

An Empirical Analysis of Health Seeking Behaviour and Health Care Utilization among Paliyar Tribe: Challenges, Prospects and Opportunities

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Abstract

Tribals constitute a considerable proportion of the total Indian population. The health seeking behaviour of the tribal population is determined by their ecology and culture. Most of the tribal populations use traditional healing methods and do not use the primary health services provided by the government due to a number of barriers. Hence, the healthcare utilization among tribal population is a topic of research and focus. In Tamilnadu there are 36 tribal communities. One such tribal community in Kodaikanal taluk is Paliyar tribes. Based on their pattern of living, paliyar tribes can be grouped into three subgroups, namely, nomadic, semi-nomadic and sedentary community. The paliyar community is the most dominant of all tribal communities. The families of this tribe move across non-timber forests in search of food and stay in rock caves. They still rely of medicinal plants for the cure and treatment of several disorders and illness.

The objective behind the study was to assess the pattern and explore the perspectives for health seeking behaviour and utilization of health services by paliyar tribes in kodaikanal taluk in Tamilnadu. In order to fulfill the objectives, a cross-sectional study was performed over a period of 6 months. The study participants were aged 18 years and above. A purposive sampling technique was used for sampling. The included participants were interviewed in detail using a self-prepared content validated questionnaire. The domains in the questionnaire included socio-demographic details, health seeking behaviour and healthcare utilisation. An open-ended questionnaire was used for qualitative data collection. A written informed consent was taken from all the participants and the interview was recorded.

One of the major findings of the study was the inaccessibility of the primary health care services to the tribal community due to geographical location, socio-economic parameters and cultural preferences of the people. Lack of transportation added to the limited utilization of healthcare services. Hence, this study emphasizes the significance of knowledge, communication, accessibility and distance over utilization of healthcare services. This study further recommends promoting health seeking behaviour among the tribal community by organizing health camps, arranging mobile medical units to reach remote places and appoint government representatives to monitor utilisation of healthcare services by tribals.

Keywords: Paliyar tribe, health seeking behaviour, tribal community, health care utilization, sociodemographic factors.

INTRODUCTION

Health Seeking Behaviour Amongst Tribal People

Generally, tribal communities have inhibition with respect to discussing health issues with other members of the community or within family. The education level of members also affect the health seeking behaviour.

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A large group of people within tribal communities are illiterate and uneducated which leads to inhibition from discussing health concerns. Also, age and family income are important factors for health awareness and a positive health seeking behaviour. Till date, most of the tribal population rely on folk medicines validated over time by their own community members. They make use of medicinal plants for treating maximum number of illnesses [1]. Few of the literate and average income families seek assistance from primary health care centres. Family income plays a substantial role in the health seeking behaviour as it determines the accessibility of health care services. Also, elderly people within the community are more inclined towards traditional medicines than the youth. Also, tribal communities have the scientific knowledge of medicinal plants which is passed on to the next generation. Hence, members of the community treat most of the minor illness with natural remedies [2]. Most of the tribal members preferred to go to hospital in case of only long-term illness and for child birth. In case of animal bite or reptile bite, they immediately rushed to the hospital, being aware of the consequences of delay in treatment. Spiritual healing was another way of getting rid of negativity and bad health in tribal communities. Praying to god along with the guidance of a spiritual healer was one way of recovery [3].

Health Care Utilization Amongst Tribal People

Several factors determine the health care utilization amongst tribal people such as, Availability - availability of a primary health care center at a nearby location is always a plus point in health care utilization. The availability of doctors, nurses and free of cost medicine attracts the tribal people for utilization [4].

Health insurance - the chief minister's comprehensive health insurance scheme provides an insurance card to the tribals. Most of the members of the community are enrolled for this scheme. However, the benefits of the scheme is still not clear to most of the members [5].

Health care schemes - most of the members of the community were aware of the maternal and child care schemes. They availed facilities like free ambulance during the delivery of child and received money from the government for mother and child care during pregnancy. Also, the free of cost vaccinations were availed by the members [6].

Accessibility - most of the primary health care centres are 8-12 kms away from the first area where the tribal communities live. Due to lack of frequent transportation facilities, they generally need to walk to reach PHC.

This becomes a challenge in case of emergency health situations. Sometimes, the route is not safe due to forest covered areas to walk alone [4].

Affordability - most of the treatments and medicines are free of cost. Hence, it is affordable to the low income families as well.

Relationship with healthcare provider - most of the people were treated well and equally by doctors and nurses in the PHC. The clinical staff never showed any type of discrimination with the tribals. In few of the cases, where traditional medicine was already taken by the patient, doctors were little hesitant to provide allopathy medicine due to the possibility of adverse reactions [4].

