



## FAITH BEYOND REASONS - AN INSIGHT INTO CULTURAL BELIEFS AND PRACTICES INFLUENCING HEALTH SEEKING BEHAVIOR IN A TRIBAL POPULATION

### Community Medicine

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### ABSTRACT

**Background** - Although literacy, industrialization and urbanization have led to an increased acceptance of modern concepts of disease causation, there still exists the age old concept of supernatural theory which has proven to be a hurdle in the utilization of health care services. Therefore it is imperative to understand the prevalence and magnitude of such traditional beliefs. Objectives 1. To determine the socio economic demographic factors influencing health seeking behavior of tribal population. 2. To understand the cultural beliefs and practices related to health and disease. 3. To determine the preferred approach for treatment seeking on first contact and consequently for cure from disease.

**Methods** - This is a cross-sectional study with qualitative design conducted at Khaire village of Palghar District, Maharashtra, a recognized tribal village on Government records. A focus group discussion was conducted with the villagers to obtain an insight of various traditional beliefs and practices related to health and diseases in the community. The information acquired by this process was utilized to design an interview schedule to further study the prevalence of unscientific faith & health-deteriorating cultural practices. All the personal interviews were conducted by house-to-house visits.

**Results** - 46 out of 54 participants admitted visiting traditional healers for various illnesses including minor and chronic illnesses, gastrointestinal complaints, mental illnesses, sexual complaints.

**Conclusion** - Cultural and traditional beliefs are a setback in our health care system which need to be addressed.

### KEYWORDS

Health Seeking Behavior, Traditional Beliefs, Cultural Practices, Unscientific Faith

### Introduction

Through the annals of history it can be seen that culture has had a formidable influence on health seeking practices among the masses. In the wake of literacy, urbanization and industrialization, such cultural practices have been questioned with logic and reason and all such unscientific practices been replaced by modern evidence based medicine. However, there still exists a section of the population that believes and practices unscientific healing methods.

In developing countries the age old concept of supernatural theory of disease causation still exists.<sup>[1,2]</sup> This has proven to be a hurdle in the attainment of "Health for all" and in the utilization of health care services. Therefore it is imperative to understand the prevalence and magnitude of such traditional beliefs so that focused actions can be undertaken to remove such hurdles and bring the entire community under the umbrella of universal health coverage as proposed in the National Health Policy 2017.

This study aims to understand the cultural beliefs and practices related to health and disease among tribal population and to determine their preferred approach for treatment seeking and assess the factors affecting it.

### Material and Methods

#### Study Setting

Khaire village of Palghar District, Maharashtra, a recognized tribal village on Government records was randomly selected for the study. With a total population of 358, this village is mainly inhabited by the Varli community. The villagers are farmers by occupation with the major crop being rice cultivation. Drinking water is derived from sanitary wells. The nearest health facility is a Primary Health unit and subcentre located 3 kilometres away. The first referral unit (Rural Hospital) being 16 kilometres away. There is a Zila Parishad (ZP) School equipped up to 4<sup>th</sup> Standard after which the students continue their education in other ZP schools in neighboring villages as far as 5 kilometres away. Public transport facilities are limited.

### Study design

This study was a cross-sectional study with qualitative design using focus group discussion and interview methods. A focus group discussion (FGD) was conducted first to obtain an insight of various traditional beliefs and practices related to health and diseases in the community. This was followed by personal interviews using interview schedule designed on the basis of the findings from the FGD.

### Study Procedure

Report was established with the health care providers of the village ie, ASHA (Accredited Social Health Activist) and Anganwadi worker and the representative of the local governance body ie the Up-sarpanch. They facilitated interactions with the villagers and their participation in the study. The FGD was conducted at the Anganwadi centre with 8 participants comprising of prominent members of the village including Up-sarpanch, elders of the village and Anganwadi worker. The emphasis of this exercise was on the traditional healing practices prevalent in the tribal population. An interview schedule was designed based on the findings. Personal interviews were conducted by house-to-house visits with the help of the local representative. One member from every household was interviewed. Informed consent was taken at every stage. Audio-visual privacy was maintained. Out of the total 59 households, 5 refused to participate in the study and were consequently excluded from the study. Data so obtained was analyzed inductively to evolve themes and subthemes.

