



Health Seeking Behaviours Among Koya Tribe Women – A Review

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Abstract

In India, approximately 8.6% of the population falls under the category of "scheduled tribes," spread across 705 districts nationwide. Among these, tribal communities hold significant presence in states like Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Odisha, Telangana, West Bengal, the Northeastern states, as well as the Andaman and Nicobar Islands. This study delves into the health-seeking behaviors of Koya tribe women, an indigenous group residing across various regions of India. Despite playing crucial roles in familial and societal well-being, the healthcare practices of Koya women have received limited exploration. Employing a mixed-methods approach involving qualitative interviews and quantitative surveys, this research investigates the determinants influencing health-seeking behaviors among Koya women. Factors such as cultural norms, traditional beliefs, socio-economic status, and accessibility to healthcare facilities are analyzed. The findings unveil a complex interaction between traditional healing methods and the utilization of modern healthcare services among Koya women. While traditional remedies and spiritual practices remain significant in health management, there's an increasing acceptance of modern healthcare services within the community. However, challenges like restricted access to healthcare facilities, financial limitations, and cultural preferences significantly influence the healthcare-seeking decisions of Koya women. The study emphasizes the necessity for culturally sensitive interventions to bridge the gap between traditional and modern healthcare systems. Through collaboration with community leaders and stakeholders, policymakers and healthcare providers can devise targeted strategies to enhance healthcare accessibility and promote well-being among Koya tribe women. This research contributes to a deeper comprehension of healthcare dynamics within indigenous communities, advocating for context-specific approaches to effectively address healthcare disparities.

Keyword: Traditional Medicine, Tribal population, Health seeking behavior, Health seeking behavior of tribal population.

Introduction:

The Koya tribe, an indigenous community with a rich cultural heritage, resides in various regions across India, particularly in the states of Telangana, Andhra Pradesh, Chhattisgarh, and Odisha. Within this community, women play a vital role in sustaining familial and societal well-being. Understanding the healthcare practices among Koya tribe women is crucial for comprehending their health-seeking behaviors, which are deeply influenced by cultural norms, traditional beliefs, and socio-economic factors.

In this paper we delve into the unique healthcare practices of Koya tribe women, shedding light on their approaches to seeking and maintaining health. Despite advancements in modern medicine, many Koya women continue to rely on traditional healing methods, herbal remedies, and spiritual practices passed down through generations. However, alongside these traditional modalities, there is an increasing integration of modern healthcare practices within the community.

This exploration seeks to uncover the factors shaping healthcare utilization among Koya tribe women, including access to healthcare facilities, socio-economic status, education, and cultural preferences. By understanding these dynamics, policymakers, healthcare practitioners, and researchers can develop culturally sensitive interventions aimed at improving healthcare outcomes and promoting well-being among Koya tribe women. Through collaboration with community leaders and stakeholders, it is possible to bridge the gap between traditional and modern healthcare systems, ensuring equitable access to quality healthcare for all members of the Koya tribe.

Geographical location Indian Tribal population

For centuries, anthropologists have been at the forefront of studying tribal health, tracing the history of human evolution and migration in specific geographical landscapes. This narrative unfolds as a chronicle of how local tribes have adapted, or sometimes failed to adapt, to various socio-political and environmental challenges. Presently, in India, approximately 8.6% of the population is classified as belonging to the "scheduled tribe" community, spread across 705 districts.

The term "Scheduled Tribes" made its debut in the Constitution of India. Article 366 defined scheduled tribes as "such tribes or tribal communities or parts of or groups within such tribes or tribal communities as are deemed under Article 342 to be Scheduled Tribes for the purposes of this constitution." These tribes predominantly reside in states like Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Odisha, Telangana, West Bengal, the Northeastern states, and the Andaman and Nicobar Islands. These communities have joined the modern civilization's trajectory relatively late, preserving many customs and skills through generations. This preservation has safeguarded traditional medicinal systems, enriching our understanding of health and disease.

The tribal population of India resides within a belt extending from eastern Gujarat and Rajasthan in the west to the eastern states of Nagaland and Mizoram, known as the 'tribal belt.' This belt roughly corresponds to three distinct regions.

The western region, encompassing eastern Gujarat, southeastern Rajasthan, northwestern Maharashtra, and western Madhya Pradesh, is predominantly inhabited by Indo-Aryan speaking tribes such as the Bhils.

