd preference	1 st preference	2 nd preference	
Traditional treatment	07 (14.00)	10 (24.39)	07 (14.00))	09 (25.00)	33(18.64)
Allopathic treatment	22 (44.00)	09 (21.95)	21 (42.00)	07 (19.44)	59(33.33)
Homeopathic treatment	08 (16.00)	06 (14.63)	05 (10.00)	06 (16.67)	25(14.12)
Magico-religious rituals	11 (22.00)	16 (39.02)	14 (28.00)	14 (18.89)	55(31.07)
Any other	02 (4.00)	00 (00)	03 (6.00)	00 (00)	05(2.82)
Total (100)	50 (100)	41 (100)	50 (100)	36 (100)	177(100)

Source: - Data collected from fieldwork.

From the above data a vast difference are appear in the types of treatment preferred by the people of different sections of Karbi Anglong district. In the urban areas of Diphu sub division largest number of people gave first performance to the Allopathic treatment and in the Bokajan sub division also largest number of people gave basic preference to the allopathic medicine. Whereas, the popularity of traditional treatment and magico-religious practices are continuing in both the sub division but mostly found in the rural and hill areas.

Several socio-religious beliefs are also responsible behind these problems, which include habitation of, magico-religious activities, alcohol intake, excessive of eating of pork (Accept Lokhimon religious people), lack of health consciousness, early marriage, and unhygienic treatment, are some leading factor for the poor health condition of the Karbi people.¹¹ A few diseases like Leprosy, Malaria, and Tuberculosis are also common diseases frequently found among them.¹² Certain interacting factors like infant mortality rate ,

¹¹. Ahluwalia A, 'Sociology and Medicine in India', An Approach to Economics and Political weekly, 1967, 1007-1012

¹² Das B.N and Sharma T.C, Traditional Method of Treatment of Leprosy among Mikir, 25-33.

life expectancy, genetic disorders ,sexually transmitted diseases ,nutritional status ,forest ecology, child health and health care practices which are generally responsible for determining the health status and health behaviour of Karbi tribal communities of Assam.

Now days, people have developed their interest to visit hospitals. Even though, they are continuing their magico-religious rituals along with the modern treatment. New generation are becoming more conscious about the modern medical treatment and medicines. Now, with the help of internet, people search the availability of doctors, hospitals, facilities in the hospital, ambulance contact number so that they can easily reach to the doctor.

Table no 2:- Frequency of visit to health centre or hospital.

Do you visit hospital	Diphu Sub division (%)		Bokajan sub division (%)		Total (%)
	Urban	Rural	Urban	Rural	
Yes	23 (92.00)	21 (84.00)	22(88.00)	18(72.00)	84(84.00)
No	02 (8.00)	04 (16.00)	03(12.00)	07(28.00)	16(16.00)
Total (100)	25 (100)	25 (100)	25 (100)	25 (100)	100 (100)

Source: - Data collected during fieldwork in Karbi Anglong district.

From the above statement, it can be assume that the urban areas people of Diphu sub division are conscious to visit hospitals during the illness and only a few portion people are not interested to visit doctor's chamber or any other hospitals. Now, modernisation, literacy, assimilation, and cooperation process in Karbi society brought a drastic change in the perspectives of the Karbi people, now largest numbers of people are interest to go to hospitals. Presently largest numbers of Karbi people are literate and they knew the benefits of modern medical treatment. Another influential instrument of change is media and technology. Now, mass media brought a revolutionary change in the social life of the Karbi people and making them conscious to win over the problem. In Diphu sub division people has started to take advanced medical treatment by specialist. Even now these days in Diphu and Bokajan sub division different specialist are available to treat with different diagnosis. Sometime doctors visit from outsides to do some medical camp in the hill and interior areas. Through media, government announced several advertisements for diseases and treatment. A health awareness campaigning are also conducted via media.

