A STUDY ON THE INFLUENCE OF TRADITIONAL BELIEFS ON MENTAL HEALTH TREATMENT-SEEKING BEHAVIOUR AMONG THE HILLS KARBI COMMUNITY WITH SPECIAL REFERENCE TO DIPHU, KARBI ANGLONG

A dissertation submitted to the Department of Social Work for the partial fulfillment of the requirement for the award of the Degree of Master of Social Work



SUBMITTED TO

Department of Social Work
MSSV, Guwahati Unit

SUBMITTED BY

Murchana Buragohain

MSW 4th Semester

Registration No: - MSSV-0023-008-000969

Roll No: - MSW 08/23

Session: 2023-2025

MAHAPURUSHA SRIMANTA SANKARADEVA VISWAVIDYALAYA GUWAHATI UNIT, RUPNAGAR 781032, ASSAM

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মহাপুৰুষ শ্ৰীমন্ত শংকৰদেৱ বিশ্ববিদ্যালয়

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I wish her a bright future.

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The work reported in this research has not been submitted elsewhere and the facts presented here are true to the best of my knowledge.

I wish her all the very best for her future endeavor.

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ABBREVIATIONS

> WHO World Health Organisation

> NIMHANS National Institute of Mental Health and Neurosciences

NMHS
National Mental Health Survey

> ASHAs Accredited Social Health Activists

> HBM Health Belief Model

➤ NGO Non-Governmental Organization

ABSTRACT

This study investigates how the hills Karbi community, an indigenous minority of Diphu, Karbi Anglong seeks mental health treatment in relation to their traditional beliefs. This qualitative study explores how community structures, spiritual justifications, and cultural interpretations influence how mental illness is understood and how to get care, guided by the Health Belief Model (HBM). In-depth interviews with community members and traditional healers were used to gather data, and the results showed important themes such low mental health literacy, a heavy reliance on supernatural explanations, the importance of family and community, and major obstacles to receiving official care. The findings show that cultural narratives and group decision-making have a significant influence on perceived severity, susceptibility, benefits, and barriers, as described in the HBM. Digital media, urban exposure, and education all show up as transforming elements that alter traditional thinking and advance our understanding of science. In order to promote trust, accessibility, and community cooperation, the study emphasizes the necessity of culturally responsive mental health treatments that incorporate indigenous beliefs and knowledge systems with official healthcare. In addition to providing helpful insights for inclusive policy creation and culturally sensitive care approaches, this research adds to the expanding conversation on indigenous mental health.

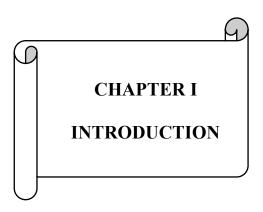
Key words: Mental health, Traditional beliefs, Hills Karbi community, Tribal, Black magic, Spiritual healing, Traditional healer.

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Although it is essential to overall well-being, mental health remains one of the most neglected areas in global health. The burden of mental illness has steadily increased globally during the last few decades. People who are in good mental health are better able to manage stress, perform efficiently, and form strong relationships with others. But in many communities, mental health concerns are often misunderstood. In rural and tribal communities, common mental health conditions like depression, anxiety, psychosis, and drug use disorders are becoming more prevalent. However, because of prevalent traditional beliefs, these diseases are frequently attributed to planetary effects, black magic, or spirit possession. Consequently, instead of seeking medical or psychiatric assistance, many people resort to traditional healers and rituals. Financial limitations, societal stigma, a general lack of understanding, and restricted access to mental health care all contribute to this tendency.

According to the Lancet Commission on Global Mental Health and Sustainable Development (2018), mental health conditions of which anxiety and depression are the most prevalent are the primary cause of disability globally. It also pointed out that almost 80% of those who suffer from mental illnesses reside in low- and middle-income nations, where the infrastructure for mental health treatment is frequently lacking or inadequate. Stigma is one of the biggest obstacles to mental health care worldwide, and it frequently gets worse by cultural norms and traditional beliefs about mental illness. For instance, mental illness is still frequently viewed in many communities as a punishment for violations, a result of spirit possession, black magic, or moral failure. People's perceptions of mental health are significantly influenced by traditional beliefs. Mental health problems are frequently attributed to black magic, bad spirits, or the wrath of the gods in various civilizations, including India (Raguram et al., 2002). To heal the affected person, people frequently rely to traditional healers, temples, or religious rites rather than seeking medical assistance. Instead of seeking assistance from qualified mental health experts in such Additionally, there are only 13 mental health specialists for every 100,000 people globally, and less than

two per 100,000 in low-income countries, according to the WHO Mental Health Atlas (2021). A significant treatment gap, as defined by the WHO, refers to the proportion of individuals who need mental health care but do not receive it. This gap is largely due to the shortage of qualified professionals in the field. According to WHO (2010), 76% to 85% of individuals with serious mental illnesses worldwide who live in low-income nations do not receive any care at all.

In India's past, mental health has not received much attention in the medical field. There is still a significant treatment gap in the nation despite the rising prevalence of mental diseases. According to the National Institute of Mental Health and Neurosciences (NIMHANS)'s National Mental Health Survey (NMHS), 2015–16, around 150 million Indians require active mental health care services, but only 10–12% of them get the right care. People's perceptions of health and sickness, especially mental health, are frequently influenced by India's rich cultural variety and traditional belief systems. Many Indian societies do not consider mental illness to be a medical disease. Rather, particularly in rural, tribal, and semi-urban settings, it is frequently understood within religious, spiritual, or supernatural frameworks. It is not unusual for people to believe in black magic, spirit possession, evil eye, ancestral curses, or divine punishment. These beliefs have a significant impact on how people react to mental health problems. These conceptions have a significant impact on how people see mental illness and are transmitted from one generation to the next.

For an important percentage of the Indian population, traditional and religious healers remain the very first point of contact for mental health concerns. In tribal and indigenous societies, where the biological paradigm of mental health is frequently unfamiliar or unavailable, this shift is especially noticeable. However, its initial design did not sufficiently take cultural sensitivity into account. Consequently, there is a gap between professional mental health services and the belief systems of the people they are meant to assist in many parts of India, particularly in tribal areas. Assam is renowned for its rich culture and

tradition, ethnic variety, and tribal communities. Even while the state has made major improvements in healthcare, mental health is still a field that frequently overlooked, particularly in rural and tribal communities. One of the largest tribal communities in Assam, the hills Karbi community, is an interesting and pertinent case study in this regard. The mountainous parts of Karbi Anglong and districts, which are frequently isolated and lack adequate healthcare facilities, are home to the majority of the hills Karbis. Many of the community's ancient practices, rituals, and spiritual beliefs are deeply ingrained in their understanding of health and sickness. The hills Karbis frequently view mental illness as a spiritual imbalance or the product of unsatisfied ancestor spirits, witchcraft, or supernatural powers rather than as a medical problem. For instance, families may initially seek advice from a village elder, "ojha," or "deodhani" (ritual practitioner), kabiraz (traditional healer) when someone exhibits symptoms of mental illness, such as agitation, strange conduct, or withdrawal. Instead of medical assistance, healing traditions may prefer rituals, chanting, or sacrifices to ancestral spirits. This is an expression of an explanatory model of mental illness that is deeply embedded in culture and influences how the community seeks care. Additionally, there is an absence of knowledge about mental health, and the stigma attached to psychiatric illnesses frequently results in social isolation and silence. People are frequently left untreated or get inadequate treatment for extended periods of time due to the region's remoteness and the lack of access to qualified mental health experts. There is a significant gap between community beliefs and contemporary mental health services as a result of these traditional beliefs' effect on behavior related to seeking mental health care. Government and non-governmental organizations have worked to raise awareness of mental health issues and provide treatment in Assam, but there has not been much study done on indigenous groups like the hills Karbis. This is why it is so important to investigate how cultural frameworks affect community decisions on mental health.

Because there is a lack of academic studies on the hills Karbi community's unique cultural worldview and mental health practices, this study focuses on these. Even while studies on

mental health in India's tribal tribes have grown recently, little is known about how the hills Karbi people seek therapy, especially when looking at it from a community-specific standpoint. In order to identify opportunities and obstacles for creating culturally appropriate mental health interventions, this dissertation will investigate the mental health attitudes, beliefs, and practices of the hills Karbi community. In order to close the gap in mental health care, it also aims to provide insights into how mental health policy and practice might be more closely matched with indigenous belief systems.

Traditional methods or beliefs are still widely employed in many regions of the world, particularly in rural and tribal communities, despite the fact that modern medicine has made major advances in treating mental illnesses (Jacob, 2001). Due to a lack of access to appropriate mental health care, a strong cultural religion, and a fear of social stigma, many families favor traditional healing. Traditional beliefs have a significant influence on how mental illness is seen and treated worldwide, particularly in indigenous societies where they frequently clash with contemporary psychiatric methods. These belief systems have a big impact on how people in India seek care, especially tribal communities. This study looks at how the hills Karbi community's acceptance of and access to formal mental health care are impacted by these cultural beliefs. By doing this, it aims to identify the obstacles and possible ways for developing culturally sensitive approaches that combine conventional viewpoints with contemporary methods of mental health care, with the ultimate goal of closing the treatment gap. By understanding these elements, the study aims to close the gap between contemporary mental health services and conventional healing methods, ensuring that patients receive both expert medical care and assistance that is appropriate for their culture. For mental health practitioners, it is crucial to understand these traditional views. It helps in the development of more effective strategies for offering assistance that respects people's cultures and ensures they receive the proper medical care.

With an emphasis on the impact of traditional beliefs and healing practices, this qualitative study examines how members of the hills Karbi community seek mental health care in

Diphu, Karbi Anglong. There is still a lack of systematic study that specifically investigates how such beliefs influence views and reactions to mental illness among this ethnic group, despite increased national and worldwide awareness of mental health. In the hills Karbi community, customs like as ritual healing, spirit possession interpretations, and attributing mental illness to planetary influences or black magic have significant cultural importance and frequently affect how people seek therapy. It is essential to understand how these beliefs affect people's willingness or reluctance to seek professional medical or psychiatric assistance, particularly in an area where access to contemporary healthcare is still restricted. Offering spiritual and cultural treatments that have been passed down through generations, traditional healers are essential to the community. However, there is a lack of published research that thoroughly examines these traditions or examines the real-life experiences of hills Karbi people and families coping with mental health issues. Thus, by gathering detailed, narrative-based data from interviews with both community members and traditional healers, this study seeks to close that gap. It specifically aims to investigate how mental illness is interpreted culturally, look at the roles and practices of traditional healers, understand why the community prefers traditional healing over contemporary mental health services, pinpoint the main obstacles to receiving professional care, and gauge the perceived advantages and acceptability of traditional practices. The study included only the hills Karbis of Karbi Anglong, as they are more deeply rooted in traditional beliefs and cultural practices compared to the Plains hills Karbis. Moreover, the hills Karbis predominantly reside in this region, making them more accessible and relevant for exploring traditional understandings of mental health and healing.

1.1 OPERATIONAL DEFINITION

Traditional Belief: People's cultural, spiritual, and supernatural explanations for mental health issues are referred to as traditional beliefs. These might include the following beliefs held by the hills Karbi community: Mental disease brought on by curses, evil spirits, or an

evil spirit or ancestors' anger. Rather than using medical care, healing might be achieved through rituals, prayers, or sacrifices to deities. Utilising faith-based methods, spiritual healers, and herbs to treat mental health issues.

Mental Health Treatment-Seeking Behavior: The decisions and behaviours people make while they are experiencing mental discomfort or disease are referred to as mental health treatment-seeking behaviour. Behaviours that include seeking treatment may include: depending on traditional therapeutic techniques (including herbal medication, ceremonies, and shaman visits), obtaining expert assistance from mental health counsellors, psychiatrists, or physicians and avoiding treatment in any way out of shame or ignorance.

Traditional beliefs: These refer to the beliefs, practices, and perspectives inherited from previous generations, often rooted in cultural traditions, religious faith, and ancestral experiences. Traditional beliefs try to explain things that happen in life, like health problems, success, failure, or natural events. People who follow traditional beliefs often trust in rituals, prayers, natural remedies, or the power of spiritual forces, instead of only relying on modern science or medicine.

Hills Karbi community: The hills Karbi community is an indigenous tribe that is mostly resides in the hills of Karbi Anglong, Assam. They have a distinct language, culture, and set of traditional beliefs, as well as their own methods of physical and mental healing.

