

HEALTH SEEKING BEHAVIOUR, ACCEPTABILITY OF AVAILABLE HEALTH FACILITIES AND KNOWLEDGE ABOUT TUBERCULOSIS IN A TRIBAL AREA

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Summary : A study was undertaken among the tribals living in Buttayagudem Mandal consisting of 53 villages in West Godavari district of Andhra Pradesh to study their health seeking behaviour, acceptability of available health facilities and knowledge about tuberculosis. Information was also obtained on their practices to get relief from illness and type of health facilities used. In all, 429 households belonging to 34 villages were selected at random and the heads of these households or the next responsible persons were interviewed. A total of 189 (44%) had heard of tuberculosis and of these, 72 (38%) attributed it to tubercle bacilli. A majority of the tribals were in favour of modern medicine and accepted the available health facilities.

Introduction

Tribal communities are different from other communities because of their traditional cultural background. The health care problems of tribals are more because of illiteracy, widely spread communities, poor sanitation in some areas and their customs and traditions. A number of welfare measures are undertaken by Government of India to improve general welfare, including health, in tribal communities. Despite this, there is a general belief that tribals are still following

traditional methods of dealing with their health problems. So far, very few studies have been reported on tribal health care and health practices followed by tribals.¹⁻³ Hence, Tuberculosis Research Centre (TRC), Chennai (Madras) the conducted a study regarding health seeking behaviour, acceptability of available health facilities and knowledge about tuberculosis in a tribal area situated in Andhra Pradesh.

Study area and population

The study was conducted at Buttayagudem Mandal in West Godavari district in Andhra Pradesh. There are 53 villages with a total tribal population of 27,841 in this *mandal*. Of these, 34 villages with a population of 18,000 were randomly selected. These villages are predominantly inhabited by tribal communities.

A total of 429 households in these villages were selected at random for the study. The heads of these households or the next responsible persons were interviewed by using a structured interview schedule.

The school teachers of Integrated Tribal Development Agency (ITDA) were trained by the Centre's staff in filling up the interview schedules and utilized to visit the tribals' homes to fill up the schedules which were checked on a sample basis by the TRC team. These teachers were

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familiar to the tribals and were accepted by them

Buttayagudem Mandal has a varied landscape with scattered hills covered with dense forests (Figure). Minor streams meander through the area. It is a difficult terrain as there are no proper roads to the villages and quite a few have to be reached on foot. Very few places are reached by bus and health personnel find it difficult to reach the villages.

The majority of the tribals in this area are Koyas and Konda Reddys who live in the densely covered forest area. Konda Reddy tribe is the most primitive, having immigrated generations back from Srikakulam district of Andhra Pradesh, and the other tribals are Lambadi/Sugali, Yerukala, Chenchula, etc.

Results

Of the 429 tribal respondents, 227 (53%) were males and the age varied from 20 to 76 years; 73% were from 26 to 55 years age group; 288 (67%) were illiterate and 368 (86%) were involved in agricultural work earning a monthly income of Rs. 500 or less (Table 1). As regards the reasons for sickness, 261 (61%) of the respondents believed in superstitions such as God's

curse, evil spirits, sin, etc; 78 (18%) said that the use of fertilizers and pesticides was the cause of sickness; 46 (11%) had mentioned unhygienic conditions as the reason and the remaining 44 (10%) implicated change of food habits (Table 2).

Table 1: Demographic characteristics of tribal respondents

	Respondents	
	No.	%
Sex		
Male	227	53
Female	202	47
Age (Years)		
<25	90	21
26-40	231	54
41-55	84	20
>55	24	6
Education		
Illiterate	288	67
Literate	141	33
Occupation		
Agriculture	368	86
Small business	18	4
Casual labour	43	10
Total	429	100



Table 2: *Reasons given for sickness*

	<i>Respondents</i>	
	<i>No.</i>	<i>%</i>
Superstitious beliefs	261	61
Use of fertilizers and pesticides	78	18
Unhygienic conditions	46	11
Change of food habits	44	10
Total	429	100

When the respondents were questioned as to whether or not sick persons should be hospitalised, 310 (72%) said that they should be kept in the hospitals, if there is any need; 265 (62%) felt that they should not marry and 369 (86%) stated that they could do light work, depending upon the severity of the sickness (not tabulated).

As regards the availability of health facilities in this area, 216 (50%) mentioned government health facilities and personnel from there such as Multi Purpose Worker (MPW), Health Inspector, Doctor, etc., 198 (46%) mentioned of non-governmental health facilities such as private doctor, private clinic or hospital and the remaining 4% had no answer to give. The private doctors included unregistered medical practitioners (quacks) who visit the villages on bicycles and give symptomatic treatment to the sick person (not tabulated).

It was observed that 355 (86%) had approached the available health facilities for getting relief. Indigenous and own medicines seemed to be out of favour, since only 24 (6%) of the respondents resorting to such remedies, and 53 (13%) resorted to faith healing for getting relief from sickness (Table 3).

Table 3: *Health sources attended by the tribal community when they fell sick**

	<i>Respondents</i>	
	<i>No.</i>	<i>%</i>
Health facilities (modern medicine)	355	86
Faith healing	53	13
Tribal leaders	21	5
Others (indigenous medicine, home remedies)	24	6
No. of respondents	413	
Not answered	16	4
Total respondents	429	

*More than one answer was given by a few respondents.

