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Health-Seeking Behaviour Among Tribal Women in Himachal Pradesh: A Study of Kinnaur and Lahaul & Spiti Districts

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Abstract:

Globally, the Health-Seeking Behaviour (HSB) among tribal women is influenced by a complex interplay of socio-cultural, economic, and environmental factors. Numerous studies have been conducted in the context of the health-seeking behaviour of tribal populations in Western countries. However, only a few studies have been conducted in this regard in India. Further, very less number of research has been conducted among tribal women in India.

Therefore, the goal of this study is to examine the HSB of tribal women in the districts of Kinnaur and Lahaul and Spiti in Himachal Pradesh. By using a multistage sampling technique, data has been taken from 387 tribal households. The study showed that the cost of treatment is higher at private health facilities as compared to other health facilities, and the Lahaul and Spiti district entails four times higher expenditure compared to Kinnaur. Further, it showed that public health facilities, including Govt./Municipal Hospitals, CHC, and SC, were the preferred sources of treatment for the majority of tribal women.

Keywords: *Tribes, Health-seeking behaviour, Women's Health, Source of treatment, Himachal Pradesh.*

Introduction:

India and Africa have the largest tribal populations all over the globe. According to the Census of India 2011, India is home to a tribal population of 104.3 million, which is 8.6% of the total population (Sharma, 2018). In India, tribal communities have remained neglected due to the interplay of various contributing factors, such as health, education, social and developmental indicators (Chaudhary et al., 2023).

Among underprivileged populations like tribal and urban slums, health-seeking behaviour is considered as an important factor in health management (Patil et al., 2016). HSB has emerged as a tool to tackle perceived ill health by taking remedial actions. Compared to men, the tribal women in India are undisputedly considered as the weakest sections of the population in view of common socio-economic and sociodemographic factors (Gul, 2014; Chandwani and Pandor, 2015).

Health-seeking behaviour is one of the important determinants of women's health, which can be influenced by their individual knowledge, socio-demographic factors, disease perception, and the availability and accessibility of health services. HSB is considered to be an outcome of the complex interaction among the patient's illness condition, their socioeconomic and demographic characteristics, and the quality, availability, and accessibility of healthcare services (John et al., 2022; Fatma and Ramamohana, 2023).

Statement of the problem:

In India, the status of tribal health is extremely poor due to "widespread poverty, poor maternal and child health services, malnutrition, illiteracy, and absence of safe drinking water and sanitary living conditions" (Jacob, 2014). Despite the availability of number of studies focussing on health and healthcare-seeking behaviour in India, relatively fewer studies have focused on the tribal groups which is a relative marginalized group.

Some studies have focused on their language, socio-economic, and cultural aspects rather than health-seeking behaviour (Dwivedi et al., 2022; Barakoti, 2023). Still, there is no proper study about health-seeking behaviour and the preferred source of treatment for non-hospitalized and hospitalized illness episodes. Therefore, the present study aims to analyze the determinants of health-seeking behaviour among the tribal women in the districts of Kinnaur and Lahaul & Spiti in Himachal Pradesh.

Research objectives:

The paper aims to study the health-seeking behaviour of tribal women of selected districts in Himachal Pradesh. Specifically, it aims to know the socio-economic characteristics of the surveyed tribal women and their preferred source of treatment and

preferred type of treatment according to background characteristics; to assess the average medical expenditure for non-hospitalized and hospitalized illness episodes and to find out the reasons for not seeking any treatment for the illness episodes.

Review of Literature:

Mahapatro and Kalla (2000) explored the health-seeking behaviour among the tribal women of Orissa with the help of 621 Bhattara women from 473 families in the ancestral towns of Nabrangpur region of Orissa and found out that the tribal women preferred home cures for ailments but were not restricted to the utilization of allopathy for treatment of ailments. There was a mixed presence of both the modern medicine and a neighbourhood desari (traditional healer) among the tribal women. Bhasin (2007) investigated six tribal groups of Rajasthan and noted that these groups preferred utilization of home therapies and traditional medicine.

Instead of availability of health facilities, there was limited usage because of the long distance from the facility and the lingual barriers involved. Mishra (2012) explored the health-seeking behaviour of Gond clans of Madhya Pradesh and found that tribal communities had their own customary convictions and recuperating strategies.

