

Health Seeking Behaviour among Tribal Population of Shekharakund Colony, Wayanad, Kerala

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Abstract

Introduction: Health is the major pathway to human development. The individual self, various diseases, and the availability and accessibility of health services all have an impact on how people seek health care.

Objectives: The present study is aimed to assess the health seeking behaviours in the tribes of Paniya and Kattunayakan in Shekharakund colony, Wayanad.

Methods: Data to know the health seeking behaviour was collected using predesigned and pretested questionnaire in the native language. Questions were asked about adequate health check-ups in nearby health centres, utilisation of health benefits from nearby PHCs, detection of pregnancy, antenatal check-ups, mode of delivery, immunization of infants and prevalence of communicable and non-communicable disease (DM/HT) in the selected population, maternal and infant death in the community, knowledge about the antivenom for the snake envenomation, belief in black magic in causation and treatment of disease.

Results: Majority of the study population above 35yrs of age, did not seek health care benefits. 99% of the tribal population found it difficult to take leave from work, 92% complained about long waiting time, 48 % were not satisfied with the treatment, 95% of respondents said due to unavailability of doctors during the time they visited, 98% agreed the distance of health centre was long for them to visit every time. 52.9% of tribal population preferred allopathic treatment over traditional healers. Only 29.4% of the population were aware of snake anti-venom.

Conclusions: When treatment is sought, traditional medicines and healers play an important role in maintaining health and well-being among the ethnic groups. Traditional medicines and healers were preferred for treatment of both 'simple and complicated diseases' because of easy accessibility. They are aware of the superiority of modern health services but are hesitant to employ them due to the potential time loss.

Key words: Health seeking behaviour, Health services, Tribal health, tribal population, Wayanad.

Introduction

WHO defines health as a comprehensive condition of physical, mental, and social well-being

rather than only the absence of sickness or disability.¹ Health is the major pathway to human development, which is the cornerstone for a healthy, wealthy and prosperous life. Perception of health, disease

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and health seeking behaviours are not same across culture. The individual self, various diseases, and the availability and accessibility of health services all have an impact on how people behave seek health care.

According to census, tribal population constitutes 8.1% of India's total population.² In Kerala, 1% of states population is formed by tribal. They belong to 35 communities. 22% still reside in the forest areas. The majority of them is concentrated in the districts of Wayanad (1,36,062 Tribal), Idukki (50,973), and Palakkad (39,665).³

The tribal population have their own concept of health and prefers to maintain a socio-cultural distance from others. Tribal Mobile Medical Units are operating throughout the state to provide primary healthcare services for the tribal population residing in the far-flung and difficult-to-reach tribal villages. Five of these units are operating in the Wayanad district, two each in Idukki and Palakkad districts and one each in Kasaragod, Malappuram, Kannur and Trivandrum districts. These units typically host 20 medical camps every month, offering the basic services including treating common ailments, providing prenatal and postpartum care, administering immunizations, preventing and controlling communicable diseases, etc. Through the medical camps, essential health education programmes particularly those on waterborne disease prevention are provided.³ In spite of all these services available, very few of the tribal population utilise them as they rely on primitive traditional healing methods known and available to them. Also cultural factors, financial barriers, geographical remoteness and dwelling in reserve forest area are few other reasons for non-utilization of medical facilities.⁴

The present study is aimed to assess the health seeking behaviours in the tribes of Paniya and Kattumayakan in Shekarankundu colony, Wayanad.

Materials and Methods

This was a cross-sectional study done in March 2019 at Shekarakund tribal colony, Wayanad, Kerala. After obtaining approval from the college administration, data was collected from members of Paniya & Kattunaykam tribes above 15 yrs of

age. Participation in the study was voluntary. Data to know the health seeking behaviour was collected using predesigned and pretested questionnaire in the native language (Malayalam). Questions were asked about adequate health check-ups in nearby health centres, utilisation of health benefits from nearby PHCs, detection of pregnancy, antenatal check-ups, mode of delivery, immunization of infants and prevalence of communicable and non-communicable disease (DM/HT) in the selected population, maternal and infant death in the community, knowledge about the antivenom for the snake envenomation, belief in black magic in causation and treatment of disease.

Study was conducted by home visits to each family. Question from questionnaire were asked in person after taking informed consent. Responses were obtained from total 20 families in Shekharakund colony. Total 50 subjects were included. Data analysis was done in MS excel. The data collected were expressed as percentage and proportions.

