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## RESEARCH ARTICLE

### CULTURE – ENSLAVEMENT OR LIBERATION?

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#### ABSTRACT

All people, no matter the race, have their own beliefs and practices concerning health and disease. Each society or community has its peculiar way of doing their things and it is known that these practices and beliefs go a long way in influencing the people's perception, attitude and management of diseases and other health related problems that befall them. Each ethnic group brings its own perspectives and values to the health care system, and many health care beliefs and health practices differ from those of the traditional health care culture. Unfortunately, the expectation of many health care professionals has been that patients will conform to mainstream values. Such expectations have frequently created barriers to care that have been compounded by differences in language and education between patients and providers from different backgrounds. As health professionals it is important to seek information to help one's understanding of traditional health beliefs and practices including religious practices that impact health and wellbeing. Building relationships based on mutual trust will enable cultural information sharing.

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## INTRODUCTION

All over the world, human life is seen as sacred and priceless and as such its protection and preservation is equaled to nothing and hence different societies have various ways and methods of doing so. Some of these cultural practices, which have endured centuries of practice, have worked for the people who practice them. Unfortunately, it is not uncommon to think of something crude and bad cultural practices concerning health are mentioned. Some have stood the test of time and have positive values, while others may be harmless, uncertain or negatively harmful (Duke Augustine, 2015). All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process. The extent to which patients perceive patient education as having cultural relevance for them can have a profound effect on their reception to information provided and their willingness to use it. Western industrialized societies such as the United States, which see disease as a result of natural scientific phenomena, advocate medical treatments that combat microorganisms or use sophisticated technology to diagnose

and treat disease. Other societies believe that illness is the result of supernatural phenomena and promote prayer or other spiritual interventions that counter the presumed disfavor of powerful forces. Cultural issues play a major role in patient compliance (Duke Augustine, 2015). Cultural differences affect patients' attitudes about medical care and their ability to understand, manage, and cope with the course of an illness, the meaning of a diagnosis, and the consequences of medical treatment. Patients and their families bring culture specific ideas and values related to concepts of health and illness, reporting of symptoms, expectations for how health care will be delivered, and beliefs concerning medication and treatments. In addition, culture specific values influence patient roles and expectations, how much information about illness and treatment is desired, how death and dying will be managed, bereavement patterns, gender and family roles, and processes for decision making (Duke Augustine, 2015; How culture influences health beliefs)

### Race, culture and ethnicity

Race is a social and biological category, referring to social groups. Often sharing cultural heritage and ancestry, that are forged by oppressive systems of race relations, justified by ideology, in which one group benefits from dominating other

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groups, and defines itself and others through this domination and possession of selective and arbitrary physical characteristics (ex. skin colour). Race is defined primarily by society, not by genetics. Race is the group a person belongs to as a result of a mix of physical features such as skin colour and hair texture, which reflect ancestry and geographical origins, as identified by others, or increasing, as self-identified (Kishore, 2007). Ethnicity (Greek word *ethnos* – nation) is a multi-faceted quality that refers to the group to which people belong, and/or perceived to belong, as a result of certain shared characteristics, including geographical and ancestral origins, but particularly cultural traditions and languages. It refers to the cultural practices, languages, cuisine and traditions, not biological or physical differences, used to distinguish groups of people (Kishore, 2007). Culture is defined as learned behavior which has been socially acquired. It stands for the customs, beliefs, laws, religion and moral precepts, art and other capabilities and skills acquired by man as a member of the society (Park, 2013). Culture can also be defined as learned behavior which has been socially acquired and it is transmitted from one generation to another generation (Vijay, 2004). Taylor defined culture as, that complex which includes knowledge, belief, art, morals, laws, customs and any other capabilities and habits acquired by man as a member of society (Kishore, 2007). Keesing defined culture as, systems of shared ideas, systems of concepts and rules and meanings that underlie and are expressed in the ways that human beings live (Kishore, 2007).