The study observed that with the passage of time, orientation towards the present-day practices had complimented with the conventional techniques and there was a critical need to make a pathway between the two. Sharma and Sharma (2014) examined the level of health-seeking behaviour of tribal Gujjar women of Jammu province with a sample of 600 women and found that most of the tribal respondents showed low to moderate levels of health-seeking behaviour.

There was a significant difference observed in the developmental stage by education and type of family. However, there was a negative significant relationship obtained between health-seeking behaviour and age. Pathania and Katoch (2017) studied the prevalence of morbidities, health status, and treatment-seeking behaviour among tribal women in Himachal Pradesh through primary data of 250 women selected from 20 villages of district Kinnaur pointed out that the majority of the selected women sought allopathic treatment, and all of the respondents believed in their local deities for curing their morbidities.

Gandhi *et al. (2017)* explored the determinants and patterns of health-seeking behaviour among Nilgiris tribal groups with the help of a sample of 150 households and observed that due to the non-availability of services and accessibility, the government facilities had not found acceptance amongst the communities. However, due to geographical variations, the findings might be only generalizable to the hill tribes and not account for non-hill tribes.

Similarly, Taraphdar *et al.* (2022) explored healthcare-seeking behaviour in a tribal setting in West Bengal with a sample of 91 households found that more than half of all respondents preferred government institutions for moderate illness while the rest equally opted for private practitioners and quacks. Caceres *et al.* (2023) analyzed the health-seeking behaviour for maternal and newborn care among tribal communities in North-East India.

Based on the qualitative data through seven focus group discussions and in-depth interviews with 109 respondents revealed that the health-seeking behaviour was significantly influenced by low self-esteem, mother's education, available finances, and strong belief in the availability of traditional medicine. Prasad *et al.* (2023) assessed the morbidity status and treatment-seeking behaviours of tribal communities in the Mandla District of Madhya Pradesh through primary data collection from 300 rural tribal households and found that during the last 365 days, nearly 60 percent tribals households had morbidities and around 90 percent sought treatment for such illness episodes.

However, the healthcare provider's behaviour towards tribals was found a matter of concern at the public healthcare centers. Kaberi Sahoo *et al.* (2023) identified the health-seeking behaviour pattern among the Juang tribe in Odisha with a sample size of 404 households.

They found that 70 percent of the respondents in one cluster preferred the traditional healthcare system mostly due to cultural and geographical reasons. However, 95 percent respondents in cluster two preferred modern healthcare services as they were involved in interactions with modern healthcare providers.