Results

Total number of subject in the present study were 50 of which 24 (48%) were in the age group 19-36 years. 27 (54%) of the subjects were male and 23 (47.1%) were females. Majority of subjects in the study were illiterate (47.1%) and 29.4% had primary level education. Majority of the population went to nearby healthcare facility for moderate illness (52.9%), for delivery (8.5%), and for immunization of infants. (Table 1)

Table 1: Distribution of healthcare seeking behaviour among tribal population.

	Seek care	
	Yes	No
Moderate illness	52.9%	47.1%
Severe illness	12%	88%
Antenatal check up	25%	75%
Delivery	87.5%	12.5%
Postnatal care	36%	64%
Immunization of infants	76.5%	23.5%

Fig 1 shows that tribal population below 35yrs visited nearby health care centres for various illness whereas, whereas majority of those above 35yrs of age did not seek health care benefits. Fig 2 lists the reason given by tribal population for not attending

health care centres. 99% of the tribal population found it difficult to take leave from work, 92% complained about long waiting time, 48 % were not satisfied with the treatment, 95% of respondents said due to

unavailability of doctors during the time they visited, 98% agreed the distance of health centre was long for them to visit every time.

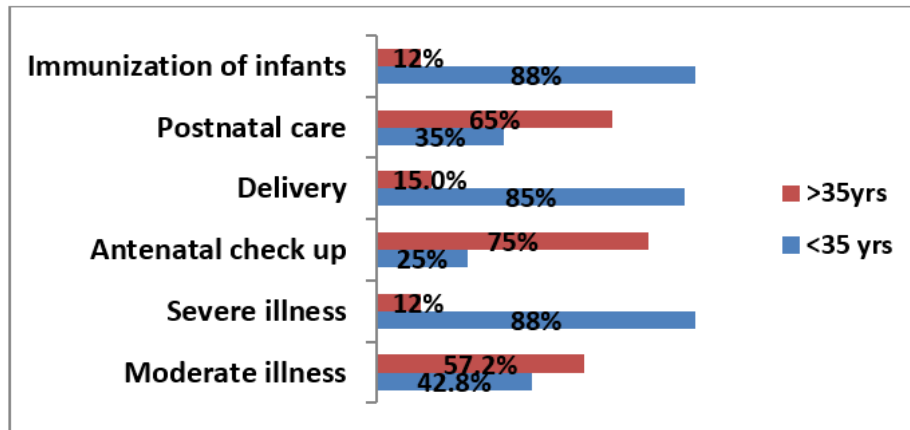


Fig 1: Health seeking behaviour among tribal population according to age.

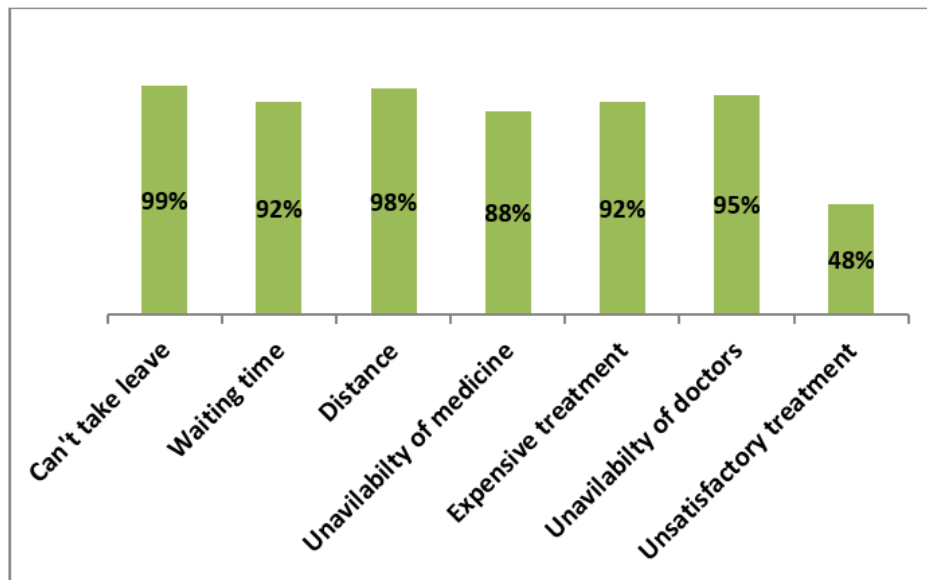


Fig 2: Reasons given by tribal population for not availing health services by health care centre

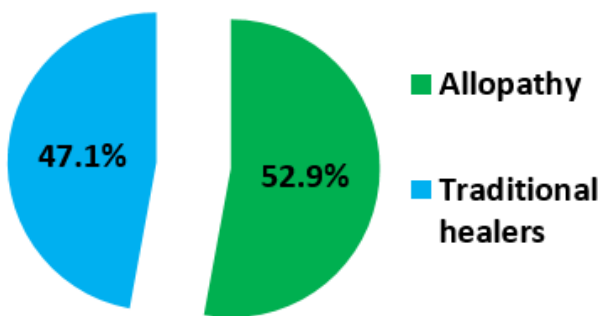


Fig 3: Preference of treatment by tribal population.