The most serious health problem that is being facing by almost all the tribe of India is faster ageing process. It is a common experience irrespective of ecology, nutrition, ethnic origin occupation, or even status. The process of ageing is relatively faster among the tribes in comparisons with other people of various geophysical, biological, cultural characteristic.

Drinking water is the key for a good health. Until now, in the interior areas of Karbi Anglong people drink the water from waterfall. In the urban and semi urban areas of Karbi Anglong district, the Public Health department of district council provides good sources for drinking water but in the hills, dwellers and the interior areas people are deprived from the drinking water facilities. Awareness has come among the Karbi people about the safe drinking water. In Lahorijan village of Karbi Anglong district, several packaging drinking water industries have grown up.

Table no 3:- Sources of drinking water in Karbi Households

Source of drinking water	Diphu sub division (%)	Bokajan sub division(%)	Total
Tap water	12 (24.00)	03 (6.00)	15(15.00)
River	08 (16.00)	06 (12.00)	14 (14.00)
Pond	09 (18.00)	12 (24.00)	21(21.00)
Ring well	21 (42.00)	29 (58.00)	50 (50.00)
Total (100)	50 (100)	50 (100)	100(100)

Source: - Data collected from filed work

Malnutrition is another factor, which affects the general health of the Karbi tribes especially the hill dwellers as it decrease the ability of resists infection, lead to chronic illness, and sometime lead to brain impairment.¹³ The health, nutrition, and medico-genetic problems of the Karbi people are found to be unique and present a formidable challenge for which appropriate solutions have to be adopted. Most of the Karbi women are always associated with health related issues and problems like high mortality rate, low life expectancy, malnutrition, sexually transmitted diseases, extra pressure of child bearing, lack of safe drinking water, lack of proper sanitary facilities etc. The health issues among the Karbi tribes are a function of the interaction between socio-cultural and socio-biological practices, the genetic attributes, and the environmental conditions. The widely varying health practices, use of indigenous herbal drugs, totems and taboos and superstitious believes and practices are responsible for determining the health behaviour and the health status of the Karbi people. The socio-economic factor, socio-cultural variants , nutritional practices are interrelated with socio-biological norms such as mating pattern, marital alliances, age of marriage have drastic impact on the fertility and morbidity pattern of Karbi society. The impact of genetic factors are also complicate the health situation like non availability of safe drinking water, proper sanitation and hygiene, coupled with primitive health practice ,breed a number of diseases obviously leading to higher mortality and morbidity rate.

¹³. Bose and Nongbri and Kumar, (Ed.) Tribal Demography and Development in North-east India, B.R Publishing Corporation, New Delhi, 1990

Factors affecting the traditional health care practices in Karbi society:

Several factors are ruling behind the changing status of health care practices in Karbi society. Interestingly, all the factors aroused after the arrival of British rulers and especially the Christian missionaries in North East India as well as in Karbi Anglong district. Before the arrival of missionaries, the Karbis remained isolated from the greater part of the society and all the social institutions and were governed by their customary law. They were the missionaries who laid the foundation by introducing the formal education system along with Christianity. Gradually, they started to get the adequate knowledge for the better life. After the formation of Karbi Anglong Autonomous District Council, The district started to get positive response from the state and Central government. Here, the factors are mentioned, which are primarily responsible for change and development of the concept of health care practices among the Karbi tribe:

- Literacy
- Modernisation
- Urbanisation
- Changes in Economy
- Assimilation with other tribe and caste
- Introduction of modern medical treatment
- Involvement of karbi youths in medical studies
- Mass media and communication
- Development of road and communication
- Co-operation of KAADC, State Government, Central Government

After the extensive field work and in-depth interview, it can be say that a tremendous change has taken place in Karbi society in the health care practices, viz

- Presently, the Karbis, especially those Karbis who converted to Christianity and other religion had started to give up their traditional magico-religious act to cure diseases.
- The Karbis are now visits in hospitals and other health care institution to get adequate medical treatment.
- Intake of medicine is highly increasing among the Karbis.
- Karbis have learnt meditation, yoga (followers of Baba Ramdeva are follow his yoga pattern), exercise to rid of diseases or sickness.
- Presently, the Karbis are reading health related various magazines, articles, books, journals to gain proper knowledge about various diseases.
- Using of wild herbs and plants are decreasing among the Karbis.

