

HEALTH AND HEALTH SEEKING BEHAVIOUR OF TRIBAL WOMEN IN SOUTHERN PART OF KARNATAKA

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Abstract:

This study examines the health status and health-seeking behavior of tribal women residing in the southern region of Karnataka, India. Using anthropological research methods, data were collected through surveys and qualitative interviews with a sample of tribal women from various communities in the region. Findings reveal a complex picture of health challenges faced by tribal women, malnutrition, and infectious diseases. Despite these challenges, the study identifies resilient health-seeking behaviors among tribal women. The study underscores the importance of understanding the socio-cultural context of health among tribal communities and calls for targeted interventions to improve access to and utilization of healthcare services among tribal women in southern Karnataka.

Keywords: Tribal women, Indigenous communities, Health status, Health-seeking behavior, Traditional healers, Community health, Socio-cultural factors.

INTRODUCTION

Tribal communities in India represent a diverse and culturally rich population, often characterized by unique social structures, beliefs, and practices. Among these communities, tribal women face particular challenges related to health and healthcare access, which are influenced by a combination of socio-economic, cultural, and geographic factors. In the southern region of Karnataka, home to

numerous tribal communities, understanding the health status and health-seeking behavior of tribal women is essential for addressing health disparities and improving overall well-being.

Despite progress in healthcare delivery and infrastructure development in recent years, tribal women in southern Karnataka continue to experience disproportionate rates of maternal and child mortality,

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malnutrition, and infectious diseases. These disparities are exacerbated by a range of structural and systemic barriers, including geographic isolation, limited access to healthcare facilities, and socio-cultural norms that may discourage seeking formal medical care.

Moreover, the health-seeking behavior of tribal women in this region is shaped by a complex interplay of factors, including traditional healing practices, perceptions of illness and wellness, and socio-economic constraints. While some tribal communities may rely primarily on indigenous healing methods and community-based support networks, others may seek care from government health facilities or private providers, depending on factors such as proximity, affordability, and perceived effectiveness.

Given the importance of addressing health inequities among tribal populations, there is a growing need for research that explores the health status and health-seeking behavior of tribal women in southern Karnataka. By gaining insights into the unique challenges and strengths of these communities, policymakers, healthcare providers, and community leaders can develop targeted interventions and policies aimed at improving access to quality healthcare services and promoting holistic well-being among tribal women.

This study aims to contribute to this growing body of knowledge by examining the health and health-seeking behavior of tribal women in southern Karnataka. By

employing a mixed-methods approach, including surveys and qualitative interviews, we seek to elucidate the socio-cultural, economic, and structural factors that shape health outcomes and healthcare utilization among tribal women in this region.

REVIEW OF LITERATURE

The pioneering anthropological studies regarding health, disease, medicine, and treatment include the works of Rivers (1924), Clements (1932), Evans-Pritchard (1937), Field (1937), Spencer (1941), and Ackerknecht (1947). Caudill (1953) reviewed the application of anthropology in medicine, marking the beginning of significant anthropological contributions to medical issues. Following Caudill's work, Polgar (1962) and Scotch (1963) provided notable review works in this field.

Mead (1966) analyzed the impact of socio-cultural and environmental factors on health issues among pre-literate populations. Hardwood (1970) investigated the social phenomena of witchcraft and sorcery among the Safwa community. Evans-Pritchard (1937) and Bailey (1991) explored supernatural elements in disease etiology from indigenous perspectives. Anthropologists have offered various explanations for concepts like disease, illness, and sickness.

Medical anthropology in India emerged more recently, with initial studies focusing primarily on tribal health,

disease, medicine, and treatment. Naik (1972) discussed exploratory studies in their review papers. Chaudhuri (1990) addressed significant issues related to health, considering cultural and environmental dimensions. Majumdar (1933) examined indigenous perceptions of disease and illness. Srinivas (1952), Dube (1955), and Nagda (2004) researched tribal populations and health in Rajasthan.