52.9% of tribal population preferred allopathic treatment over traditional healers. (Fig 2)

Table 2: Health benefits availed by tribal population.

Health benefits from ASHA/ Tribal promoter	Frequency	Percentage
Yes	43	86%
No	7	14%

86 % of tribal population availed health benefits provided by ASHA & other tribal promoters (Table 2). Only 29.4% of the population were aware of snake anti-venom (Fig 4).

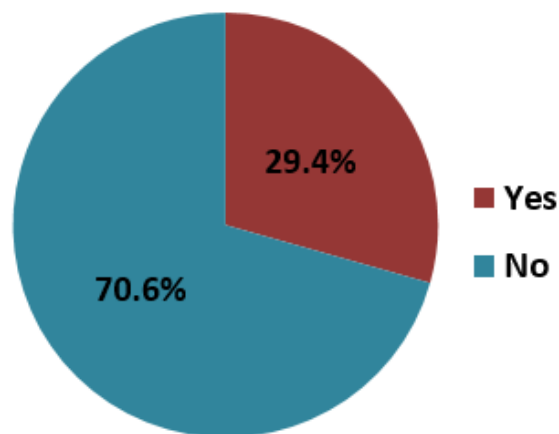


Fig 4: Awareness about snake anti-venom among tribal population.

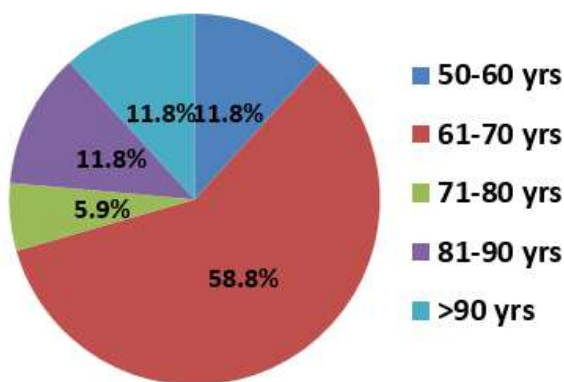


Fig 5: Average age of mortality in tribal population

Discussion

This is a cross sectional study conducted in Paniya and Kattunayakan tribe in Shekharakund colony, Wayanad. The nearby health centre is Vaduvanchal PHC at a distance of 4 km from the colony. Majority of tribal population below the age of 35 yrs utilised treatment services from nearby health centre for various illness such as, moderate illness, severe illness, antenatal check-ups, delivery, postnatal care, and immunization of infants. Similar findings were seen in a study by Sonowal et al which revealed that younger generation are more inclined than the older ones to turn towards modern system of medicine.⁵ This is due to the increasing awareness, effectiveness, availability and affordability.

Due to advancement in health education and adequate knowledge, 87.5% deliveries in the study tribal population were conducted in health care institutes and only 12.5% at home. This could be due to the gradual change in health seeking behaviour

among tribal women related to parenthood. Also lots of efforts are made by government and health centres to provide quality reproductive health services-including institutional delivery, safe abortions, treatment of RTIs, and family-planning services, to meet unmet needs while ensuring full reproductive choice to women.⁶

As for antenatal and postnatal check-ups only very few (25% and 36%) seek help from health care institutions. This is because various quasi-medical options are available for general and maternal and reproductive healthcare. Reasons for pursuing any of these options varied from trust to perception of quality, treatment, availability of resources, cost, and regularity of services.⁷ Other than that, lack of financial assistance, poor health education are few reasons for very few going for ANC and postnatal check-ups. Though ASHA workers and other tribal health promoters provide with essential drugs and nutritive food, etc, still, only 86% availed these services. Lack of knowledge about such services and also there is lack of health workers for home visit.