1.2 STATEMENT OF THE PROBLEM

There are still large gaps in the availability and acceptance of recognized mental health treatment in India, despite growing initiatives to raise awareness of mental health issues and enhance service delivery, especially among tribal communities like the hills Karbi. Mental health problems are frequently ascribed to supernatural reasons in the hills Karbi community, as opposed to psychological or biological ones. Because of this, people frequently seek assistance from religious leaders, herbal treatments, or traditional healers

rather than qualified professionals in mental health. Even if these traditions have great cultural value, relying too much on them might result in untreated symptoms, a lack of continuity in treatment, and delayed diagnosis. Furthermore, cultural mistrust regarding medical procedures, social stigma, geographic isolation, and lack of knowledge all contribute to the underutilization of mental health care. There is little knowledge on how to effectively involve the hills Karbi community in formal mental health care since there is a lack of culturally relevant studies on their views of mental illness and treatment-seeking behavior. In order to bridge the gap between indigenous healing traditions and contemporary psychiatric treatment, it is imperative to investigate how traditional beliefs impact mental health practices within the community and to find culturally relevant solutions. These refer to the beliefs, practices, and perspectives inherited from previous generations, often rooted in cultural traditions, religious faith, and ancestral experiences. The results are aimed at directing the development of culturally aware, inclusive mental health treatments that respect traditional beliefs while allowing access to expert assistance.

1.3 SIGNIFICANCE OF THE STUDY

This study is important because it attempts to investigate the long-standing impact of traditional belief systems on the conduct of the hills Karbi people in Assam while seeking mental health care. Because mental health problems are frequently ascribed to supernatural or spiritual origins in this society, many people turn to traditional healers, rituals, or spiritual practices for assistance rather than seeking the advice of qualified mental health experts. Although these traditional practices are an essential component of the community's cultural identity and can provide social support and emotional comfort, they might not always be enough for identifying or treating severe mental health conditions. People may thus suffer from misdiagnosis, delayed treatment, or total lack of access to appropriate mental health care. This study is significant because it sheds light on the community's preference for traditional healing and highlights the obstacles that is keep individuals from getting

professional assistance, including shame, ignorance, cultural distrust, and limited accessibility. By helping to create culturally appropriate awareness programs and services that is uphold traditional values while advancing evidence-based care, the study's conclusions will have practical uses for mental health practitioners, community health workers, and legislators. Additionally, it can help NGOs modify their outreach initiatives to be more culturally and community-specific. Additionally, the study could pave the way for cooperation between medical professionals and traditional healers, resulting in an improved and integrated approach to treatment.

1.4 OBJECTIVES OF THE STUDY

- To explore common traditional beliefs about mental health and treatment in the hills
 Karbi community.
- To understand the reasons behind the preference for traditional healing over professional mental health care.
- To identify the challenges in accessing professional mental health services.

1.5 RESEARCH OUESTIONS

- Are the people aware of mental health?
- What are the traditional beliefs about mental health in the hills Karbi community?
- Why do people prefer traditional healers over professional mental health treatment?
- What are the key barriers preventing access to modern mental health care?
- How does the traditional healers help the hills Karbi people with mental health?
- What are the perceived benefits of traditional healing practices for mental health in the hills Karbi community?

• What are the perceived drawbacks of traditional healing practices for mental health in the hills Karbi community?

1.6 CHAPTERISATION

This dissertation is designed to offer a thorough qualitative investigation of how traditional beliefs influence the hills Karbi community's behavior while seeking mental health care in Karbi Anglong, Assam. The research places a strong emphasis on how different cultures understand mental illness, the function of traditional healers, and how community attitudes affect people's decisions to seek care. Each of the seven chapters that make up the dissertation focuses on a distinct component of the study.

Chapter I: Introduction

This chapter provides the study's background and explanation, introducing the problem of mental health in tribal contexts and describing the problem statement, study significance, goals, research questions, and the theoretical framework (Health Belief Model) that served as the study's compass.

Chapter II: Review of Literature

This chapter examines existing scholarly work related to traditional belief systems, mental health stigma, treatment-seeking behavior in tribal societies, and relevant conceptual frameworks. Additionally, it examines earlier research on indigenous healing techniques and the hills Karbi people.

Chapter III: Research Methodology

The research design, study universe, inclusion and exclusion criteria sampling strategy, data collection techniques, sample size, analytic tools, and ethical issues are all covered in detail in this section. It offers a precise methodology for conducting and analyzing the qualitative interviews.

Chapter IV: Data analysis and interpretation

The thematic analysis of the qualitative information gathered from 20 respondents including members of the community and traditional healers is presented in this chapter. In-depth discussions are held on key topics such the cultural attribution of sickness, healing customs, obstacles to receiving psychiatric assistance, and changing views on mental health.

Chapter V: Discussion and findings

The results of the study are thus assessed in light of the current literature and the Health Belief Model. This chapter examines how traditional thinking affects treatment decisions, perceived reasons, and the procrastination of obtaining official mental health care.

Chapter VI: Conclusion and Suggestions

The main findings of the study are outlined in this concluding chapter, which also provides culturally aware suggestions for bridging the gap between conventional methods and contemporary mental health treatment. The opportunity for additional research in similar tribal situations is also covered.

References

This section contains a list of all the sources and literature that is were cited during the study.

Appendices

Transcripts, the informed consent form, the interview guide, and other pertinent additional information are included in this area.

CHAPTER II
REVIEW OF LITERATURE

The "Review of the Literature" chapter provides a comprehensive analysis of the body of research pertinent to traditional beliefs and the behavior of indigenous populations seeking mental health care. The secondary materials included in this review were obtained from reliable academic websites including Google scholar, JSTOR, Academia.edu, ResearchGate, and PubMed. The search for relevant material used keywords like "traditional healing," "tribal mental health," "help-seeking behavior," "indigenous beliefs and psychiatry," and "Hills Karbi community and mental illness." These resources were chosen to investigate the ways in which indigenous customs, spiritual interpretations, and cultural norms affect how people view and react to mental health concerns. Peer-reviewed journals, ethnographic studies, and cross-cultural research articles are examined in this chapter to place the current study in the perspective of a larger body of academic literature. It also draws attention to important gaps in the literature about the unique cultural frameworks of the Hills Karbi, highlighting the necessity of qualitative study tailored to the group.

Abbo (2011) in the article "Profiles and Outcome of Traditional Healing Practices for Severe Mental Illnesses in Two Districts of Eastern Uganda," examined how traditional healers in the areas of Jinja and Iganga are used to treat serious mental problems. About 60% of people who seek treatment from traditional healers now suffer from a mental disease, and 16.3% have at least one condition in their lifetime, according to the survey. This demonstrates how important traditional healers are to these communities' mental health services. Additionally, the study shows that is a large number of Ugandans suffering from serious mental diseases use both traditional healing methods and biomedical treatments, indicating a complimentary link between the two. Abbo highlights that in order to successfully treat mental health concerns in Uganda, traditional and modern medical techniques must work together.

Abdullah & Brown (2011), in their article "Mental Illness Stigma and Ethnocultural Beliefs, Values, and Norms: An Integrative Review," explored how cultural beliefs and values influence mental illness stigma across various ethnic groups. The study, which was published in Clinical Psychology Review, emphasizes how cultural views of mental health frequently influence stigma, with some societies seeing it as an indication of spiritual failure, personal weakness, or familial dishonor. According to research, these cultural stigmas may be a factor in the increased social isolation and decreased help-seeking behaviors of people with mental illness. In order to combat stigma and provide access to mental health care for a variety of communities, the authors stressed the necessity of culturally sensitive approaches.

Adil et al (2025) in their article "The Role of Traditional Healing Practices in Pakistani Mental Health: A Psychological Perspective" examined how traditional therapeutic practices such as herbal remedies, spiritual rituals, and faith-based therapies are widely used in Pakistan to treat mental health issues. According to the study, these customs have their roots in cultural beliefs and are frequently used as a first line of treatment, especially in rural areas where access to contemporary psychiatric care is restricted. The authors advocated for a collaborative healthcare model that respectfully integrates evidence-based psychology with traditional healing wisdom to ensure comprehensive mental health support, while also acknowledging their therapeutic value and community trust. However, they warn against potential drawbacks like misdiagnosis and treatment delays.

Aghukwa (2012) in the study, "Seeking and Beliefs About the Cause of Mental Illness Among Nigerian Psychiatric Patients and Their Families" studied how Nigerian psychiatric patients and their families sought care and what they thought were the reasons behind mental illness. According to the study, many patients and their family members sought treatment from traditional and religious healers before seeking psychiatric care because they believed that is mental illness was caused by supernatural factors including witchcraft,

curses, and spiritual possession. It was typical to put off getting expert help, which frequently led to the evolution of the sickness becoming more serious. The study underlined the need for greater mental health awareness as well as the influence of cultural and religious beliefs on decisions about mental health care. In order to decrease delays in receiving the right therapy, the author suggested incorporating traditional healers into mental health education initiatives, raising public awareness of psychiatric illnesses, and encouraging early intervention techniques.

Ali (2023) in the article "Integrating Traditional Healing and Modern Mental Healthcare in India: Collaboration and Challenges" examined the importance of cultural beliefs in influencing mental health care. The study bridges traditional and biomedical techniques to highlight potential including better accessibility, community trust, and holistic healing. However, challenges include conflicting belief systems, lack of scientific validation, and resistance from medical professionals. The author stresses the need for structured collaboration, training programs, and mutual respect between traditional healers and mental health practitioners to create a culturally sensitive and effective healthcare model.

Ali et al. (2023) studied "Assessment of supernatural attitude toward mental health among tribal and non-tribal populations" where it was found that many people in traditional societies believe that mental illness is caused by spirits, curses, or divine punishment, which can influence how they seek treatment. The results showed that tribal participants had stronger supernatural beliefs than non-tribal participants. However, both groups had similar attitudes toward seeking professional mental health care. This means that is even though tribal communities believe in supernatural causes of mental illness, they do not completely avoid professional treatment. The study suggests that cultural beliefs do not always act as a barrier to mental healthcare. Instead, a balanced approach that respects traditional beliefs

while promoting professional mental health services can help improve care for tribal communities.

Bhattacharjee (2022) explores "The Traditional Healing Practice of Kapherem Among The Karbi people of Karbi Anglong, Assam" where he emphasized that chanting sacred verse is a medicinal technique used to treat a range of illnesses, including gastritis, infections, and fractures, as well as to ward against evil spirits. Kapherem is an essential component of the Karbi community's indigenous healthcare system and is a part of an oral tradition that has been passed down through the centuries. Despite having little access to contemporary medical care, the Karbis use traditional healing practices like Kapherem and indigenous medicinal herbs to treat illnesses. The study emphasizes the importance of these practices in preserving the community's health and cultural identity.

Bhattacharjee (2022) in the article "Indigenous Knowledge and Ethno-Medicine as an Effective Source of Treatment: A Study on the Karbis of Hills Karbi Anglong" explored the role of traditional healing practices among the Karbi community. The study emphasizesd the important role that ethnomedicine and indigenous knowledge play in resolving community health challenges, particularly mental health difficulties. Because of their ingrained cultural beliefs, the availability of local medicines, and their skepticism of contemporary medical institutions, the Karbis, according to the research, rely on traditional healers. The research also addresses the limitations of these techniques, their effectiveness, and the difficulties brought on by an absence of evidence to support them. To enhance health outcomes for the Karbi community, it also highlights the necessity of a collaborative approach including the cooperation of both traditional and modern medical facilities. The results add to a larger discussion on how to provide culturally appropriate healthcare solutions by fusing modern medical procedures with traditional healing techniques.

Biswal et al (2017) in their article "Healers and Healing Practices of Mental Illness in India: The Role of Proposed Eclectic Healing Model," discussed about the many methods Indians use to get treatment for mental health conditions. They clarify that is in addition to contemporary medical specialists, many people turn to traditional healers including herbalists, spiritual leaders, and faith healers. The authors point out that individuals frequently favor conventional approaches due to cultural beliefs and limited access to mental care. They suggest an "eclectic healing model," which blends conventional healing methods with contemporary medical techniques, to enhance mental health care. The goal of this strategy is to ensure that patients benefit from both systems by offering more culturally sensitive and comprehensive treatment. The authors proposed that is by combining these various approaches, mental health services in India may become more efficient and available to people who require it.