Helman (1995) investigated culture, health, and illness, while Sharma (1991) focused on women's health problems and issues. Basu (1993) assessed the health status of tribal women in India. Misra (2000) studied ecology, culture, and health among the Saharia community in Rajasthan. Bhatia and Cleland (2008) examined gynecological diseases, health-seeking behavior, and expenditures in Karnataka. Ramakrishna (2008) conducted a prospective study on health, illness, and care during the obstetric period in rural Karnataka. Mohindra (2009) explored women's health and poverty alleviation in India. Despite these contributions, there remains a dearth of research focusing specifically on the health status of rural women, particularly those from tribal regions.

OBJECTIVES OF THE STUDY

- **Assess the Health Status of Tribal Women:** This objective aims to provide a comprehensive understanding of the health challenges faced by tribal women in the region.

- **Explore Health-Seeking Behaviors and Practices:** The second objective is to investigate the health-seeking behaviors and practices of tribal women in response to illness, injury, or preventive care needs.
- **Identify Barriers to Healthcare Access:** The third objective is to identify the barriers and challenges that tribal women encounter in accessing healthcare services in southern Karnataka.

METHODOLOGY

In an anthropological perspective, conducting research on the health and health-seeking behavior of tribal women in southern Karnataka would involve employing methodologies that prioritize understanding the socio-cultural context and lived experiences of the individuals within their communities.

Participant Observation: Anthropological research often involves prolonged engagement and immersion in the community being studied. Researchers could spend time living among tribal communities in southern Karnataka to observe daily life, rituals, healthcare practices, and interactions related to health and illness. This approach allows researcher to gain firsthand insights into the cultural norms, beliefs, and behaviors related to health.

Ethnographic Interviews: Ethnographic interviews are in-depth, open-ended conversations with members of the community to explore their perspectives,

experiences, and beliefs regarding health and healthcare. Researcher conducted interviews with tribal women, community leaders, traditional healers, and healthcare providers to understand their perceptions of health, illness causation, treatment preferences, and barriers to accessing healthcare services.

Focus Group Discussions: Focus group discussions bring together a small group of individuals from the community to discuss specific topics related to health and healthcare. These discussions provide insights into shared beliefs, norms, and practices within the community, as well as differing perspectives and experiences among participants. Researcher organized focus groups with tribal women to explore health and health seeking behavior of tribal women.

Surveys: Surveys can be used to collect quantitative data on health indicators, healthcare utilization patterns, and socio-demographic characteristics of the study population. Researcher designed surveys to gather information on key health outcomes, access to healthcare services, health-seeking behaviors, and socio-economic factors affecting health among tribal women in southern Karnataka.

Community Engagement and Collaboration: Anthropological research often emphasizes collaboration and co-creation of knowledge with the community being studied. Researcher engaged community members as active participants in the research process,

seeking their input and feedback at various stages of the study. Community involvement enhanced the relevance and validity of research findings and contribute to the development of culturally appropriate interventions to address health disparities.

By integrating these anthropological methodologies, researchers can gain a holistic understanding of the health and health-seeking behavior of tribal women in southern Karnataka, grounded in the cultural contexts and lived experiences of the communities being studied. This approach can help identify culturally relevant strategies for improving healthcare access, promoting health equity, and empowering tribal women to advocate for their health needs.

SAMPLING METHOD

For the present study selected as sample 120 tribal women in southern Karnataka, a purposive sampling method adopted for this study. Collaborating with local community leaders and healthcare providers, we identified diverse participants based on criteria like age, ethnicity, and geographic location.

STUDY AREA

The study area encompasses Hunsur and H.D. Kote Taluks in Mysore district, along with Ponnampet and Virajapet Taluks in Kodagu district. These regions represent diverse socio-cultural contexts, with significant tribal populations residing in remote and rural areas. Understanding the health dynamics within these Taluks is

essential due to their geographical isolation and limited access to healthcare resources. Research conducted here could shed light on the health challenges faced by tribal women, including issues related to maternal and child health, infectious diseases, and healthcare-seeking behavior. By focusing on these specific Taluks, the study aims to provide targeted insights that could inform policy interventions and healthcare initiatives tailored to the needs of tribal communities in southern Karnataka.