### Culture and Health in Asia

People's cultural practices affect their health either negatively or positively depending on the prevailing practices. Also, people's health affects their scientific and economic development and vice versa. On the other hand, the amount of scientific and technological development people command determines to a large extent, the prevailing cultural practices among them. This is because when the desirable is not available, the available becomes the desirable (Duke Augustine, 2015). People belonging to the Asian cultures are accustomed to relying on distinct health practices and beliefs that are significantly different from those of others. Western medicine tends to approach disease by assuming that it is due to an external force, such as a virus or bacteria, or a slow degeneration of the functional ability of the body whereas, the Eastern approach assumes that the body is whole, and each part of it is intimately connected. Each organ has a mental as well as a physical function. Perhaps a melding of the two belief systems would be ideal (Traditional Asian health beliefs and healing practices, 2010).

### Chinese Medicine

It is inextricably linked to Chinese cosmology, as system of beliefs that can be summed up as follows: all of creation is born from the marriage of two polar principles, Yin and Yang. Examples are earth and heaven, winter and summer, night and day, cold and hot, wet and dry, inner and outer, body and mind. These pairs of opposites are connected via a circular harmony. The yin and yang symbol is helpful in representing this concept. Harmony means health, good weather, and good

fortune, while disharmony leads to disease, disaster, and bad luck. The strategy of Chinese medicine is to restore harmony. Each human is seen as a world in miniature, and every person has a unique terrain to be mapped, a resilient yet sensitive ecology to be maintained. Like a gardener uses irrigation and compost to grow robust plants, the doctor uses acupuncture, herbs and food to recover and sustain health (Traditional Asian health beliefs and healing practices, 2010).

### Japanese Medicine

*Kampo* is Japanese herbal medicine, which has a long history of clinical application. *Kampo* uses precisely measured herbs to treat illness, based on the skillful use of well-known formulas, valued for their impact on clear as well as vague conditions. (*Kampo* does not use rare or endangered plant or animal products). The distinguishing feature of *Kampo* is its method of diagnosis through abdominal palpation. *Kampo* medicine is based on the theory that diseases arise because of a disharmony in the flow of Qi (Chi). By stressing prevention, *Kampo* helps the patient to maintain good health according to natural principles (Traditional Asian health beliefs and healing practices, 2010).

### Tibetan Medicine

It is known as *gSo-ba Rigpa* in Tibetan, meaning 'the science of healing'. The basic principle is to balance the three principal energies of the body. The practitioner employs the ancient tools of pulse diagnosis and urine analysis, to find the root causes of disease. Treatment is carried out through diet, lifestyle adjustments and herbal medicines grown naturally in Tibet and the Himalayas. Tibetan medicine is based on Buddhist principles and the close relationship between mind and body (Traditional Asian health beliefs and healing practices, 2010).

### Vietnamese Medicine

The distinguishing feature of traditional Vietnamese medicine is the emphasis on nourishing the blood and vital energy, rather than concentrating on specific symptoms. Traditional Vietnamese medicine views building up the blood and energy as the key to good health. The main treatments employed by traditional Vietnamese medicine are herbal medicine, acupuncture, and moxibustion. The cornerstone of its theories is based on the observed effects of Qi (energy) in the body. Qi can be inherited from one's parents or it can be extracted from food. It is also blood and "fuel" gathered and stored by the body (Traditional Asian health beliefs and healing practices, 2010).

### Others

Acupuncture involves the insertion of tiny needles into specific points on the energy channels of the body, to promote healing and stimulate the free flow of energy in the body and mind. It is used to treat many conditions including muscular pain, headaches, asthma, gynecological problems, digestive complaints, as well as anxiety and depression (Traditional Asian health beliefs and healing practices, 2010).