Paliyar Tribe And Perspective Of Health

The members of paliyar tribe ignore minor illness and symptoms. Most of these symptoms are treated with home remedies. Usually for fever and cold, they prepare remedies from turmeric and ginger. It usually works. For abdominal discomfort, they apply natural oil and massage in the area of discomfort. Only if it doesn't work, people go to hospital. For cold, they prepare a soup of crab and it gives relief. Also, to lactating mothers, they give eggs of red ant and it helps in lactation. It was used during COVID also to prevent cold. Diseases like diabetes, asthma and hypertension are cured and treated with traditional medicine. For diabetes, there is a medicinal wild plant whose fruits bring the sugar level down upon eating. There are traditional healers in the community who know and practice traditional medicine. They also teach it to their children so that the tradition continues to grow [7-8].

AIM

To assess the pattern and explore the perspectives for health seeking behaviour and healthcare utilization among Paliyar tribe in Kodaikanal taluk, Tamilnadu.

RESEARCH OBJECTIVES

1. To assess the pattern of health seeing behaviour and healthcare utilization among Paliyar tribe in Kodaikanal taluk.
2. To explore the perspective for healthcare seeking behaviour and healthcare utilization among Paliyar tribe in Kodaikanal taluk.

METHODOLOGY

Research philosophy

This study follows the philosophy of interpretivism. It includes human interpretation and qualitative data.

Research approach

The research approach being used in this study was mixed approach using both quantitative and qualitative data.

Research design

Cross-sectional study was selected as the research design. A cross sectional study is an observational study done on a population at a specific point of time. Cross sectional studies are best suited for assessing public health needs. Such studies are often fast and inexpensive and hence, best suited for population studies.

Study population

Paliyar tribal settlement in Kodaikanal taluk of Dindigul district, Tamilnadu. People aged 18 years or old of Paliyar tribe in Kodaikanal taluk

Study period

January 2023 to June 2023

Sampling technique:

Purposive sampling technique was used for data collection. Purposive sampling technique considers participants with specific characteristics for the study unlike random sampling.

Sample size

For objective 1:

The sample size was calculated using the standard formula for estimating a proportion, $n = Z^2 p(1 - p)/d^2$, assuming a 95% confidence level ($Z = 1.96$) and an absolute precision of 6%. Based on previous literature, the prevalence of healthcare-seeking behaviour was reported as 32.6% [9]. However, considering feasibility and resource constraints, a conservative estimate of 18% was used for the calculation. The minimum required sample size was 157.

For Objective 2: 7-10 interviews.

Data collection

Objective 1:

- Eligible participants were recognized through house-to-house survey and the principal investigator explained the study to them through participant information sheet.
- The principal investigator obtained an appointment from the willing participant for the interview.
- Written informed consent from willing participants was obtained. In case of obtaining thumb impression from the participant, a witness signature was also obtained.

- Data was collected by administering the questionnaire for around 15- 20 minutes.

Objective 2:

Participants were selected from the previous cohort for in-depth interview. The nature of the study was explained. The interview lasted for 10-15 minutes. The responses were audio recorded by taking prior informed consent and assuring them that confidentiality of the data is maintained. Later transcripts of the audio recording were done in the word document.

Data analysis

Objective 1:

Using the statistical software Jamovi version 2.0 and Microsoft excel the study was analysed. Descriptive statistics were expressed in term of frequency and percentage for the socio-demographic characteristics, health seeking behaviour and healthcare utilization of the respondents. Chi-square test and Fisher's exact test was performed to find the association between care-seeking with the demographic variables, access to care, health system-related variables. p-value <0.05 was considered to be significant.

Objective 2:

Using data transcripts, thematic analysis was done using MAXQDA software. Transcripts were coded, which later are grouped under categories, themes were derived. The analysed results was used to assess the health facilities, and the perspectives of the tribe on health seeking behaviour and healthcare utilization.

4.10.Ethical considerations

Confidentiality, informed consent and privacy will be presented in this section. •

Administrative permission required was obtained from The District Adi Dravidar and Tribal Welfare Officer of Dindigul district. Institutional Ethical Clearance was obtained from KMC-KH (IEC2: 618/2022). The details of the participants and the responses provided by them are kept confidential at all points of time. Written informed consent for participation in the study and audio recording of the interview were taken from all the respondents. In case of obtaining thumb impression from the respondents, a witness signature was also obtained. Interviews were conducted in the community. Privacy of the information was strictly maintained. Data will only be used for research purposes and the investigator will be the sole custodian. It will be archived up to 3 years, after which the acquired data will be destroyed.