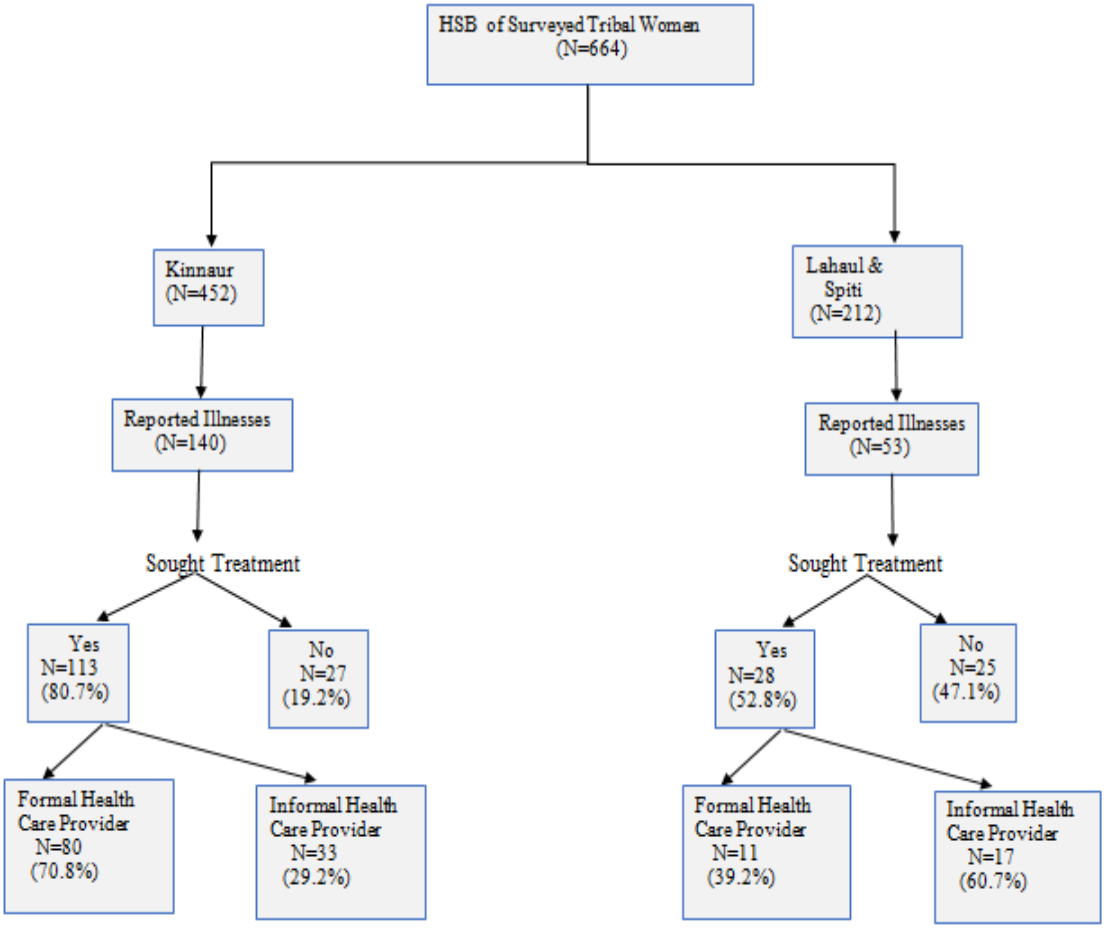
Research Methodology:

The paper is based on primary data collected from the Kinnaur and Lahaul & Spiti districts. A total of 387 tribal households' sample was taken through a multi-stage sampling technique. From the pre-selected households, 664 tribal women aged 18 and above were interviewed.

Two different set of questionnaires (household schedule and women schedule) was canvassed in the field. Further, focus group discussions (FGDs) and qualitative interviews were conducted with the community of tribal people, formal and informal healthcare providers, and health workers to study the health-seeking behaviour of tribal women.

Informed consent was obtained verbally from the participants prior to start of interview with each respondent. In addition, the secondary data was obtained from various national level surveys such as National Sample Survey Office's (NSSO) 71st round and NSSO 75th round.

Figure 1: Pattern of healthcare-seeking among the tribal women



Results and Discussion:

Socio-economic characteristics and preferred source of treatment:

Data from the field survey reveals that among the 664 tribal women interviewed, 29 per cent (193) of women reported suffering from illness, 73 per cent (141) of women who reported illness sought some type of treatment, and 26.9 per cent (52) of women did not seek any treatment.

Further, table 1 lists the socio-economic characteristics of tribal women (who sought treatment), such as marital status, women's educational attainment, women's occupation, self-decision on money use, land ownership, nature of ailment suffered and preferred source of treatment i.e. from Formal Healthcare Providers (FHPs) and Informal Health Care Providers (IHPs) for non-hospitalized illness episodes. For the purposes of the study, FHPs included all public and private heatlh facilties such as Government Hospital, community health centres, primary health centres, sub-centres, non-government organization (NGO)/Trust Hospital, and private health facilities including private hospitals and clinics. On the other hand, IHPs included all types of quacks like bengali doctors, vaids, amchis, and traditional healers.

Table 1
District-wise socio-economic characteristics of women and preferred source of treatment

