



Research Paper

Assessing Tribal Health Challenges and Their Impact on Well-Being: A Systematic Review of Bhadradri Kothagudem

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Abstract: Tribal communities in Bhadradri Kothagudem District, including the Koya, Lambadi (Banjara), Gond, Gutti Koya, Kolam, and Konda Reddi, face significant health challenges that impact their overall well-being. This study systematically reviews existing literature to analyze key health concerns and their socio-economic determinants. A structured search of academic databases, government health reports, and policy documents was conducted. The study found that thematic analysis identified major health challenges, including high rates of infectious diseases, maternal and child health issues, rising non-communicable diseases, and nutritional deficiencies. Socio-economic factors such as poverty, illiteracy, and geographical isolation exacerbate healthcare access barriers, while cultural reliance on traditional healers often delays medical intervention. Mental health issues are also emerging due to socio-economic stressors. Additionally, the study highlights the role of community-based interventions, such as Accredited Social Health Activists (ASHAs) and Social and Behavior Change Communication (SBCC) strategies, in improving health outcomes. However, existing healthcare infrastructure remains inadequate, necessitating a multi-faceted approach that integrates modern medical advancements with traditional practices. Strengthening healthcare infrastructure, enhancing nutrition programs, and promoting mental health awareness are crucial for improving tribal well-being. A holistic, culturally sensitive health strategy—incorporating government policies, community participation, and evidence-based interventions—is essential for addressing tribal health disparities. Prioritizing preventive healthcare, health literacy, and sustainable development can lead to long-term improvements in health outcomes and overall resilience among these indigenous populations.

Keywords: Tribal health, Socio-economic factors, Health interventions, Well-Being.

Received 26 Apr., 2025; Revised 04 May., 2025; Accepted 06 May., 2025 © The author(s) 2025.

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I. Introduction

Bhadradri Kothagudem, located in the eastern region of Telangana, India, is home to a diverse and significant tribal population. Established in 2016, the district spans 7,483 square kilometers and shares borders with Chhattisgarh and Andhra Pradesh. According to the 2011 Census, Telangana has a total population of 35,193,978, with Scheduled Tribes (STs) accounting for approximately 9.08% (3,286,928 individuals) of the population (Census of India, 2011). Among the districts, Bhadradri Kothagudem has one of the highest tribal populations, with Scheduled Tribes constituting approximately 36.66% (392,034 individuals) of the district's total population of 1,069,261 (Bhadradri Kothagudem District Administration, n.d.). The major tribal communities residing in the district include the Koya, Lambadi (Banjara), Gond, Gutti Koya, Kolam, and Konda Reddi, each with distinct cultural identities and traditional practices.

The major tribal communities in Bhadradri Kothagudem District are as follows:

Koya Tribe: The Koya are one of the predominant tribal groups in the region, known for their rich cultural heritage. They primarily engage in agriculture and forest-based livelihoods, relying on traditional farming methods and natural resources for sustenance.

Lambadi (Banjara) Tribe: Originally known for their nomadic lifestyle, the Lambadi have gradually transitioned to a more settled way of life. Today, they are involved in agriculture and labor work, contributing to the region's workforce and economy.

Gond Tribe: The Gond tribe is recognized for its unique traditions and customs. Their cultural contributions enhance the district's diversity, with a strong emphasis on folklore, art, and traditional practices.

Gutti Koya Tribe: Originally from Chhattisgarh, many members of the Gutti Koya tribe migrated to Telangana due to conflicts. They primarily practice shifting cultivation and rely on forest resources for their livelihood, maintaining a semi-nomadic existence.

Kolam Tribe: The Kolam are classified as a Particularly Vulnerable Tribal Group (PVTG). They predominantly reside in Maharashtra, Telangana, and Andhra Pradesh. The tribe practices subsistence agriculture and upholds distinct cultural traditions that have been preserved over generations.

Konda Reddi Tribe: Also classified as a PVTG, the Konda Reddi tribe inhabits areas along the Godavari River. They engage in shifting cultivation and continue to preserve their unique dialect of Telugu, maintaining strong cultural ties to their ancestral heritage.

These tribal communities play a vital role in shaping the cultural and socio-economic landscape of Bhadradi Kothagudem District, preserving their indigenous knowledge and traditional practices while adapting to modern influences.