### Results

**Table 1- Socio demographic profile of participants**

Distribution	Number of participants
According to Gender	
Males	25
Females	29
According to Age groups	
20-30 years	16

30-40 years	12
40-50 years	16
>50 years	10
According to Education	
Illiterate	18
Primary School (up to 5th Standard)	12
Middle School (up to 8th Standard)	7
Secondary School (up to 10th Standard)	12
Higher Secondary School (up to 12th Standard)	4
Graduation	1
According to Socio economic class (Modified B. G. Prasad Scale)	
Lower	36
Lower middle	14
Middle	3
Upper middle	1

Participants ranged in age from 20 years to 65 years. Out of the total 54 participants, 25 were males and 29 were females. 35 out of the total participants belonged to lower socio economic class as per Modified B. G. Prasad Scale.[3] One third of the participants were illiterates.

### Causes of disease occurrence

**Table 2- Perceived causes of disease occurrence**

Cause of disease occurrence	Number of participants
Contaminated water	14
Contaminated food	9
Seasonal variation	9
Lack of hygiene	5
Physical exertion	4
Stress	1
Ageing	1
Pollution	1
Unknown	15

Almost half of the participants did not have any idea about disease causation (15). Among the remaining participants, the most common cause of disease occurrence was perceived to be through contaminated water (14) followed by contaminated food (9), seasonal variation (9), lack of hygiene (5), exertion (4), ageing (1), pollution (1) and stress (1). While females mostly believed that contaminated water caused diseases, males believed that seasonal variation was the main cause of disease occurrence. *"Most of the people fall sick due to drinking cold water, dirty water or water kept in unclean utensils. But some people also fall sick due to change in seasons more so among elderly and children especially during the monsoons and winters."*[40 year old female]

*"As we don't have any other source of income, all the villagers here have to work in fields from dawn to dusk, just like our ancestors. That is why we fall sick."*[57 year old female]

One third of the participants who did not receive any formal education believed that disease was caused by contaminated water. One educated participant believed that diseases were caused due to the increasing pollution.

*"These days the diseases occur at younger age and in more people because of increase in the pollution levels"*[28 year old male, graduate]

### Possibility of prevention of diseases

43 participants believed that diseases could be prevented while 4 believed otherwise. 7 participants did not have any idea regarding the same. Among the 43 who believed that diseases could be prevented, 14 were illiterates, 10 were educated up to primary school, 7 had education up to middle school, 9 up to secondary school, 2 up to higher secondary and 1 up to graduation. 19 out of the total 25 males and 24 out of the total 29 female participants believed that diseases could be prevented.

### Seeking professional consultation and consulting traditional healers for diseases

47 out of 54 respondents mentioned that a doctor was the first point of contact for all illness they suffered, 6 sought

professional consultation from a doctor when not relieved after taking medications from local chemists. Only 1 participant consulted a traditional healer for all illnesses and only if not relieved then professional consultation from a doctor was sought.

**Table 3–Diseases treated by traditional healing**

Disease	Number of participants
Minor illness	2
Chronic illness	10
Mental illness	6
Gastrointestinal problems	23
Sexual problems	3
Symptoms not relieved by Medical practitioners	3

### (Multiple responses considered)

46 out of 54 participants admitted visiting traditional healers for various illnesses including minor and chronic illnesses, gastrointestinal complaints, mental illnesses, sexual complaints. 24 out of these 46 participants visited the traditional healer for gastrointestinal complaints. 10 went to the traditional healer for chronic illnesses, 7 for mental illnesses, 3 for sexual illnesses, 3 participants visited traditional healers for those illnesses that did not get relieved by medical practitioners. (Multiple responses considered)

*"I had an episode of fever, which was followed by jaundice, I took all prescribed medications but it didn't subside. A relative told me about a bhagatji residing in a village 30 kilometres from our village and I went there. He gave me bark of a tree to be chewed and a powder to drink with milk, after 3 days of consuming these, yellowish discoloration started decreasing and on 8th day jaundice disappeared. Since then, I have suggested many of my relatives and villagers to consult the same bhagatji if they suffer from jaundice."*[45 year old male]

