



Health Culture of Gond Community in Mayurbhanj District, Odisha

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Disease is not only a physiological condition but also a social and cultural phenomena - *E. E. Evans-Pritchard*

Abstract: As we all know health is widely equated with wealth and is a pre-requisite for human development and is an essential component for the wellbeing of the common man. As the body and mind are closely related, the mind cannot be healthy and playful without good health. So in the context of the health and culture of tribal communities are deeply influenced, shaping both their perceptions of well-being and their healthcare practices. Cultural beliefs, traditions, and social norms influence how tribals perceive health, illness, and healing. The traditional healing practices often play a significant role, rooted in cultural knowledge passed down through generations. The researchers conducted their fieldwork among the Gond population with the objective of examining how health culture influences behaviour and how modern healthcare impacts the people of Mayurbhanj District, Odisha. In this study, the researchers used anthropological methods to collect information from the respondents. The study results show that the Gond population is nowadays influenced by different factors that shape their choice of healthcare access.

Keywords: Health, Culture, Belief, Behaviour, & Gond

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INTRODUCTION

In recent years, there has been a growing recognition of the importance of promoting health equity and social justice as foundational principles of public health. Efforts to address the social determinants of health, reduce health inequities, and improve access to healthcare services are essential components of a comprehensive approach to promoting health for all. Moreover, the concept of health extends beyond the individual level to encompass broader societal dimensions. Healthy communities are characterized by environments that support physical activity, access to nutritious foods, quality education, safe housing, and social cohesion. Community-based approaches to health promotion and disease prevention empower individuals and communities to take ownership of their health and well-being, fostering a sense of collective responsibility and solidarity. The interrelationship between health and culture holds profound significance, influencing health behaviors, healthcare utilization, and overall well-being. Cultural beliefs shape individuals' perceptions of health, affecting their approaches to preventive care, treatment-seeking, and adherence to medical advice. Recognizing and respecting these cultural determinants is vital to addressing health disparities, as socioeconomic and cultural factors intersect to create inequalities in health outcomes. Cultural competence in healthcare has become increasingly crucial, enabling healthcare providers to navigate diverse cultural contexts and deliver patient-centered care. Global health challenges, including pandemics, demand culturally sensitive public health strategies that account for local practices and beliefs. The

concept of health is understood more in functional terms than clinical among the tribal groups. It is related to environment, habitat and socio-cultural and magico-religious beliefs and customs, social and economic conditions, nutrition's and living conditions, dietary habits, housing, education, child rearing practices, socio-religious beliefs, taboos and superstitions.

Tribal health is the perceptions and conceptions in their own cultural systems based on external stimuli emanating from astrological influences, witchcraft and evil spirits in the etiology of diseases, with less awareness of the modern health care and health services for health seeking behaviour. The authors explain that tribal views of health and medicine considered local, indigenous, and traditional and biomedicine regarded as modern, global, and scientific represent two different perspectives. Therefore, it is necessary to understand these perspectives, or knowledge systems, in a comprehensive manner. The authors used library-based sources to gather information and data on illness and medicine in Odisha. The interrelationship among tribals, non-tribals, and the state plays a major role in understanding health and illness. The significance of this literature lies not in determining what is right or scientifically valid in health interventions, but in presenting a holistic perspective on local, traditional, and indigenous knowledge systems and how they merge with modern healthcare interventions for the betterment of tribal communities (Mishra & Sarma, 2011). The study found that healthcare services are in poor state in terms of infrastructure and service providers. Most women