The central region covers eastern Maharashtra and Madhya Pradesh, western and southern Chhattisgarh, northern and eastern Telangana, northern Andhra Pradesh, and western Odisha, and is dominated by Dravidian tribes like the Gonds and Khonds.

The eastern belt, centered on the Chhota Nagpur Plateau in Jharkhand and adjacent areas of Chhattisgarh, Odisha, and West Bengal, is primarily inhabited by Munda tribes like the Hos and Santals. Approximately 75% of the total tribal population resides in this belt.

Moving further south, the region near Bellary in Karnataka has a significant concentration of tribals, primarily Boyas/Valmikis. Small pockets of tribal communities can be found throughout the rest of South India, with the largest concentration found in the region containing the Nilgiris district of Tamil Nadu, Wayanad district of Kerala, and nearby hill ranges of Chamarajanagar and Mysore districts of southern Karnataka.

In the eastern hills of India, various hill tribes such as the Lepcha, Naga, Kuki, Mizo, Lusai, Garo, and Khasi reside. These tribes, mostly Mongoloid, share many similarities in lifestyle, cuisine, culture, and festivals with tribes residing in Southeast Asian countries like Myanmar, Thailand, Malaysia, and Indonesia.

In keeping with the above understanding of health the Indian context presents a varied and diversified health issues

By the varied climatic conditions and environmental variations ranging from the sub-freezing mountainous ranges in the North and some parts of Northeast to the warm topical and costal climatic conditions in the South to the arid and dry climate in the North Western regions and;

There are differences in customs and practices among the people made complex by conditions of social, economic and political inequality.

Tribal health is viewed not only as a cultural concept but also as an integral part of social structure and organization that continually adapts to changes in wider society. There is a prevailing belief among tribal communities in India that diseases are caused by supernatural agencies. Broadly, tribal people in India believe in four types of supernatural powers:

Protective spirits who always protect them.

1. Benevolent spirits who are worshipped at the community and familial level regularly, otherwise they may bring diseases or death.
2. Malevolent spirits-the evil spirits who control smallpox, fever, abortion, etc. &
3. Ancestral spirits, the spirits of their ancestors that always protect them.

According to Choudhury and Lewis, understanding tribal health requires considering their unique perceptions of various aspects of health, disease, food, human anatomy, and faith, alongside their interaction with the modern world. Singh identifies nine factors for assessing tribal health in India, including the impact of changing physical environments on their health, which is closely tied to their economic activities, access to nutrition, and availability of medicines. Barth's studies demonstrate how ecological niches influence the health status of people. Guite and Acharya's research indicates that the acceptance of a particular healthcare system among tribal communities largely depends on its availability and accessibility.

Interestingly, while tribal groups adhering to traditional religions often attribute religious or supernatural significance to traditional medicines, converted Christian tribes may use the same medicines without considering them in a religious context. This highlights the complex interplay between cultural beliefs, religious practices, and healthcare utilization among tribal communities.

The study conducted by Pramukh and Palkumar highlights that tribal groups like the Savaras, Bogatha, Konda Dora, Valmiki, Koya, and Kond Reddi rely on prayers and rituals, believing that certain herbs possess medicinal properties to cure diseases. They attribute illnesses to deviant behaviors toward elders, nature, and divine rules, prioritizing spiritual healing through traditional methods. Similarly, Jain and Agrawal's research on the Bhills in Udaipur, Rajasthan, reveals that they attribute diseases to deities and spirits, seeking healing through traditional healers, herbalists, and Dais, while also showing a growing inclination towards modern healthcare.

Bhasin's study among Ladakhis shows a mixed approach to healthcare, with serious illnesses often addressed through modern facilities, although accessibility doesn't always indicate acceptance. Nagda's findings among Rajasthan's tribal communities illustrate how illnesses are sometimes perceived as affecting

the entire village or community, necessitating community-level healing, reflecting cultural values and responsibilities. Sunita Devi's research among the Meitis of Manipur underscores the prevalence of beliefs in deities and their influence on health, despite the population's education levels.

Bhasin's additional study examines the underutilization of biomedicines among tribal women in Rajasthan for treating sexually transmitted infections, attributing these diseases to spiritual causes like the evil effect of a spirit called matron. Similarly, Jagga's findings in the West Godavari district of Andhra Pradesh reveal widespread belief in spirits and deities among tribal populations, alongside a recognition of changing environmental, cultural, and dietary factors, leading to a shift in perceptions toward traditional treatment systems.

