

# ROLE OF INDIGENOUS KNOWLEDGE IN THE AFRO INDIAN *SIDDI* COMMUNITIES' HEALTH SYSTEM: AN INTERFACE BETWEEN TRADITION, SPIRITUALITY, AND MEDICINE

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## Abstract

*The Afro-Indian Siddi community, one of the country's unique and distinct tribes living in several states like Gujarat, Karnataka, Maharashtra, Goa, Telangana, Andhra Pradesh, and others, is part of India's rich cultural diversity. When Africans first arrived in India through Arabs, Portuguese, and as traders, they became the masters of the sea, and later rose to power to become rulers. Apart from their many ideas, they brought with them indigenous knowledge of medicine and healthcare rooted in their ancestral traditions. Having a diasporic origin, the Siddis use a healthcare system that combines local customs and Indian rituals with indigenous African knowledge, which has been passed down for generations, although currently, they have their own knowledge of healthcare. This study explores how the Siddis' African heritage and traditional knowledge have been entwined with Indian local cultural and medical systems over centuries, as well as their traditional health beliefs and ethnomedical practices, providing a unique perspective on cross-cultural health traditions. The methodology of the study is focused on six field visits in the last one year and around 50 interviews, among a few interactions with the Siddi communities of the Junagadh and Gir Somnath districts of Gujarat and Ankola, Yellapur, Ankola, Sirsi and Haliyal talukas of Karnataka. Identification of key informants was done to examine healthcare practices and beliefs of the key informants who possessed traditional medicinal knowledge. Some traditional medicinal knowledge of the community members include Ruksana Chotiyara of Sirwan (Gujarat) and Laxmi and Jjuma Siddi of Ankola (Karnataka) who employ local herbs and plant-based medicines to cure diseases such as childbirth support, orthopedic diseases, and others. Their healing practices centre on medicinal plants such as Tulsi, Ashoka, Til, Sonamuki and Harda. The study highlights how these practices not only address immediate healthcare needs but also serve as a reflection of the indigenous knowledge systems of the Siddi community, highlighting their culturally rooted approaches to healthcare. By acknowledging and integrating such indigenous systems, we can remove the local problems of the community and address them through traditional healing practices.*

**Keywords:** Afro-Indian *Siddis*, Indigenous Knowledge Systems, Ethnomedicine, Traditional Healthcare Practices, Cross-Cultural Healing, Healing practices.

Most of the individuals in India and around the world still depend, to some extent, on traditional medicine. The social and environmental aspects of health care, including ecology, culture, economic conditions, and history of diasporas, are important to understand the ethno-medical practices of any group, or community. Health is defined as the opposite to disease. Health has been defined at the World Health Organization (1946) as the state of full physical, mental, and social well-being and not just the absence of disease or infirmity (*Constitution of the World Health Organization*). Indian interest in combining the indigenous knowledge and scientific methods is to develop a more diverse health system that would not only meet the current demands but also help maintain ecological balance and ensure long-term sustainability. Health is taken in reference to disease. The health beliefs, traditional healthcare habits, medicinal knowledge, and cultural shades of the Afro-Indian *Siddi* community in India are important. The health practices of the *Siddis* are a continuation of their cultures, and a biological adaptation over centuries, where modernity is a fluid integration of both. Through a combination of the indigenous knowledge and scientific methods, India stands in a position to develop a more holistic health system that is able to not only satisfy the needs of the current generation, but also maintain the ecological balance and long-term sustainability.

