



Research Paper

Health-seeking-behaviour of a tribal population during Covid-19 in Wayanad – A Qualitative study

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Abstract

Background: Tribal communities exhibit lower levels of health-seeking behavior compared to the general population. Reports from various parts of the country highlight the severe hardships faced by tribal workers, including shortages or lack of ration supplies and loss of income during the COVID-19 pandemic. **Objectives:** Objectives: 1) To explore the health-seeking behaviors among a tribal population before and during the pandemic 2) To understand the enablers and barriers in providing health services to the tribal population during the pandemic. **Methods:** A qualitative study was conducted over one month in a Tribal health centre area in Wayanad district, Kerala. In-depth interviews and Key informant interviews were conducted among people from tribal origin, Tribal promoters, and healthcare workers. **Results:** In-depth interviews with healthcare workers, tribal promoters, and people from tribal origin revealed major challenges faced by tribal communities before and during the COVID-19 pandemic. Before the pandemic, common health issues faced included malnutrition, scabies, anaemia, hypertension, and diabetes, along with use of alcohol and tobacco. During the pandemic, access to healthcare became difficult, leading to delays in medication and dissatisfaction with treatments and services, though antenatal care and vaccination programs continued uninterrupted. Healthcare providers faced financial and manpower issues, while some tribal groups remained hesitant to seek medical care. **Conclusion:** The study reveals that COVID-19 had a negative impact on health-seeking behavior when compared to before the pandemic. Health education and health promotion should be encouraged, and it is important to understand the reasons for the reduced utilization of healthcare facilities.

Key words: Tribal population, Health seeking behaviour, COVID-19, Pandemic, Hesitancy

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I. Introduction

The term "Tribe" originates from the Latin word "Tribus," meaning "one third." Initially, it referred to one of the three territorial groups that formed ancient Rome. India is celebrated as a diverse melting pot of tribes and races. After Africa, India hosts the world's second-largest concentration of tribal populations.¹ As of the 2001 census, there are approximately 698 Scheduled Tribes, comprising 8.5% of India's population.¹ (Concept of Tribe and Tribal Community Development). Tribal health issues are unique because of the wide range of social and cultural practices, rituals, customs, and languages among tribal communities. Despite efforts to improve healthcare, several obstacles prevent effective delivery of services to these underserved populations. Challenges include remote geographical locations with limited infrastructure, language and cultural differences, shortages of healthcare professionals, economic inequalities, and the importance of respecting and integrating traditional healing methods.²

Health-seeking behaviour (HSB) can be considered within the broader concept of health behaviour, which encompasses activities undertaken to maintain good health, prevent ill health, and deal with any departure from a state of good health. HSB has been defined as, "any action or inaction undertaken by individuals who perceive themselves to have either a health problem or to be ill to find an appropriate remedy"³. The perception of health and health seeking behaviors among the tribal people the world over is intertwined with factors such as

traditional beliefs, practices, nature of interaction with physical environment and changing social, cultural and economic domain.⁴

COVID-19 has caused a loss of livelihoods, physical hardships, lack of food and shelter, and economic distress. According to the Ministry of Tribal Affairs and the National Commission for Scheduled Tribal People, the prevalence of COVID-19 among the tribal population increased during the second wave due to increased exposure.⁵ In Kerala, the estimated tribal population is 4.84 lakh according to the latest census.⁶ This increased exposure among hard-to-reach populations highlights the urgent need to examine health-seeking behaviours within these communities. Understanding these behaviours is crucial for addressing their healthcare needs and improving outcomes, especially during pandemics. Therefore, this study aims to explore the health-seeking behaviour of tribal communities both before and during the pandemic and also to understand the facilitators and barriers in providing health services to tribal population during that period.

II. Methods

A Qualitative study using a grounded theory approach was conducted in Tribal Field Practice Area in Wayanad District, Kerala. during October-November 2021. The study involved people of Tribal origin, Tribal-promoters and Health Care Worker. Participants were selected using a purposive sampling method. Before data collection, ethical clearance was obtained from the Institutional Ethics Committee((ECASM-AIMS-2021-394), and consent from the participants was obtained before the study. A total of 6 key informant interviews among Health care workers, 7 Tribal promoters and in-depth interviews of 7 people of Tribal origin were conducted. Interview guides were developed based on extensive preliminary research. The data collection continued until saturation was achieved, and no new themes emerged.