Background characteristics of women	Preferred source of treatment						N
	Kinnaur		Lahaul and Spiti		Total		
	FHPs	IHPs	FHPs	IHPs	FHPs	IHPs	
Marital Status							
Unmarried	100.0	0.0	0.0	0.0	100.0	0.0	7
Currently Married	69.3	30.7	36.8	63.2	63.6	36.5	107
Widowed	66.7	33.3	50.0	50.0	61.5	38.5	26
Divorced/Separated	0.0	0.0	0.0	100.0	0.0	100.0	1
Women's Educational Attainment							
Illiterate	14.3	85.7	37.5	62.5	22.7	77.3	22
Upto middle	70.8	29.2	47.1	52.9	61.0	39.0	41
Upto secondary	84.1	15.9	0.0	100.0	82.2	17.8	45
Higher secondary & above	77.4	22.6	0.0	100.0	72.7	27.3	33
Women's Occupation							
Cultivator	75.0	25.0	42.9	57.1	68.6	31.4	35
Manual Labour	68.3	31.7	0.0	100.0	65.1	34.9	43
Govt. Service	66.7	33.3	42.9	57.1	56.3	43.8	16
Household Industry/Family Enterprise	71.4	28.6	25.0	75.0	54.6	45.5	11
Home-maker	71.4	28.6	50.0	50.0	66.7	33.3	36
Self-decision on money use							
No	70.6	29.4	40.7	59.3	63.4	36.6	112
Yes	71.4	28.6	0.0	100.0	69.0	31.0	29
Land Ownership							
No	66.7	33.3	20.0	80.0	45.5	54.6	11
Yes	71.0	29.0	43.5	56.5	66.2	33.9	130
Nature of ailment							
Acute	63.2	36.8	0.0	100.0	52.9	47.1	68
Chronic	78.6	21.4	64.7	35.3	75.3	24.7	73
All	70.8	29.2	39.3	60.7	64.5	35.5	100.0

***FHP- Formal Health Providers, IHP- Informal Health Provider**
#Short duration ailments (less than 30 days) ailments are referred to as acute ailments, Long duration (30 days or more) ones are chronic ailments

Source: Field Survey, 2020-21

In Kinnaur district, the majority of the women (71%) preferred formal healthcare providers. In contrast, the tribal women in Lahaul and Spiti district highly preferred informal healthcare providers (61%).

Data from the field survey shows that widowed women (38.5%), illiterate women (77.3%), women engaged in the household industry (45.5%), women who did not have autonomy on usage of money (36.6%), women with no land ownership (54.6%), and those who were suffering from acute ailments (47.1%) sought treatment from informal healthcare providers.

Socio-economic characteristics and preferred type of treatment (system of medicines)

Table 2 shows the socio-economic characteristics of tribal women (who sought treatment), such as marital status, women's educational attainment, women's occupation, self-decision on money use, land ownership, nature of ailment suffered and preferred type of treatment i.e. Allopathic and AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Sidha, & Homeopathy) system of medicines for non-hospitalized illness episodes.

Table 2
District-wise socio-economic characteristics of women and preferred type of treatment

Background characteristics of women	Preferred type of treatment						N
	Kinnaur		**Lahaul and Spiti**		**Total**		
	Allopathy	AYUSH	Allopathy	AYUSH	Allopathy	AYUSH	
Marital Status							
Unmarried	100.0	0.0	0.0	0.0	100.0	0.0	7
Currently Married	87.5	12.5	42.1	57.9	79.4	20.6	107
Widowed	94.4	5.6	62.5	37.5	84.6	15.4	26
Divorced/Separated	0.0	0.0	0.0	100.0	0.0	100.0	1
Women's Educational Attainment							
Illiterate	85.7	14.3	62.5	37.5	77.3	22.7	22
Upto middle	79.2	20.8	41.2	58.8	63.4	36.6	41
Upto secondary	95.5	4.6	0.0	100.0	93.3	6.7	45
Higher secondary & above	90.3	9.7	50.0	50.0	87.9	12.1	33
Women's Occupation							
Cultivator	89.3	10.7	71.4	28.6	85.7	14.3	35
Manual Labour	90.2	9.8	0.0	100.0	86.1	14.0	43
Govt. Service	66.7	33.3	28.6	71.4	50.0	50.0	16
Household Industry/Family Enterprise	100.0	0.0	50.0	50.0	81.8	18.2	11
Home-maker	92.9	7.1	50.0	50.0	83.3	16.7	36
Self-decision on money use							
No	90.6	9.4	48.2	51.9	80.4	19.6	112
Yes	85.7	14.3	0.0	100.0	82.8	17.2	29
Land Ownership							
No	100.0	0.0	20.0	80.0	63.6	36.4	11
Yes	88.8	11.2	52.2	47.8	82.3	17.7	130
Nature of ailment							
Acute	94.7	5.3	27.3	72.7	83.8	16.2	68
Chronic	83.9	16.1	58.8	41.2	78.1	21.9	73
All	89.4	10.6	46.4	53.6	80.9	19.2	100