respondents preferred indigenous medicine or home-made remedies at the initial stage of their illness. The belief in indigenous medicine can help implement government programs to improve and promote the Indian system of medicine in rural areas while recognizing local tribal medicine (Guite, and Acharya, 2006). Development workers must navigate the balance between indigenous beliefs and modern ideas, considering health work as part of a broader societal and cultural framework. This paper aims to provide an understanding of tribal health care and treatment systems, allowing for a comprehensive understanding of their health culture (Paul, 2005). Tribals use various practitioners, including spiritists, traditional herbalists, and public health practitioners. Despite public health centers and propaganda, tribals still rely on traditional ideas of disease and health. The study supports the theory that social development and availability of facilities lead to lower mortality rates. The study highlights the need for health and education to be paired, and 14 economic and social issues must be addressed in designing health strategies. Social intervention is crucial to overcome resistance to biomedicine and health care in tribal areas, as caste rigidities and social stratification persist (Bhasin, 2007). The study shows that the tribals are affected by various types of communicable and non-communicable diseases and there is a need of better healthcare and modern medical systems. Further it is seen that the traditional system of medicine and healthcare is diminishing among tribals and the modern healthcare systems are yet to adopt (Negi, and Singh, 2018). Tribals are the sources of indigenous knowledge on medicinal plants used for healing and curing diseases, which should be protected and used by them to sustain their human rights. This article emphasizes the importance of sustainable medicinal plants in tribal life and suggests alternative development methods to improve the social environment and tribal development (Manna, and Ghosh, 2021). The study suggests that the government should focus on strengthening health worker competencies and providing incentives to encourage qualified health workers to serve in tribal areas (Arun, and Premkumar, 2022). The efforts between the government, medical specialists, and indigenous tribes are needed to overcome these obstacles, enhancing the accessibility, quality, and cultural appropriateness of healthcare services for tribal groups, leading to improved health outcomes and reduced health inequalities (Roy, Das, and Mondal, 2023). This study analysis shows that factors like age, sex, education of the patient, type of illness, severity of diseases, healthcare facility, beliefs regarding the cause of diseases and previous experiences plays an important role in selecting different ways of treatment. The Study shows that lack of modern healthcare facilities are responsible for keeping the tribal people away from modern medical care, as a result they are still believing in their traditional system to cure various health problems and diseases (Pradhan, 2013). The results showed that tribal people used various locally available foods for health benefits, including Handia for better

health and relief from tiredness. They also used medicinal plants like wild ant chutney, Gangasiuli leaves juice, Amarpoi leaves, blackberry seeds powder, Bhalia, Neem leaves, Handia rasi, Pedipedica leaves, Mehendi roots, and bugs for various ailments. Despite medical facilities, tribal people often lack knowledge and misconceptions, highlighting the need for government emphasis on nutrition and health education (Mohanta, and Lenka, 2017).

Rationale of the Study

India is home to 705 tribal communities, of which Odisha alone contains 62 tribes and 13 Particularly Vulnerable Tribal Groups, reflecting a rich and diverse cultural landscape with numerous dialects, worldviews, and value systems. Despite this cultural richness, the health conditions of tribal populations in Odisha present a complex pattern shaped by poverty, malnutrition, lack of safe drinking water, poor connectivity, weak policy implementation, and governance challenges. Communicable and non-communicable diseases such as malaria, tuberculosis, anaemia, respiratory disorders, jaundice, and skin infections remain widespread, alongside certain genetic disorders. These persistent health problems continue despite advances in modern medicine, indicating gaps in health-care delivery and accessibility. Therefore, locally specific, culturally appropriate, affordable, and accessible health systems are essential to achieve meaningful health security among tribal communities in Odisha. The healthcare system holds significant importance among the Gond community under study, as it directly influences their survival, productivity, and overall quality of life in the context of poverty, malnutrition, and limited access to basic services. The basic thought comes to our mind with putting some questions i.e., What is the importance of the healthcare system among the Gond community under study? and What are the factors that influence healthcare services in the present context?

Objectives of the Study

The main objectives of the study are as follows:

- To study the existing cultural beliefs and practices related to various diseases and the health-seeking behaviour of the Gond community.
- To examine the availability and accessibility of healthcare services in the study area.
- To analyse how modernization and migration affect the beliefs, practices, and health-seeking behaviour of the community under study.