76.5% tribal population get their infants immunized. Lack of knowledge about vaccine preventable diseases, financial constraints were the few reasons given by 23.5% who did not get their infants immunized. This is similar to findings from other studies.^{4,8}

When treatment is sought, traditional medicines and healers still play an important role in maintaining health and well-being among the ethnic groups.⁷ Traditional medicines and healers were preferred for treatment of both 'simple and complicated diseases' like cold, cough, fever, headache, poison bites, skin diseases and tooth infections was accessible.⁹ There are studies that have mentioned the beliefs of some tribal population that cause of disease is none other than hostile spirits, ghosts, breach of some taboos, and curse of gods. Therefore, they seek remedies through religious and magical practices to propitiate the supernatural powers. They do not come to avail modern system of medicines and on the other hand, herbal medicine or indigenous medicines are their next preference of treatment which is obtained through local people.^{4, 10} Though in the present study 52.9% of tribal population prefers allopathic treatment, still, 47.1% prefer traditional healers and

medicines. Factors affecting health seeking behaviour among tribal population included taking leave from their work(99%), long distance of health centres placed (98%), unavailability of doctors 24hrs (95%), long waiting time (92%), expensive treatment (92%) and unavailability of medicines in health centres (88%). 48% of the respondents were even unsatisfied with the treatment provided. Similar findings were observed in other studies too.^{9,11,12}

29.4% of respondents were aware about snake anti-venom available and 70.6% were unaware about it, in the present study. This shows proper health education is required to make tribal population aware of snake anti-venom and also about various diseases. Very few though aware of snake anti-venom, most of the tribal population still go for methods like sucking blood to treat snake bite. A study among tribal of Rajasthan, where over 80% of snakebite, scorpion sting, and other poisoning cases were cared by faith healers.¹³

Conclusion

The perception of sickness and health is intimately tied to the behaviour of seeking health among tribal population. The choice that a tribal person must make between modern systems, that are frequently portrayed by the media and often unfamiliar professionals as superior to the traditional ones and traditional practises and beliefs, that are loaded with socio-religious values, is the greatest dilemma in health seeking behaviour that a tribal person frequently faces. They are aware of the superiority of modern health services but are hesitant to employ them due to the potential time loss.

Conflict of interest: None

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References

1. Health & wellbeing, World Health Organization. <https://www.who.int/data/gho/data/major-themes/health-and-well-being#:~:text=The%20WHO%20constitution%20states%3A%20%22Health,of%20mental%20disorders%20or%20disabilities>
2. State wise total & tribal population of India. <https://trti.maharashtra.gov.in/index.php/en/statewise-total-tribal-population>
3. National health mission, Government of Kerala. <https://arogyakeralam.gov.in/2020/03/27/tribal-health/>
4. Kumar, M. M., Pathak, V. K., & Ruikar, M. (2020). Tribal population in India: A public health challenge and road to future. *Journal of family medicine and primary care*, 9(2), 508-512. https://doi.org/10.4103/jfmpc.jfmpc_992_19
5. Sonowal CJ, Praharaj P. Tradition Vs transition: Acceptance of Health Care systems among the Santhals of orissa. *Studies on Ethno-medicine*. 2007 Jul 1;1(2):135-46.
6. Islary J. Health and health seeking behaviour among tribal communities in India: A socio-cultural perspective. *Journal of Tribal Intellectual Collective India*. 2014 Jun 16:1-6.
7. Rahman SA, Kielmann T, McPake B, Normand C. Healthcare-seeking behaviour among the tribal people of Bangladesh: can the current health system really meet their needs? *Journal of health, population, and nutrition*. 2012 Sep;30(3):353.
8. Taraphdar P, Vasudeva A, Sheikh NA, Bharti A, Chanu AR, Yadav SL, Sahu S. Understanding health care seeking behavior in a tribal setting in West Bengal. *J Family Med Prim Care*. 2022 Apr;11(4):1443-1449. doi: 10.4103/jfmpc.jfmpc_1363_21. Epub 2022 Mar 18. PMID: 35516720; PMCID: PMC9067189.
9. Muthu C, Ayyanar M, Raja N, Ignacimuthu S. Medicinal plants used by traditional healers in Kancheepuram District of Tamil Nadu, India. *Journal of Ethnobiology and ethnomedicine*. 2006 Dec;2(1):1-0.
10. Singh UP. Tribal health in North East India: a study of socio-cultural dimensions of health care practices. 2014 Mar 24.
11. Sharma PD. Nutrition and health among the tribes of India. *Tribal health and medicines*. 2004:73-84.
12. Executive Summary - Tribal Health Report, India. [Last accessed on 2019 Nov 20]. Available from: <http://tribalhealthreport.in/executive-summary/> [Ref list]
13. Singh LP, Gupta SD. Health Seeking Behaviour and Healthcare Services in Rajasthan, India: A Tribal Community's Perspective.