

Health Seeking Behaviour Among Scheduled Tribes in Kappatagiri Hill's Gadag, Karnataka

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ABSTRACT

Background: Tribal groups, who frequently live in isolated and disadvantaged places, have unique patterns of health-seeking that are influenced by their traditional customs and cultural beliefs. One commonality is the dependence on traditional medicine and ceremonies as well as other indigenous healing practices. The community's interconnection is important since decisions are made collectively, which affects the choices people make while seeking health care. One important factor is access to healthcare services; impediments including remote location, inadequate infrastructure, and financial limitations might cause formal healthcare to be delayed or underutilized. Because tribal people are unfamiliar with mainstream healthcare institutions, they may be reluctant to seek medical attention. For this reason, healthcare personnel must be culturally competent. This study was conducted to assess the health seeking behaviour among Schedule tribes (Valmiki Nayaka) of Kappatagiri hills of Gadag District.

Objectives: To explore the health-seeking behaviours among scheduled tribes of Kappatagiri Hill's.

Methods: A field-based cross-sectional study was conducted in the Kappathagiri village, Kadakol, Hosalli, and Murundi

villages of Gadag District. A purposive sampling technique was adopted to choose the study participants. A semi-structured, closed-ended questionnaire was used to obtain the data from October to November 2023. Data were entered into Microsoft Excel, and results were expressed in frequency and percentages.

Results: Totally, 119 households were visited, and participants were interviewed. Out of that, one-fourth of the population consults traditional healers, less than 45% prefer home remedies, almost all use traditional medicine, and the majority of the population believes traditional medicine is more effective than modern medicine. Less than 50% of the population faces transportation barriers, and one-fourth faces financial barriers in accessing healthcare services. Half of the population is somewhat satisfied with the healthcare services available to them, and one-fourth of the population opined that they are neither satisfied nor dissatisfied with accessing healthcare services.

Conclusion: The majority of the respondents seek traditional medicine. and one-fourth of the population prefers traditional healers when they fall sick, and almost all believe traditional medicine is more effective.

Keywords: Health Seeking; Behaviour; Tribal health; Health Impact; Health Service

1. INTRODUCTION

Healthcare-seeking behavior (HSB) is a significant determinant of health outcomes. It involves the decision-making process at the individual, family, and community levels in order to achieve and preserve good health and prevent illness. This encompasses a range of available healthcare options, including visits to healthcare facilities (both public and private), traditional healing practices, self-medication, utilization of home remedies, and even the decision not to seek care. In addition to population characteristics, the characteristics of healthcare providers (such as availability, accessibility, affordability, and quality) also have a notable impact on determining the healthcare-seeking behavior of a community. cultural, biological, and environmental factors. Ethnomedical studies have demonstrated that specific populations possess their own system for identifying the causes of illness, employing distinct diagnostic procedures and therapeutic approaches.(1)

The health-related concerns of the tribal population are contingent upon their ecological and cultural circumstances. Frequently, indigenous individuals refrain from availing themselves of accessible medical and preventative healthcare services. Given that numerous tribal communities are socioeconomically disadvantaged, the health issues faced by these groups necessitate dedicated consideration. The objective of the present investigation was to ascertain the healthcare-seeking patterns exhibited by the tribal population.(2)

Health is a prevalent motif in the majority of cultures; indeed, all communities possess their own ideologies pertaining to health and illness as integral components of their respective cultures. Diverse perceptions of health arise from the varied encounters with illness as well as the training received on symptoms, which vary amongst individuals from different societies. What may be deemed healthy in one society may not

necessarily be regarded in the same light in another society.(3)

2. MATERIALS AND METHODS

2.1. Study Setting

Study was conducted in Kadakola, Murundi, and Hosalli Villages of Gadag district in the Scheduled Tribal Areas. Data were obtained from November to December 2023.

2.2. Study design: A field based cross sectional study was conducted using a pre-tested semi-structured questionnaire was used.

2.3. Sampling Design: Universal and Purposive sampling technique was used to recruit the study participants. Socio-demographic details, traditional medicine usage knowledge and practice among rural tribals related data were obtained. a pre-tested semi-structured questionnaire was used.

2.4. Participants: Scheduled Tribes of Kadakola, Murundi, and Hosalli villages of Gadag taluk.

2.5. Variables:

- Independent variables: Gender, age, education and income status.
- Dependent variables: Knowledge and Practice related to traditional medicine usage

2.6. Data sources

Primary data were obtained introducing the questionnaire on study participants, visited the Tribals houses to obtain the data related to Health seeking behaviour.