Geo-Ethnic Profile of the Gond Tribe

The term *Gond* is often interpreted as “generations of nature defenders”, reflecting the community’s deep ecological orientation and cultural relationship with the natural environment. Gond traditions, rituals, and belief systems are closely aligned with nature worship rather than temple-based idol worship. Sacred groves or spaces beneath trees, locally

known as *Puja Shala* or *Penthana*, function as primary sites of ritual practice where stones or wooden symbols are venerated. The mythological narratives within Gond cosmology describe the origin of the earth and the division of landmasses associated with *Gondwana*, ultimately giving identity to the Gond people and their language, Gondi. Traditionally, occupational divisions such as Raj Gond (political roles), Maria Gond (cultivators), and Pradhan Gond (service and trade roles) structured internal differentiation. The majority population belongs to the Gond community, with a minority from the Kudumi community. Although Gonds historically spoke the Gondi language, Odia has become the dominant medium of communication due to migration, settlement interaction, and regional sociolinguistic influence. Presently, fluent Gondi speakers are largely confined to the elderly generation, indicating gradual language shift and endangerment. Both villages display a mix of *kacha* and *pukka* houses constructed from mud, brick, bamboo, wood, thatch, and tiles. Traditional houses usually consist of two rooms serving cooking and multipurpose residential functions, often accompanied by verandas and cattle sheds. Floors and walls are plastered with mud and cow dung, reflecting indigenous ecological building practices. Modern materials such as cement and Mangalore tiles are increasingly visible, indicating gradual architectural transition. Family constitutes the fundamental social unit in Gond society and generally follows a patrilineal and patriarchal structure. Nuclear families are common, though joint family support systems remain culturally significant. Contemporary socio-economic mobility, migration for education and employment, and changing gender roles are gradually reshaping traditional family arrangements, with women participating more actively in decision-making and livelihood activities. Marriage among the Gonds is regarded as a socially sanctioned and enduring union governed by customary norms. Both arranged and love marriages occur, accompanied by elaborate rituals such as *Chudadana*, *Nirbandha*, *Deulamangala*, and wedding ceremonies. Clan exogamy, selective endogamy, and cross-cousin preferences regulate alliances, while violations may invite social sanctions including fines or temporary exclusion. Instead of dowry, the practice of bride price and reciprocal gift exchange is traditionally observed. Kinship organizes social relationships through consanguineal and affinal ties, reinforced by behavioral norms such as avoidance, joking, and teknonymy. While certain indigenous kin terms persist, many correspond with Odia terminology, reflecting cultural interaction and linguistic assimilation. The dietary practices are closely linked to agriculture, forest resources, and seasonal availability. Staple meals include rice, pulses, vegetables, fish, and occasional meat, alongside traditional beverages like *handia*. Emerging fast-food consumption among youth indicates market influence and dietary transition, though ritual food restrictions and sacrificial traditions continue. The traditional attire includes cotton sarees for women and shirts, pants, or

lungi for men, complemented by silver and gold ornaments. Gond artistic expression appears in painting, dance (notably Karma dance), songs, and craft production. Festivals such as Nuakhai, Dussehra, and regional rituals reinforce communal identity. Village governance operates through customary councils led by the *Pradhan*, *Choukidar*, and ritual specialist *Dehuri*, alongside agrarian-based economic organization and nature-centered religious belief in deities such as *Baradeo*. Infrastructure, education, markets, and healthcare access illustrate gradual integration with broader rural development processes while retaining distinct cultural foundations.

METHODOLOGY OF THE STUDY

The research design refers to the systematic arrangement of conditions for the collection and analysis of data in order to achieve the objectives of the study with relevance and procedural efficiency. This study adopted an exploratory research design, primarily qualitative in nature, to understand the health and cultural conditions of the Gond communities in Santabandha and Runjabindha villages of Baidyanath Gram Panchayat, Raruan Block, Mayurbhanj district, Odisha. A simple random sampling method was used to select respondents from the study population. Data were collected through household census, observation, participant observation, interviews, schedules, case studies, photography, and audio-visual recordings to ensure comprehensive field-based understanding. Both qualitative and quantitative techniques were applied for data analysis using tabulation and MS Excel. Finally, the findings were systematically compiled and presented in a structured research report using MS Word.