Dini & Farhan (2024) in their study "Balancing Belief and Burden: A Comparative Analysis of Spiritual and Exploitative Practices in Somali Traditional Healing for Mental Health (Case Study: Mogadishu Areas)" investigated the use of both possibly harmful treatments and spiritual healing techniques by traditional healers in Mogadishu to address mental health issues. While many healers use prayers, herbal medicines, and Quranic verses to offer culturally relevant care, the researchers discovered that some also participate in exploitative behaviors, such as charging excessive rates or making misleading promises. The paper emphasized the necessity of safeguarding vulnerable patients from dangerous therapies while maintaining advantageous traditional practices. To raise the level of care in Somalia's underfunded mental health system, the authors propose combining licensed mental health professionals with respected healers.

Gill & Singh (2022) explored the relationship "Tribal Mental Health and Belief Systems in India." by highlighting how traditional beliefs and cultural practices influence the perception and treatment of mental health conditions. Many tribal groups attribute mental health issues to supernatural causes, such as possession by spirits or ancestral displeasure, which leads them to seek help from traditional healers rather than modern medical professionals. The study emphasized the challenges faced by tribal populations in accessing mental healthcare due to geographical isolation, stigma, and a lack of culturally appropriate services. The authors suggested that integrating traditional healing practices with modern psychiatric care can improve mental health outcomes in tribal communities. This approach could help bridge the gap between indigenous knowledge and scientific mental health interventions while respecting cultural traditions.

Grover et al. (2016), the article "Influence of Religion and Supernatural Beliefs on Clinical Manifestation and Treatment Practices in Patients with Bipolar Disorder" explored how religious and supernatural beliefs affect how people with bipolar disorder perceive, understand, and seek treatment. The study looks at how patients' perceptions of their disease are influenced by cultural and religious variables; many of them attribute symptoms to supernatural reasons such astrological influences, spirit possession, or divine punishment. Because of this, many patients turn to traditional or religious healers for assistance before thinking about seeking professional psychiatric care. The study emphasized the difficulties this presents for mental health practitioners because postponing medical treatment might make the disorder's prognosis worse. The authors stress the necessity for evidence-based therapies and culturally appropriate psychiatric care that respects these beliefs. According to the study's findings, individuals who are impacted by their religious and supernatural beliefs may benefit from better treatment results and adherence when traditional and modern mental health techniques are combined.

Hansda et al. (2021) examined "Supernatural Attitudes and Mental Health Practices Among The Tribal Communities in Jharkhand," highlighting how traditional beliefs shape the perception and treatment of mental health issues. The study reveals that is many tribal individuals attribute mental health disorders to supernatural causes such as spirit possession, black magic, or divine punishment. As a result, they often seek help from traditional healers, shamans, or religious figures instead of modern psychiatric services. The authors stress that although these customs offer social support and cultural identity, they may also cause delays in receiving evidence-based mental health therapy. The study addresses the stigma attached to obtaining psychiatric care as well as the lack of official mental health facilities in tribal areas. The authors support an integrated strategy that is respects indigenous healing customs while raising knowledge of modern mental health treatments in light of these difficulties. They contend that cooperation between mental health specialists and traditional healers may help close the gap and enhance mental health outcomes for Jharkhand's tribal community.

Igberase & Okogbenin (2017), in their article "Beliefs About the Cause of Schizophrenia Among Caregivers in Midwestern Nigeria," explored caregivers' perceptions regarding the causes of schizophrenia and how these beliefs influence treatment-seeking behaviors. The study highlights that a large number of caregivers in Midwestern Nigeria blamed supernatural factors like witchcraft, spiritual attacks, or divine punishment for schizophrenia. Results showed that these beliefs affect treatment decisions, with many caregivers choosing religious therapies and traditional healers over medical or psychiatric therapy. Due to this widely held view, families frequently put off seeking psychiatric therapy in favor of traditional and spiritual healers before thinking about medical measures. In order to dispel myths and promote the use of evidence-based therapies, the authors stressed the need of mental health education and awareness campaigns.

Jidong et al. (2021), in their article "Nigerian Cultural Beliefs About Mental Health Conditions and Traditional Healing: A Qualitative Study," discussed the stigma associated with mental health conditions in Nigerian communities. Interviews with a range of individuals in Nigerian cities are part of the study's qualitative methodology. According to research, many people seek traditional healers rather than medical practitioners because mental health issues are frequently ascribed to spiritual reasons, such as curses or supernatural powers. The stigma associated with mental illness deters people from getting care. People who are displaying symptoms are frequently shunned and frightened, which leads to their seclusion. In order to increase accessibility and lessen stigma, the authors stressed the necessity of culturally sensitive mental health therapies that combine contemporary psychiatric care with traditional healing.

Kermode et al. (2010), in their article "Community Beliefs About Causes and Risks for Mental Disorders: A Mental Health Literacy Survey in a Rural Area of Maharashtra, India," investigated local perceptions of mental illness and its associated risk factors in a rural Indian context. According to the survey, the majority of community members blamed socioeconomic causes including unemployment, poverty, and family disputes for mental health problems. Interestingly, neither biological nor supernatural hypotheses received much support. The study also reveals a mismatch between perceived and real susceptibility; older people were thought to be less prone to mental illnesses, yet the findings of the General Health Questionnaire revealed a greater incidence of potential common mental illnesses among them. In order to dispel myths and enhance care and treatment in rural areas, the authors stressed the necessity of culturally aware mental health literacy initiatives.

Khamo (2024) explored "Mental Health Research Among The Tribal Population in India," highlighting the unique challenges faced by these communities in accessing and understanding mental healthcare. The study emphasized that mental health issues among

tribal populations are often influenced by cultural beliefs, socio-economic conditions, and geographical isolation. Many tribal people see mental health issues through a spiritual or supernatural lens, which makes them turn to traditional healers instead of mental health specialists for assistance. The author talked about how the treatment gap is made worse in tribal areas by the scarcity of official mental health care. In addition, many people are discouraged from seeking professional assistance due to stigma and ignorance regarding psychiatric diseases. In support of community-based approaches that combine traditional healing methods with modern psychiatric treatment, the author emphasized the need for more study on the mental health requirements of tribal groups. In order to enhance mental health outcomes among India's tribal tribes, the research recommended culturally relevant mental health interventions and legislative efforts.

Khorgade G. (2020) discussed mental health from a tribal perspective in the article titled "Mental Health and the Tribal Perspective," The study explored how mental health is understood and addressed within tribal communities in India. According to the author, the tribals might not always be aware of traditional mental health conditions as they are classified in the general public. Rather, they could blame supernatural or spiritual factors, including curses or the presence of evil spirits, for mental health issues. Therefore, rather of using medical or psychiatric intervention, healing traditions frequently incorporate rituals, traditional healers, or community support. The study also addressed how cultural differences, lack of understanding, and geographic isolation make it difficult for indigenous people to get mental health care. To enhance mental health results in these communities. The author advocated for a more culturally aware approach to mental health care that honours tribal customs while using modern methods for therapy.

Kishore et al. (2011), in their article "*Myths, Beliefs, and Perceptions About Mental Disorders and Health-Seeking Behavior in Delhi, India*," examined how misconceptions about mental illness shape treatment decisions among urban and rural populations. The study, which is based on a survey of 436 people, many people believe that is mental illnesses are caused by supernatural or non-medical factors, such as polluted air (51.5% rural, 11.5% urban), God punishing people for past sins (39.6% rural, 20.7% urban), or the loss of semen or vaginal secretions (33.9% rural, 8.6% urban). These fallacies are especially common in rural communities, where religious rites and faith healers are frequently valued more highly than mental health treatment. The survey also discovered that many people feel stigmatized and ignorant about mental health, which causes them to put off getting help. In order to dispel myths, lessen stigma, and promote knowledgeable health-seeking behaviors, the authors emphasized the necessity of community-based mental health education initiatives.

Kishore et al. (2019), in their article "Role of Religious and Cultural Beliefs with Regard to Mental Illnesses in India and France," explored how cultural and religious beliefs influence perceptions and treatment approaches toward mental illnesses in these two countries. According to the study, there are notable distinctions between French and Indian patients' perceptions of what causes mental illnesses. Compared to just 17.3% in France, 59.4% of patients in India blamed mental illnesses on witchcraft. Furthermore, compared to just 12.4% of French patients, 75% of Indian patients thought that mental problems were caused by previous crimes. According to the survey, just 14.1% of French patients shared the 67.8% of Indian patients who thought that planets or stars had an impact on mental health. Additionally, compared to 20.5% of French patients, 65.1% of Indian patients thought that religion healers could treat mental illnesses. These results illustrated the need for culturally responsive mental health interventions in a variety of situations by demonstrating that religious and cultural beliefs play a more significant role in shaping mental health perspectives in India compared to France

Kulhara et al. (2000), in their article "Magico-Religious Beliefs in Schizophrenia: A Study from North India," examined the role of supernatural beliefs in understanding and treating schizophrenia. According to the study, a lot of people put off getting mental health treatment because they firmly believe that schizophrenia is caused by supernatural powers like spirit possession, black magic, karma, or divine punishment. Long treatment gaps, dependence on faith healers, exorcisms, temple rituals, and herbal cures, as well as a diminished belief in biological therapy, are frequently the outcomes of this. The study also emphasized sociocultural factors that shape these ideas, including the effect of family, religion, and social standards. Many caregivers said they had experienced social prejudice and stigma, which made them look for culturally acceptable healing practices before seeking medical assistance. The authors emphasized the value of incorporating traditional beliefs into psychiatric therapy, arguing that cooperation between mental health providers and religious authorities may promote early intervention and improve the results of treatment for people with schizophrenia.

Kumar & Gupta (2021) conducted a comprehensive "Review of Mental Health Research on Scheduled Tribes (ST) in India," highlighting the significant gap in studies focusing on these communities. According to their review, rather than offering a thorough understanding of mental health within indigenous people, the majority of current research focuses on problems like alcoholism, anxiety, depression, and suicide. The authors emphasize that the development of successful mental health policies and treatments for these underserved populations is hampered by the absence of adequate research. They argue that tribal communities face unique mental health challenges due to socio-economic disadvantages, geographical isolation, and cultural barriers that prevent them from accessing formal mental health services. In order to make sure that mental health treatments are accessible to and culturally sensitive to ST groups, the study urges further community-based research that takes into consideration traditional beliefs, customs, and coping strategies. In order to address mental health inequalities, the authors supported

policies that combine ancient healing methods with modern mental healthcare, acknowledging the significance of culturally appropriate methods.

Longkumer & Rao (2019), in their article, "Traditional healing practices and perspectives of mental health in Nagaland," examined how traditional healing might help Nagaland's indigenous populations deal with mental health concerns. The study emphasizes how cultural beliefs, stigma, and restricted access to professional mental health treatments lead to a dependence on traditional healers, rituals, and herbal medication to treat mental diseases. The results show that many people believe that supernatural forces, such spirit possession or curses, are to blame for mental illness, which makes them turn to religious and ritualistic activities in an attempt to find recovery. The difficulties of combining contemporary psychiatric treatment with conventional healing techniques are also covered in the research, as many people are reluctant to seek professional treatment out of ignorance and fear of social rejection. In order to develop culturally sensitive mental health therapies, the authors advise encouraging cooperation between traditional healers and mental health specialists. In order to improve access to professional mental health treatment, it is also recommended that communities reduce stigma and increase mental health education.

Mackenzie et al. (2008), in their article "Older Adults' Help-Seeking Attitudes and Treatment Beliefs Concerning Mental Health Problems," examined the factors influencing mental health treatment-seeking behaviors among older adults. The study emphasized how stigma, independence, and doubts about the efficacy of therapy make older persons less inclined to seek professional mental health care. The results showed that the main obstacles are a dislike of mental health treatment, a fear of being classified as "mentally ill," and a preference for unofficial support networks including family and religious leaders. Additionally, the study finds that prior exposure to mental health services and education

enhance attitudes for getting help. To encourage older persons to seek treatment, the authors stressed the need of culturally tailored treatments, easily available mental health providers, and awareness campaigns.

Pandey (July) in the article "Traditional Healing and Mental Health in Nepal: A Case Study" investigated the treatment of mental health concerns in Nepal by traditional healers like shamans, or dhami-jhankris. According to the study, a lot of Nepalese communities favor traditional healers over contemporary psychiatry because of their cultural values, ease of access, and faith in spiritual practices like herbal remedies and rituals. The author does point out certain possible hazards, though, such delaying getting treatment for serious conditions like depression or schizophrenia. Through cooperation and training, the study recommended incorporating traditional healers into Nepal's mental health system to provide culturally competent treatment while preserving patients' wellbeing.

