



HEALTH SEEKING BEHAVIOUR AMONG MOTHERS OF UNDER FIVE CHILDREN RESIDING IN TRIBAL AREAS OF SOUTH INDIA: A CROSS SECTIONAL STUDY.

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ABSTRACT

Background: The tribal population primarily inhabits rural and remote areas and is among the most vulnerable and marginalized section of the society. Moreover, they lag behind all other social groups in various social, health and developmental indicators.

Objectives: To find out health seeking behaviour among mothers of under five children residing in Tribal areas of South India

Materials and methods: A community-based, cross-sectional study was conducted. The 2-stage, cluster sampling method was used to select the village since our plan was to conduct a community-based survey that involved household visits. Systematic random sampling was used to select the households. The final sample size was calculated to be 200, taking into account the no-response rate of approximately 10%. Data were collected using a pre-designed, pre-tested, semi-structured, open-ended, and validated schedule. The women who gave consent were selected for in-depth interviews.

Results: Among the 90 female children, strikingly, there was no treatment received in 42% of the cases. Treatment in the public sector was received in 44.8% of the cases (40 females), and treatment in the private sector was received by 13.2% of the cases (12 females).

Conclusion: Increasing maternal education, the generation of intensified awareness through the mass media, implementing gender-sensitive interventions, and counselling may have positive implications for the future, leading to better health outcomes and favourable health indicators.

KEYWORDS : Health seeking behaviour, under five children, mothers, tribal population.

INTRODUCTION

India, one of the biggest low-middle income countries has 8.6% of tribal population. Even after seven decades of independence, India is finding it difficult to bridge the gap that exists between tribal and non-tribal population in regards to healthcare. They account for over a quarter of the country's poorest people. Although these groups have seen considerable progress over the years, poverty among tribal groups declined by more than a third between 1983 and 2005 and nearly half the country's Scheduled Tribes population remains in poverty, due to their low starting point. Rajasthan state has the largest population of Scheduled Tribes in India, constituting over 12% of the state's population¹. Healthcare indicators and ultimately health of a country in no way is going to improve leaving behind this socioeconomically disadvantaged population.

In today's globalized and inter-connected world, India's population including those belonging to scheduled tribes (ST) is undergoing demographic, socio-economic and health transformation. According to the 2011 census, the tribal population in India was 104 million, constituting 8.6 per cent of country's population, up from 8.2 per cent in 2001 census¹. Belonging to some 705 different ethnic groups, they are scattered across 30 States and Union Territories of India, and having diverse cultural and life practices².

The tribal population primarily inhabits rural and remote areas and is among the most vulnerable and marginalized section of the society³. Moreover, they lag behind all other social groups in various social, health and developmental indicators. Without addressing the concerns of vulnerable population, India's socio-economic transformation will remain incomplete and it will not be possible to achieve the UN Sustainable Development Goals for which India is committed itself along with other countries⁴.

Child malnutrition rates are also significantly higher and poverty more common for tribal populations compared with other populations. In a cross-sectional study conducted in 2015, three-fourths (76.6%) of the 2926 under-5 children surveyed among tribal district of Melghat in Maharashtra, India, were found to be severely or moderately undernourished. The situation of under nutrition is extremely worrisome in most tribal areas. For example, according to the NFHS-4 data, 94.7 per cent of children below five years of age and 83.2 per cent of women between the age of 15 and 49 in tribal district of Lahaul and Spiti in Himachal Pradesh were suffering from anaemia⁵.

There are challenges in its implementation which include lack of understanding of their health care seeking behaviour patterns among parents of fewer than five children. It is against this background that we present the findings of our nationwide study among the tribal population focusing on the health care-seeking behaviour.

AIM AND OBJECTIVES

The aims of this research were to determine the healthcare-seeking behaviour of mothers for their children in a tribal community of South India and to determine the reasons for not seeking curative care for children who are perceived to be sick.