Figure 1 Bhadradi Kothagudem District Map



Source: Map of District | BHADRADI KOTHAGUDEM DISTRICT | India.

Despite their rich heritage, these communities face multiple health challenges that significantly impact their overall well-being. Chronic diseases such as hypertension, diabetes, and respiratory disorders are increasingly prevalent (Chandana & Kumar, 2020). Additionally, malnutrition remains a persistent concern, particularly among women and children, due to limited access to nutritious food and socio-economic constraints (Bukya & Rao, 2020). Furthermore, geographical isolation, inadequate healthcare infrastructure, and reliance on traditional healing practices often result in limited access to modern healthcare services (Ministry of Tribal Affairs, n.d.). The intersection of poverty, illiteracy, and cultural beliefs further exacerbates health disparities, making it imperative to assess the current healthcare challenges and identify viable interventions. This study aims to systematically examine the major health issues affecting tribal populations in Bhadradi Kothagudem, highlighting gaps in healthcare accessibility and proposing culturally sensitive solutions for improved health outcomes.

1.1 Objective

To analyze the major health challenges faced by tribal communities in Bhadradi Kothagudem district and assess their impact on overall well-being based on a systematic review of existing literature.

II. Methodology

This study adopts a systematic literature review approach to explore key health challenges faced by tribal communities in Bhadradi Kothagudem district. A structured search was conducted in academic databases such as PubMed, Scopus, and Google Scholar, along with relevant government reports and policy documents. The study used keywords including “tribal health,” “tribal health challenges,” “health disparities,” “rural healthcare access” and “Bhadradi Kothagudem,” to identify relevant literature. Inclusion criteria for the review encompassed peer-reviewed journal articles, government health reports, and policy documents published in English over the past decade. Thematic analysis was applied to categorize health challenges into areas such as disease burden, nutritional deficiencies, healthcare accessibility, and socio-economic determinants. The study further examines the role of traditional healthcare practices and evaluates existing government interventions aimed at improving tribal health.

III. Findings from Literature Review

3.1 Infectious Diseases and Communicable Illnesses: Tribal communities in Bhadradi Kothagudem are disproportionately affected by infectious diseases such as fever, cough, and respiratory infections. Studies indicate that these illnesses are prevalent due to factors such as poor living conditions, lack of clean water, and inadequate sanitation facilities. Chandana and Kumar (2020) found that the majority of tribal women suffer from general health issues, with a significant proportion lacking knowledge about vector-borne diseases. Similarly, Tabassum et al. (2024) highlighted that fever, cough, and bronchitis are among the most common health problems reported in tribal areas. The impact of infectious diseases on tribal communities is profound. They contribute to a higher burden of morbidity, leading to reduced productivity and economic hardship for families. Additionally, the lack of awareness about disease prevention exacerbates the spread of illnesses, further entrenching health disparities.

3.2 Maternal and Child Health Challenges: Maternal and child health remains a critical concern among tribal populations. Early marriages, low body mass index (BMI), and a high incidence of anemia among pregnant women significantly affect maternal and child health outcomes. Chandana and Kumar (2020) reported that 71.6% of married women had vaginal deliveries, with 70.8% relying on tubectomy as a method of contraception. Abhishek (2024) further noted that the prevalence of low birth weight and infant mortality rates remains high due to poor dietary diversity and traditional postpartum food restrictions. These challenges perpetuate cycles of poverty and limit opportunities for future generations. The lack of access to nutritious food and healthcare services during pregnancy and childbirth further marginalizes tribal women and children, making them more vulnerable to long-term health complications.

3.3 Non-Communicable Diseases (NCDs): While infectious diseases remain a significant burden, there is a growing prevalence of non-communicable diseases (NCDs) such as hypertension, diabetes, and mental health disorders among tribal populations. Joshi et al. (2022) found that 19.6% of the tribal population surveyed in Telangana was hypertensive. Mental health disorders, exacerbated by socio-economic stressors, are also increasingly recognized as a critical challenge (Acharya, 2022). The rising burden of NCDs places additional strain on already overburdened healthcare systems, making it difficult for tribal communities to access timely and affordable treatment. Mental health issues, coupled with stigma and lack of awareness, further compound the challenges faced by tribal populations, leading to deteriorating quality of life.