When Africans came to India in the first place, via the Arabs, Portuguese and as merchants, they had learned how to master the sea and consequently, they ascended to the power ladder to be the masters (Basu & Chouhan, 2014). The complex origin of the *Siddi* is proven by genetic evidence. The genome-wide surveys show inherited origins of Africans, South Asians, and possibly Europeans (Portuguese). Based on analysis of Y-chromosomal and mitochondrial DNA, their ancestry goes back to Bantu speakers in sub-Saharan Africa, with the admixture into South Asian groups having happened in the last 200 years (Voeks & Rashford, 2013). This chronology highlights that the *Siddi* people are not just a short-lived group of people, but a well-assimilated diasporic community, whose health activities are centuries of cultural and biological evolution (Moorjani, Patterson, Hirschhorn, Keinan, Hao, Atzmon, & Reich, 2011). They carried along with them the indigenous medicine and healthcare based on their ancient history and philosophy besides their numerous ideas. With a diasporic origin, the *Siddis* have a healthcare system that integrates local beliefs and Indian traditions with the native African wisdom even though now they acquired their own understanding of healthcare (*The Times of India*, 2015). The community is also notable in its

immense knowledge on plants and herbs which have over the years been used in the treatment of numerous diseases.

The descendants of African origin who settled in a few states of India were referred to as *Sidi*, *Siddis*, or Habshis. The Afro-Indian *Siddi* community came to India with the Arab invasion and later on Portuguese, with ancestral roots tracing back to East Africa, represent a unique diasporic tribe in India. “Afro- Indians” is used in the context of the global African diaspora, to recognize their regional miscellany, as well as their transnational links, to give them global visibility and expand the range of their representation. Their role in the History of India is significant. The Afro-Indian community has been living in India since the 6th century, in the states of Karnataka (Haliyal, Yellapur, Ankola, Sirsi, Joida, Mundagod), Gujarat (Junagadh, Gir Somnath, Jambur, Jamnagar, Surendranagar, Bhavnagar, Rajkot), The distribution of this group is wide and hence smaller and scattered pockets emerge in Goa, Daman & Diu, Maharashtra and Telangana/Andhra Pradesh and West Bengal. *Siddi* people are also referred to as *Siddi*, *Sidi*, *Habshi* and *Siddi* Badshah locally (Bhattacharya, 1970).

It is the only diasporic tribe in India recognized as a Scheduled Tribe, with a total population of 54,291 in India, as per the 2011 census. The 2011 census has recorded a mere 19,500 *Siddis* in Gujarat and Karnataka, however, scholars have estimated the real figure at more than 150,000 distributed throughout India (Smita, 2024). In 2003, the *Siddi* community in Uttara Kannada was recognized as the 50th Scheduled Tribe of Karnataka. Recently, they have made little progress in mainstream society, excelling in sports, politics, and small businesses. The success of the *Siddis* in sports, such as the bronze of Rohit Majgul in judo and the athletic performance of Shweta *Siddi*, brings out the positive strides of *Siddis* towards the right direction. Recently, Shantaram Buban *Siddi* has been nominated as an MLC in Karnataka and the late Hirbaiben Ibrahim Lobi, the president of the Mahila Vikas Foundation has been awarded the Padma Shri on her contribution to women empowerment. These achievements are an indication of national and international recognition of the community. The dairy industry highlights various accomplishments of the community through the work of prominent figures, including Mohan *Siddi*, Manuel *Siddi* of Karnataka, filmmaker Jayan Cherian, art historian and curator Anita Reddy and Ayudin Lobi, the grandson of Hirbaiben Lobi. Biju Ibrahim has devoted his time in documenting the life of the *Siddis* of Karnataka in photography. Efforts to conserve and propagate *Siddi* culture are also on the increase and the Karnataka Folklore University is also

introducing courses dealing with *Siddi* traditions and folklore. Quilting has become a method of narration and economic empowerment in the community. Also, the Central Marine Fisheries Research Institute an Indian Council of Agricultural Research organization is facilitating skill development through training the *Siddis* on sustainable fishing methods such as spiny lobster production using the open cage technology. Together, these initiatives highlight the progress being made to bring the *Siddi* community into the mainstream while celebrating their unique heritage.

