Health & Health Seeking Behavior: A Socio-economic Analysis of Malaria in Tribal Odisha.

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Introduction

- Out of the various health problems found among tribals in India, malaria is considered as the foremost problem.
- Though tribal communities constitute nearly 8% of the total population of the country, they constitute 25% of the total malaria cases.
- Odisha is considered as highest malaria affected state in India.
- Every year around 2 to 3 lakh people used to be affected from malaria in Odisha. Around 7% of the fever cases reported from tribal dominated district off Odisha are blamed as malaria.
Objectives and Methodology

Objectives:
- To understand the causes of the malaria along with tribal perception.
- To understand the health seeking behavior.

Methodology:
- This study is based on the field work carried out in 3 tribal dominated villages in padmapur block of Rayagada district, Odisha. 123 tribal households were selected for the final study.
- Using some anthropological techniques data were obtained. Key informer interview was held. The health workers and native health care specialty were contacted for the information.
Malaria Endemic Areas in India
Native perception

• 84.55% believe malaria as disease, where as the rest believe that it is a punishment of God who is the protector.

• If patient suffers from fever on alternative day called polinamberi. If fever continues for couple of days – baupunamberi

• Around 61% of the respondent feels that malaria is a contagious disease. It can be spread through direct contact. They imposed some taboos like not allowed to sleep,

• 45.53% feel that it can be cured through proper treatment.
Etiology of Malaria

- They are unable to explain the exact reason. They feel disari, gunia, jani, can easily recognize malaria.

- **Ecological condition:**
  - The tribal communities’ inhabitate in the deep forest on foot af a hill. So it is very difficult to come in contact with sunlight directly. This is the main cause of breeding of the mosquitoes.

- **Canal irrigation** – tank not maintained – mosquito

- Unhygienic life style has worsening the situation. Open air defecation. Throwing garbage just near home.

- 35% HHs – attached cattle shed 53% no cattle shed.
Wrath of Supernatural beings:

- They used to believe that the Wrath of the Benevolent & Malevolent GODS & Goddesses brings Malaria to them.
- These Gods afflict people with malaria in case of deviant behavior like not performing rituals, breach of taboos, not offend first crops, cutting the trees, which are the dwelling places for them.
- Suru Penu is the hill God believed to cause malaria if she is not worshiped properly during showing and harvesting.
- Linga penu if energy causes high fever.
- Tana penu & Banga penu, the earth Goddess may cause malaria due to breach of taboos & not sacrificing animal during rituals.
- If anyone cuts the trees or the branches there the Goddess will be offended & offender will be afflicted with high fever (Malevolent Goddesses).
Conti....

Evil (Mamli Penu) Spirits, Ghosts & Ancestors:

• When anybody unexpectedly meets these spirits it may cause illness.
• Going alone to the hills & forest, staying in the poduland in night time, crossing the burial ground during pregnancy are the main reasons to expose one to the malevolent act of the spring.
• Any offence to the ancestors brings malaria. Ex not offering pig/ hen cause – mother & chike dum name giving ceremony.

Black magic and Sorcery:

Natural cause:

• a) change in season
• b) Excess smoking or drinking alcohol
• c) Eating foods which do not suit to the body.
• d) Getting wet in the rain.
• e) Taking bath in newly stored water
• f) Hard work & irregular sleeping.
• g) Mosquito bite
• h) Drinking unsafe water
• i) Keeping environment unclean
## Reasons of high morbidity rate due to Malaria

### Work Days

<table>
<thead>
<tr>
<th>Knowledge about reason</th>
<th>No of the respondent</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unavailability of qualified medical practitioner</td>
<td>123</td>
<td>100</td>
</tr>
<tr>
<td>Low awareness</td>
<td>67</td>
<td>54.47</td>
</tr>
<tr>
<td>Poor educational status</td>
<td>47</td>
<td>38.21</td>
</tr>
<tr>
<td>Low economic condition</td>
<td>123</td>
<td>100</td>
</tr>
<tr>
<td>Insufficiency of drugs at PHC</td>
<td>99</td>
<td>80.48</td>
</tr>
<tr>
<td>Toography of the area</td>
<td>72</td>
<td>58.54</td>
</tr>
<tr>
<td>Imperfect allocation of insecticide</td>
<td>67</td>
<td>54.47</td>
</tr>
</tbody>
</table>
• The villagers are not much aware about the actual cause of the malaria but they are aware about the symptoms of malaria.
• They have no much knowledge about breeding place of the mosquitos.
• Anganbadis are not much active.

Health seeking behavior

• The father of the patient plays major role
• Health seeing does not at least properly begin till ones acceptance as being seek.
• Distribution of the respondent according to their discussion of the initial symptoms of malaria patients
Respondents consultation at the time of requirement

<table>
<thead>
<tr>
<th></th>
<th>respondent</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>friends</td>
<td>14</td>
<td>4.38</td>
</tr>
<tr>
<td>neighbors</td>
<td>32</td>
<td>26.01</td>
</tr>
<tr>
<td>Spouse</td>
<td>65</td>
<td>52.85</td>
</tr>
<tr>
<td>Other family member</td>
<td>12</td>
<td>9.76</td>
</tr>
<tr>
<td>total</td>
<td>123</td>
<td>100</td>
</tr>
</tbody>
</table>
Various factors like age, sex, education, chronic diseases, socio-economic condition, economic importance of the patient working season, duration of the treatment, beliefs regarding the cause of diseases, previous experiences influence the path that people choose to seek health care.

The members of the family whose economic contributions to the family are quite significant take longer time to assume the sick role.

Women deny the sick role for a considerable period because of the responsibilities of looking after children and other family activities.

The lack of knowledge is the main reason for the late diagnosis of early treatment.

Quality of treatment—Christian prefer missionary hospitals but still believe in traditional practices.

Most of the villages (70%) used to visit traditional health practitioners (disari).

They prefer (30%) private rather than government.
## Reason for not visiting PHC

<table>
<thead>
<tr>
<th>Reason</th>
<th>number</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No proper treatment</td>
<td>55</td>
<td>44.71</td>
</tr>
<tr>
<td>Non availability of medicine</td>
<td>36</td>
<td>29.27</td>
</tr>
<tr>
<td>Very lack attention to refer patient</td>
<td>10</td>
<td>8.13</td>
</tr>
<tr>
<td>Socio economic barrier</td>
<td>12</td>
<td>17.89</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>123</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
• Though mosquito nets have been distributed to all households only 20% hhs are using others are using it for fishing, drying foods to protect from birds.
• Only 32% hhs shows a positive response toward indoor residual spray (irs) other show negative response.
• It was told that government officials are not serious about spraying. They do it once / twice in a year, which does not help. They have no faith on blood testing lab
Conclusion

- Their traditional system has come in confrontation with modern one.
- The etiology and its hearing system are found to be associated with the magico-religious beliefs.
- Along with herbal treatment, magico-religious practice are still occupying a significant position in their indigenous system of treatment.
- The various socioeconomic factors such as sex, age, educational qualification, have influences health seeing below