3.4 Nutritional Deficiencies and Malnutrition: Malnutrition is a pervasive issue among tribal communities, with undernutrition and micronutrient deficiencies being particularly prevalent. A study by Abhishek (2024) found that 68% of infant deaths were linked to low birth weight, highlighting the critical role of nutrition in determining health outcomes. The reliance on government rations and traditional food practices often leads to poor dietary diversity, exacerbating nutritional deficiencies. Malnutrition and related health issues contribute to long-term physical and cognitive impairments, limiting the potential of tribal children and adults. The lack of access to nutrient-rich foods perpetuates cycles of poverty and poor health outcomes, further deepening socio-economic disparities.

3.5 Mental Health Challenges: Mental health is an emerging concern among tribal populations, driven by socio-economic marginalization, cultural norms, and limited access to mental health services. Acharya (2022) highlighted that mental health issues are often overlooked due to a lack of awareness and stigma associated with seeking mental health care. Setua and Islam (2024) found that the reliance on traditional healing practices often delays the seeking of modern mental health interventions. Poor mental health outcomes contribute to reduced quality of life and increased vulnerability to other health challenges. The absence of culturally sensitive mental

health services further marginalizes tribal populations, making it difficult to address their psychological and emotional well-being.

3.6 Barriers to Healthcare Access: Access to healthcare services remains a significant challenge for tribal communities. Geographical isolation, financial constraints, and cultural beliefs often prioritize traditional healing practices over modern medicine. Chandana and Kumar (2020) reported that 80% of tribal women face transportation challenges in accessing health facilities. Additionally, the lack of trust in public healthcare providers and discriminatory practices deter tribal communities from seeking care (Prasad et al., 2023). Limited access to healthcare services perpetuates poor health outcomes and exacerbates health disparities. The absence of culturally sensitive and accessible healthcare services further marginalizes tribal populations, limiting their ability to achieve optimal well-being.

3.7 Socio-Economic Factors and Health: Socio-economic factors such as poverty, illiteracy, and unemployment play a critical role in shaping the health outcomes of tribal populations. Joshi et al. (2022) found that the majority of tribal women are illiterate, with limited access to education and employment opportunities. Additionally, reliance on daily wage labor and traditional livelihood practices exacerbates financial instability, making it difficult for tribal families to afford healthcare services (Leo et al., 2024). These socio-economic disparities contribute to a cycle of poverty and poor health outcomes, limiting opportunities for economic mobility. The lack of education and employment opportunities perpetuates gender inequalities, further marginalizing tribal women and girls.

3.8 Cultural and Traditional Health Practices: Tribal communities often rely on traditional health practices, which, while culturally significant, may delay the seeking of modern medical care. Setua and Islam (2024) found that traditional healers play a critical role in providing healthcare, particularly in remote areas. However, the lack of integration between traditional and modern healthcare systems often results in fragmented care (Dhingra, 2024). While traditional health practices hold cultural value, they may lead to delayed or inadequate treatment of serious health conditions. The absence of collaboration between traditional and modern healthcare approaches limits access to comprehensive and equitable care.

3.9 Transforming Tribal Healthcare: Bhadradi Kothagudem's Path to Better Health

Bhadradi Kothagudem district, with two-thirds of its population belonging to tribal communities, faces significant health challenges due to poverty, illiteracy, and poor healthcare access. The district has struggled with high incidences of malaria (1,081 cases in 2016), TB (1,716 cases in 2016), and dengue (694 cases in 2018). Additionally, maternal mortality (MMR 180 per 100,000 live births in 2018), infant mortality (IMR 24 per 1,000 live births in 2018), malnutrition, and anemia in pregnant women were widespread. To tackle these issues, targeted interventions were implemented. Awareness campaigns and stakeholder meetings improved health literacy, while 23 mobile health units were deployed for non-communicable disease care, COVID testing, antenatal services, and palliative care. Emergency response was strengthened with 20 "108" ambulances, 6 FLR bike ambulances, and 12 RBSK vehicles for child health screening. Disease control strategies included hotspot disinfection, drainage improvements, pulse polio immunization, and deworming programs. These efforts led to a sharp decline in malaria (250 cases in 2020), dengue (26 cases in 2020), typhoid (56 cases in 2020), and reduced MMR (82 in 2020) and IMR (17 in 2020). Bhadradi emerged as Telangana's only COVID-19 Green district and earned national recognition for TB reduction, demonstrating a successful healthcare model for tribal communities (Knowledge.tribal.gov.in).