Sadath et al. (2018) discussed "Mental Health in Tribal Communities" through a case report, highlighting the unique challenges faced by tribal populations in accessing mental health care. The study emphasized that tribal individuals often rely on traditional healing practices due to deeply rooted cultural beliefs and limited access to psychiatric services. The authors highlight the role of socio-economic factors, geographical isolation, and stigma in shaping mental health-seeking behaviors among tribal communities. The study called for culturally appropriate mental health interventions that integrate traditional beliefs with modern psychiatric care to improve mental health outcomes in these populations.

Sax W. (2014) in the article, "Ritual healing and mental health in India. the usage of several fish species in traditional healthcare practices," including mental health therapy, by the Karbi people in Assam is examined in this research. According to the research, the Karbis used certain fish to treat mental health issues including anxiety and depression,

based on ethnozoological knowledge that is has been passed down through the years. The article highlights that because of their accessibility and faith in indigenous traditions, these traditional healing techniques which have their roots in cultural beliefs are frequently chosen over contemporary medical procedures. The importance of these therapeutic techniques to the social and cultural identity of the Karbi group is also covered in the research. However, the study notes that these treatments have not received much scientific support, necessitating the investigation of possible partnerships between conventional and contemporary healthcare systems.

Schoonover et al. (2021) in their article, "Perceptions of traditional healing for mental illness in rural Gujarat," explored perceptions of traditional healing for mental illness in rural Gujarat, India, highlighting the persistent use of conventional and religiously based therapeutic techniques. The study discovered that because of cultural beliefs, accessibility, and mistrust of biological psychiatry, many people with mental health disorders and their families sought therapy from spiritual healers, herbalists, and religious leaders. The study also found that the main obstacles to obtaining professional psychiatric care were stigma, lack of knowledge about mental health issues, and financial limitations. Traditional healers offered culturally appropriate therapy and emotional support, but their practices occasionally postponed or took the place of evidence-based treatments. To enhance patient outcomes and close the gap between cultural beliefs and medical therapies, the authors suggested encouraging cooperation between mental health specialists and traditional healers. In order to increase knowledge and acceptance of professional mental health treatments, they also underlined the necessity of community education initiatives.

Shipurut (2024) in the article, "Traditional and Religious Beliefs on Mental Illness and Help-Seeking Behaviour in Ife Central LGA, Ogun State" explored the influence of traditional and religious beliefs on mental illness and help-seeking behavior in Ife Central Local Government Area, Ogun State. Many people in the community believe that

supernatural factors, including demonic possession or divine retribution, are the source of mental health issues. Hereditary transmission and drug misuse are also thought to be contributing factors. These ideas help stigmatize people with mental illnesses, which breeds prejudice and discourages them from getting professional medical assistance. Evidence-based therapies may be postponed or replaced by the desire for religious interventions and traditional healers. This emphasized the necessity of community education to dispel these myths and advance a more comprehensive strategy for mental health treatment.

Siddiqui et al. (2020) examined "Healing Preferences Among Tribal Patients With Mental *Illness in India,* "highlighting the strong influence of cultural beliefs on treatment choices. The study reveals that a significant proportion of tribal individuals, approximately 36%, initially seek help from traditional healers, including faith healers, religious practitioners, astrologers, and local herbalists, rather than modern psychiatric services. This preference is rooted in deeply ingrained cultural and spiritual beliefs, as well as the accessibility and familiarity of traditional healing practices within these communities. Because it could delay access to evidence-based psychiatric therapy, the authors highlighted the difficulties presented by this dependence on traditional healing. They do admit, though, that these customs have cultural value and offer social and emotional support. A holistic approach that closes the gap between traditional and modern mental health care is advocated by the study. The success of mental health therapies for tribal groups can be increased by implementing culturally sensitive techniques and encouraging cooperation between traditional healers and mental health specialists. The authors emphasize the value of community-based mental health initiatives and awareness campaigns in enhancing tribal groups' access to and acceptance of psychiatric care.

Siddiqui et al. (2020) in their article "The role of traditional healing practices in India, particularly in the context of mental health" emphasized that healing involves minimizing

suffering, stopping diseases from getting worse, and regaining health. Every society has its own views about what causes sickness and how to treat it. Both traditional and modern healing techniques are commonly used in India, particularly for mental health issues. With over two-thirds of patients seeking to traditional healers for assistance, cultural factors have a big impact on treatment decisions. Due to their accessibility and strong ties to the community, these healers are preferred, especially in rural and tribal communities with few modern medical choices. Roughly 80% of people go to places of worship to address mental health concerns. In order to enhance mental health outcomes in India, the study highlights the necessity of combining traditional traditions with contemporary medical treatments.

Singh et al. (1987) examined "The Myth of The Healthy Tribal," challenging the common perception that tribal populations have better mental health due to their simple lifestyles and close connection with nature. According to the study, poverty, displacement, and limited access to healthcare cause significant levels of stress, anxiety, and depression among many tribal people, even though psychological resilience is assumed. To address these underappreciated problems, the authors stressed the necessity of systematic mental health research and legislative initiatives. They supported a community-based mental health strategy that guarantees access to qualified mental health care while respecting indigenous knowledge.

Smith (2010) in the article, "Possession, Embodiment, and Ritual in Mental Health Care in India" examined the role of possession, embodiment, and ritual in mental health care in India, highlighting the ways in which contemporary psychiatric techniques and ancient therapeutic methods interact. The phenomena of spirit possession, in which people display altered states of consciousness, is examined in the article. This phenomenon is sometimes misunderstood as supernatural experiences rather than illnesses. Religious healers

frequently employ rituals, such as healing ceremonies and exorcisms, to treat mental health conditions, therefore emphasizing the cultural importance of spiritual beliefs in healing. Since many patients and families believe that supernatural treatments are more beneficial, the study emphasized the difficulties in combining traditional traditions with biological mental health therapy. Smith claimed that although mental health facilities may reject possession as disease, these practices provided people in distress with a feeling of emotional and social solace. The study promoted a more inclusive strategy that honors indigenous customs while advancing modern mental health treatments, calling for a nuanced understanding of traditional healing within mental health care.

Soron et al (2024) in the study "Exploring the Distinction Between Jinn Possession and Serious Mental Disorders Through the Lens of Traditional and Faith-Based Healers in Korail Slum" examined how healers in the Korail slum of Bangladesh distinguish between clinical mental diseases (such as depression or schizophrenia) and spiritual reasons (such as jinn possession). Researchers discovered that is traditional healers frequently view mood problems or psychotic symptoms as supernatural diseases, which results in rituals like exorcisms rather than medical referrals. The study cautions that severe instances may go ignored even if these behaviors offer culturally significant reasons. The authors proposed a methodology that is might strike a compromise between faith-based treatment and life-saving interventions: teaching healers to identify "red flag" symptoms and work with mental health specialists.

Subu et al. (2022) investigated in the article, "Traditional, religious, and cultural perspectives on mental illness: a qualitative study on causal beliefs and treatment use," how cultural, religious, and traditional viewpoints impact treatment-seeking behavior and affect views about mental illness. They carried out a qualitative research. According to the survey, a lot of people blamed supernatural factors like spirit possession, divine retribution, or poor karma for mental health issues. Because of this, individuals frequently turn to folk

medicines, religious rites, and traditional healers instead of pursuing medical or mental health care. The study also showed that is people are further deterred from seeking professional mental health treatment by the stigma associated with mental illness. To increase accessibility and acceptability, the authors advised incorporating cultural and religious values into mental health treatment. To close the gap between medical and spiritual methods, they recommend cooperation between traditional healers and healthcare professionals. They also stressed the necessity of mental health awareness campaigns that respect cultural values while educating communities about the advantages of receiving professional care. The study comes to the conclusion that improving the use of mental health services in these areas requires a culturally aware strategy.

Subudhi et al. (2020) in their study titled "Healing Preferences among Tribal Patients with Mental Illness in India," conducted a descriptive analysis to explore the initial healing choices of tribal individuals experiencing mental health issues. The results showed that when these individuals noticed mental health problems. Many of them initially sought help from traditional healers, including faith healers, religious leaders, astrologers, and local herbalists. Furthermore, some did not seek medical or traditional remedies at the beginning of their sickness. As a result, a noteworthy 64% of those surveyed did not seek medical attention when their symptoms started. The study emphasized how tribal groups in India frequently turn to traditional healing practices and stressed the necessity of incorporating culturally aware methods into mental health treatment in order to better serve these communities.

William Sax (2014) in the article "Ritual Healing and Mental Health in India," examined the importance of traditional healing methods in Uttarakhand, India, for mental health therapy. The study emphasized that rather than turning to contemporary psychiatric specialists, people with serious behavioral disorders frequently turn to traditional healers for assistance. Rituals such as spiritual rites, chanting, and animal sacrifices are carried out

to ward off alleged supernatural forces that is are thought to be the source of mental illness. The study also explored the social and cultural acceptance of these methods as well as the difficulties in incorporating them into contemporary mental health care. The study highlighted the need of culturally competent mental health care.

Trivedi & Sethi (1979), in their article "A Psychiatric Study of Traditional Healers in Lucknow City," explored the role of traditional healers in managing mental health issues and their interactions with modern psychiatric care. The study looks at Lucknow's traditional healers' practices, ideologies, and efficacy. According to research, traditional healers frequently attributed mental diseases to supernatural origins like spirit possession or divine retribution and depend largely on rituals, herbal cures, prayers, and exorcisms to treat these conditions. Because of cultural beliefs, accessibility, and a deep-seated confidence in their techniques, their practices continue to be popular despite the absence of scientific support. The results show that before to starting their profession, the majority of these healers had received some kind of training. According to personality tests, they seemed to be more forceful and less intellectual. In their therapies, the healers mostly used time-honored, conventional ideas and techniques. The study emphasized how important it is to comprehend the function of traditional healers in the community and makes the case that combining their methods with contemporary psychiatric techniques might improve the provision of mental health services.

Üçok et al. (2024) in the article, "Help-seeking from traditional healers in patients with severe mental illness and its relationship with internalized stigma," explored how often individuals turn to traditional healers for help among people suffering from serious mental diseases such schizophrenia and bipolar disorder. was investigated by who also looked at the relationship between TH and internalized stigma. According to the research, almost half of the participants had at some time sought assistance from traditional healers, many of whom did so prior to obtaining official psychiatric care. Traditional healing practices

were more frequently used by patients from rural regions and those with less education. Additionally, the study found that is those who sought the advice of traditional healers had greater levels of internalized stigma, which may be because of social perceptions that is link mental illness to supernatural origins. The authors highlighted the need for better integration between traditional healing and modern psychiatric care to reduce stigma and encourage timely mental health treatment. They suggested organizing awareness programs and encouraging teamwork between mental health professionals and traditional healers. This would help connect traditional healing practices with modern medical treatment in a better way.

Verma et al. (2023) conducted "A Systematic Review of Community-Based Studies on Mental Health Issues Among Tribal Populations in India" in order to gain deeper insight into how widespread mental health conditions are and the particular difficulties experienced by tribal tribes, the study examined previous research. The results show that psychological distress is significant among tribal communities, frequently as a result of marginalization, poverty, and displacement. The research emphasized how many people in tribal regions choose to traditional healing practices rather than official psychiatric therapy due to a lack of mental health infrastructure. The writers emphasized the value of culturally aware mental health programs that combine evidence-based therapies with community-based strategies. To increase accessibility and understanding of mental health treatments in indigenous areas, they advocated for changes to the laws.