Moxibustion is a therapy utilizing moxa, or mugwort herb. It plays an important role in the traditional medical systems of China, Japan, Korea, Vietnam, Tibet, and Mongolia. Suppliers usually age the mugwort and grind it up to a fluff and practitioners burn the fluff or process it further into a stick that resembles a (non-smokable) cigar. They can use it indirectly, with acupuncture needles, or sometimes burn it on a patient's skin (Traditional Asian health beliefs and healing practices, 2010). Coin Rubbing in Chinese is called *Gua Sha*, or literally "to scrape away fever." It is an ancient technique used to scrape away disease using an oil or ointment and a coin, by allowing the disease to escape as sandy-looking objects through the skin." The Vietnamese term for this practice is *cao gio* (pronounced "cow zaw"), meaning roughly to "scrape wind." It is also used in Indonesia (Traditional Asian health beliefs and healing practices, 2010). Cupping Fire, or simply Cupping, is a form of traditional medicine found in several cultures. It involves placing glass, plastic, or bamboo cups on the skin. This technique, in varying forms, has been found in the folk medicine of China, Vietnam, the Balkans, Iran, Mexico, Russia and Poland. In traditional Chinese medicine, cupping is a method of applying acupressure by creating a vacuum next to the patient's skin. The therapy is used to relieve what is called "stagnation" in traditional Chinese medicine terms, and is used in the treatment of respiratory diseases such as the common cold, pneumonia, and bronchitis. Cupping is also used to treat back, neck, shoulder, and other musculoskeletal pain (Traditional Asian health beliefs and healing practices, 2010).

### Culture and health in India

Cultural factors relating to health and sickness as observed in India are:

#### Supernatural causes

Many people believe that certain diseases like, chicken pox, also known as *chhoti mata*, are due to the wrath of the Gods. Cases are not notified instead pujas are performed. Breach of taboos is believed to cause certain diseases, eg., venereal diseases are believed to be due to illicit sexual intercourse with a woman of low class or a woman during menstruation (Park, 2013; Arvind Sharma, 2002). Diseases such as leprosy and tuberculosis are believed to be due to past sins. Children are considered to be most susceptible to the effect of evil eye. Charms and amulets are prescribed and incantations are done by the exorcist. Some diseases like hysteria and epilepsy are believed to be caused due to spirit or ghost intrusion. Exorcists are sought to drive the evil spirit or ghost (Park, 2013).

#### Physical causes

Exposure to heat during summer is responsible for an attack of heat stroke. The folk remedies consist of application of oil and ghee on soles of feet and administration of mango-phool (keeping unripe mangoes under hot ashes for a few minutes and extracting the pulp in cold water) with a pinch of salt. Impure water is associated with disease. Skin diseases are considered to be due to impure blood. Eating neem leaves and flowers is considered to purify blood (Park, 2013).

### Environmental sanitation

Most residents of rural areas use open fields for defecation. This practice is time honoured and is considered harmless. Latrines are assumed to be meant for city dwellers, where there are no fields for defecation. Faeces is infectious and pollutes water and soil. The solid waste is commonly thrown in front of the house and cow dung is often allowed to accumulate and used as fuel. Waste water is permitted to flow into the streets allowing the mosquitoes to breed. Villages have a common water source for human as well as animal use. These cultural practices lead to water pollution. Some rivers are considered holy where people go for a dip as well as drink the sacred water. Samples of holy water are carried over for friends and relatives that causes cholera and gastroenteritis (Park, 2013). Step-wells are associated with guinea worm disease. It is a crippling parasitic disease, characterized by the emergence of worms from the lesions. Because *Dracunculus* larvae need a period of 12 to 14 days to develop in the cyclops and become infective, dracunculiasis is not normally caught from flowing water sources such as rivers and streams, but in shallow or step wells (WHO, 2015). Rural houses are katcha, damp, ill-lighted, ill-ventilated, without any windows or separate kitchen or bathrooms. Frequently animals also live under the same roof (Park, 2013).