***AYUSH includes Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy**
Source: Field Survey, 2020-21

Majority of the surveyed tribal women (89.4%) in Kinnaur preferred Allopathic medicines. In contrast, more than half of the tribal women in Lahaul and Spiti district preferred AYUSH system of medicines (53.6%). Data from the field survey shows that currently married women (22.7%), those who are illiterate (22.7%) or have education only up to the middle level (36.6%), women who lack decision-making authority concerning financial matters (19.6%) or land ownership (36.4%), and those who were suffering from chronic ailments (21.9%) preferred to seek AYUSH treatment instead of allopathic treatment.

Average medical expenditure for non-hospitalized illness and hospitalized illness episodes:

Health-Seeking Behaviour of an individual is largely dependent on the costs associated with the treatment. Table 3 highlights the average medical expenditure for non-hospitalized illness episodes for H.P. and selected tribal women. Also, the average medical expenditure incurred for hospitalized illness episodes is depicted in Table 4.

Table 3
Average medical expenditure for non-hospitalized illness episodes for H.P. and selected tribal women (in Rs)

Average Medical Expenditure	NSSO 71st round				NSSO 75th round				Primary survey (Selected Tribal Women)		
	H.P.		All-India		H.P.		All-India		Kinnaur	Lahaul & Spiti	Total
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Rural	Rural
Males	450	1095	502	683	638	585	621	711			
Females	602	606	515	604	1114	363	567	710	707	102	652
All	551	843	509	639	887	445	592	710			

Source: NSSO 71st round (2014), NSSO 75th round (2017-18), Field Survey, 2020-21

Data from both the rounds of NSSO, 71st round (2014) and 75th round (2017-18), point out that Himachal Pradesh attained higher treatment cost as compared to other places in India. Further, when compared to the national average, rural women in Himachal Pradesh experience healthcare expenditures that are twice as high as those of their urban counterparts. Additionally, the primary survey revealed that compared to Lahaul and Spiti, women in Kinnaur bear a high burden of medical expenditure.

Table 4
Average medical expenditure incurred for hospitalized illness episodes (excluding childbirth) for Himachal Pradesh and surveyed tribal women (in Rs)

Average medical expenditure	NSSO 71st round				NSSO 75th round				Primary Survey (Selected Tribal Women)		
	H.P.		All-India		H.P.		All-India		Kinnaur	Lahaul and Spiti	Total
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Rural	Rural
Govt./Public Hospital	15257	29055	5636	7670	12797	12738	4290	4837	7475	*69208	21721
Private Hospital	31596	27652	21726	32375	37797	36003	27437	38822	31500	19633	23589
All incl. Charitable/Trust/NGO -run hospital	18860	28590	14935	24436	20308	17791	16676	26775	10132	44421	20419

Source: NSSO 71st round (2014), NSSO 75th round (2017-18), Field Survey, 2020-21

*The figure seems enormous due to inclusion of certain cases that required surgery and expensive medicines

Compared to India's average medical expenditure in urban areas, the expenditure of public hospitals is approximately four times higher in Himachal Pradesh. Thereafter, compared to the all-India average, the cost of treatment at private hospitals in rural areas of H.P. was 1.4 times and 0.9 times higher in urban areas. Data from the primary survey reveals that out of the total women interviewed, 40 women were hospitalized (6%). District Lahaul and Spiti district entails higher expenditure when compared to the Kinnaur district. Lastly, the average cost of treatment (medical expenditure) at private health facilities is significantly higher as compared to public health facilities.

Non-health-seeking behaviour:

Table 5 illustrate the reasons for not seeking treatment among the surveyed tribal women of Kinnaur and Lahaul and Spiti districts. 52 women (27%) out of the 193 women who reported ailments chose not to seek treatment.