RESULT AND DISCUSSION

Table 1: Socio-demographic Profile of study participants (n=120)

Characteristics	Frequency	%
Social Group		
Soliga	30	25.0
Yerava	30	25.0
Jenukuruba	30	25.0
Bettakuruba	30	25.0
Type of Family		
Nuclear	109	90.8
Joint	4	3.3
Extended	7	5.8
Age group in Years		
Below 24 years	7	5.8
25 – 34	16	13.3
35 – 44	38	31.7
45 – 54	30	25.0
55 – 64	17	14.2
Above 65	12	10.0

Marital status		
Married	84	70.0
Unmarried	21	17.5
Widow	13	10.8
Separate/Divorce	2	1.7
Education Level		
Illiterate	42	35.0
Primary	31	25.8
Highschool	23	19.2
PUC	19	15.8
Graduate and Above	5	4.2
Occupation		
Agriculture	30	25.0
Agriculture Labour	59	49.2
Collection of Minor forest product	17	14.2
Private Sector	7	5.8
Govt. Sector	2	1.7
Unemployed	5	4.2
Family Income (Monthly)		
Below 5000	77	64.2
5000-10000	39	32.5
10000-20000	4	3.3
Above 20000	0	0

Table 1 presents the socio-demographic characteristics of tribal women in the study area, comprising Hunsur and H.D. Kote Taluks of Mysore district, as well as Ponnampet and

Virajapet Taluks of Kodagu district, with a total sample size of 120. The table outlines the distribution of women across different social groups, revealing an equal representation of Soliga, Yerava, Jenukuruba, and Bettakuruba tribes, each constituting 25% of the sample. Regarding family structure, the majority of women belong to nuclear families (90.8%), while only a small proportion reside in joint (3.3%) or extended families (5.8%). In terms of age distribution, the highest percentage of women fall within the 35-44 age group (31.7%), followed by the 45-54 age group (25.0%). Marital status indicates that a significant portion of women are married (70.0%), while a smaller percentage are unmarried (17.5%), widowed (10.8%), or separated/divorced (1.7%). Education levels vary, with the majority being illiterate (35.0%) or having primary education (25.8%). Occupation-wise, agriculture labor (49.2%) and agriculture (25.0%) constitute the primary sources of livelihood. Family income predominantly falls below 5000 INR monthly (64.2%), highlighting the economic vulnerability of the studied population. This detailed breakdown of socio-demographic characteristics provides a comprehensive understanding of the profile of tribal women in the study area, crucial for designing targeted interventions and policies to address their unique needs and challenges.

Table 2: Health problems of tribal women in last 6 month to the study

Health problems	Frequency (n=120)	%
Fever and Cold	32	29.6
Headache	36	33.3
Anemic	16	14.8
Bone related problems	43	39.8
Skin problems	38	35.2
Cardio Vascular related	12	11.1
Diabetes	9	8.3
Thyroid	7	6.5
BP	31	28.7
Kidney and Liver problem	7	6.5
Respiratory related diseases like TB, COPD, Asthma	15	13.9
Gastritis	21	19.4
Mental related problems	3	2.8
Dental related	29	26.8
Eye related problems	12	11.1
Reproductive health problems	16	14.8

Table 2 presents the health problems experienced by tribal women in the six months prior to the study, based on a

sample size of 120. The most commonly reported health issues include headache (33.3%), bone-related problems (39.8%), and skin problems (35.2%). Fever and cold are also prevalent, with a frequency of 29.6%. Other notable health concerns include high blood pressure (28.7%), dental-related issues (26.8%), and respiratory-related diseases like TB, COPD, and asthma (13.9%). Anemia affects a significant portion of the population (14.8%), while cardiovascular-related problems (11.1%) and reproductive health problems (14.8%) are also reported. Less frequently reported health issues include diabetes (8.3%), thyroid problems (6.5%), kidney and liver problems (6.5%), gastritis (19.4%), eye-related problems (11.1%), and mental health problems (2.8%). This comprehensive overview of health problems highlights the diverse health challenges faced by tribal women in the study area, underscoring the need for targeted healthcare interventions to address these issues effectively.