### **Definition and Perspectives on Health**

Health is a multidimensional and, in part, socially defined. The World Health Organization gave health a positive definition in its constitution in 1946: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

The beliefs and practices of rural people in India, and tribes in particular, with reference to health are different (Arya, 2010). Certain groups of people in tribes have faith that an illness is always a product of malevolent spirits or the violation of some taboo. They thus find solutions in magic religious practices. Conversely, a few rural individuals have still resorted to the rich, undocumented, traditional medicine systems along with the well known cultural systems of medicine e.g. *Ayurveda*, *unani*, *siddha* and naturopathy just to ensure good health and prevent illness. The *Siddis* are followed by both to heal themselves.

The tribals live in varied geo-climatic and environmental conditions and their economy and health is largely influenced by concerned environment. “It has been noted by many that tribals living in remote areas have a better health status and more balanced food than those living in less remote areas” (Chaudhuri, 1986; Chaudhuri et al, 1989). The *Siddis* possess strong genes and their healing power is also very good. They often resort to home remedies whenever someone falls sick. For example, to cure fever which is the most prevalent disease in *Siddi* villages, a mixture of *Azme pan* and *Ajmeet* is given to the patient. In one of the interviews, it was observed from the participant that they go to the hospitals rarely, until and unless there is a major health problem. They often find solutions at homes.

The health behavior of the community and the individual members is stipulated by the culture of the community. The health behavior of the person is directly associated with how s/he views different health issues as well as availability of different health care facilities. It is acknowledged

that health issues of the tribals are not considered to be the prerogative of medical sciences, the role of socio-cultural tradition is significant in the frames of health and treatment.

### **Healing Practices of the *Siddis* of Gujarat and Karnataka**

The research draws upon six field visits over the last year in almost 60 villages of Gujarat (Junagadh, Gir Somnath) and Karnataka (Ankola, Yellapur, Sirsi, Haliyal). Approximately 50 semi-structured interviews were conducted with Herbalists, Elder women with knowledge of childbirth practices, Priests and ritual healers, Young *Siddi* men and women navigating biomedical systems and NGO workers and local health functionaries such as the women of *Mahila Mandals*.

Traditional knowledge holders were identified through visits to these villages. Interviews were supported by participant observation, informal conversations, visits to forest areas for plant identification, and attendance in ritual healing sessions. Focused group discussions were common at the villages. Towards the end of the interview a general group discussion would initiate, where they would talk about their common problems both at health, gender and environment. Efforts were made by the researcher to bring focus in these group discussions, so as to gain insights in the areas of research. Majority of respondents were, keen to know about how their environment which according to them is healthy enough is affecting their health and accordingly what are the alternate ways of improving their health and status in life. These focused group discussions helped in enriching the study with various insights, which were not possible to achieve through interviews with individual respondents. The reason being the group discussions led to various contradictions and cross questionings, which only the respondents could raise among them.

The concept of disease among the *Siddi* communities residing in the villages of Jambur, Sirwan, and Chitrawad reflects a functional, socially embedded, and culturally mediated understanding of health and illness. Rather than being defined primarily through biomedical indicators, disease is largely perceived through its impact on an individual's capacity to perform routine social, economic, and domestic activities. Health, in this sense, is closely associated with productivity, physical endurance, and the ability to fulfill one's expected roles within the household and the

community. Illness, conversely, is recognized when this capacity is diminished or disrupted.

At the three villages, the most prevalent measure of what constitutes disease is an observable drop in the capacity to perform all daily work and especially work that involves labor like agricultural work, forest work or water household activities. It is the perception that is more so in Talala taluka where economic survival is largely reliant on physical labor. Productivity, in these scenarios, serves as a prime measure of the well-being of the body. An individual who cannot be effective and or work on a regular basis, is said to be experiencing some sort of disease, regardless of whether he or she exhibits observable symptoms or not. This knowledge is shared in Jambur, Sirwan and Chitrawad, although to different degrees, more often loss of capacity to work is used by the respondents of Talala than Jambur to indicate the main indicator of illness.