The analysis employed an inductive approach to explore the health-seeking behaviour of tribal communities both before and during the pandemic and also to understand the facilitators and barriers in providing health services to tribal population during the time of pandemic. The voice recordings of the interviews were done. The interviews were conducted in Malayalam, which were then transcribed and translated into English. The transcribed notes were coded, and the domains and themes derived from the data analysis were listed accordingly. The domains and themes identified are given in Table 1

III. Results

A total of 20 interviews were conducted among the participants. The age group ranging from 25-72 with a mean age (SD) of 44.8 years \pm 9.869. Half of them were married and employed. Two major themes were identified from the several findings, which emerged from the study.

I. Concerns before and after COVID 19

Prior to the pandemic, malnutrition was prevalent among children and the elderly. Scabies was the most common disease affecting children and adolescents, while anaemia (both Sickle Cell Anaemia and Iron Deficiency Anaemia) and jaundice were also frequently observed. Hypertension and diabetes were more common in middle-aged and elderly populations. Other reported health conditions included anaemia, respiratory infections, fever, and skin infections. Alcohol and tobacco use were widespread. During the initial phase of the lockdown, domestic violence decreased due to the unavailability of alcohol. However, the use of betel nut and tobacco persisted among adolescents, middle-aged, and elderly individuals, with children as young as three years old accustomed to chewing betel nut.

“When we ask kids why there is orange stain they say that my mother gave it to me yesterday. Once you chew those, they will not be so much hungry they will feel full.”

– stated by a 46-year-old healthcare worker

During the pandemic, the health care workers observed a decrease in the cases of respiratory conditions, anaemia and diarrhoea.

II. Repercussions of COVID-19

Before the pandemic, regular follow-up and check-ups were conducted by the Tribal Population (TP). Government and private hospitals held camps in areas with limited healthcare access. TPs would collect medicines after consulting doctors, or family members would collect them. If treatments were costly, they could present bills to the tribal office for government reimbursement. Antenatal check-ups and vaccination programs were timely conducted by government hospitals and ASHA workers.

During the initial lockdown, accessing healthcare facilities became challenging. Medicines were collected by Tribal Population Services (TPS) and distributed to the tribal people, but not everyone had access to these services.

“I came here walking from home; it is 40km from here. When asked about transport, they tell us that it is only available for bedridden patients.”

– stated by a 52-year-old TP

Antenatal care and vaccination programs continued regularly under the supervision of government hospitals, ASHA workers, and Anganwadi workers. Before the pandemic, those on regular medication were followed up regularly, and many came for frequent check-ups. During the initial lockdown, public transport was unavailable, so the TPS collected medicines based on prescriptions.

Problems faced:

A) Health Care Providers’ perspective: Healthcare providers have faced multiple challenges during the pandemic, including financial constraints, the inability to conduct outreach camps, manpower shortages, and difficulties ensuring Tribal Populations (TP) adhere to medications and referrals to higher healthcare facilities. There remains a significant concern about healthcare awareness and accessibility among specific tribal groups. The ignorance of health care is also a matter of concern in certain tribal groups. There are still people from specific tribal groups who do not access health care services.

“Those people still living in the forest, without contact with other people outside, we would like to include them also, I think we should go to them. It’s been difficult for us to provide them with services before pandemic and since the pandemic it is even more difficult”

-stated by a 35-year-old HCW’s

B) TP perspective:

Transport to healthcare facilities for the TP during the pandemic was difficult. Those under regular medications faced delay in getting medications. Few among the interviewed, felt medicines from government hospitals did not suit them.

“Medicines for sugar from government hospital don’t affect me they are less strong, so I don’t collect it.”