The common modes of interventions used by traditional healers included herbs, mantras, rituals, psychological satisfaction and burning with hot iron rods. 26 participants had consumed certain herbs given by traditional healers for relief. 7 participants engaged in rituals and chanting of mantras for relief. 3 participants went to traditional healers for psychological satisfaction. 4 participants were burnt with hot rods to provide them relief from symptoms. (Multiple responses considered)

*"I had repeated complaints of abdominal pain during my childhood, my father took me to a bhagatji who with a heated iron rod made a burn mark which is still visible. As my parents recall, the abdominal pain was relieved for 6 months."*[27 year old male]

### Reasons for visiting traditional healers

When probed into the factors that motivated these participants and their family members to consult a traditional healer, the following reasons were cited

**Table 4–Reasons for visiting traditional healers**

Reasons	Number
More trust in healers	11
Cost of modern medicines and hospitalization	9
Transport inconvenience	13
Fear of modern techniques	6
Instant relief	4
Peer pressure	14
Easier communication	4

### (Multiple responses considered)

*"I have never been to a traditional healer because I don't trust them. But many do so.. even my elders do trust them because they were not educated. Whenever I get an opportunity I try to convince the villagers that all diseases can only be cured by doctors, they spend years in studying about diseases and these traditional healers just make you fool. But many people still trust elders more, who tell them stories about someone having*

similar illness and that he was cured by a particular traditional healer.”[27 year old male]

“Most of the people are not educated here when they go to doctors for illnesses, most of the doctors only give them medications and don't explain how long it will take for medications to show the effect. Then they go to traditional healers who promise instant relief. Actually the medications given by doctors start to work and provide relief and people think the remedy by bhagatji has provided them relief.”[28 year old resident of the village working in an NGO]

“If the disease is major, it will need treatment in bigger hospital. These people are afraid of going to bigger cities. They spend Rs. 2000 – 5000 sometimes on various bhagat and baba and even travel as far as 30 to 40 kilometres for it, just because some relative or friend got relief.”[32 year old male, Up – sarpanch of village]

## Discussion

This qualitative study among tribal population of Khaire village in Maharashtra reveals one of the barriers that the health system must overcome. While medical science is striving towards achieving greater heights to develop new technologies of care and cure, there exists a section of the society that shows reluctance in utilizing these services. Several factors contribute to this state as revealed in the study.

60 percent of the inhabitants belonged to the lower socio economic class according to Modified B. G. Prasad's Classification. And one third of the interviewees were illiterates. Literacy is crucial to economic development as well as individual and community wellbeing. It plays a major role in shaping one's thoughts and actions. It helps develop the skills to question unscientific health deteriorating beliefs and practices. The government has put commendable efforts into promoting education and opening schools in every village. With more and more children getting educated, such practices may be driven to extinction in the near future.

Almost half of the participants did not have any idea on causes of disease occurrence. The remaining had explanations of disease occurrence based on their experiences. Causes like stress and environmental pollution were cited by participants with a higher level of education.

More than half of the participants believed that diseases could be prevented. While most of them preferred to visit a doctor first in case of illnesses, traditional healers were widely approached for certain kinds of illnesses. The reasons for such demeanor varied from peer pressure to the fear of accepting modern techniques like injections. Few also pointed out at high cost of treatment in private sector and lack of facilities in the area at government institutions were contributing factors. These findings are consistent with the findings of previous studies conducted in other parts of the country.<sup>[4]</sup>

Inconvenience for transport, relative unaffordability of cost and out of pocket expenditure in education have contributed to absence of rationality which has transformed into the driving force for unscientific faith. This faith is so deep seated that it influences many aspects of life, one such area being health seeking behavior which has been affected by the presence of some traditional healers who thrive on this unscientific faith among people.

The government is striving towards curbing such unhealthy practices by strengthening primary health care and bringing high quality health services to every citizen of the country. Another step towards healthy India is the making of stringent laws to curb the progress of quacks.<sup>[5]</sup> This paper has tried to throw some light on the aspects of health service delivery and utilization which if addressed will help attain Health for All.

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