MATERIALS AND METHODS

This study was conducted in a tribal district of one of the south Indian states. A community-based, cross-sectional study was conducted. The 2-stage, cluster sampling method was used to select the village since our plan was to conduct a community-based survey that involved household visits. Systematic random sampling was used to select the households. With the help of community health workers, a village-wide list of mothers (pertaining to the inclusion and exclusion criteria) was prepared. The final sample size was calculated to be 200, taking into account the no-response rate of approximately 10%. Mothers who were permanent residents of the area, not severely ill, had a child with perceived sickness in the recall period, and were willing to participate were included in the study. Mothers whose youngest child was older than five were excluded from the study. The healthcare-seeking behaviour of the mother was recorded for cases in which she perceived that her child was ill. A recall period of one month was used to avoid any recall bias. Healthcare-seeking behaviour for perceived illness was recorded for only one child per mother (preferably the youngest child). The study was conducted by going house-to-house for visits with the help of the peripheral health workers, such as Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs). Data were collected using a pre-designed, pre-tested, semi-structured, open-ended, and validated schedule. The in-depth interview method was conducted as required. All interviews were conducted at women's house. Each interview lasted for about 45 minutes to 1 hour and was conducted in the language preferred by them. The women who gave consent were selected for in-depth interviews. During the course of study, they were free to respond to all, some or more of the questions posed. Complete confidentiality was assured to them. Their identity was protected and only dummy names were written for computer data entry.

RESULTS

Socio demographic data of study subjects

- Among the 200 mothers in the study (n = 200), the age range was from 17 to 44 years, with the mean ($\pm$ S.D) being 26.2 $\pm$ 3.2 years.
- 144 were Hindus (71.1%), 23 were Muslims (11.6%), and 35 belonged to other religions (17.3%).
- There were 125 mothers (62.2%) who belonged to the Scheduled Tribe (ST), and 76 (37.8%) belonged to Scheduled Caste (SC)/ Other Backward Class (OBC) SC/OBC.
- During the study period, the total number of children below the age of one year (infants) was 35 (17%), the ages of the remaining 118

of the children (83%) ranged from one and five years.

- The results indicated that 91% of the males and females had completed their primary immunization coverage. Thus, preventive healthcare-seeking behaviour was practiced by almost all the mothers, which was a welcome finding.

Table 1: Health care seeking behaviour among mothers of under five children

Health seeking Behavior	Perceived as sick male children (n=110)	Perceived as sick female children (n=90)	Total (n=200)
No Treatment	18	38	56
At government Sector	77	40	117
At public health amenities	15	12	27

Table 1 reveals that; among the 90 female children, strikingly, there was no treatment received in 42% of the cases. Treatment in the public sector was received in 44.8% of the cases (40 females), and treatment in the private sector was received by 13.2% of the cases (12 females).

DISCUSSION

This study results reveals that strikingly, there was no treatment received in 42% of the female cases. Treatment in the public sector was received in 44.8% of the cases (40 females), and treatment in the private sector was received by 13.2% of the cases (12 females). Community-based studies^{6,7} conducted in rural and tribal India have documented significant gender bias in the utilization of healthcare, where in 52.8% of sick male newborns and 24.3% of sick female newborns receive treatment.

A study conducted in Kerala to findout utilization of health services also revealed similar findings in which; Effective utilization of antenatal care services was not seen in 5.6% of tribal mothers. The incidence of low-birth weight (≤ 2500) was significantly more among tribal mothers (31%) when compared to nontribal mothers (15%). The proportion of tribal children receiving complete immunization without delay was 74%, and among nontribal children, it was 78%. Effective immunization coverage was significantly lower among children of tribal mothers with education below high school level⁸.

Health care-seeking behaviour among persons in the tribal population is worrisome and needs to be strengthened. Sensitization and advocacy efforts require a better understanding of the symptoms that promote timely care-seeking for early diagnosis and treatment initiation among this population. This is often overlooked as the perception of the symptoms that warrant care among the tribal population may differ from the general population. These interventions need to be tribal friendly and gender-sensitive through community engagement utilizing tribal community representatives that include youth, traditional leaders, influential men and women and elected leaders.

CONCLUSION

The comparison of health-care utilization restricted to the domains of antenatal care, immunization services, and supplementary nutrition suggests that the tribal mothers and children had a comparable utilization pattern in most of the indicators measured. However, there were gaps in some of the indicators between the general population and the tribal population suggesting tribal deprivation. It is to be noted that a more or less comparable utilization of services does not necessarily imply an equitable distribution of the same.

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