-stated by a 52-year-old TP

IV. Discussion

The study reveals that while there has been a general improvement in health-seeking behavior (HSB) among tribal populations, the pandemic has adversely impacted it due to stringent government regulations implemented in response to COVID-19

The study highlights the ongoing concerns with malnutrition and scabies among children and adolescents. Malnutrition may be linked to issues with the Public Distribution Services of the Government of India, which provide subsidized rations. These rations include essential items like rice, lentils, sugar, tea, and cooking oils. The habit of chewing paan and consuming tobacco among children and adolescents contributes to poor dietary habits, while parents often lack awareness about the importance of balanced diets for their growing children. Scabies persists among this group due to inadequate hygiene practices, poor living conditions, and limited access to clean water sources.

According to this study alcohol and tobacco use was common among the adolescents. A study from Yavatmal district of Maharashtra state, shows a high prevalence of use of tobacco among the adolescents⁷. The study shows that alcohol consumption is prevalent among tribal men, and the pandemic-induced shortage of alcohol led to frenziness among the community. Also, the habit of betel nut chewing starts as early as age 3 among children, not only as a cultural tradition among tribal populations but also as a means to suppress the appetite.

In recent years, there has been a noticeable rise in health-seeking behaviour among tribal populations. Those who sought care at the tribal health care area where the study was conducted expressed satisfaction with the services provided, which are offered free of charge to tribal people. It was not only due to the cost-free services but also of the quality of services provided. Study by Bandita Boro et al shows similar results, the inability to utilize health care facilities is not always due to a patient’s socio-economic status but also related to the quality of the health services available.⁸ A study by Dr. Shyam S Kumawat also shows that less utilization of government facilities was due to cost of medicines, an unsympathetic attitude of the staff, unavailability of transportation, the system of using traditional medicines, and the fact that government services were not accessible.⁹

During the pandemic, although there was a provision for distributing medications to patients on regular prescriptions, not everyone received their medicines. The study indicates that tribal populations adhered to COVID-19 rules and etiquette, although social distancing within colonies was often impractical. Regular monitoring by political parties or police was conducted during the lockdown period.

There is an increasing preference for modern healthcare services among the tribal population. Hospital deliveries are now commonly favoured, and healthcare workers noted that tribal populations are more aware of the risks associated with home deliveries.

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Table 1: Domains and Themes identified during the analysis.

I. Concerns Before and After COVID-19	
A. Health Conditions Before the Pandemic	<ol style="list-style-type: none"> 1. Childhood and Adolescent Health Issues <ul style="list-style-type: none"> • Malnutrition among children and the elderly. • Common diseases: scabies, anemia (sickle cell anemia and iron deficiency anemia), jaundice. 2. Middle-aged and Elderly Health Issues <ul style="list-style-type: none"> • Prevalent conditions: hypertension, diabetes. 3. General Health Conditions <ul style="list-style-type: none"> • Anaemia, respiratory infections, fever, skin infections. 4. Substance Use <ul style="list-style-type: none"> • High prevalence of alcohol and tobacco use. • Betel nut chewing starting from a young age.
II. Repercussions of COVID-19	
A. Healthcare Access Before the Pandemic	<ol style="list-style-type: none"> 1. Regular Follow-ups and Check-ups <ul style="list-style-type: none"> • Regular camps and follow-up visits by government and private hospitals. • TP collected medicines either personally or through family members. • Financial support for high-cost treatments through tribal office reimbursements. • Regular antenatal check-ups and vaccination programs.
B. Healthcare Access During the Pandemic	<ol style="list-style-type: none"> 1. Access Challenges <ul style="list-style-type: none"> • Difficulties reaching healthcare facilities during lockdown. • TPS arranged transport for medicine collection, but not everyone had access. 2. Continued Services

	<ul style="list-style-type: none"> • Antenatal care and vaccination programs continued regularly despite the pandemic.
C. Problems Faced	<p>1.Health Care Providers' Perspective</p> <ul style="list-style-type: none"> • Financial constraints. • Inability to conduct camps during the pandemic. • Manpower shortages. • Challenges in TP compliance with medications and referrals. • Ignorance of healthcare among certain tribal groups <p>2.Tribal Population (TP) Perspective</p> <ul style="list-style-type: none"> • Transportation difficulties to healthcare facilities during the pandemic. • Delays in receiving regular medications. • Mistrust in the efficacy of government hospital medications.