Community Engagement and Health Promotion: Community engagement and health promotion are crucial in addressing tribal health challenges. Chandana and Kumar (2020) highlighted the role of Accredited Social Health Activists (ASHAs) in disseminating health information and promoting positive health behaviors. Additionally, Information, Education, and Communication (IEC) strategies, along with Behavior Change Communication (BCC) and Strategic Behavior Change Communication (SBCC), have been effective in promoting health awareness and improving outcomes (Chandana et al., 2021). Community engagement initiatives have the potential to improve health outcomes and reduce disparities. Involving tribal communities in health promotion efforts ensures that interventions are culturally sensitive and responsive to local needs.

From the above-reviewed studies, major key findings highlight significant health challenges. Bhadradi's Healthcare Transformation: Progress and National Recognition showcases improvements, yet critical gaps remain. As a research focus, it is essential to identify these unmet health challenges. Below, Table 1 presents the identified health challenges, key findings, and corresponding citations from various studies.

Table 1: Key Health Challenges and Their Impact on Tribal Well-Being

Health Challenge	Key Findings	Citations
Infectious Diseases	High prevalence of fever, cough, and respiratory infections due to poor living conditions.	(Chandana & Kumar, 2020) (Tabassum et al., 2024)
Maternal and Child Health	Early marriages, low BMI, and high infant	(Chandana & Kumar, 2020) (Abhishek,

	mortality rates due to poor nutrition.	2024)
Non-Communicable Diseases (NCDs)	Rising prevalence of hypertension and diabetes due to changing lifestyles.	(Joshi et al., 2022) (Acharya, 2022)
Nutritional Deficiencies	High rates of undernutrition and micronutrient deficiencies, especially among children.	(Abhishek, 2024) (Joshi et al., 2022)
Mental Health Challenges	Growing prevalence of mental health issues due to socio-economic stressors.	(Acharya, 2022) (Setua & Islam, 2024)
Barriers to Healthcare Access	Geographical isolation, financial constraints, and cultural beliefs limit access.	(Chandana & Kumar, 2020) (Prasad et al., 2023)
Socio-Economic Factors	Poverty, illiteracy, and unemployment exacerbate health disparities.	(Joshi et al., 2022) (Leo et al., 2024)
Cultural and Traditional Practices	Reliance on traditional healers may delay modern medical care.	(Setua & Islam, 2024) (Dhingra, 2024)
Community Engagement and Health Promotion	ASHAs and SBCC strategies improve health awareness and outcomes.	(Chandana & Kumar, 2020) (Chandana et al., 2021)

Table 1 highlights the key health challenges faced by tribal communities, and their impact on well-being. Infectious diseases, maternal and child health issues, and nutritional deficiencies remain significant concerns, exacerbated by poverty, illiteracy, and geographical isolation. Rising non-communicable diseases and mental health challenges indicate shifting health patterns due to lifestyle changes and socio-economic stressors. Limited healthcare access and reliance on traditional healers further hinder medical intervention. However, community-based initiatives like ASHAs and SBCC strategies play a crucial role in improving health awareness and outcomes. Addressing these challenges requires integrated healthcare strategies and policy interventions.