Notably, the reason the *Siddis* give to explain the emergence of the disease goes beyond the physical causation and is also moral, spiritual, and social. Such reduced productivity or weakness is commonly ascribed to the performance of activities that are unpleasant, such as breaking social norms, failure to abide by rituals, or misbehavior against the older person, their ancestors, or community gods. Through these ethical reasons, there is also the general mention of evil spirits, or bad supernatural powers, as a cause of disease. Such an interpretation is also fairly uniform at the level of the villages implying the existence of some common cosmological framework which interprets disease as a disruption of the equilibrium between the individual, the community, and the spiritual world. Whereas functional incapability is the most common tool of identifying disease, fewer yet more respondents at about 9.7 percent identify illness to the interference or failure of certain body parts or organs. This biomedical-oriented knowledge however differs greatly across villages. In Jambur, a majority of over four times more respondents than in Talala recognized dysfunction of body parts or internal organs to be confirmation of disease. This can be indicative of increased exposure to biomedical discourses, health interventions or closeness to contemporary healthcare facilities. Contrastingly, the Talala respondent count of willingness to respond to organ-specific dysfunction was very low, supporting the functionality and productivity-based concept of health in that location (Arya, 2010).

Chitrawad respondents also added more interpretations as they came up with more disease indicators like alterations in the nature, behavior, or temper of an individual. These were irritability, avoidance of social interaction, abnormal silence or abrupt change in mood. These symptoms are not necessarily perceived to be mental or psychological disorders in the biomedical meaning, but as indicators of the spiritual imbalance or outside influence. This emphasizes the whole body-mind concept of the *Siddis* in which emotional or behavioral shifts are valid indications of disease. In general, *Siddi* notion of disease is not a strictly determined based on physiologic malfunction but it is deeply rooted in daily experience in life, in moral order and in spiritual ideologies. Disease is known as something that impairs social performance, labor involvement, and normative conduct. These differences between Jambur, Sirwan and Chitrawad demonstrate that it is the local socio-economic status, level of interaction with biomedical systems and the experiences of communities. Such a culturally based definition of disease still informs health seeking behavior among the *Siddis* and in favor of indigenous healing activities, which focuses on the physical symptoms, but also holistic causation of disease and social rehabilitation.

Observations were brought in use at various stages of data collection. Detailed observations were made during the home visits conducted during the study. Home visits were conducted specially to observe the traditional methods and traditional medicines that are used by the *Siddis* in these villages. Visits were made to the different households with average one and half hours of stay for discussion and observation. The respondents were amiable and extended warm hospitality to the researcher. They shared about their culture of making medicines at home and how people even come to their homes for buying those medicines. Observations were also made regarding the basic infrastructure facilities, health, hygiene and sanitation maintained in home and outside the houses.

*Siddi* healing is a medical expression of cultural syncretism, that is, it falls at the crossroads of medicine and religion. “The *Siddis* of Gujarat deeply believe in the significance of *Siddi* ancestral saints and their diasporic past which contributes to the contextualization of spiritual aspects of *Siddi* healing. Biogeographic resemblances and differences between the place of origin and the location of migration are very crucial in the development of a new healing system” (Solanki, 2020). “A fascinating discovery happens

to be that their ethnobotanical medicine (*dava*) that is comparable to that of the *Maldhari* tribe of Kutch and spiritual medicine (*dua*) that is reminiscent of their African roots are united by the healing system of *Siddis*” (Voeks & Rashford, 2013). For many *Siddis* living in relatively remote regions of Gujarat, Karnataka, and Goa, this knowledge provides accessible, affordable, and community-based healthcare, especially where modern medical facilities are limited.