2.7. Sample technique and sample size

Totally 119 tribal house-holds data were collected from the Three villages out of 125 households.

2.8. Statistical methods

Data were entered into excel sheet, analysed using SPSS v20 and expressed in frequency and percentages. Findings were expressed Descriptive statistics.

2.9. Ethical approval obtained from:

Institutional ethics committee of Karnataka state Rural Development and Panchayat Raj University Gadag.

3. RESULTS

Table1: Distribution of socio demographic details of study participants

Characteristics	Frequency (%)	
Gender	Male	83 (69.74)
	Female	30 (30.25)
Age group	15-20	06 (5.0)
	21-25	17 (14.2)
	26-30	10 (8.40)
	31-35	22 (18.48)
	36-40	09 (7.56)
	41-45	14 (11.76)
	46-50	14 (11.76)
	51-55	10 (8.40)
	56-60	09 (7.56)
	61-65	07 (5.88)
Education level	66-70	01(0.84)
	Primary	16 (13.44)
	Secondary	17 (14.28)
	Pre-University	02 (1.680)
	Under graduate	37 (31.09)
	Post graduate	03 (2.52)
Marital Status	Married	94 (78.99)
	Un married	25 (21.01)

The study population comprises predominantly males (69.74%) with females making up 30.25%. This gender disparity might be a reflection of cultural or social dynamics influencing participation rates or access to healthcare services, the largest age group represented in the study is 31-35 years (18.48%), followed by 21-25 years (14.2%) and 41-50 years (23.52% when combined), The smallest representation is from the 66-70 years group (0.84%). A significant proportion of the participants are

undergraduates (31.09%), while a smaller proportion has only primary education (13.44%) or secondary education (14.28%). The low percentage of postgraduate education (2.52%).and the majority of the participants are married (78.99%). This demographic information can help contextualize the health-seeking behavior data, as marital status often influences decisions related to healthcare access and utilization

Table.2 Distribution of Health Seeking behaviour n=119

Variables	Options	Frequency	Percentage
How satisfied are you with healthcare services available to you?	Neutral	39	32.8
	Somewhat Dissatisfied	01	0.8
	Somewhat Satisfied	64	53.8
	Very satisfied	15	12.8
What is your usual response when you or a family member falls ill?	Consult a traditional healer	37	31.1
	Use home remedies	54	45.37
	Visit a doctor or healthcare facility	20	16.81
	Visit to Priests	08	6.72
Are traditional medicines more effective and safer than modern health services?	Yes	98	82.35
	No	21	17.64
Any barriers do you face in accessing healthcare services?	Lack of Education	42	35.3

	Lack of Government intervention	21	17.6
	Distance to the health facility	07	5.9
	Poor Transportation	49	41.2
What mode of transportation do you use to reach healthcare facilities?	Bicycle	39	32.77
	Public transportation	72	60.50
	By Walk	08	6.72

In the current study most participants are somewhat satisfied (53.8%) with the healthcare services available to them, with a smaller proportion being very satisfied (12.8%) or neutral (32.8%). Only 0.8% are somewhat dissatisfied, the most common response to illness is the use of home remedies (45.37%), followed by consulting a traditional healer (31.1%). A smaller percentage visits a doctor or healthcare facility (16.81%), A significant majority (82.35%) believe that traditional medicines are more effective and safer than modern health services. This perception could be a significant barrier to the utilization of modern healthcare services and may require targeted educational interventions. And the most common barriers identified are poor transportation (41.2%) and lack of education (35.3%), followed by lack of government intervention (17.6%) and distance to the health facility (5.9%), Public transportation is the most common mode used (60.50%), followed by bicycles (32.77%) and walking (6.72%). The reliance on public transportation underscores the importance of improving transportation infrastructure to facilitate easier access to healthcare facilities.

5. DISCUSSION

Population characteristics

Current study was conducted in Gadag district Rural area. Majority of the participants were belonging to 15-70 age group, and many of them are completed the graduation.