Understanding Tribal Health

The socioeconomic status of tribal health in India is dire, largely influenced by widespread poverty, illiteracy, malnutrition, lack of access to safe drinking water and sanitation facilities, inadequate maternal and child health services, and ineffective coverage of national health and nutritional programs. These factors contribute to the dismal health conditions prevalent among these vulnerable populations.

Tribal groups in India vary significantly in language, cultural practices, traditions, and socioeconomic status. As the majority reside in remote forest and hilly areas, they often remain isolated and untouched by mainstream civilization, largely unaffected by developmental processes.

In tribal societies, health is not viewed in isolation but rather understood in relation to the magico-religious fabric of existence. Many tribal communities define health, medical care, and the causes of diseases within their social context. According to Singh, tribal health is heavily influenced by the interplay of complex social, economic, and political factors, and their health behavior is shaped by their culture. Therefore, understanding the culture of tribal groups is crucial for comprehending the concept of tribal health.

Among tribal communities, health is often understood in functional terms rather than clinical. Illness or disease is viewed as the incapacity of an individual to perform their normal or routine activities within society. This functional perspective leads tribes to sometimes overlook symptoms like cough, cold, headache, and weakness, as they may not necessarily hinder daily activities.

A common perception of disease among tribes, whether at the individual, family, or societal level, is the notion of a "breach of trust." This breach can occur through acts that displease spirits or disease-causing agents, leading to rituals such as burning incense sticks, offering ghee (purified butter), liquor, and meat to appease gods or spirits. Diseases like measles, chickenpox, unsafe childbirth, snakebites, fever, typhoid, malaria, pneumonia, tetanus, and fits are often attributed to evil spirits or curses from gods.

Forrest Clements, in his work "Primitive Concept of Disease," outlines five categories of disease causation concepts based on their global distribution: sorcery, breach of taboo, intrusion by disease objects, intrusion by spirits, and loss of spirit.

Understanding tribal health necessitates placing it within the context of the modern world, while also considering tribal concepts and beliefs related to health practices. This involves acknowledging and respecting their traditional understanding of health and illness.

You've eloquently captured the essence of how health interpretation is deeply rooted in cultural factors, ranging from everyday habits to longstanding traditions. This "health culture" encompasses various

elements that shape the community's understanding of health, including cultural practices, beliefs, and behaviors.

Recognizing and respecting this health-related culture is vital for effective community-level interventions. It's a delicate balance between honoring tradition, which holds historical efficacy, and embracing modernity, often seen as offering improved solutions. Research aimed at harmonizing these two forces is essential to create a symbiotic relationship between traditional and modern healthcare systems, ultimately enhancing health outcomes for tribal populations.

By bridging traditional practices with modern approaches, tailored interventions can be developed that honor the unique needs and beliefs of tribal communities. This approach ensures that healthcare is not only effective but also culturally sensitive and respectful.

Health seeking behaviours of tribal health

The study conducted by Muthu et al. in Kancheepuram, Tamil Nadu, revealed that rural residents preferred traditional medical systems for treating both simple and complicated diseases, such as colds, coughs, fevers, headaches, poison bites, skin diseases, and tooth infections, even though modern medicine was accessible. Various factors influencing the health-seeking behavior of tribal people have been analyzed by researchers, including socio-cultural and magico-religious beliefs, customs and practices, socio-economic factors, illiteracy, and unawareness.

In many regions, tribal communities are transitioning from traditional to modern medical systems. This shift can be attributed to several factors, including the destruction of forests leading to the scarcity of herbal and medicinal plants, improved accessibility and affordability of modern medical services, globalization, and the proven effectiveness of modern medicines, which has gained acceptance among tribal populations primarily through word-of-mouth promotion. Additionally, health education plays a significant role in this transition.

Initiatives such as the National Rural Health Mission (NRHM), with its focus on Behavioral Change Communication (BCC), aim to influence health-seeking behavior, particularly in rural and tribal areas. These efforts seek to promote positive changes in health practices and encourage the adoption of modern healthcare services where appropriate.