RESULTS AND DISCUSSION

Health and culture among tribal communities are deeply interconnected, shaping perceptions of wellness, illness, and healing practices. Traditional knowledge, passed down through generations, often forms the foundation of healthcare systems within these communities. Cultural beliefs and practices influence health behaviours, including dietary habits, hygiene practices, and patterns of healthcare-seeking. Traditional healers, often revered figures within the community, play a vital role in providing healthcare through herbal remedies, rituals, and spiritual guidance. The health practices and beliefs among the Gond tribes of Santabandha and Runjabindha villages reflect a rich tapestry of cultural traditions and indigenous knowledge. Traditional healing methods, often rooted in herbal remedies and spiritual rituals, coexist alongside modern healthcare practices in these communities. Cultural norms and taboos play a significant role in shaping health behaviours and decision-making among the villagers. For instance, certain foods may be considered taboo during illness (e.g., eating papaya during pregnancy), while specific rituals or ceremonies may be performed to ward off evil spirits believed to cause sickness. The

villagers of both Santabandha and Runjabindha use various types of traditional medicines for the treatment of different diseases; however, at the same time, most of them prefer the modern healthcare system.

Understanding the intersection of health and culture among these communities is essential for developing culturally sensitive healthcare interventions that respect and integrate indigenous knowledge and practices into broader health initiatives.

Case Study:1

Mr. Brajamohan Nayak (Age: 54), a resident of Santabandha village (Household No. 23), is a well-known medicine man and Dehuri (priest) of the community. During my interaction with him, he explained the use of various medicinal plant roots such as Akanbindi, Gotkhalika, Limba, Bhui Neem, Uncle Root, Karanja, Kuluchi, and Guduchi. According to him, a mixture of these roots forms a powerful medicine known as *Panchana*, which is used to treat diseases such as malaria, typhoid, anemia, and stomach pain. He described the preparation process in detail: the roots are first cut into small pieces and thoroughly washed with clean water. They are then added to a bucket half-filled with water and boiled for one to two hours. After boiling, the mixture is left to cool for about twelve hours. The liquid is then filtered and stored in a bottle, making the *Panchana* ready for use. He mentioned that children above eight years of age are given one teaspoon, while adults are advised to take two to three teaspoons. In addition, he introduced a plant called Pepedika, which is used to cure jaundice. To prepare this remedy, seven leaves of the Pepedika plant are ground together with seven black peppercorns and a small amount of water to form a paste. One teaspoon of this preparation is considered sufficient for treatment. The patient is advised to take the medicine on an empty stomach early in the morning and bathe at sunrise.

Case Study:2

Mrs. Kalpana Nayak (Age: 38), a resident of Santabandha village (Household No. 50), is a member of a Self-Help Group (SHG). During my visit to her household, I interacted with her and learned about certain traditional healing practices followed in the community. She explained the use of cycle spokes in treating stomach pain and reducing body pain in small babies. According to her, the method involves warming three pieces of cycle spokes and gently applying them to the veins near the baby's wrists, legs, around the navel, and at the back of the neck. It is believed that this practice helps relieve stomach discomfort and body pain in newborns; however, it is performed only after fifteen days of the child's birth. Mrs. Nayak also described a condition locally known as "Pihuda," which is believed to occur when a pregnant woman consumes excessive sugar during pregnancy. She explained that in such cases, the baby's fingers may remain folded, and the child may appear unconscious. As a remedy, a knowledgeable

person makes a small cut on the child's little finger and applies the blood as a tilak on the child's forehead. A few drops of blood are then placed on the person's finger and touched to the baby's tongue. According to her, this ritual treatment restores the child's senses and allows the fingers to unfold.

Case Study:3

Mr. Biswambara Nayak (Age: 55), a resident of Runjabindha village (Household No. 61), shared his recollection of a diarrhoea outbreak that occurred in 1998. During my interaction with him, he explained that prior to the outbreak, a nearly hundred-year-old man had come to the village and warned the residents that danger was approaching because they had made a mistake in worshipping their village deity. Approximately two months later, diarrhoea spread rapidly throughout Runjabindha, causing widespread fear among the villagers. As the number of affected individuals increased, the villagers sought treatment at Sukruli Hospital. However, the hospital staff became overwhelmed due to the rising number of patients and the severity of the situation. Consequently, the doctors from Sukruli Hospital submitted applications to the government hospitals at Karanjia and Raruan, requesting the organization of a medical camp in the village. Within one or two days, a medical camp was set up in Runjabindha, where doctors, nurses, and other healthcare workers provided treatment to the affected villagers. According to Mr. Biswambara, only two or three people died during the outbreak, while the rest gradually recovered. Despite the medical intervention, many villagers continued to believe that the epidemic had occurred because of an error in worshipping the village deity. Since then, they have performed their deity worship more diligently, hoping to appease the deity and protect themselves from future diseases.