RESULTS AND DISCUSSION

Quantitative data (Objective 1)

Socio-Demographic Details

The percentage of female and male participants is 58% (n=91) and 42% (n=66) respectively. 31.8% (n=50) of the participants are between the age group 31-40. 42% (n=66) of the participants do not have any kind of formal education. 86% (n=135) of the participants are married. 67.5% (n=106) of them live in a nuclear family and 32% (n=51) of them in joint families. 36.9% (n=58) of them belong to the middle-class family.

Health Seeking Behaviour

When asked the tribal people on having inhibition in discussing their health issues with the family, 59.2% (n=93) of the participants said yes and 40.8% (n=64) said no. On asking about getting permission from any members of the family to access health care 67.5% (n=106) of them told they need to get permission to access healthcare. 82.2% (n=129) of the participants said they seek any form of care (formal or informal) as soon as the symptoms appear. 73.2% (n=115) of the participants mentioned that the distance from the village matters to decide which health centre to be visited. 62.4% (n=98) of the participants chose PHC as a first choice of healthcare when they get ill, 23.6% (n=37) said private clinics **and 14% (n=22) preferred seeking treatment from the traditional healers.**

Health Care Utilization

86% (n=135) of the respondents said they do not have any type of health insurance. 54.1% (n=85) of the respondents said they will choose informal healthcare as a first choice in case of any acute illnesses. In which 55.3% (n=47) said they prefer going to the spiritual healer in case of acute illness. 77 participants said they have a family member suffering from chronic illness. Out of it 68.8% (n=53) of

the participants prefers allopathic medicine to treat as a first choice. 87.9% (n=136) of the participants said they prefer to have an institutional delivery and 12.1% (n=21) prefer home delivery. Participants say the reason that they preferred home delivery is because of the distance and travel. Some are traumatized by the unexpected delivery on the way to hospital causing danger to the mother and the new-born.

In case of emergency conditions like animal/reptile bites 87.9% (n=138) of the participants replied that they prefer going to formal healthcare, out of that 95.7% (n=132) said they choose PHC as their first preference. 12.1% (n=19) replied that they prefer traditional medicine and that is because they are aware of the traditional method of treatment.

Association between health seeking behaviour and demographic variables

There is an association between education, family income, age, inhibitions in discussing health issues with family members, the choice of healthcare for emergency conditions, and the first preference for health care. Family income and education are associated with seeking care as soon as the symptoms appear. Family income has an association with whether the participant has an insurance card. Education and age have an association with the choice of healthcare for chronic illness and delivery. Education and age were found to have an association with the choice of healthcare for acute illness.

Qualitative data (Objective 2)

Participant Characteristics

All participants were above 18 years of age. The occupation of the participants was either a student, a daily wage labour or a traditional healer.

Major codes derived

Table 1. Transcribed codes of healthcare utilization

Categories	Codes
Availability	• Healthcare facilities • Services available • Doctors and nurses • Pharmacy • Refer to medical college • Mobile medical units • Perumalmalai • Having insurance card • Benefits of insurance • Don't know the benefits • Healthcare schemes

Accessibility	• No need of permission • Distance is a problem • Spending all money in travel • Long route • Travel to hospital • No bus facility • Walk to hospital • Difficulties in reaching hospital • Narrow route • Not safe • Transport in case of emergency • Calling 108 ambulance • Cannot wait for ambulance • Second option
Affordability	• Reason to choose PHC • Daily wages • Convenient • Cost of travel • Pay 1000 rupees • Managing cost • Loan/Debt • Public or private hospital • Pay off with wages
Relationship with healthcare provider	• No discrimination • Good rapport with doctor/nurse • They get angry • Adverse reaction • Nurses from our tribe • Quality treatment • Treatment after taking plant-based medicine. • Mixture of drugs • Satisfaction • Never disappointed
Acceptability	• Wait and watch • Go to hospital • Sickneses are complicated • Prefer PHC • Secondary • Visit hospital for long term illness • Medical college for advanced treatment • Monthly tablets • Conducting delivery • Preference for delivery • Early enrolment • Unfortunate incident during travel • Daughter's delivery • Strict rules • No more home delivery • Dealing with animal bite • Anti-snake venom • No more plant based treatment