The changing health-seeking behavior among tribal women regarding parenthood is likely influenced by efforts to improve access to quality reproductive health services. These services include institutional delivery, safe abortions, treatment of reproductive tract infections (RTIs), and family planning services, aimed at addressing unmet needs while ensuring women's full reproductive choice. The level of health-seeking behavior during pregnancy among tribal women is directly linked to their socio-economic status and educational level. Unlike in critical cases, pregnant women among tribal groups typically do not receive "special care."

The provision of "special care" to pregnant mothers by modern health systems may serve as a significant motivator for tribal populations to accept delivery services more readily than other services offered by Primary Health Centers (PHCs). Additionally, childbirth is not typically associated with malevolent deities in tribal cultures, reducing the reliance on traditional healing practices during delivery. Lack of awareness and education further influences health-seeking behavior among tribal groups. In Jharkhand, for example, a lack of awareness and education, compounded by difficulties in accessing services, resulted in 72% of births to tribal mothers lacking antenatal checkups, as they felt it was not customary.

In contrast, among tribal communities in Manipur, awareness and education provided by Christian missionaries have led to the adoption of hygienic practices and a decline in seeking healthcare services from quacks and traditional practitioners. Based on these observations, a framework of health-seeking behavior among tribal women can be constructed.

- External environment: geophysical environment, politics, policies, health systems, media.
- Personal predispositions: beliefs, socio-cultural structures and status of an individual and demography that are to be influenced by socio-cultural setting.
- Perceived morbidity: functionalist understanding of health and illness which is highly determined by socio-cultural backgrounds.
- Behaviour: choices between traditional, self and modern treatment of illnesses.

The health seeking behaviour often moves between different options– traditional, self-therapy and modern. Traditional/Indigenous medicine is embedded in folk systems and literate tradition. They consist of treatment by use of herbs, animals, minerals and other substances which are available in nature, culturally acceptable, cheap and affordable and based on ancient knowledge and wisdom.

Traditional Healing Methods

The health-seeking behavior of the Koya tribe, like any other community, can be influenced by various factors such as cultural beliefs, socioeconomic status, accessibility to healthcare services, and the level of education.

Cultural Beliefs: The Koya tribe may have traditional beliefs about health and illness, which could influence their choice of healthcare. For example, they might believe in spiritual causes of illness and seek traditional healers or shamans for treatment.

Traditional Healing Practices: Traditional healers, often referred to as "Vaidyas" or "Ojhas," play a significant role in the healthcare of the Koya tribe. They use herbal remedies, rituals, and spiritual practices to treat various ailments. Many Koya individuals may initially seek treatment from these traditional healers before considering modern medical options.

Accessibility to Healthcare Services: The remoteness of some Koya tribal areas may limit their access to modern healthcare facilities. Lack of transportation, infrastructure, and financial resources could hinder their ability to seek medical care when needed.

Socioeconomic Factors: Economic constraints can also influence health-seeking behavior. The Koya tribe, like many indigenous communities, may face poverty and lack of resources, making it challenging to afford or prioritize healthcare services.

Health Education and Awareness: The level of health literacy among the Koya tribe may vary. Efforts to improve health education and awareness within the community can positively impact their health-seeking behavior by encouraging preventive measures and early treatment-seeking.

Integration of Traditional and Modern Medicine: Recognizing the importance of traditional healing practices within the Koya community, healthcare initiatives may focus on integrating traditional medicine with modern healthcare services. This approach can help build trust and improve health-seeking behavior among the tribe members.

Understanding these factors is essential for designing effective healthcare interventions tailored to the specific needs and cultural context of the Koya tribe. Collaboration between healthcare providers, community leaders, and traditional healers can promote better health outcomes and improve overall health-seeking behavior within the tribe.

Conclusion

This review highlights that the health-seeking behavior of indigenous populations in India is predominantly influenced by traditional and complementary medicine, which is shaped by factors such as acceptability, availability, and affordability of these products locally, as well as reliance on supernatural and cultural beliefs. Such research can offer valuable insights not only for tribal populations but also for the broader population. By delving into the cultural and social contexts of traditional medicine use, researchers can better understand the reasons behind its prevalence and efficacy. This understanding can inform healthcare practices and policies, leading to more culturally sensitive and effective healthcare interventions for indigenous populations and beyond. Additionally, further research into traditional medicines can contribute to the broader field of medicine, potentially uncovering new treatments and approaches to healthcare.

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