At the Jambur village, *Siddi* people of Gujarat, tend to believe in the traditional medical system more than in other medical systems due to their cultural and traditional health beliefs, and that they trust folk medicine more. They possess their specialist and their healer named *Munjawar* who takes special care of them and they have the complete faith and trust in him (Arya, 2010). The way in which health care is given is the only characteristic that *Siddi* have in this region, which believes that most of the illnesses are caused by evil spirits, which is the basis of folk medicine as well. They diagnose through their own methods using water and other beliefs that are used in the treatment. The treatment aims at destroying the root causes through charms, herbs, and relaxing spirits. The *Munjawar* of *Nagarchi Pir Dargah* at Jambur, under study has been actively engaged in healing practices for the past five years. However, his role is embedded within a much longer lineage of ritual and therapeutic service. He told that his father was once a *Munjawar* which means that this position passed through generations in the same village. Field interactions also demonstrated the office of the *Munjawar* is hereditary by nature thus bearing the ascribed social and ritual status instead of the one that is acquired through formal education or institutionalized training. The formal qualifications, therefore, do not hold much regard since legitimacy and power are mainly attributed to ancestry, family and continuity as well as longevity of affiliation with the sacred space, the *Dargah*. The *Munjawar* has a complex role including the responsibility of custodianship of the *Dargah*, ritual requirements and ethno-medical duties. The practitioner spends most of the day inside the *Dargah* all day long and attends to the upkeep of the *Dargah* at the same time practicing his/her healing on the patients, which is intended to treat their ill health as a result of physical causes as well as the supernatural beings such as possession by spirits and evil. Healing is therefore an inseparable aspect of rituality and therapy procedures are usually incorporated in prayers, invocations and spiritual mediation.

One of the fundamental obligations of the *Munjawar* is the conduct of prayers every day and the maintenance of the *Dargah*, and keeping it clean and sacred. Such actions support the role of a religious intermediary and a healer, which the *Munjawar* represents, as a combination of the spiritual and practical aspects of care. An additional finding of field observations is that the life of the *Munjawar* is spatially and symbolically bound up to the *Dargah* which is not only a place of worship but also a place of healing, community communication, and moral regulation. Notably, this role is hereditary and sacral and continues even after death. It was noted in the field work that when people become *Munjawars*, they are interred close to the *Dargah* after death. This rite of burial highlights how close the *Munjawar* were to the spiritual space that they would even be taken care of after death, a point that supports the point that their spiritual service would be maintained even after death. Such practices further legitimize the *Munjawar's* authority within the community and contribute to the sacralization of lineage, space, and healing knowledge. In this sense, the *Munjawar* represents a critical node through which religious devotion, ethno-medical practice, and inherited social status converge.

Healing system of *Siddis* also involves music and this includes drumming and their dance known as *dhamaal*. These are not merely aesthetic performative arts, but ingrained within ritual curing, spiritual communion and the wellbeing of the community. *Siddi Dhammaal* or *goma* features call-and-response, percussion, circling dancing, evidently of East African spirit and rhythmic forms due to South Asian Sufi performance, and possession by the spirit (Map Academy, *Siddi Dhammaal*). Taking a primary interest in Nagarchi pirs dargah 'mausoleum' at Jambur village, in which the drumming is practiced every day, a role of dua in the ritual curing of afflictions, which *Siddis* regard as the realm of the transcendental (Solanki, 2020). The shrine receives pilgrims of diverse religions, but all of whom believe in the curative effects of the *Siddi* saints, even though they are all not involved in the *dhamaal*, the *Siddi*. Rituals of the *dhamaal* have many curative purposes, such as community unity, mental discharge, divine or saintly assistance, and in much of *Siddi* ethnomedicine, reproductive, maternal, and child health care, which are very fundamental (Solanki, 2020). Indigenous health knowledge strengthens community cohesion by giving traditional healers respected social roles and encouraging collective responsibility for wellbeing. In contemporary times, these practices

offer valuable insights for ethnobotany, public health outreach, and culturally sensitive healthcare models.

The value of diet and the concept of Fo-Med, food as medicine, are also pointed out in earlier researches. It demonstrates the fact that there has been a transition to the use of pharmaceuticals and Ayurvedic medicine, but still remains centered on the older theories such as the theory of hot and cold. This theory is associated with the trade-off of the different kinds of foods and treatments depending on their perceived qualities. It also highlights the unique place of women and children in the medical practices of the *Siddi* people of India, and the primary concern in traditional medicine is the health of these two groups. The *Siddis* also administer some of their diseases by the use of herbal formulations that are prepared by the men and women of the villages taking into account their knowledge on the various plants that can grow in the forest and other places (R. Chotiyara, personal communication, February 20, 2025). The knowledge is transmitted through generations. It has been observed that forest ecology greatly influences health and therapy. The traditional health care system and treatment is built on the basis of their comprehensive understanding of the environment and the natural world.