Case Study:4

Mr. Biswambara Nayak (Age: 55), a resident of Runjabindha village (Household No. 61), shared another fascinating case related to the traditional treatment of snake bites. He recounted an incident from 2006 when his daughter, Sunita, was bitten on the leg by a Chitti (common krait) while returning home from school through an agricultural field. Realizing the danger, she immediately tied her school scarf tightly around the bitten area and rushed home. At home, her paternal aunt (nana) applied saliva to the wound and rubbed the area with a bunch of hair, believing that it would help remove any poisonous fangs that might have remained in the skin. She then placed one side of a tentuli (tamarind) fruit on the bite, as it was believed that the fruit could absorb the poison from the body. Afterwards, the family took Sunita to a local shaman, who recited a snake-bite mantra, also known as a poison-extraction mantra. The shaman also gave her roots of the Pata Garaduu tree to chew as part of the treatment. According to Mr. Biswambara, following these traditional healing

practices, his daughter gradually recovered from the snake bite.

Traditional medicine among tribal communities encompasses a rich array of indigenous knowledge and practices passed down through generations. These medicines often utilize locally available plants, herbs, and natural resources that are carefully selected and prepared according to traditional healing methods. Tribal healers, often known as shamans, medicine men, or traditional healers, play a central role in administering these remedies. They possess deep knowledge of medicinal plants, their properties, and the specific ailments they can treat. Healing rituals, prayers, and spiritual ceremonies are frequently incorporated into the treatment process, reflecting the holistic approach to health within these communities. Traditional medicine among tribal groups is used to address a wide range of health concerns, including physical ailments, mental health issues, and spiritual imbalances. It is often viewed as complementary to modern healthcare practices, offering alternative approaches to wellness that emphasize the interconnectedness of the individual with the community and the environment. Efforts to preserve and promote traditional medicine among tribal communities are essential for maintaining cultural heritage, fostering community health, and ensuring access to culturally sensitive healthcare options. Collaborative initiatives involving indigenous healers, healthcare providers, and policymakers can help integrate traditional healing practices into broader healthcare systems while respecting and honoring indigenous knowledge and traditions. The villagers of both Santabandha and Runjabindha use various traditional medicines for the treatment of different diseases such as malaria, the common cold, jaundice, blood pressure, and asthma. The following table on the next page presents the different types of traditional medicines used by the villagers of Santabandha and Runjabindha for treating various ailments.

The availability and accessibility of healthcare services among tribal communities vary widely depending on factors such as geographical location, infrastructure, socio-economic conditions, and government policies. In many cases, tribal communities face significant challenges in accessing healthcare due to their remote or isolated locations, inadequate infrastructure, and limited resources. In rural and tribal areas, healthcare facilities such as Primary Health Centers (PHCs), Community Health Centers (CHCs), and hospitals may be scarce or poorly equipped. Distance and lack of proper transportation often make it difficult for tribal individuals to reach these facilities, especially during emergencies or urgent medical situations. Additionally, cultural and linguistic barriers can affect communication between healthcare providers and tribal patients, leading to misunderstandings or mistrust. The absence of culturally sensitive healthcare services and the limited integration of traditional healing practices

may further discourage tribal communities from seeking formal medical care. Efforts to improve the availability and accessibility of healthcare services among tribal communities include strengthening healthcare infrastructure, increasing the number of trained healthcare professionals, and providing mobile health clinics or outreach programs in remote areas. Culturally sensitive healthcare delivery models that incorporate traditional healing practices and encourage community participation are also being developed to better meet the needs of tribal populations. Furthermore, advocacy for policies that prioritize healthcare equity and address socio-economic disparities among tribal communities is crucial to ensuring that all individuals have access to necessary healthcare services, regardless of their background or location.