- The concept of hygiene is very clear among the Karbis, especially the educated section and urban dwellers.
- The maternity and child care practices of the Karbis have also changed its shape and presently, almost all the Karbis are oriented towards the modern medical system and hospitals for antenatal and postnatal check-up.
- Institutional delivery is also increasing in Karbi society.
- Presently, almost all the Karbi people are concerned about the plans and programmes of government to get the benefit of various plan, like Mamoni scheme, Atal Amrit Abhiyan, Assam Arogya Nidhi, Chief Ministers Free Diagnostic Service, Mission fit and Healthy Women, Janani Suraksha Yojana (JSY), free Drugs Service in government Hospitals, KAYAKALP, Weekly Iron Folic Acid Supplementation (WIFS), National Rural Health Mission, National Rural Drinking Water Programme, Physical Performance under National Rural Drinking Water Programme (NRDWP), Target and Physical Achievement under Indira Awas Yojana (IAY) 2014.
- Scientifically proved sanitary toilets Approved for BPL, APL, schools, Anganwadi under Swachh Bharat Mission (Rural) in Karbi Anglong District.
- Presently the child mortality and morbidity rate is decreased as per the ratio of 80s decades.
- Karbi households of both the urban and rural have got the knowledge to call GNM, ANM during the home delivery and otherwise most of the Karbi households prefer to send the pregnant women to nearby hospitals.
- Now days, almost all the Karbi women are aware about the check-up during pregnancy.
- The NGO is also promoting health care service in Karbi Anglong District and proclaim about the health issues and the precautions and remedies for that.

Conclusion:

Change is the law of nature. The society is an ever-changing phenomenon, accommodating itself to changing conditions and sometime suffering vast modification in the course of time. Tribal community are mostly forest dwellers. Their health status and medical knowledge, traditional health care systems are highly depends on the herbal and psychosomatic lines of treatment. Faith healing has always been a part of traditional health care practices in the tribal health care system. The common belief, customs, tradition, values, and practices connected with health and diseases have been closely associated with the treatment of diseases.

In the aspect of, it can be say that a Sanskritisation process has taken place among the Karbi people. Primitively Karbi people were unknown about the modern medical treatment and medicine. The process of modernisation and literacy introduced them with the other developed communities. Gradually the karbis also started to imitate the health practices of the other communities to treat the diseases. Also, imitate the

diagnostic pattern and treatment process from the other communities. In this way a few section of the Karbis started to gave up their magico religious performances to cure diseases.

Despite remarkable progress in the field of diagnostics and curative and preventive health, Still Karbi people who are living in backward hill areas, within the natural and unpolluted surroundings far away from civilisation are continuing their traditional practices for cure diseases. The wide spread of poverty ,illiteracy ,malnutrition, absence of safe drinking water , poor maternal and child health services and insufficient service of national health service contributing factor to dismal health condition among tribal people.

The health status of Karbi tribes who are living in very hilly backward area is very underdeveloped and they suffer from malnutrition, water, and air borne diseases. Majority of these tribal people are depends on rivers and spring for drinking water. Alcohol (hor) is a very important part of their culture but sometime it also creates some health issues for them.

The concept of health occupies different meaning in different social system; the health seeking behaviour of a community cannot studied in isolation from the social network of a community, as it is deeply interwoven into every event of social, economical, and biological aspects of a population. The health and nutrition problems of the vast tribal population of India are as varied as the tribal groups themselves who present a bewildering diversity and variety in their socio-economic, socio-cultural, and ecological settings. The nutritional problems of different tribal communities located at various stages of development are full of obscurities and very little scientific information on dietary habit and nutrition status are available due to lack of systematise and comprehensive research investigation.

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