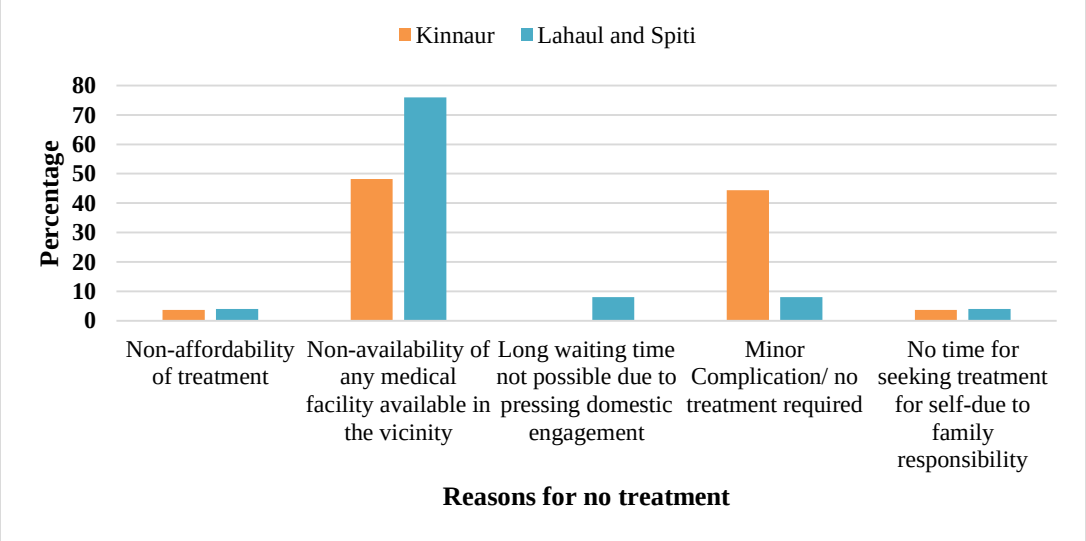
Table 5
Reasons for not seeking treatment

Reasons for not seeking treatment	Kinnaur	Lahaul and Spiti	Total	N
Non-affordability of treatment	3.7	4.0	3.9	2
Non-availability of any medical facility available in the vicinity	48.2	76.0	61.5	32
Long waiting time was not possible due to pressing domestic engagement	0.0	8.0	3.9	2
Minor Complication/ no treatment required	44.4	8.0	26.9	14
No time for seeking treatment for self-due to family responsibility	3.7	4.0	3.9	2
Total	100.0	100.0	100.0	52

Source: Field Survey, 2020-21

The study found that the majority of women cited "Non-availability of any medical facility available in the vicinity" in both the districts of Kinnaur (48.2%) and Lahaul and Spiti (76%) for not seeking care. The second main reason cited by the surveyed tribal women (27%) was the perception that the complication was minor and treatment was not required apart from other reasons. A graphical depiction of reasons for not seeking treatment among the surveyed tribal women of Kinnaur and Lahaul and Spiti is shown in Figure 2,

Figure 2: Reasons for not seeking healthcare among the surveyed women



Source: Field Survey, 2020-21

Qualitative Findings From The Field Survey:

Focus group discussions (FGDs) and in-depth interviews with the tribal women revealed that distance was a major impediment and often led to delays in seeking care among women. There was a lack of specialist doctors and unavailability of diagnostic tests (X-ray, ultrasound) at the nearest community health centres (CHCs) because of which women and their family members had to bear the brunt of medical as well as non-medical expenditure which included transport, food, and stay costs. Informal healthcare providers were preferred because of the staunch belief system and their easy availability and accessibility especially during the winters because of the harsh climatic conditions when accessing the health facility is a herculean task for the tribal people.

Conclusions:

The present study analyzed the HSB among tribal women of H.P. Additionally, this study explored the socio-economic characteristics, preferred source of treatment and preferred type of treatment among the surveyed tribal women. Further, it explores the average medical expenditure for non-hospitalized and hospitalized illnesses among selected tribal women. The study concluded that the expenditure on informal providers was higher in Kinnaur because of the prevalence of Quacks (Bengali doctors) who provide allopathic medicines, which are generally not available at the nearest health center. Furthermore, the major reasons cited by the tribal women who did not seek treatment were the lack of availability of health facilities in the vicinity and the perception that the complication was minor and did not require any treatment. However, the sample size may not be a good representative of the entire indigenous population in the state of H.P. In future studies, the study would consider more samples and analyze the inequalities in service delivery and effective practices of health care settings in a detailed manner.

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