RESEARCH GAP

- Although several studies have looked at how cultural and religious beliefs affect
 people's decisions to seek mental health care (for example, in North India,
 Maharashtra, Nigeria, and Lucknow), no particular research has been done on the
 Karbi community.
- Numerous studies demonstrate the important influence that faith-based rituals, traditional healers, and supernatural beliefs have on how people seek mental health treatment. These studies, which were carried out in a variety of cultural contexts, highlight how people frequently blame mental illness on spiritual possession, karma, ancestral curses, or divine punishment. As a result, they turn to rituals, exorcisms, prayers, or herbal remedies rather than psychiatric interventions in an attempt to find relief. These studies, however, often concentrate on larger populations and don't offer a thorough examination of the reasons why certain indigenous groups like the Karbi community continue to use traditional healing techniques in spite of the availability of contemporary psychiatric treatment. There is still much to learn about the social, cultural, and economic factors that contribute to this desire. The idea that mental health problems should be treated in the community rather than by outside medical facilities may be socially reinforced by close community relationships and faith in traditional healers.
- According to the research currently in publication, stigma, ignorance, and mistrust
 of psychiatric services are the main obstacles to getting professional assistance.
 However, little research has been done on Karbi Anglong's particular topographical,
 infrastructure, and socioeconomic constraints.
- Although some research indicates that combining traditional and modern psychiatric techniques might be helpful, none of the studies look at how this could be implemented in the community. Investigating the possibility of cooperation

between mental health specialists and traditional healers may yield fresh perspectives on culturally competent mental health treatments.

CHAPTER III RESEARCH METHODOLOGY

The strategy or procedure a researcher uses to gather, examine, and understand data about something is known as research methodology. It describes the methods that is will be used for the research, including questioning, behavior observation, document analysis, and other methods. This shows that is rather than relying on numbers or statistics, the research aims to understand people's individual experiences, opinions, and actions via in-depth interviews and observations. A qualitative research methodology was adopted by the research for this study. The goal is to investigate how traditional beliefs influence how hills Karbi community members identify mental illness and choose between seeking treatment from traditional healers or professionals. The study aims to get rich, in-depth insights into the viewpoints and practices of the community members and traditional healers themselves by understanding their voices.

3.1 Theoretical Framework

Theoretical framework refers to the collection of connected ideas, theories, or models that serve as the foundation for a research investigation. It links the investigation to current research knowledge and offers an organized method for analyzing findings. By providing explanations for evident behaviors, occurrences, or trends within the study setting, the framework directs the research.

Health Belief Model

The Health Belief Model (HBM) is a theory that is explains why people make certain health decisions based on their beliefs and experiences. It helps understand what encourages or stops people from seeking medical help. The model suggests that people's choices depend on how serious they think a health problem is, how effective they believe the treatment will be, and what barriers might prevent them from getting help. The model emphasizes key factors such as perceived severity and susceptibility to illness, perceived benefits of

treatment, perceived barriers to care, and cues to action that is prompt individuals to seek help.

The HBM is used in this study to determine why a large number of hills Karbi community members favor traditional healing methods over expert mental health treatment. Instead of being acknowledged as a medical illness, mental discomfort is frequently thought to be brought on by supernatural powers like spirit possession or black magic. Traditional healing is perceived as more beneficial and culturally appropriate, especially when compared to unfamiliar psychiatric services. The perceived benefits of traditional healing include spiritual cleansing, family involvement, and alignment with long-held community beliefs. However, barriers including lack of knowledge about mental health, fear of social stigma, extensive travel times to medical facilities, and language limitations make it difficult for people to get contemporary medical care. Additionally, people are frequently led toward traditional therapies rather than clinical ones by cues to action, such as counsel from elders, community observations, or rituals carried out during important occurrences. The way that people seek health care is greatly influenced by these culturally established indications. The aim of this research is to investigate how these beliefs, perceived advantages, obstacles, and social cues impact the mental health treatment pathways in the hills Karbi community and find effective means of combining traditional and professional support systems by using the Health Belief Model.

3.2 Research design

The general approach and framework used to rationally and persuasively combine the many elements of a study is referred to as research design. It describes the procedures for gathering, measuring, and analyzing data in order to successfully respond to the research questions. The researcher is guided through the whole study process by the design, which serves as a blueprint.

Exploratory Research design

Without being limited by an assumed idea, exploratory research enables the researcher to examine fresh topics. Examining detailed cultural ideas, attitudes, and experiences that is are not yet well defined or recorded is helpful. It makes it possible to investigate how stigma, community narratives, spiritual interpretations, and access obstacles influence mental health decisions in this study. To find out how traditional beliefs affect the behavior of hills Karbi people seeking mental health care in the Karbi village of Diphu, Karbi Anglong, this study uses an exploratory research approach. The exploratory technique is well-suited to providing new insights because there has been little to no previous in-depth study on this particular cultural and mental health environment.

3.3 Universe of the study

The hills Karbi community in Diphu, Karbi Anglong, Assam, is the primary focus of the study. This region has a significant hills Karbi population, where traditional beliefs and healing practices hold strong influence. The study concentrates on individuals from this community who have either directly experienced mental health issues or have been indirectly involved through caregiving or community interactions related to treatment-seeking behavior.

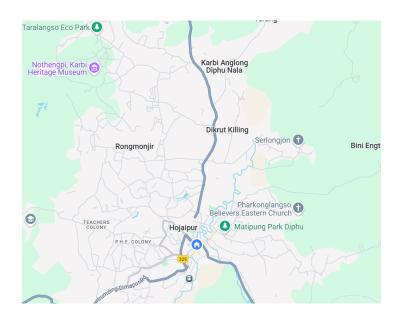


FIG. 1: Map of Diphu Town

Photo source: Google

https://www.google.com/maps/@25.8594804,93.4440297,13.68z?entry=ttu&g_ep=Egoy MDI1MDUyMS4wIKXMDSoASAFQAw%3D%3D

3.4 Sampling procedure

The process by which researchers choose a small number of individuals (referred to as a sample) from a larger population to take part in a study is known as the sampling procedure. Researchers select a smaller sample that is representative of the full community since it is sometimes impossible to investigate the complete population. The objective is to collect relevant data that can represent the traits, viewpoints, or experiences of the larger group.

Participants in a non-probability purposive sampling approach are chosen according to specific characteristics or attributes that are directly related to the subject of the study. Participants in this study were selected based on their own experiences with mental health issues or their close relationships with those who did. They were also highly reliable sources

because of their prior experience with traditional treatment approaches. Random selection was not used in this process. Rather, the researcher purposefully identified and approached the members of the hills Karbi community who would offer deep, insightful information about how traditional beliefs affect behavior related to obtaining mental health care.

3.5 Sample size

Based on the study's goals, a preliminary sample size of 20 participants was determined. These groups comprised family members of those impacted, and those who had firsthand experience with mental health concerns. These participants' variety guaranteed a broad range of viewpoints, enabling the collection of valuable, in-depth data. This made the study's findings more thorough and significant.

3.6 Methods of data collection

Data were gathered directly through the following approaches:

- In-depth interviews: Participants are asked open-ended questions about their personal experiences, beliefs, and treatment preferences related to mental health. These interviews provide insight into how mental illness is understood and what factors influence treatment decisions.
- **Observations:** Traditional healing practices, community interactions, and attitudes toward mental health are observed. This helps develop a clearer understanding of how mental health is perceived and managed within the hills Karbi community.

3.7 Sources of data collection

Primary data: Primary data was used in this study to obtain firsthand, detailed, and context-specific information from individuals who have direct experience with mental health issues and traditional healing practices. People from the hills Karbi community served as the study's primary sources of data, including family members of those with mental health concerns, traditional healers who treat mental health issues, and mental health

patients who have sought professional or traditional healing. These participants had personal knowledge of how members of the community seek mental health treatment.

Secondary Data: Relevant literature, including academic articles, government reports, journals documentation, and previous research studies, was reviewed to provide background information and support the thematic analysis. These sources offered broader insights into mental health patterns, cultural practices, and health-seeking behaviors among tribal communities in India. The secondary data provided context for the primary findings and supported the interpretation of traditional beliefs and mental health practices among the Karbi community living in the hills."

3.8 Tools for data analysis

Qualitative data analysis techniques were used to analyse the information gathered from participant in-depth interviews. The dataset's patterns of meaning were systematically identified, arranged, and interpreted using a thematic analysis. The interview transcripts were thoroughly coded, and the codes were then categorised into general themes and subthemes that represent the participants' perceptions, beliefs, and experiences related to mental health, traditional healing practices, and access to formal healthcare services.

QDA Miner: The researcher efficiently organised and coded the interview data using QDA Miner Lite v3.0.5, a qualitative data analysis program, to make this procedure easier.

3.9 Ethical consideration

Informed Consent: All study participants received comprehensive information about the goals, methods, and possible dangers of the research before they chose to participate. Before starting any interviews or observations, verbal agreement was sought, and participation remained completely voluntary.

Confidentiality: All participants' identities were kept completely private. The final report had no names or identifying information. Real names were replaced with codes or pseudonyms to protect privacy.

Cultural Sensitivity: Because the study focused on mental health and traditional beliefs, it was carried out with a high degree of cultural sensitivity. Throughout the study procedure, the hills Karbi community's cultural norms and values were recognized and respected, and traditional healers were addressed with respect and without bias.

3.10 Limitations of the study

Small Sample Size: The research might not have adequately represented the range of viewpoints within the larger hills Karbi community considering the fact there were only 20 responders. Including a larger sample size might have yielded deeper and more extensive insights.

Geographic Restrictions: Because the study was limited to Diphu, its conclusions might not apply to the whole hills Karbi community in other areas.

Dependency on Self-Reported Data: Because the data were gathered through interviews, the participants' honesty, willingness, and recollection all had a role in how accurately the replies were obtained. Some individuals might have been reluctant to talk about their own experiences with mental health.

Cultural Sensitivity and Bias: Because traditional ideas have such a strong hold, some participants may have kept information from others out of fear of criticism or a desire to preserve cultural customs.

3.11. A Inclusion criteria

Individuals of the hills Karbi community: The individual from the hills Karbi community were the study's primary focus in order to investigate their traditional beliefs and the ways in which they sought mental health therapy.

Permanent residents of Diphu: To guarantee cultural and environmental familiarity, only those who have lived in the research region for an extended period of time were included.

People who are 18 years or older: Participants had to be 18 years of age or older since adults were more likely to provide thoughtful and knowledgeable answers about mental health.

People with experiences with mental health problems and treatment: To offer meaningful and first-hand perspectives, people who have faced mental health difficulties and sought treatment of any kind were included.

Family members of people with mental health issues: Including family members made it possible to have a broader understanding of support networks and how families affect treatment choices.

Traditional healers treating mental health issues: In order to understand indigenous traditions and their cultural significance, healers who use spiritual or traditional approaches for mental health therapy were included.

3.11.B Exclusion criteria

Non-Karbi people: Because the study was solely concerned with Karbi cultural practices and beliefs, those who were not members of the Karbi ethnic group were excluded.

Children under the age of 18: Children under the age of 18 were not included since they might not have the necessary knowledge or experience with mental health issues.

Non-permanent residents of Diphu: To maintain the cultural and religious settings, those who were only temporarily residing in the region were not allowed.

People with no experience or knowledge of mental health issues: People who had no direct or indirect exposure to mental health issues or associated treatment were excluded as they were unlikely to contribute relevant information.

CHAPTER IV DATA ANALYSIS & INTERPRETATION

The primary findings drawn from the study are presented and critically examined in this chapter. Un-structured interviews were used to gather data. The researcher was able to obtain an extensive understanding of the participants' viewpoints and the sociocultural background of mental health, traditional healing, and help-seeking behaviours due to these diverse approaches. To ensure accuracy and maintain the depth of participants' narratives, all interviews were verbatim transcribed after data collection. After that, the researcher examined the transcripts systematically and continuously as part of the crucial qualitative coding procedure. In this stage, specific labels or codes were applied to significant data segments. This made it easier to find concepts, patterns, and ideas that appeared repeatedly across the dataset. In order to arrange and classify the data into logical and significant topics, the coding procedure was crucial. These topics form the basis of the thematic analysis discussed in this chapter and represent the actual experiences, opinions, and attitudes of the participants. The researcher was able to interpret the data in a way that was representative of the local context and analytically sound.

4.1 Explanatory Models of Mental Illness

It shows how people have different ways of understanding mental health problems. These models shape how they see their symptoms, what they are afraid of, and how they decide to get help or treatment. The information shows that in the community, both traditional beliefs (like spiritual and cultural reasons) and modern medicine (like biological or medical reasons) exist together. This shows a close and complicated connection between old traditions and modern healthcare in how people deal with mental illness.