Health seeking behaviour in Schedule tribes

Health is a crucial factor in determining the overall welfare of a community. It is widely acknowledged that health plays a vital role in

human development and progress. The state of an individual's physical and psychological well-being constitutes their health. The term "health" holds different connotations and interpretations for different individuals and groups. It primarily signifies a state of well-being and soundness. Initially, the concept of health was closely associated with mental and moral stability rather than solely focusing on the physiological functions of the human body. The earliest and predominant understanding of health emphasized being free from illness, representing the traditional medical perspective. This perspective garnered acceptance among physicians and medical practitioners.(4)

The disparities in the accessibility of preventive and curative public health services among particularly vulnerable tribal groups are significantly unequal due to variations in infrastructure, human resources, supplies, and spatial distribution. The growing social inequality, flourishing private health sector, declining quality of the public health sector, and, to exacerbate matters, the barriers to healthcare access have heightened the differential vulnerability of the tribal population. The majority of health service delivery for indigenous populations has faced criticism as it fails to incorporate cultural sensitivities, despite the fact that the interpretation of illness within these communities is a culturally informed process. Neglecting the strong preference for cultural sensitivities puts the already precarious health status of the Indigenous population at risk. Regarding health-seeking behavior, the notions of health, healing, and illness among Adivasis go beyond the biomedical realm and involve the

reestablishment of social, environmental, and spiritual equilibrium.(5)

Satisfaction about Healthcare services available to Schedule Tribes:

In the current study, 53.8% are somewhat satisfied with the availability of healthcare services, and 32.8% are neutrally satisfied with the availability of healthcare services. A similar study conducted by Arun T et.al in Shekharakund Colony, Wayanad, reports that 99% of the tribal population, 92% reported dissatisfaction with prolonged waiting times, 48% expressed discontent with the treatment received, and 95% of respondents cited the unavailability of doctors during their visits as a hindrance. Furthermore, 98% of individuals agreed that the distance to the health center proved arduous, discouraging them from regular visits.(6)

Usual response when the family members fall sick:

In the current study, 31.1% consult traditional healers when they fall ill, 45.37% use home remedies when they fall ill, and 16.80% use a doctor or healthcare facility when they fall ill.

6.27% consult priests when they fall sick. A Similar study on health seeking behavior among particularly vulnerable tribal groups, by Sumitra Gandhi et al. report that it has been determined that 46.9% of Bettukurumbas and 40.2% of the Paniya prefer hospitals operated by non-governmental organizations for hospitalization, while 40.5% of Kattunayakans seek care from traditional healers. As for outpatient care, 26.4% of the Bettukurumbas prefer government hospitals, 45% of the Kattunayakans rely on traditional healing, and 30.8% of Paniya tribes seek care from health facilities operated by NGOs (7).

Effectiveness of Traditional medicine compare to modern medicine:

In the current study, 82.35% of respondents reported that traditional medicine is more effective than modern medicine. A similar study conducted by Tezera Jemere Aragaw et al., reports discovered that a significant proportion, namely 22.6%, of the individuals involved in the study exhibited favorable

dispositions regarding the amalgamation of conventional medicinal practices and contemporary medical treatments. Furthermore, it was observed that a noteworthy percentage, precisely 28.3%, of the study participants expressed a preference for employing traditional medicinal remedies as opposed to availing themselves of modern healthcare services (8).

Barriers in accessing health care services:

Lack of education: In the present study, 35.3% of participants encountered an obstacle to obtaining healthcare services due to their educational circumstances.

In the antecedent investigation carried out among the tribal population in Assam, it was observed that a substantial number of healthcare professionals have pointed out that a notable percentage of patients with limited educational backgrounds demonstrate non-adherence to medical advice. **Lack of Government intervention:** In the present investigation, 17.7% of respondents are encountering concerns pertaining to government intervention. In a prior investigation carried out among the tribal population in Assam, it was documented that the inadequacy of governmental aid emerges as a prominent matter underscored by healthcare practitioners operating in public health establishments (9).

Mode of transportation used to seek healthcare: The previous investigation that took place in Malawi revealed that a mere 3.4% of individuals utilized public transportation, while 10.3% relied on bicycles, and 1.8% sought healthcare services by means of walking. In the current study, however, the statistics indicate that 32.77% of participants opted for bicycles, 60.50% utilized public transportation, and 6.7% sought healthcare services by walking (10).

CONCLUSION

Tribal individuals demonstrate a propensity for favoring traditional healers and home remedies upon experiencing illness, and a significant majority of those surveyed

express a moderate level of contentment with the accessibility of healthcare services. Furthermore, their chosen mode of transportation to access said services primarily consists of public transportation. Consequently, a considerable proportion of these individuals encounter obstacles in the form of educational limitations, governmental interference, and transportation hindrances when endeavoring to obtain healthcare services.

Declaration by Authors

Ethical Approval: Not Required

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