Table 3: Type of treatment in last six months by respondent

Treatment	Frequency (n=120)	%
Government hospitals	57	47.5
Private Hospital/Clinic	33	27.5
Traditional medicine	21	17.5
Others	9	7.5

Table 3 displays the types of treatment sought by tribal women within the last six months prior to the study, based on a sample size of 120 respondents. The majority of respondents sought treatment at government hospitals, constituting 47.5% of the sample. Private hospitals/clinics were also commonly utilized, with 27.5% of respondents opting for this type of treatment. Traditional medicine was chosen by 17.5% of respondents, indicating a significant reliance on indigenous healing methods within the community. A smaller proportion of respondents (7.5%) reported seeking treatment from other sources not specified in the table. This distribution underscores the diverse healthcare-seeking behaviors among tribal women, reflecting a blend of modern medical practices and traditional healing approaches in addressing health issues within the community.

DISCUSSION

The socio-demographic characteristics of the respondents, highlighting their diversity in terms of social group, family structure, age distribution, marital status, education level, occupation, and family income. The equal representation of Soliga, Yerava, Jenukuruba, and Bettakuruba tribes reflects a concerted effort to ensure a comprehensive understanding of the tribal population in the region. The predominance of nuclear families, illiteracy, agriculture-related occupations, and low family incomes underscores the socio-economic

challenges faced by tribal women, which likely influence their health outcomes and healthcare access.

The health problems experienced by tribal women in the six months preceding the study. The prevalence of headaches, bone-related problems, and skin issues suggests a high burden of musculoskeletal and dermatological conditions within the community. Additionally, the significant occurrence of fever and cold, high blood pressure, dental issues, and respiratory diseases underscores the diverse range of health challenges faced by tribal women, including communicable and non-communicable diseases. Anemia, reproductive health problems, and mental health issues also emerge as noteworthy concerns, warranting attention from healthcare providers and policymakers.

The healthcare-seeking behaviors of tribal women, revealing a mix of utilization patterns across government hospitals, private hospitals/clinics, traditional medicine, and other sources. The high utilization of government hospitals underscores the importance of public healthcare infrastructure in meeting the healthcare needs of tribal communities, potentially due to factors such as affordability and accessibility. However, the significant utilization of private healthcare facilities and traditional medicine suggests a preference for alternative treatment options, reflecting the influence of cultural beliefs and practices on healthcare decisions.

The findings from this study emphasize the complex interplay of socio-demographic factors, health issues, and healthcare-seeking behaviors among tribal women in the study area. Addressing the diverse health needs of this population requires a multifaceted approach that considers socio-economic disparities, cultural norms, and access to healthcare services. Efforts to improve healthcare delivery, promote health education, and foster community engagement are essential for enhancing the health and well-being of tribal women in the region.

SUMMARY AND CONCLUSION

The socio-demographic characteristics of the respondents highlight the socio-economic challenges faced by tribal women, including low education levels, predominantly agricultural occupations, and low family incomes. Despite these challenges, tribal women exhibit diverse healthcare-seeking behaviors, utilizing a mix of government hospitals, private healthcare facilities, traditional medicine, and other sources for treatment. The prevalent health problems experienced by tribal women range from musculoskeletal and dermatological issues to communicable diseases, reproductive health problems, and mental health issues.

In conclusion, addressing the health needs of tribal women requires a holistic approach that acknowledges the socio-economic determinants of health, cultural beliefs, and access to healthcare services. Efforts to improve healthcare infrastructure, promote health education,

and incorporate traditional healing practices into mainstream healthcare systems are crucial for enhancing the health and well-being of tribal women in the region. Additionally, targeted interventions focusing on preventive healthcare, reproductive health and mental health support can help mitigate the burden of disease and improve the overall quality of life for tribal women in the study area.

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