In 2006, Mrs. Rohini Nayak and Mrs. Deeptimayi Nayak joined as ASHA Didis in Santabandha and Runjabindha villages, respectively. At that time, it was very difficult for them to convince the villagers to use modern medicines, as most villagers relied on traditional healers such as badiyas, priests, and shamans for treatment. However, gradually, the villagers began to accept modern medicines and healthcare services. Both ASHA Didis keep basic medicines such as paracetamol for fever and colds, metronidazole tablets, and ORS powder for gastrointestinal problems. They also have malaria testing kits and pregnancy test kits. Previously, about five to six years ago, both villages lacked proper connectivity to nearby areas. At present, however, well-developed roads facilitate easier access to the nearby sub-center and Primary Health Center (PHC). The sub-center is well-equipped and stocks a wide range of medicines for various health needs. On the first Friday and third Tuesday of every month, the sub-center organizes Mamata Diwas for Santabandha and Runjabindha villages, respectively. During Mamata Diwas, the ASHA Didis, along with the ANM, conduct various checkups for pregnant women and adolescent girls. These include measurements of height, weight, and mid-upper arm circumference, as well as tests for hemoglobin levels, blood pressure, blood sugar (diabetes), and urine analysis. Immunization programs and eye check-up camps for children and adults are also organized. Overall, healthcare services in both villages have improved significantly in recent years. Villagers are increasingly inclined toward modern medicine while continuing to practice traditional healing methods for various health conditions.

CONCLUSION

Health and culture are deeply interconnected in tribal communities, shaping their understanding of wellness, illness, and healing practices. Traditional medicine, based on indigenous knowledge and cultural beliefs, continues to play a central role in addressing health concerns. Tribal healers are respected figures who use herbal remedies, rituals, and spiritual practices that reflect a holistic view of physical, mental, and spiritual

balance. Health-seeking behaviour among tribal people is closely linked to their cultural interpretation of disease and recovery. A major dilemma arises when individuals must choose between customary healing traditions and modern biomedical systems often promoted as superior. Tribal health problems therefore require special attention because they are strongly influenced by traditional beliefs, values, and practices. Access to modern healthcare remains limited due to geographical isolation, poverty, and cultural barriers. Culturally sensitive healthcare delivery that integrates traditional and modern systems is essential for effective treatment and community trust. Collaboration among indigenous healers, medical professionals, and policymakers can improve accessibility and relevance of health services. Preserving traditional healing knowledge is thus vital not only for cultural identity but also for strengthening community health, resilience, and equitable well-being.

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REFERENCES

1. Arun, P. (2022). Disparities in tribal health infrastructure in India: Roadmap for improving health care services. *Social Action*, 72(1), 17–33.
2. Bhasin, V. (2007). Health status of tribals of Rajasthan. *Studies on Ethno-Medicine*, 1(2), 91–125.
3. Guite, J., & Acharya, S. (2006). Indigenous medicinal substances and health care: A study among the Paite tribe of Manipur. *Studies of Tribes and Tribals*, 4(2), 1–10..
4. Manna, S., & Ghosh, A. (2021). Tribal health and sustainable development: Traditional knowledge practice and medicinal plant. In *Environment, development and sustainability in India: Perspectives, issues and alternatives* (pp. 287–309).
5. Mishra, S., & Sarma, K. (2011). Understanding health and illness among tribal communities in Orissa. *Indian Anthropologist*, 41(1), 1–16.
6. Mohanta, G., & Lenka, S. (2017). Use of indigenous knowledge and culture in preserving health: A study on tribals in Mayurbhanj district of Odisha. *International Journal of Home Science*, 3(1), 426–429.
7. Negi, D. P., & Singh, A. (2018). Tribal health and health care beliefs in India: A systematic review. *International Journal of Research in Social Sciences*, 5(1), 219–226.
8. Paul, B. (2005). Tribal health and development: Some socio-cultural dimensions. *The Oriental Anthropologist*, 5(2), 257–268.
9. Pradhan, S. (2013). *Health and health-seeking behaviour among the tribals: A case study in Sundargarh district of Odisha* (Master's thesis). National Institute of Technology Rourkela.
10. Roy, S., Das, A., & Mondal, B. (2023). The tribal health system in India: Challenges in healthcare delivery in comparison to global healthcare systems. *Cureus*, 15(6).