IV. Discussion

The tribal communities in Bhadradi Kothagudem District, Telangana, face multifaceted health challenges similar to those observed in tribal populations across India. Studies have reported a high prevalence of chronic illnesses such as hypertension and diabetes, which are exacerbated by inadequate healthcare access, socio-economic constraints, and changing lifestyles (Behera, 2022). The increasing burden of non-communicable diseases (NCDs) among tribal populations reflects a shift from traditional subsistence-based livelihoods to more sedentary modern lifestyles, contributing to deteriorating health outcomes (Kumar et al., 2020). Malnutrition remains a persistent issue, particularly among women and children. Limited access to nutrient-rich foods, poor dietary diversity, and socio-economic disadvantages contribute to high rates of undernutrition and micronutrient deficiencies. Studies indicate that these nutritional deficiencies heighten susceptibility to infectious diseases and developmental delays among children (Behera & Kumbhar, 2023). Addressing malnutrition in tribal areas requires multi-sectoral interventions, including nutritional supplementation programs, dietary awareness campaigns, and better food security measures (Deb & Mondal, 2023). Barriers to healthcare access continue to be a major concern. Geographical isolation, financial constraints, and cultural beliefs significantly hinder healthcare utilization among tribal communities. Many individuals delay or avoid seeking medical attention due to logistical challenges and the high costs associated with treatment, which exacerbates preventable health conditions (Kumar et al., 2020). Additionally, deeply ingrained cultural beliefs and reliance on traditional healers often result in delayed modern medical intervention, leading to complications in disease management (Deb & Mondal, 2023). Mental health issues among tribal populations are increasingly recognized, though they remain underreported due to stigma and lack of awareness. Socio-economic stressors such as poverty, unemployment, and displacement contribute to rising cases of anxiety, depression, and substance abuse (Subudhi & Parhi, 2024). However, mental health services remain scarce in tribal regions, necessitating targeted interventions, including culturally sensitive counseling services and mental health awareness programs. Community engagement and health promotion efforts have shown promise in improving health outcomes. Accredited Social Health Activists (ASHAs) and Social and Behavior Change Communication (SBCC) strategies have played crucial roles in enhancing health literacy and facilitating better healthcare access (Subudhi & Parhi, 2024). These interventions bridge the gap between indigenous communities and formal healthcare systems, encouraging the adoption of preventive and curative health practices.

V. Policy Implications and Recommendations

Addressing the health challenges faced by tribal populations requires a multi-faceted approach that integrates policy reforms, community engagement, and culturally sensitive healthcare services. Key recommendations include:

1. Strengthening primary healthcare services and improving access to nutritious food and clean water.
2. Promoting education and awareness about health and nutrition, particularly among tribal women and children.

3. Integrating traditional healing practices with modern healthcare systems to provide comprehensive and equitable care.

4. Addressing socio-economic disparities through targeted interventions aimed at improving education, employment, and financial stability.

Policy reforms and targeted interventions can reduce health disparities and improve overall well-being for tribal populations. Integrating cultural and modern healthcare practices ensures that tribal communities have access to care that is both effective and culturally meaningful.

VI. Study Limitation

This study offers valuable insights into tribal health challenges in Bhadradi Kothagudem, highlighting disease burden, nutritional deficiencies, healthcare access, and socio-economic factors. It also examines traditional healthcare practices and government interventions. However, limitations include reliance on secondary data, which may not capture recent health trends and ground realities. The exclusion of non-English studies may omit relevant regional insights. Variations in methodologies across sources could affect consistency. The lack of primary data collection limits direct perspectives from tribal communities. Lastly, government reports may reflect policy intentions rather than actual implementation, impacting the study's accuracy.

VII. Conclusion

The health challenges faced by tribal communities in Bhadradi Kothagudem District are deeply intertwined with socio-economic and cultural factors. The high burden of infectious diseases, maternal and child health concerns, and rising non-communicable diseases highlight the urgent need for improved healthcare access. Nutritional deficiencies and mental health issues further compound their vulnerability, while barriers such as geographical isolation, financial constraints, and cultural beliefs continue to limit healthcare utilization. Additionally, reliance on traditional healing practices often delays necessary medical interventions, exacerbating health disparities. Addressing these challenges requires a holistic and culturally inclusive approach. Strengthening healthcare infrastructure, expanding nutrition programs, and promoting mental health awareness are crucial steps. Community-driven initiatives, including the role of Accredited Social Health Activists (ASHAs) and Social and Behavior Change Communication (SBCC) strategies, have shown effectiveness in enhancing health literacy and service utilization. Policymakers must integrate traditional and modern healthcare practices while ensuring equitable access to medical services. A sustainable and community-centric health strategy, combining government interventions, local participation, and evidence-based policies, is vital for improving tribal health outcomes. By prioritizing preventive care, health education, and economic empowerment, long-term health disparities can be minimized, fostering a healthier and more resilient tribal population.

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