*Ruksana Chotiyara, Anganwadi worker in Sirwan, Gujarat, talking about her knowledge of the medicines and remedies, February 20, 2025.*

Members of the *Siddi* community continue to follow, and preserve a long tradition of indigenous healthcare in the village of Sirwan in Junagadh, Gujarat, based on Indian knowledge systems. They make use of herbs and other resources of the Gir region, which have been in use for hundreds of years in the preparation of traditional medicines. The Anganwadi worker and a popular local healer in this village is Ruksana Chotiyara. She also uses herbs such as *Baiya* (*Nicotiana benthamiana*) and Raund (*Praecitrullus fistulosus*) to prepare traditional medicine in long-term diseases such as HIV-AIDS and diabetes (R. Chotiyara, personal communication, February 20, 2025). She feels that infections associated with cancer can also be fought by using a combination of these two plant extracts. She also told that the powder of the *Mehndi* and *Madhumati* is mixed together and recommended to take regularly in the morning and evening with milk, which cures diabetes. The fresh leaves of *Sonamuki* and *Mehndi* are crushed together and prepare paste which has given to the Asthma patients to take regularly in the evening which helps in getting relief in breathing. These practices are evidence of an advanced understanding of medical ecology and pharmacology, and obtained not during formal training but through the oral traditions of generations.

The *Siddha* healing technique is an active integration of traditions, local customs, and Indian healing techniques. Although modern biomedicine is gaining more significance, the traditional traditions remain very significant to the health of the community since they exhibit strength, independence, and closeness to nature. This combination of ancient knowledge and environmental consciousness indicates that the traditional healthcare systems can still be used in addressing contemporary medical issues in rural India. Certain *Siddis* in Gujarat use the medicines that are based on herbs in treating certain diseases. The *Munjawar* do most of these cures by relying on their knowledge of the plants that grow in the forest and surrounding areas. "This is the information that they transfer generation to generation. Individuals have declared the ecology of the forest possesses a significant impact on health and therapy. The traditional health care system and treatment work because of their in-depth knowledge about the surrounding world and nature. The *Siddis* are a complicated collection of medical beliefs and practices, a native pattern of ceremonial healing

involving drumming and dancing, and information regarding the medicinal plants, which grow in the Gir forest of Gujarat. The native herbs are *tulsi*, *Ashoka*, *Til*, *Sonamuki*, *Dathuro*, *Sonth*, *Khas Khas*, *Harda*, *Jamula*, *Inderjau*, *Gokru*, *Heeing*, *Mahua*, *Amla*, among others that are used as medicine. (R. Chotiyara, personal communication, February 20, 2025). This traditional knowledge system is not merely an effective means of the community to acquire health treatment but it also contributes to the enhancement of their cultural identity and community-sense. Traditional healers, herbal practitioners, and spiritual healers, hold respected positions in the *Siddi* community. They act not just as health providers but also as cultural custodians and mediators, helping preserve social cohesion.



*Leaves used to cure fever and cold, Sirwan, Gujarat*

The *Siddi* community of Karnataka in the Ankola Taluka is very traditional on medicine and health care. The reason behind this is that they have been exposed to experience and have adjusted to their needs over the years (Prabhakar, 2014). Both medical practices largely rely on plants and oils and are highly specialized to each community, and their recipes are often a secret (L. *Siddi*, personal communication, February 10, 2025). This demonstrates the level of culturally specific and intellectual richness of their health systems. This is not merely