4.1.1 Limited Conceptual Understanding and Knowledge

Respondents frequently showed a lack of understanding about mental health as a psychological or physiological disease. Language hurdles and a lack of formal mental health education exposure made this worse. Respondent 3 was unclear about the phrase, for instance: *After meeting with the psychiatrist, the doctor said my son has mental health*

issues, but I did not really understand what that meant. This comment suggests a lack of clarity on the topic itself in addition to a language barrier. Respondents found it difficult to identify symptoms as psychological or medical concerns in due to the lack of a clear framework for understanding mental health, frequently mistaking them for behaviours or diseases associated with moral or societal problems. Respondent 18 also revealed a lack of familiarity with the term and related concepts: "I am not very familiar with the term 'mental health'. When people in my community see someone acting out, they often react with fear or avoid them including me." People with mental health issues are frequently misunderstood, stigmatised, or avoided, which leads to stigma and isolation. Without understanding, communities could rely on harmful assumptions, which would make it more difficult for people to feel supported or seek for help.

4.1.2 Spiritual and Supernatural Causes

Spiritual interpretations of mental health frequently influence how symptoms are identified, who are looking for assistance, and what types of treatment are considered appropriate. Families may choose to use culturally appropriate spiritual cures in place of psychiatric treatment. Attributing mental health problems to spiritual or supernatural events, such as black magic, spirit possession, curses, or demonic forces, is a common story among responders. Respondent 15's father vividly described his daughter's experience: "She strongly believes that someone has done black magic on her... We even thought a neighbor who died had possessed her." This belief is widespread and often leads families to initially seek relief through traditional healing practices. Respondent 1, elaborated, "After that incident, she kept saying she was being haunted by a spirit. She really believed it. Our family thought it might be possession." Traditional healers have respect and credibility because these explanations are deeply rooted in the community's cosmology and are transmitted down the generations. Particularly in situations when medical explanations are unknown or insufficient in the local context, these supernatural beliefs offer a culturally relevant framework for understanding difficult or upsetting symptoms like anxiety, hearing

voices, or unpredictable behaviour. The widespread fear of spirit possession or black magic frequently makes mental illness even more stigmatised in society, which makes families hide these problems or turn to hidden rituals.

4.1.3 Biomedical and Stress-related Explanations

This section emphasises the increasing, that is limited, acceptance of psychological and biological reasons for mental suffering in the general population. Although they frequently coexist with traditional beliefs, stress, physical health, and medical treatment are increasingly viewed as important in this arising perspective. This shift refers to a transitional area where locals are balancing traditional cultural norms with contemporary healthcare. Some respondents recognised biological or psychological factors, such as stress, worry, physical sickness, or dietary deficiencies, however these were less frequent. Respondent 15's father, despite initially relying on traditional explanations, gradually recognized the role of medical treatment: "After seeing some changes with treatment, I feel it is helpful... medicines and doctors can help." Similarly, Respondent 18 described being referred to a psychiatrist and using prescribed breathing exercises and medications, signaling openness to biomedical approaches when accessible and understandable. These reports demonstrate how biomedical models are gradually being incorporated alongside conventional ones. However, because contemporary medicine and indigenous knowledge systems are always negotiating, this dual understanding frequently leads to uncertainty regarding which therapy to prioritise or trust.

4.2 Help-Seeking Pathways

The Help-Seeking Pathways topic describes the usual course of action that is patients and their families take when they experience mental health symptoms. It also highlights the difficulties in obtaining professional treatment and the prevalence of traditional healers as first responders.

4.2.1 Traditional Healers as First-line Care

According to the majority of respondents, families first seek advice from traditional healers like pujaris, ojha, or kabiraz. In addition to performing animal sacrifices and pujas, these practitioners often recommend tabiz or amulets for protection. Respondent 3 expressed "In our community, people rely on rituals and pujas for healing, and we've always done this in our family. I truly believe that this puja will help my son recover. After that, we will think about professional treatment, but for now, we want to do the puja first, as it's a part of our tradition and belief." Respondent 17, a healer himself, highlighted the complexity and ritual precision involved: "We tie rice bundles, sprinkle water, and check planetary positions to identify the spirit possessing the person... If done properly, the illness or curse can be lifted." These practices have been handed down through generations and are viewed not merely as treatments but as spiritual interventions essential to restoring harmony. Language and societal constraints that restrict access to professional treatment are another factor contributing to the preference for traditional healers. For instance, Respondent 16 stated that language barriers make it difficult to comprehend doctors, which causes patients to stop receiving medical care.

4.2.2 Medical and Psychiatric Treatment

Medical care is typically sought when symptoms become severe or persistent, especially when physical symptoms such as chest pain, palpitations, or weakness arise. Respondent 15's family visited Diphu Medical due to chest pain, and Respondent 18 was referred to a psychiatrist after initial treatment. However, many respondents reported challenges in continuing medical care due to language barriers, long wait times, and the unfamiliar hospital environment. Respondent 16's family stopped treatment because, "Once we took her to Diphu Medical, but we could not continue the treatment. We do not know much Assamese, Hindi, or any other language, so it was very difficult to explain or understand anything there. That is why we stopped going." Confusion and distrust result from a lack of culturally appropriate language and communication assistance in biomedical care, which

discourages consistent treatment. As a result, even after obtaining medical assistance, many people still use traditional methods.

4.3 Perceived Effectiveness of Treatments

This theme examines how people evaluate the results of various methods of treatment, revealing the complicated connection between cultural values, individual experiences, and trust in care institutions. It highlights how social, emotional, and spiritual aspects as well as symptom relief affect the way beneficial a treatment is considered.

4.3.1 Temporary Relief from Rituals

The emotional and spiritual comfort that many people find in traditions is reflected in this sub-theme. These rituals provide significant cultural and psychological necessities by providing a feeling of hope and community care, even if they do not always treat the root causes of mental discomfort. Short-term symptom relief and psychological comfort are frequently offered by traditional rituals and pujas. According to respondent 18, doing a puja "I did a puja, and I felt a little better after doing it.," implying that such rites provide comfort and hope. The spiritual purification and communal encouragement that these rites offer are associated with this temporary benefit. Respondent 8 said, "After performing the puja, things started to get a bit better." However, many acknowledged that is rituals alone do not always fully resolve symptoms, indicating a limit to their effectiveness. While they may provide emotional relief or a sense of spiritual reassurance, they often fail to address the underlying psychological or medical causes of distress.

4.3.2 Variable Success with Medicines

The conflicting responses to medical treatments are captured in this sub-theme. Some people express doubt because of side effects, a lack of faith in pharmaceuticals, or worries about the "unnatural" character of medications, while others find that medication improves functioning and relieves symptoms. These conflicting emotions frequently result in irregular treatment compliance. Medicines prescribed by doctors were reported to help

some patients stabilize symptoms and improve quality of life. Respondent 15 noted slight improvement, "The doctor prescribed some medicines, and now she is a bit better." Respondent 10 commented "But then people in the village warned us that taking too much medicine might damage his kidneys. Listening to them, we stopped the medicines, and soon his condition worsened again." This concern about over-medication can lead to premature discontinuation of treatment, undermining long-term effectiveness. When individuals stop taking prescribed medication due to fear of side effects or mistrust, symptoms may return or worsen over time.

4.3.3 Combining Approaches

This sub-theme reflects a flexible, practical approach to managing mental health by highlighting the community's increasing willingness to combine traditional and biological therapies. It highlights the possibility of integrated, culturally aware care approaches that respect cultural perspectives and promote effective medical assistance. Respondent 8 observed, "But for mental and spiritual disturbances, traditional rituals helped. From my journey, I suggest that people should not rely on only one method of treatment. Both sides should be considered. For physical illnesses, doctors and medicines are necessary. But for spiritual well-being, traditional rituals and puja are important too." Another respondent said, "After multiple attempts, finally after visiting the doctor and starting medical treatment, we noticed some improvement. First, we tried temple rituals, but when it did not work, we went to Tezpur. There, he became a bit stable after starting the prescribed medicines." This illustrates a practical strategy in which families collaborate across multiple healthcare facilities to optimise the advantages of care, frequently relying to customary practices for psychological or spiritual relief while also acknowledging the significance of medical treatments for symptom control. Such combined approaches could bridge the cultural divide and improve treatment adherence if healthcare providers acknowledge and respect local beliefs while providing clear, accessible information. When health workers engage with patients in their own language and demonstrate cultural

humility, they build trust, reduce fear or confusion around biomedical care, and create space for more holistic, personalized treatment plans. Integrating these approaches can empower families to make informed choices and increase continuity of care, ultimately enhancing outcomes in culturally diverse settings.

4.4 Barriers to Care

This draws attention to the various barriers like economic, linguistic, social, and cultural that prevent people from obtaining quality mental health care. These obstacles influence how mental health is viewed and handled in the community in addition to delaying or preventing timely care.

4.4.1 Financial Constraints

One of the biggest obstacles to receiving both traditional and biomedical treatment was found to be financial hardship. Many low-income and rural households view mental health care as a luxury rather than a need. Cost, according to many respondents, prevents them from regularly seeking medical treatment. Respondent 20 explained "We do not go to doctors mainly because of financial problems. We live in a village, and most people here face money issues, so we only do puja at home." Again respondent 14 said "The medicines were not too expensive, but we did not have money for transportation. The treatment was completed and medicines were prescribed, but sometimes due to financial issues, we could not get all the medicines." Medication, consultation fees, transportation to medical facilities, and other costs are too expensive for many rural families. These financial strains frequently lead to insufficient therapy, postponed care, or total dependence on informal support networks. The issue is made worse by a lack of accessible, community-based mental health care.

4.4.2 Language and Communication Issues

Language limitations seriously hinder effective communication between patients and healthcare professionals, decreasing patients' understanding of their conditions and reducing systemic trust. Communication with medical professionals, understanding diagnosis, and following treatment recommendations are all significantly impacted by language limitations. Respondent 16 stressed, "Once we took her to Diphu Medical, but we could not continue the treatment. We do not know much Assamese, Hindi, or any other language, so it was very difficult to explain or understand anything there. That is why we stopped going." Also, respondent 10 said, "Due to financial struggles and communication problems because we mainly speak Karbi, it was difficult for us to manage treatment outside our area." This disparity leads to frustration, misunderstandings, and the idea that biomedical treatment is unimportant or unaffordable. Patients are less likely to follow treatment programs or seek follow-up care when they are unable to adequately communicate their symptoms or understand medical recommendations. The gap between patients and providers is widened by the absence of translators or culturally sensitive employees in healthcare institutions.

4.4.3 Stigma and Social Isolation

People and families hide symptoms and delay on getting care because of the stigma associated with mental illness, which creates fear, shame, and silence. The stigma associated with mental illness is still very strong, which causes social isolation, anxiety, and symptom hiding. Respondent 18 explained how her isolation grew as a result of her neighbours calling her "mad" and avoiding her. It can be challenging for people to feel secure or welcomed while seeking treatment because of this stigmatisation, which can originate from both the community and extended family. Families are frequently forced to handle symptoms in private or turn to hidden customs out of fear of being categorised or shamed.

4.4.4 Accessibility Issues

Among respondents, accessibility concerns were identified as major obstacles to getting the right mental health treatment. Respondent 16, for instance, highlighted this challenge by

saying "We also could not think of going to a doctor because the hospital is far, we have vehicle problems, and savings are very limited." Again respondent 9 emphasised, "We are farmers, and we do not have stable or strong financial support. Money is a big concern for us. Traveling to Tezpur, which is very far from us, is also difficult." These issues were made worse by physical distance and transportation challenges, particularly for people who lived in rural or isolated places. Regular follow-ups were challenging due to the lengthy travel durations and unreliable transportation to medical institutions like Diphu Medical. All of the accessibility issues combined to form a complicated network of barriers that prevented many respondents from receiving prompt and efficient mental health care.

4.4.5 Stigma and Social Isolation

The stigma associated with mental illness is still very strong, which causes social isolation, anxiety, and symptom hiding. Respondent 2 explained that "People do not always talk openly about such issues because there is fear and shame. The idea of going to a psychiatrist or mental hospital still for people like us is not always possible. Even if someone wants to seek help, they are often discouraged by others who say such doctors will not understand our rural beliefs." Families are discouraged from publicly requesting assistance because of this stigma, which frequently delays intervention until problems arise.

4.5 Role of Traditional Healing Practices

This subject emphasises the rich cultural heritage and many functions of traditional healing in the society, showing how these practices support social cohesiveness and cultural identity by serving as social, spiritual, and medical treatments.