People's choice	• First choice • Visit vaithiyar (Traditional healer) • To get thiruneer (Holy ash) • Minor illness • Prefer hospital • No belief • Private clinic • Do not want to get admitted • Not interested in traditional medicine • Ignore minor symptoms
Socio-cultural factors	• Traditional medicine • Awareness of medicinal plant • Sharing details • Learning traditional medicine • Do not go to hospital • Treating minor illness • Traditional medicine for long term illness • Reason to choose traditional medicine • Traditional healer not available • Youngster on traditional medicine • Taking care • Self-treatment • Home remedies • Spiritual healing
During COVID lockdown	• Self-quarantined • Avoid hospital • Travel was an issue • Scared of infection • Healthy food • Travel restriction • Managing household • ANC during lockdown
Suggestions	• Need a hospital • Bus facility • Sewage system

Overall discussion of quantitative and qualitative results

This study's major findings were inaccessibility due to geographical location, affordability, socio-cultural variables, and people's preferences. But the tribe increasingly turns to public healthcare instead of ethnomedicine for medical care. Both quantitative and qualitative analysis showed that there was an association between the healthcare utilization by tribals and the socioeconomic factors like age, gender, family income and education. The tribal population which is literate and educated is more inclined towards seeking health care facilities. Educated members are more aware of the benefits of government schemes and health insurance schemes. Whereas most of the tribals have the insurance card but they are unaware of the benefits.

According to the major findings of this study, health care facilities were inaccessible to paliyar tribes due to remote geographical location, non-affordability to private hospitals, socio-cultural barriers and people's preferences towards traditional medicine and spiritual healing. However, the tribe is getting inclined towards education and modern medical care as compared to ethnomedicine. Youngsters are particularly interested in modern public healthcare services offered by the government. Still, health care facilities face the issue of accessibility due to distant primary healthcare centres and limited availability of transportation. Poor roads and expensive transport are the major barriers in accessing health care services by the tribals. As most of the members are daily wage labors or workers, it is a challenge for them to pay for the transport to reach PHC. In case of emergencies like child birth, reaching

hospital becomes even more challenging. Hence, for most of the minor health issues, they use traditional medicine as prescribed by a traditional healer. Tribal people prefer to go to hospital only when it is an emergency like child birth, animal or reptile bite etc. Also, tribals prefer to pass on their knowledge of medicinal plants and home remedies to the younger generation to keep the culture alive.

CONCLUSION AND RECOMMENDATIONS

This study tries to assess the pattern and perspectives of health seeking behaviour and healthcare utilization among Paliyar tribe in Kodaikanal. The results from both quantitative and qualitative data shows similar results regarding the Health seeking behaviour and healthcare utilization. The study revealed that the tribe is increasingly relying on public healthcare rather than ethnomedicine for medical care for chronic diseases, emergency, and delivery. But the majority prefer ethnomedicine for acute illness as they were easily accessible, available, and cost-effective. Similarly, based on the univariate analysis results age, gender, educational status, family income shows association with the utilization of the healthcare facilities. On observation, another major driving force for utilization of the healthcare facility is the indiscriminate behaviour of healthcare practitioners with the community members. Even though they do not agree with ethnomedicine, healthcare providers build trust through frequent interactions. The appointment of nurses from the Paliyar tribe to the PHC played a significant role in promoting the health seeking behaviour and utilization.

This study's major findings were inaccessibility due to geographical location, affordability, socio-cultural variables, and people's preferences. Cultural factors followed by the long distance to cover owing to the geographical remoteness and dwelling in the forest areas explain most of the reasons for non-utilization of health care services. Although, the health care services and medicines are offered free of cost, transportation cost adds indirectly to the problem. The lack of transportation option emerged as a major barrier, as individuals had to bear the burden of hiring vehicles and often had to sacrifice their daily wages due to the long travel distances. This financial strain made them hesitant to seek timely healthcare.

Overall, the study highlights the complexity of healthcare preferences and the difficulties the Paliyar tribe faces in getting timely, adequate care. It emphasizes the significance of addressing barriers caused by distance, accessibility, knowledge, and communication within the community. Healthcare utilization and outcomes can be improved by enhancing access, awareness, and transportation alternatives, leading to better health outcomes for the Paliyar tribe.

This study further recommends promoting health seeking behaviour among the tribal community by organizing health camps, arranging mobile medical units to reach remote places and appoint government representatives to monitor utilisation of healthcare services by tribals. In short, the health care facilities need to be made accessible in remote areas where the tribals live. Also, officials should be instructed to involve local people to make them aware of the facilities being provided to them by the government absolutely free of cost. Also, ambulance service should be available to take care of the emergency situations. Public hospitals should also provide local transport to tribals in order to make health care facilities pocket friendly and cost effective. Better literacy and awareness programs can serve the purpose of educating tribals about the government schemes.

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