A total of 379 (88%) of the tribal respondents were aware of home visits by health personnel and 373 (87%) mentioned that their services were useful to their communities and 312 (73%) approached the health personnel at the time of need. Majority of them preferred injections and tablets when they attended Government Health Centres (not tabulated).

Regarding awareness of tuberculosis among these tribals, 240 (56%) had not even heard of tuberculosis. Of the remaining 189 (44%) who had heard of tuberculosis, the causes of the disease were as that by germs mentioned by 72 (38%) by heredity, 49 (26%), by poverty, 22 (12%) and 46 (24%) attributed it to superstitious beliefs (Table 4).

Table 4: Knowledge about causes of tuberculosis among those aware of TB

	Respondents	
	No.	%
Aware of TB	189	44
Germs	72	38
Heredity	49	26
Poverty	22	12
Superstitious beliefs	46	24
Total with knowledge of causes of TB	189	100

About the prevalence of tuberculosis, 102 (54%) said that it was prevalent in rural areas, while 57 (30%) were of the opinion that it was more prevalent in urban areas, whereas the remaining 16% had no idea about the prevalence of the disease. Regarding knowledge of the symptoms of tuberculosis among the persons who had heard of TB, cough was considered to be the main symptom by 73 (39%) hemoptysis by 38 (20%) cough, fever chest pain and hemoptysis combined by 34 (18%) and 15 (8%) had no idea about symptoms (Table5).

Table 5: Knowledge of symptoms of TB among those who were aware of TB

Symptoms	Respondents	
	No.	%
Cough	73	39
Haemoptysis	38	20
Chest pain	9	5
Fever	11	6
Cough & fever	3	2
Fever & chest pain	1	1
Cough & haemoptysis	5	3
Cough, fever, chest pain and haemoptysis	34	18
No idea	15	8
Total with knowledge of TB	189	100

Discussion

Health service utilisation has been associated with several sociodemographic factors such as age, gender and socioeconomic status. The main factor associated with health service utilisation is that of 'health services need', as measured by individuals' health status⁴. In this study an attempt was made to study the health seeking behaviour, acceptability of provided health facilities and knowledge of tuberculosis among the tribals of West Godavari district in Andhra Pradesh. This study brings out the attitude towards sickness among the tribals, their faiths and beliefs and health seeking behaviour, the available health facilities and their utilisation and their knowledge about tuberculosis.

In this study, 61% of the respondents had superstitious beliefs regarding the causes of sickness. Similarly, in a study conducted in Jabalpur among tribals in Madhya Pradesh, evil spirits were attributed to be the cause of various ailments⁵. The belief that most of the diseases occur due to supernatural powers led to the concept of seeking relief through *zadhu* (magic), keeping the modern medical practitioner as a last resort³.

However, it was noted in this study that despite the socioeconomic background of the tribals, their attitude towards health and health facilities was in favour of modern medicine. Ninety six percent of the respondents were of the opinion that there was a difference in the present day health seeking behaviour as compared to that of their ancestors. The "quacks" who visit the villages on bicycle and administer tablets and injections are popular among the tribals and have great influence on their health seeking behaviour. This practice is of concern, since inappropriate use of allopathic drugs may ultimately lead to the disastrous development of resistance to drugs. Proper health education is necessary to prevent this. This is highlighted in a study conducted in Zimbabwe⁶, where the author emphasised on continuing health education to facilitate the appropriate use of antimicrobial agents and to discourage those who impede it, keeping in mind the societal beliefs and attitudes.

Most of the respondents felt that their traditional medicines had become ineffective due to

change in food habits. In a study on health seeking behaviour in Zimbabwe, Cavender stressed the broader spectrum of health care which included traditional medicine⁷. The availability of increased health facilities and accessibility to health personnel also contributed to the change in their attitude towards the disease and health seeking behaviour. Population in the selected area was aware of the availability of modern health facilities and was willing to accept the same, even though a good proportion of them still had a superstitious belief regarding the causes of the disease. This is an encouraging sign.

Similar studies undertaken in rural areas have also shown that home remedies, native medicine, self medication, treatment from private doctors and government health facilities are the different options for a person who falls sick in rural areas.

A study reporting on the knowledge of causes of tuberculosis among literate tribal youth in Jawadhu Hills, Tamil Nadu, brought out that 71% of the respondents had not even heard of tuberculosis. The present study brings out that 44% of the tribal respondents had heard of tuberculosis.

This study suggests that the lack of optimal utilisation of health services by tribals may be due to a variety of reasons. Some services are inappropriately used, whereas others, such as preventive health programmes, are under-utilised. Practical difficulties experienced by tribals may be another reasons for under-utilisation. In a survey on the health behaviour of the Chinese in Hull, who formed a minority, similar findings were reported¹⁰. One of the main reasons identified was communication difficulty faced by many Chinese due to language problem. What is needed to improve the awareness about basic health needs of tribals is, proper health education, better medical services with a sympathetic and understanding attitude of the doctor and health staff.

Some of the remedial measures suggested by the Regional Medical Research Centre for Tribal Health, Jabalpur⁵ are frequent visits of the PHC staff to infuse confidence among the tribals and to establish services of mobile clin-

ics. Nevertheless, it is important to undertake more behavioral studies before planning health interventions.

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