4.5.1 Ritual Diversity and Practices

In order to diagnose black magic, respondents detailed a wide range of procedures that include animal sacrifices, chanting, pujas, and interpreting signs like the colour of chicken guts. Respondent 6 described, "At first, we thought that spiritual factors may be to blame. So, in accordance with our customs, we offered a black and a white chicken in his honor as

part of a ritual. We followed the advice of those who led us in such matters, even though we were unaware of all the specifics of how the ceremonies are carried out. We also offered things like fruits, a pig, water, and wine in addition to this." The complicated, symbolism, and uniqueness inherent in ancient healing systems are highlighted by these complicated processes. They provide culturally relevant explanations for mental illness and represent a significant collection of indigenous knowledge that influences diagnosis and therapy.

4.5.2 Spiritual Authority and Knowledge Transmission

With specialised knowledge that is either inherited via family lines or acquired through training, traditional healers have a highly esteemed position in their communities. Respondent 17 said, "People come to me because of the beliefs they have, and I have healed many. I learned these chants from my father." Healers are important contributors to preserving the wellbeing of communities because of their spiritual power, which recognises them as reliable guardians of health and cultural knowledge. The transmission of healing knowledge also strengthens intergenerational ties and preserves cultural heritage.

4.5.3 Psychological Comfort and Community Cohesion

Beyond their role in spiritual or physical healing, ancient traditions offer significant emotional support and psychological comfort. "I think traditional healing can sometimes help because it gives people a ray of hope. In my community, many people do not seek professional help for mental health issues. They prefer traditional methods because they are more familiar and accessible," said respondent 18. Rituals encourage group engagement and strengthen social ties by including not just the person but also neighbours and extended relatives. This social interaction fosters an encouraging atmosphere that lessens loneliness and anxiety, which are critical for coping with mental distress.

4.6 Knowledge Gaps and Recommendations

In order to enhance mental health outcomes, this subject tackles the widespread lack of mental health literacy and highlights the critical need for culturally and linguistically relevant education and services.

4.6.1 Low Mental Health Literacy

Prior to encountering illness in their family, the majority of respondents knew very little about mental health or psychiatric ideas. Respondent 16 expressed this clearly: "I do not think that the issues are related to anything medical. We believe that mental problems happen because of things like jealousy from others, spirit possession, or black magic. Sometimes, we feel it happens when someone does not believe in God or when proper rituals are not performed." Respondent 19 asked "Mental health means?" Early detection, proper help-seeking, and acceptance of biomedical therapies are all hindered by this low level of knowledge. Families may misread symptoms or depend only on traditional explanations if they lack basic knowledge, which might postpone necessary measures.

4.6.2 Desire for Culturally Appropriate Communication

Respondents emphasised the importance it is to respect regional cultures and beliefs by providing mental health information and treatments in their native tongues. Respondent 15 remarked "I understand a little that medicines and doctors can help. Earlier, we did not know. But after seeing some changes with treatment, I feel it is helpful. Also, if someone explains properly in our language, people will trust more. Right now, they just follow what others say." This highlights the significance of culturally appropriate communication is for encouraging participation with healthcare systems and establishing trust. People can better understand mental health, feel less humiliated, and adhere to their therapy more often if their language and culture are respected.

MAJOR FINDINGS

- Limited Awareness and Conceptual Clarity About Mental Health: The definition of
 mental health was not well understood by many of the respondents. Both verbal and
 conceptual obstacles were evident in the fact that some. They were not familiar with
 the word. This confusion made it difficult to distinguish psychiatric disorders from
 other social or spiritual issues, which hampered early detection and medical
 treatment.
- Cultural and Spiritual Explanations Dominate Perceptions: The widespread belief
 in cultural and spiritual reasons for mental suffering was one of the main findings.
 A number of participants attributed symptoms to spirit possession, black magic, or
 divine punishment. For example, the family of Respondent 15 sought traditional
 rather than medical care because they thought their daughter was a victim of
 supernatural powers. These interpretations greatly influence how treatment is
 sought and are deeply rooted in communal attitudes.
- Family as Central Decision-Makers in Treatment Choices: Families were essential in the management of mental health conditions. They were frequently the primary caretakers and were in charge of making the decision to seek medical care later on or to pursue religious rites or traditional healing. Respondents such as Respondent 19 reflected the importance of group decision-making by describing how family approval was crucial even while doing pujas.
- Community Influence Reinforces Stigma and Shapes Responses: How mental
 illness was seen and treated was heavily influenced by social norms and beliefs.
 According to the respondents, mental health symptoms were frequently viewed
 through the lens of popular beliefs like black magic or jealousy. People avoided or
 delayed official medical care because of these interpretations, which also reinforced
 stigma and made them scared of being judged.

- Traditional Healing as the First Line of Response Many respondents said that is their first and frequently preferred way of dealing with mental health issues was through local healers and traditional rituals. This dependence on native customs shows trust and accessibility, but it also creates a delay in receiving proper mental health treatment. They choose it first because it has been followed for generations. People see at as a sign of hope.
- Financial barriers to professional mental health care: The respondents find it difficult to consider seeking professional mental health treatment because of financial issues and a lack of a reliable source of income, particularly when residing in rural locations. The expense of travel, medications, and therapy becomes unaffordable for them even if they give it consideration. Due to these financial limitations, people frequently choose not to seek medical attention and instead discontinue therapy entirely.
- Language and Communication Barriers Impede Mental Health Awareness: Many
 respondents found it difficult to express or even understand ideas related to mental
 health, particularly when there were no related terms in their native tongues. They
 were unable to understand what does mental health really mean. The assertion made
 by respondents demonstrates how knowledge and communication are hampered by
 both language barriers and a lack of culturally appropriate language related to
 mental health.
- Delay in Formal Medical Intervention Due to Reliance on Informal Care: There was
 a clear pattern of delaying until religious and traditional treatments had failed before
 turning to medical or psychiatric assistance. Before finally seeing a doctor,
 respondents frequently talked about attempting several rituals or spiritual activities.
 In addition to making the illness worse in certain situations, this delay put further
 financial and emotional strain on families.
- Emotional and Social Isolation of Patients and Caregivers Some responders emphasised the ways in which mental health conditions caused social withdrawal in

both the affected person and their family. There was a feeling of guilt or fear about being called "mad," which led to a lack of community support, increased emotional stress on carers, and hiding it. This stigma made it much harder to have open conversations and look for help.

Inadequate Access to Mental Health Services in Rural or Marginalized Areas: Some
respondents mentioned that they had trouble getting formal treatment because of
things like lack of resources in their location, distance, or ignorance. Traditional
methods became accepted as a result of this structural inaccessibility, both because
of practical need and belief systems. One major obstacle is still the lack of an
accessible, trustworthy, and reasonably priced mental health infrastructure.

CHAPTER V FINDINGS & DISCUSSION

This study explores how traditional beliefs influence mental health treatment-seeking behavior among the hills Karbi community, using the Health Belief Model (HBM) as the theoretical framework. The HBM provides insights into how individual beliefs about health problems, perceived benefits of action, and barriers to action explain engagement in health-promoting behavior. This chapter presents the findings and discussion of the study, which explores how traditional beliefs influence mental health treatment-seeking behavior among the Hills Karbi community.

Limited understanding and awareness about mental health

A large number of respondents demonstrated a poor and often incorrect knowledge of mental health. It was uncommon to use or understand terms like "mental illness" or "psychological disorder." Instead, people frequently equated normal life difficulties or inexplicable behavioural changes with signs of mental anguish. Because of the stigma and misunderstandings caused by this ignorance, it was challenging for those who suffered to get the right aid or simply to acknowledge when they needed it. His limited awareness reduces perceived susceptibility to mental illness; if individuals do not recognize symptoms as signs of a health problem, they are less likely to seek treatment. Similarly, perceived severity is low because the consequences are not seen as medical threats but as manageable spiritual or personal issues.

Cultural and Spiritual Interpretations

Mental illness was often believed to result from black magic, spirit possession, or divine punishment. These beliefs directed individuals to seek traditional healing rituals. These spiritual explanations act as barriers to formal care, lowering the perceived benefits of biomedical treatment while enhancing the perceived relevance of traditional healing. Though they guide behaviour towards culturally accepted rather than medically prescribed therapies, these beliefs also function as signals to action.

Lack of Mental Health Terminology in Local Language

According to respondents, communication is challenging since their language lacks precise terms to explain mental health disorders. Lack of language reduces self-efficacy because people feel unable to talk about mental health, ask for assistance, or properly describe symptoms. This language barrier also reduces perceived susceptibility since a lack of information hinders people from realizing their own threat.

Family as Gatekeepers

Family members, especially elders, typically made treatment decisions, often delaying or preventing access to formal care. Families act as external barriers and influence both perceived benefits (by favoring traditional over medical care) and self-efficacy (individuals may feel powerless to seek help independently).

Community Narratives and Social Reinforcement

Collective stories about spirit possession or curses dominated public understanding of mental illness. These stories serve as cues to action, but in the direction of spiritual healing rather than clinical care. They also influence perceived severity, portraying symptoms as spiritual or moral failings as compared to medical conditions.

Role of Religious Institutions or Elders

Before seeking any medical advice, families consulted local priests or community elders. Village priests, elders, or religious leaders were often consulted before seeking formal help. Religious and community leaders significantly shape perceived benefits and barriers. If these figures endorse spiritual healing and question medical treatment, they reduce the community's motivation to access formal mental health care.

Financial and Accessibility Constraints

High travel costs and long distances from mental health services discouraged respondents from seeking care. As many of the respondent belongs from rural areas and does not have any steady income or savings. These are clear perceived obstacles that hinder action, even when individuals recognize the seriousness and risk involved. They also impact self-efficacy by making help seem out of reach.

Stigma and Fear of Social Rejection

Many feared being labeled "mad" or excluded from social activities. Stigma creates psychological barriers and lowers self-efficacy, particularly among women and youth who feel they will be judged harshly.

Language as a Barrier

Respondents often could not communicate with mental health professionals, who did not speak hills Karbi. Language differences reduce both self-efficacy (confidence in navigating care) and perceived benefits (as communication failures discourage trust in medical help).

Gender-Based Barriers to Mental Health Care

Women faced mobility restrictions and caregiving responsibilities that limited access to help. These are structural perceived barriers, and for women, they significantly impact self-efficacy. Cultural norms also discourage them from openly discussing mental health.

Distrust in Formal Mental Health Services

Many respondents shared doubts about the effectiveness of hospitals and doctors in treating mental health problems. Some believed that doctors only give medicines without understanding the deeper issues. Others said they were afraid of being misunderstood or judged in hospitals.

Accessibility and Cultural Fit

Traditional healers were geographically closer, affordable, and aligned with local beliefs. The community sees high perceived benefits in traditional healing. Since these services are culturally acceptable and accessible, the barriers are lower compared to medical care.

Delayed Transition to Medical Help

Most turned to hospitals only after traditional treatments failed. Traditional healing acts as a first-line cue to action, delaying formal care. Biomedical services are perceived as a last resort, indicating low perceived benefit and high perceived barrier unless traditional care proves ineffective.

Trust in Generational Healing Practices

Healers were deeply trusted due to their ancestral knowledge and community presence. This high trust translates into high perceived benefit, reinforcing their position in treatment-seeking behavior. The cultural continuity reduces the appeal of unfamiliar clinical models, further increasing barriers to medical help.

Educational Attainment

Educated respondents recognized mental health symptoms and showed openness to psychiatric care. Education increases perceived susceptibility (recognizing risk), perceived severity (understanding consequences), and self-efficacy (confidence to seek help). It also elevates the perceived benefits of medical care.

Urban Influence and Media Exposure

Exposure to urban life challenged traditional beliefs and offered biomedical perspectives. Urban influence acts as a cue to action, triggering reconsideration of traditional views. It also improves perceived benefits of formal care and reduces barriers created by isolation and misinformation.

Influence of Social Media and Mobile Phones

Younger respondents cited learning about mental health through online platforms. Social media offers cues to action and raises awareness about treatment options. It increases self-efficacy by making information accessible and relatable, especially for the tech-savvy younger generation.