### Food habits

The diet of the people is influenced by local conditions, religious customs and beliefs. Vegetarianism is given a place of honour in Hindu society. Muslims abhor pork and Hindu beef. Foods such as meat fish eggs and jaggery are considered to generate heat in the body and curd, milk, vegetable and lemon cool the body. Adulteration of milk is a common practice as it is believed that if pure milk is boiled, the milk secretion of the donor animal may dry up. Muslims observe fasts during Ramzan and Hindus on several occasions. For Muslims fasting is a means to attaining taqwa (guarding one's self from evil and the imbibing of all elements of righteousness). It signifies moral rectitude and purification of the heart and mind. Through fasting, one demonstrates the highest degree of obedience by willfully submitting to abstaining from lawful food, drink. Alcoholic drinks are tabooed by Muslims and high caste Hindus. *Ganja, bhang and charas* are frequently encountered by *sadhus*, who contemplate the cosmic nature and presence of God in the smoke patterns. Eating and drinking from common utensils is seen as a sign of brotherhood among Muslims. Hindu women often take food left over by their husbands and are fed poorly which leads to malnourishment among them (Park, 2013; Earle Waugh 2002).

### Mother and child care

Customs such as prolonged breast feeding, oil-bath, massage and exposure to sun are beneficial for children. Whereas, some practices are harmful like, forbidding eggs, meat, fish, milk and leafy vegetables during pregnancy in some parts of the country, putting the child on water and sugar solution for the first 3 days believing the colostrum from the mother's milk to be harmful, branding of the skin, administration of opium and drastic purgatives, punching of ear and nose and application of oil and turmeric on the anterior fontanelle, Application of

kajal or black soot mixed with oil to the eye lids is often associated with eye infections (Park, 2013).

### **Personal hygiene**

Indians are very particular about oral hygiene, bathing and shaving. Bathing naked is a taboo. After menstruation women must have a purifying bath and after childbirth, 2-3 ceremonial baths. A paste of gram, mustard oil and turmeric powder is often used. Muslims and some high caste Hindus observe *pardah*, which deprives them of the beneficial effects of sunrays. Many villagers in South India do not wear shoes; hookworm disease is associated with bare feet. Circumcision is a prevalent practice among Muslims (Park, 2013).

### **Marriage**

Marital customs vary among different social, religious and ethnic groups. For certain religious groups menstruating women are forbidden to pray or have intercourse. Polyandry is found among Todas of Nilgiri hills, Jausar Bawar in Uttar Pradesh and the Nayars in Malabar Coast. The high rate of venereal diseases in Himachal Pradesh is attributed to the local marriage customs (Park, 2013).

### **Culture and oral health**

Since antiquity the practice of decorating and mutilating the human body has held an increasing fascination for mankind. Such practices are carried out for variety of reasons ranging from motives related to esthetics and concepts of beautification to motives which are extremely complex. The basic theme underlying all of them would appear to be communication either at the interpersonal level or the spiritual level. In the modern world body decoration and mutilation is universal in its occurrence and is observed among people in all regions of the world. The types, styles, distribution, and motives for the innumerable examples of body decoration and mutilation encountered throughout the world form a vast and fascinating subject (Prabhu, 1992).

### **Tooth mutilations**

It is the practice of deliberate mutilation of human dentition existing since pre-historic times especially among people living in tropical regions of the world. These practices include non-therapeutic tooth extractions, breaking off of tooth crown, alteration of the shape of crown by filling and chipping, dental inlay work, staining of teeth, and practices such as placement of gold crowns for adornment purpose (Marya, 2011). Basic themes such as initiation, identification and esthetics underlie many of the mutilation customs encountered throughout the world. While some perform ritual tooth mutilation for spiritual reasons, others may submit to the ordeal of tooth mutilation for esthetics or in order to keep up with the fashion (Prabhu, 1992).