theoretical, but applied in practice, by such individuals as Laxmi *Siddi*, who has over 20 years of experience of helping people with childbirth in her own communities and those that are nearby, ensuring that mothers and babies receive the care that they require in areas where there may not be extensive formal medical infrastructure. According to Laxmi *Siddi*, to cure scabies, the *Til* oil is mixed with lemon and given to the patients to apply it over the entire body, three times a day for three consecutive days. Kalanamak and Ajwaine is mixed together and given to the patient to stop vomiting. Also, mixture of *Takankhar*, *Sanchal*, *Ajma*, *Heeing*, and *Sonth* is prepared and given to the patient for curing dehydration. There is also a lot of other health-related issues that Juma *Siddi* discusses, such as orthopedic issues and pediatric care. This is an indication of the usefulness and flexibility of these native medicines. The *Siddis* medical practices show that the healthcare systems should be community-based, have a sense that makes sense within the context, be conveniently available and acceptable in cultures. The identification and catalogue of the indigenous knowledge not only aids in preserving the intangible cultural heritage, but also provides new opportunities in integrative approaches in healthcare that would integrate traditional knowledge with modern biomedical practices in a manner that is not only sustainable, but also significant to the local people.

### ***Anganwadis* and Self-Help Groups Focusing on *Siddis*' Healthcare**

*Anganwadi* centres play a critical role in addressing the healthcare needs of women and children within the *Siddi* community, particularly in rural settlements such as those of Sirwan in Gujarat. As the primary grassroots institutions under the Integrated Child Development Services (ICDS) scheme, *Anganwadis* function as accessible points of preventive and promotive healthcare, especially for historically marginalized and socio-economically vulnerable communities like the *Siddis*. In one of the interviews, Ruksana Chotiyara described how the *Siddi* women take care of one another as well as their children. She also added that in the case of *Siddi* women, *Anganwadis* have a role to play in maternal health, through provision of antenatal and postnatal health care, provision of nutritional supplements, and health education. Antenatal care of pregnant women can

be used to detect medical deficiencies and risks associated with pregnancy in time. *Anganwadi* workers serve as intermediaries between the formal health care systems and the community health practices through dietary counseling, hygiene, institutional delivery and immunization. This role is particularly important in the *Siddi* context, where traditional healing practices often coexist with biomedical interventions. Young kids come to *Anganwadi*, where they are given education upto class 5<sup>th</sup> and also their health needs are looked after. Whenever children face with a problem of stomach ache, the women in *anganwadi* use their traditional system of healing where *Khaskhas*, *Alpore*, *Sanchar*, *Vagani*, and *Herda* are mixed together, and this mixture is given to the child to get cured from stomachache.

*Ashram Shala* in Jambur village of Talala has been working for the *Siddi* children. At present 70 students are admitted as students in this Ashram Shala, among which 20 boys and 17 girls are also given hostel facility, along with proper meal. This *Asram shala* mainly see enrollment of *Siddi* children from Jambur and Madhupur villages. *Mahila Mandals* or the Women Self-help groups are working efficiently in almost all the *Siddi* concentrated villages of Gujarat and Karnataka. In 1995, the late Padma Shri Hirabaiben of *Siddi* community established a Mahila Mandal for the welfare of females of their community. It is basically for the awareness and upliftment of women of *Siddi* community, which is now looked after by her son Mr. Rajjaq Lobi. According to the conversation with Mr. Lobi, the women of the community are very much concerned about their health and their children's health (R. Lobi, personal communication, May 7, 2025). These *Mahila Mandalis*, like the one led by Ms Hanifa Ben, in the Veraval village of Gir Somnath district, often drawn from nearby communities, play a key role in building trust and encouraging community participation. By aligning state-led healthcare initiatives with local realities, these self- help groups contribute to improving health outcomes among *Siddi* women and children, while also highlighting the importance of culturally sensitive and community-based healthcare delivery mechanisms. They also run several training programs and workshops regarding employment, every month where they teach women to earn a living, by giving them trainings on making handmade bags, carpets, etc (Hanifa Ben, personal communication, May 8, 2025).