The Karbi community's low level of mental health literacy is suggestive of low perceived severity and susceptibility, two important components of the Health Belief Model (HBM). Mental illness is not seen as a medical problem that requires official treatment since it is defined through spiritual and cultural narratives, making people less likely to seek professional help. Furthermore, because people are unable to categorise or express their symptoms, the lack of language hinders the cue to action. These findings highlight the need for culturally relevant mental health education that builds self-efficacy through language and comprehension while raising perceived threat (susceptibility and severity). Because the hills Karbi group is collectivist, perceived barriers are socially created as well as personal. Whether or not someone believes that is formal care is beneficial is greatly influenced by family members and community leaders. Their support of traditional thinking reduces the perceived benefits of mental health treatments and increases the perceived barriers to obtaining them. This makes external cues to action such as media, educational outreach, or support by well-known local figures crucial, according to the HBM. The goal of intervention efforts must be to change the views of the community, ideally by engaging the support of religious and family leaders in the promotion of mental health literacy. This researcher's analysis highlights traditional perceived difficulties in the HBM, such as financial, social, and practical barriers that is prevent people from getting treatment. According to the HBM, when people do not trust that is doctors or mental health services will actually help, they are less likely to seek help. Stigma reduces self-efficacy and the perceived benefits of formal treatment by serving as a psychological and social barrier. Because it causes discomfort and uncertainty, the lack of language-congruent services

undermines cues to action. A distinct view of cost-benefit analysis is reflected in genderspecific obstacles, where women may believe the burden exceeds the possible benefits. These results suggest that effective treatments, especially those that use gender-sensitive and locally accessible resources, must raise self-efficacy, reduce perceived barriers, and improve perceived benefits. The preference for traditional healing over formal treatment reflects high self-efficacy in using these techniques and high perceived benefits of doing so. Traditional healing has been confirmed as the go-to answer because of the familiarity and cultural fit that serve as strong catalysts for action. The delay in switching to biomedical therapy shows how the perceived severity does not seem severe enough at first to cause a change in treatment. The HBM states that in order to change health behaviour in this situation, it is necessary to work with traditional healers to advance a mixed approach of care in which cultural identity is not rejected and medical services are introduced via the use of trust. Nearly every HBM component is positively impacted by education and urban knowledge. Higher levels of education contribute to a greater awareness of one's vulnerability to mental health issues, a deeper understanding of their seriousness, and a stronger belief in the effectiveness of available treatments. Education also improves confidence in one's ability to seek and manage care by increasing mental health knowledge. By exposing people to mental health discussion and reversing traditional thinking, urban settings and the media are powerful cues to action. According to the Health Belief Model, these people are more likely to take steps that help them stay healthy. This points to an approach forward: behaviour modification and knowledge gap closure may be achieved by utilising digital platforms that is are suited to the hills Karbi setting and incorporating mental health education into schools.

CHAPTER VI
CONCLUSION AND
SUGGESTIONS

CONCLUSION

This study investigated the complex link between traditional beliefs and the behaviour of the hills Karbi tribe, a tribal group in Assam, in seeking mental health care. It became evident from qualitative interviews with carers, traditional healers, and members of the community that norms in society, spiritual explanations, and cultural worldviews all play a significant role in how people see mental illness. Many respondents used frameworks incorporating black magic, spirit possession, envy, or planetary influence to explain symptoms like hallucinations, emotional discomfort, or withdrawal. Traditional healers, whose techniques include chants, rituals, sacrifices, and herbal medicines passed down through the years, are therefore frequently sought for early treatment.

The psychological processes behind these behaviours were clarified by using the Health Belief Model (HBM) as an analytical framework. People's judgements on if, when, and where to seek help were heavily influenced by important factors such perceived susceptibility, perceived severity, perceived benefits perceived barriers, cues to action, and self-efficacy. For instance, many people in the community believed that mental illness was a temporary spiritual disruption that could be treated with rituals rather than a medical illness that needed psychiatric treatment. In terms of biology, this indicates a low perceived susceptibility to mental health illnesses. At the same time, access to official treatments was discouraged by perceived barriers, including lack of faith in hospitals, language problems, stigma, and expense.

Crucially, the study found that those who were younger, more educated, or had lived in an urban area had different viewpoints and were open to psychological explanations and expert assistance. This openness, however, frequently coexisted with persistent faith in traditional reasons, suggesting a type of dual belief system. In these situations, peer pressure, media exposure, and education served as powerful cues to action, boosting people's self-efficacy and confidence in obtaining official care. However, fear of societal disapproval and labelling continued even among these groups.

All things considered, the results highlight the necessity of culturally sensitive mental health practices. Health systems have to understand traditional practices as an aspect of an overall social reality rather than rejecting them as "unscientific." To close the gap between belief and care, it is crucial to establish trust, train local health workers, collaborate with community leaders and healers, and lessen stigma. It is also necessary to make services economically, linguistically, and geographically accessible.

This dissertation contributes to the growing field of culturally contextual mental health research and highlights the importance of grounding interventions in the lived realities of tribal populations. Integrating indigenous belief systems into formal care routes would be crucial as India works towards universal mental health coverage in order to provide inclusive, respectful, and efficient services for tribal populations nationwide as well as the hills Karbi community.

Furthermore, this study creates opportunities for future research, especially in the area of investigating the co-development of culturally integrated mental health therapies with indigenous people. The efficacy of partnerships between mental health professionals and traditional healers, the long-term effects of community-based mental health education, and the contribution of digital technologies to raising awareness and access in tribal communities are all potential topics for future research. The results of mental health treatment might be further improved by research into trust-building techniques and language-inclusive service delivery. These possibilities can help create mental health treatment systems that are more effective, inclusive, and respectful of the cultural realities of tribal groups like the hills Karbis.

SUGGESTIONS

- Awareness initiatives that respect local culture and traditional belief systems are crucial to enhancing knowledge about mental health in the hills Karbi community. These initiatives should try to integrate modern psychiatric ideas with cultural narratives rather than criticising or dismissing indigenous perspectives. For instance, using folktales or regional metaphors to describe mental illness might help people relate to medical data. Better accessibility and acceptance can be achieved by using the hills Karbi language and holding sessions at prominent community events like festivals, women's clubs, or village meetings. In addition, interactive conversations, street plays, and visual aids might be utilised to explain symptoms, causes, and available treatments in a familiar and non-threatening manner.
- In the hills Karbi community, traditional healers are highly respected individuals who frequently function as the initial point of contact for mental health issues. Health programs should collaborate with these healers rather than oppose them. Traditional healers can learn about essential mental health signs, when to refer clients to a medical institution, and how to collaborate with formal specialists through culturally sensitive training. Medical professionals should be made aware of the importance of indigenous knowledge in exchange. The development of referral networks and collaborative care pathways can be facilitated by this two-way discussion, ensuring that people receive assistance without having to choose between traditional and modern systems.
- Elders in the community and family members frequently make decisions on treatment-seeking behaviour. Access to official care may be facilitated or delayed by their influence. Thus, these stakeholders must be deeply included in mental health programs. We can address their concerns and provide correct information on mental health by holding seminars and talks tailored to the needs of religious leaders, village chiefs, and family carers. Getting the support of these well-known

people can lessen stigma, change negative perceptions, and promote getting assistance sooner. Additionally, family counselling sessions can lessen the burden on the affected person by assisting carers in providing greater assistance to those who are dealing with mental health issues.

- Services must be brought closer to the community because of the financial difficulty, lack of local mental health specialists, and distant location of many hills Karbi communities. Occasionally, mobile mental health clinics can visit several areas with trained staff who are sensitive to cultural variations and know the local language. ASHAs (Accredited Social Health Activists), who serve as a liaison between the community and clinicians, can also get basic training in mental health screening and referral. To guarantee involvement, these mobile units and community-based services must to be provided, and they should be scheduled around the villagers' agricultural schedules.
- Because of caregiving responsibilities, transportation limitations, and cultural norms, women in the Karbi community frequently encounter extra obstacles when trying to seek mental health care. Interventions must thus take gender-specific requirements into consideration. For instance, implementing out distinct awareness sessions for women in familiar, secure environments helps foster a welcoming environment for sharing knowledge and education. Community-based female health workers or counsellors can be educated to offer assistance, particularly for conditions like postpartum depression or anxiety associated with household responsibilities. For women who want to seek care, more care should be taken to protect their privacy and confidentiality.
- Youth organisations and schools are effective venues for influencing long-term change. Early awareness and a reduction in stigma can be achieved by including age- and culturally-appropriate mental health education into the curriculum at school. Teaching kids and teenagers about stress, emotions, and good coping mechanisms can also help them identify and get treatment for mental health

problems. Campaigns aimed at young people utilising digital platforms like YouTube, WhatsApp, or E-classes may be quite successful, particularly as more people have access to mobile phones. Long-term views in the community can be changed by empowering young people in this way.

- During the investigation, language became a significant obstacle. Due to linguistic barriers, many people feel awkward or misunderstood when they ask for assistance. Therefore, in order to facilitate discussions, mental health facilities need to hire or educate Karbi-speaking experts or interpreters. Clearer communication may also be ensured by translating awareness materials, booklets, and basic mental health screening forms into Karbi. In addition to enhancing service delivery, this will also assist to increase trust, lower the number of incorrect diagnoses, and give people a sense of respect and inclusion.
- Many people still avoid talking about mental health issues or getting professional assistance because of stigma. Using local comments and storytelling is one efficient way to lessen this. It is possible to urge people who have successfully sought treatment and recovered from mental health issues to publicly share their experiences (with consent). These stories can act as real examples of hope and healing when they are shared via social media, local newspapers, or village meetings. Similar to this, a strong message that is asking for assistance is a strength rather than a weakness may be sent by appointing well-known members of the community or young people as mental health advocates.
- Several respondents expressed a lack of faith in medical personnel, hospitals, and mental health specialists. Healthcare providers should set up open clinics or community meet-and-greets so that locals may speak casually with mental health professionals in order to close this gap. These gatherings may include free health examinations, health talks or rounds of questions and answers in the local language. First-time visitors may be encouraged, fear can be decreased, and the healthcare system made via respectful and kind contact throughout these sessions. Employing

- members of the hills Karbi community can improve relatability and trust even further.
- In general health policy, the special requirements of tribal communities are frequently ignored. Thus, it is critical that community leaders, NGOs, and scholars support specific mental health programs that serve indigenous groups like the hills Karbis. This might include setting up mental health facilities in tribal communities, providing funds for culturally relevant awareness campaigns, or allocating workshops exclusively for tribal mental health practitioners. Long-term systemic change may result from making tribal mental health a priority in government policy rather than simply an add-on.

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APPENDIX

Informed Consent

I, Murchana Buragohain, a student of the Social Work Department, Mahapurusha Srimanta Sankaradeva Viswavidyalaya, Guwahati Unit, promise that is this interview schedule will only be used for my dissertation titled, "The Influence of Traditional Beliefs on Mental Health Treatment-Seeking Behavior Among the Hills Karbi Community with Special Reference to Diphu, Karbi Anglong," under the supervision of Miss Rajlakhi Baruah, Assistant Professor, Department of Social Work, MSSV, Guwahati Unit. I assure you that is your answers will be kept confidential and used solely for educational purposes. Therefore, I kindly request your valuable input in responding to the following set of questions.

Murchana Buragohain MSW 4th Semester Roll no.- MSW-08/23

Department of Social Work

INTERVIEW SCHEDULE

Section A: General information

1.	Name (Optional):
2.	Age:
3.	Gender: \square Male \square Female \square Other
4.	Occupation:
5.	Village/Community:
6	How long have you been living here?

Section B: Understanding of Mental Health

- 7. What does "mental health" mean to you?
- 8. How do people in your community describe someone who is mentally unwell?
- **9.** What do you think causes mental health problems?

Section C: Recognizing Mental Health Issues

- 10. What are some common signs or symptoms of mental health issues that is you have seen in people?
- 11. How do people in your community react to someone showing these signs?

Section D: Traditional Beliefs and Healing Practices

- 12. What are the common traditional methods used to treat mental health issues in your community?
- 13. Who do people usually seek help from first when they face mental health problems?
- 14. Have you or anyone in your family visited a traditional healer for mental health problems? If yes, can you share the experience?
- 15. Do you think traditional healing methods are effective? Why or why not?

	Section E: Help-Seeking Behavior
16.	Do people in your community seek medical help for mental health issues? \Box Yes
	□ No
•	If no, why not?
17.	What are the major challenges people face in accessing professional mental health
	care?
	Section F: Perceptions of Mental Health Services
18.	Are you aware of any hospitals or clinics that provide mental health treatment? \Box
	Yes □ No
19.	What do you think can be done to improve mental health services in your
	community?
20.	Would you be willing to seek professional mental health care if needed? Why or
	why not?

21. What would encourage more people to visit mental health professionals instead of

relying only on traditional methods?