### **Tooth avulsion**

Tooth avulsion describes the deliberate removal of a tooth for ritual or traditional purposes. This practice dates from early Mesolithic to late Paleolithic times. In both prehistoric and

contemporary people the custom shows wide geographical distribution and has been described in Africa, Central and South America, parts of South-east Asia, the Philippines, Indonesia, Micronesia, Melanesia, Polynesia and Australia. The custom of tooth avulsion persists in several regions of the African continent including Nigeria, Uganda, South-West Africa, Zambia, Zaire, Sudan and parts of South Africa. It was also practiced in the Celebes and the Mentoweto Island near Sumatra, among the Mural people in North Borneo and Mbogote people of Malekula. This custom has also been recorded in Brazil and Paraguay (Prabhu, 1992). Some of the reasons which underlie this practice are, tribal identification, initiation rite, sign of manhood or bravery, identification with a tribal totem, differentiation of a person from animal, differentiation of sexes, sign of marriageable age in females, to signify marriage status in females, sign of ceremonial sacrifice, sign of ceremonial rebirth, to ensure a life after death, esthetics and fashion, therapeutic purposes, sign of mourning, sign of subjugation, form of punishment, cultural mimicry, local superstition associated with phenomena such as rain, local superstition that during sleep the soul departs and re-enters the body via the mouth, to enable an individual to spit properly, to facilitate orogenital sexual activity, to allow room intra-orally for the placement of lip plugs and labrets and to facilitate the use of blowpipe (Prabhu, 1992).

Tooth avulsion usually involves the extraction of one or more permanent teeth. Extraction or enucleation of deciduous teeth is seen in parts of East Africa, Ethiopia and Somalia. It is usually confined to anterior teeth of maxilla and mandible. The permanent central and lateral incisors of both the jaws are the teeth most frequently involved. The Atayal people of Taiwan are reported to extract their posterior teeth for esthetic purposes. The number of teeth extracted for reasons of ritual or custom is usually between one and four (Prabhu, 1992). In the majority of cultures where tooth avulsion is performed the tooth or teeth are knocked out rather than extracted. This is usually effected by placing a piece of wood or metal against the labial aspect of the tooth crown and then striking the end of this object, from the appropriate direction, with some form of mallet. The latter may comprise of a stone, a piece of rock, back of an axe or some other suitable implement. Prior to knocking out a tooth, the gingiva around the neck of the tooth may be freed and elevated by means of a small sharpened stick, a piece of bone, or the finger nails. Following tooth avulsion, attempts to control post-operative hemorrhage like finger pressure or a hot twig, may be employed (Prabhu, 1992).

Complications following tooth avulsions include alveolar bone fracture, mucosal tissue damage, fracture of tooth crown, wound sepsis, peri-apical granuloma and abscess formation, pulp necrosis and bacterial infestation of the root canal. Ritual disposal of the avulsed teeth is a world-wide phenomenon. In some tribes the teeth are buried in ceremonial fires, kept as charms, or sent to members of other tribes. Some South Australian Aborigines kept the teeth for a period of 12 months following extraction in the belief that new teeth would not grow if the extracted teeth were not retained. In Central Australia another Aboriginal tribe pounded the avulsed into fragments which were then placed in a piece of meat. If the

tooth had been removed from a female then it was eaten by the girl's mother. In the case of a male it was eaten by his mother-in-law. Other Australian Aboriginal customs include the embedding of avulsed teeth in the bark of a tree, the burying of the teeth beside water pools, throwing the extracted into water and throwing the tooth as far as possible towards a legendary camp site (Prabhu, 1992).