*A Group of women working in a self- help group led by Hanifa Ben, Veraval, Gujarat*

### **Role of Environmental, Cultural, and Healthcare Practices in the *Siddi* Community's Health Management**

The interplay of the currently available societal, economic, and environmental factors has a significant influence on the health concerns of the *Siddi* people. The treatment of sickness is wholly associated with usual superstitious attitudes, practices, and activities. Maternal and child care is sometimes neglected in the community, thus leading to high infant mortality rates in the community. In a few villages, the *Siddi* people believe in the cause of illness, which influences the treatment. The *Siddis* have learning by customary experience attained certain logical insight. This information is provided in their socio-cultural religious system. "Generally, therapeutic procedures are of two major types, namely, the curative and preventive ones. Some of the preventive measures include the use of charms, amulets, animal sacrifice, appeasing of disease-seeking spirits, and worshipping God on the belief that rituals play a protective role. The first of the healing rituals is worshipping gods and spirits. In the case of the *Siddi*, both medicine and religion are identical. *Munjawar* is the primary choice of them in treating sickness" (Arya, 2010). However, there exists some intersection between the category of health providers selected and the category of the disease in the villages of Gujarat as is witnessed in the studies about the subject. An example is that more individuals will go to a PHC or sub-center to seek help for a cough as compared to other types of illnesses, particularly women. In a study conducted by researcher Ankita Arya on the topic of *Health and gender in Siddi, a primitive tribe of Gujarat*, she discovered that the *Siddi* women answer that they came to the PHC because the staff had not requested them to spend the night since they

had a cough. *Siddis* are also been found to combine their traditional practices with the modern medical systems.

### **Challenges Among the *Siddi* Community in the Health Sector**

In spite of apparent improvement, the *Siddi* community still has acute gaps in two of their most imperative fields i.e. health and education, both are essential to their future empowerment as *Siddi* settlements lie in remote forested regions or rural areas where access to the general healthcare is a low priority. The *Siddis* residing in villages in the vicinity of Talala encounter significant structural constraints in accessing advanced healthcare facilities, primarily due to inadequate transportation infrastructure and geographical isolation. The overall medical condition of the *Siddi* is determined by the conditions they live in, their culture, health care facilities in the *Siddi* people, and their rejection of medical help when the disease is at its tender stages. Although *Siddis* still possess some of the best traditional healthcare practices and knowledge systems, they need to be integrated with the present-day healthcare infrastructure. Traditional medicines are particularly effective in managing everyday health concerns and reinforce community autonomy in healthcare decision-making. However, while such practices remain integral to *Siddi* health-seeking behaviour, they are insufficient in addressing severe, chronic, or life-threatening conditions. Government should increase mobile medical units and periodical outreaches and telemedical to provide immunization, nutrition, and preventive care to *Siddi* hamlets. Culturally sensitive health education and access to better healthcare services are required to meet their specific health needs.

### **Conclusion**

Traditional knowledge and more specifically, traditional medicinal knowledge is very abundant in India (Singh, 2021). The concern to promote and conserve traditional Indian medical knowledge should be prioritized to the benefit of Indian population in order to achieve long term growth of the economy. Therefore, it becomes significant to involve tribes such as the *Siddis* in the policy making process so that the health interventions can be culturally relevant and effective as well as take advantage of the rich knowledge of the tribe on the local biodiversity that

is significant in the proper management of the disease. The *Siddi* tribes have traditional medical and healing practices that are profoundly based on their cultural and spiritual backgrounds and are a holistic approach to health and well-being. These are the practices that were developed over the centuries and generations, and are both preventive and curative, which is demonstrated at the level of the overall healthcare knowledge. This fill in the gap in research in this field will not only enable the *Siddi* community but will have a far more extensive effect on the overall approach to the community in India by including and sustaining their health strategies more holistically. *Viksit Bharat 2047* and *Agenda 2063* are a progressive structure in a self-sustaining era of development, which is aimed at bringing India and Africa to a successful future. In this vein, the evolution of the trade between India and Africa in the field of traditional medical knowledge, particularly of *Siddi* community, is a special case to facilitate the cultural exchange, economic growth, and maintenance of the traditional knowledge system.

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