### **Mutilations of the tooth crown**

Mutilations of the tooth crown include alteration of the shape of the crown by chipping, dyeing and lacquering of teeth and decoration using inlays, overlays and other forms of adornment. They are often seen in parts of Africa, Central South America, Asia, Melanesia and Indonesia. The use of dental inlays and crowns as a sign of wealth or some event is encountered among people within the outside tropics. The practice of decorative inlays was also carried out in India in previous times. The teeth of important people such as Maharaja's were reportedly inlaid with glass or pearls. Among Muslims, the presence of a gold crown on a front tooth is used to signify that the wearer has visited Mecca. This practice is mainly centered around Central Africa, West Africa, South-West Africa and East Africa, among the Dugon people of Mali, the Lobi of the Ivory Coast Ghana, the Kirdi of Cameroon, the Ibo, Munchi, Yoruba of Nigeria, Bahiga of Uganda, Afar of Ethiopia-Somalia, Bushmen tribes of South-West Africa, Angola, Botswana, Kavango tribes of South-West Africa, Cokwe, Wanyembo and Ovambo of South-West Africa and Angola (Prabhu, 1992). In general terms the reasons include esthetics, tribal identity, initiation rituals, religious motives and identification from animals. In Central and South America certain tribes sharpen their teeth to resemble a swordfish or piranha fish. A tribe in Sumatra sharpen their teeth so as to resemble the mouse and in North Borneo some people deliberately point their teeth to resemble the shark. The Montagnards of Vietnam mutilate their teeth so as not to resemble a dog. In some tribes it is related to the belief that at death all people enter a purgatory and undergo a trial of chewing green bamboo. If a person's teeth are sharp then the bamboo is likely to splinter and pierce the mouth and intestines, and if the teeth are smooth the bamboo can be chewed without ill effects. This practice involves 2 to 12 permanent anterior teeth. The teeth most affected are the central and lateral incisors of each jaw. Tooth crown mutilations are carried out in the late childhood and teenage years. It may be performed on both or either sex (Prabhu, 1992). Tooth crown mutilations involve a process of chipping away enamel and dentin with some form of chisel and mallet until the desired shape is achieved. In some cultures secondary refinement of the deformation may then be undertaken by smoothing the defects with an abrasive tool such as a metal file or abrasive stone. Immediate complications include severe pain, tooth fracture, pulp exposure and soft tissue laceration. Delayed complications include pulp necrosis, periapical pathology, cellulitis, osteomyelitis, caries and tooth loss (Prabhu, 1992).

**Lacquering and dyeing of teeth:** It is the deliberate application of stains and dyes to the tooth crown as an ancient form of dental mutilation. This custom is seen in some regions of Asia,

South-East Asia, Pacific basin and South America. The motivation for tooth crown is variable. Among young males of the Mru tribe of Bangladesh the deliberate blackening of teeth is done to woo females and in Vietnam and among Mayan Javaro women it is done for cosmetic reasons. Among some Jivaru Indian people of the Amazonian regions of Peru and Colombia in South America it is done to prevent caries. Staining of the teeth is usually accomplished by chewing the leaves or bark of specific plant species like the use of insect derived cochineal in Central America and the use of resin from an insect infested peepul tree in the Gujarat region of India (Prabhu, 1992).

### **Tattooing of oral soft tissue**

Tattooing of oral soft tissues is seen in North Africa and Middle East. In these countries the tattooing of maxillary alveolar gingiva is mainly practiced by females especially those belonging to the Muslim faith. According to Gazi the gingiva may be tattooed when females reach puberty or when they are married. The custom may be practiced by men to relieve the pain associated with diseased gums (Hiremath, 2007) The technique of gingival tattooing involves painting the gingiva with a layer of pigmented material (Prabhu, 1992). Other forms of soft tissue mutilations include piercing of lips and perioral soft tissues and the insertion of materials such as wood, ivory or metal, temporary piercing of or ofacial soft tissues for ceremonial purposes and uvulectomy and facial scarring (Marya, 2011).

### **Conclusion**

Given the increasing diversity of cultural health attributions, beliefs and practices, it is crucial that the field of medicine prioritize such factors in healthcare and medical education (Lisa M. Vaughn, 2009). Culture is multi-faceted, complex and pervasive. It encompasses more than nationality, race or ethnicity and is intimately related to beliefs and practices (Lisa M. Vaughn, 2009; Poul Erik Peterson, 2004). Many external factors impact culture. These include immigration, acculturation, discrimination, economic status, and social support/networks. In addition many cultural factors also impact health which include, health attributes, culture-specific health and healing practices, and access to culturally competent healthcare (Lisa M. Vaughn, 2009, Poul Erik Peterson, 2004; Nancy R. Kressin, 2005; Edith Chen, 2006). Culture is a matrix of infinite possibilities and choices. From within the same culture matrix we can extract arguments and strategies for the degradation and ennoblement of our species, for its enslavement or liberation, for the suppression of its productive potential or its enhancement. Cultural competency is a lifelong endeavor.

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