# A Cross-sectional Study of Factors associated with Health Seeking Behaviors of Nomadic Tribes 20 to 60 Aged People in the Area of Medchal Telangana State

Ashok Kumar, M. Surya Durga Prasad\*

#### **A**BSTRACT

**Background:** Health seeking behavior (HSB) is outlined as "any activity undertaken by people WHO known themselves, to have a health problem or to be sick for the aim of finding an acceptable remedy." The tribes WHO aren't recognized by the Govt. and don't have Govt. identity such as Aadhaar and citizen id and other people those who are migrating from one place to totally different place are known as unsettled tribes or nomadic tribes. **Objectives:** (1) To assess the HSB of nomadic tribes of Medchal Telangana. (2) To find out the factors Associated to HSB within the nomadic tribes. **Methodology:** The study has been meted out among nomadic tribe people of Medchal district. Pre-tested structured questionnaires are going to assess the HSB of nomadic tribes and to see the factors associated to HSB of the nomadic tribes. **Results:** During this study total 100 respondents out of 100 are interviewed, during this study men are 58% (n = 58) and ladies are 42% (n = 42). From those 100 respondents, 15 respondents are plagued by chronic illness and from 4 respondents aren't taking any treatment and remaining 11 respondents are seeking allopathic treatment. There is less association between chronic illness of HSB of nomadic tribes and associated factors, because the P > 0.05 and high association between acute illness, so HSB of chronic illness is more than acute illness.

**Keywords:** Behaviors, Health seeking, Nomadic tribes, Nomadic, Tribes *Asian Pac. J. Health Sci.*, (2022); DOI: 10.21276/apjhs.2022.9.1.30

#### Introduction

Health: "Health may be a state of fulfilled social well-being, physical and mental and not just the absence of malady and feebleness." [1] Seeking: to attain one thing, behaviors: the means with during which someone behaves in response to the particular state of affairs.

Health-seeking behavior (HSB) or health-care service utilization forms a vital determinant of health standing of the population. HSB can also be explained through numerous models planned in various fields such as psychology and social science that helps in identification of its determinants, drawback areas, and its potential resolution.<sup>[2]</sup>

Nomadic tribes: the tribes WHO aren't recognized by the Govt. and don't have Govt. identity such as Aadhaar and citizen id and other people those who are migrating from one place to totally different place are known as unsettled tribes. One hundred and fifty years past, in 1871, the National parliament Passed Damaging criminal tribes act. This act stigmatized generations of this community once and for all.<sup>[3]</sup>

According to RENKE commission 2008 there are one, 500 seminomadic tribes and unsettled tribes and 198 unsettled tribes, comprising fifteen large integer Indians, and 62 DENOTIFIED unsettled tribes within the state of Telangana. These unsettled tribes are economically and socially additional vulnerable and depriving several of them of basic human rights. These tribes engaged in various occupations they are: acrobats, salt manufacturers, dancers, jugglers, key making, and salt mercantilism.<sup>[3]</sup>

The national commission for DENOTIFIED, unsettled and seminomadic tribes this initiative is taken by ministry of social justice and empowerment by Govt. of India 2003 to try the analysis concerning numerous biological process aspects of unsettled and semi-nomadic tribes in Indian nation.<sup>[3]</sup>

School of Medical Sciences, University of Hyderabad, Hyderabad, Telangana, India

Corresponding Author: M. Surya Durga Prasad, School of Medical Sciences, University of Hyderabad, Hyderabad, Telangana, India. E-mail: surya@uohyd.ac.in

How to cite this article: Kumar A, Prasad MS. A Cross-sectional Study of Factors associated With Health Seeking Behaviors of Nomadic Tribes 20 to 60 Aged People in the Area of Medchal Telangana State. Asian Pac. J. Health Sci., 2022;9(1):115-119.

Source of support: Nil Conflicts of interest: None.

Received: 16/09/2021 Revised: 19/10/2021 Accepted: 17/11/2021

The commission was supported on 2003 22<sup>th</sup> Nov and reconstituted on 2005 sixteenth march as a result of the sooner commission couldn't create a lot of headway for a spread of reasons. The commission assumed its engaging from half-dozen February 2006.<sup>[3]</sup>

## **METHODS**

#### Universe of the Study

The study will be undertaken in selected areas of Medchal District. It is also known as Medchal-Malkajgiri. The district coordinates with 17.6297 N 78.4814 E. It also forms a part of Hyderabad metropolitan development authority. A study is conducted in between February 2021 and April 2021. The target population for study nomadic tribe people aged 20–60 years of Medchal District, Telangana state.

©2022 The Author(s). This is an open access article distributed under the terms of the Creative Commons Attribution License (http:// creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

## **Study Tool**

A pre-tested structured questionnaire will be used to collect data by house visits. Interview schedule will be administered to the household head and all the available study participants. Data will be collected on demographic characteristics, employment, education level, family size, presence of acute and chronic illnesses, health care seeking behavior and reasons for non-utilization of particular health facilities, etc.

## Sample Size

$$N = \frac{4PQ}{l^2}$$

$$= \frac{4 \times 50 \times 50}{(10 \times 10)} = 100$$

Sample size arrived 100.

## **Method of Sampling**

For the purpose of the study, probability sampling technique of Random walk method was employed.

Total 24 Urban Primary health centers.

Total 4 Primary health center's covered in that each village allotted 5 starting points.

After numbering the villages, selected one of them at random. The corners of the chosen villages are assigned letters, one of which is also selected at random. Moving in a clockwise direction from that corner, all houses up to the next corner are numbered and one of these is also randomly chosen. That will be the first household interviewed and data collected from every third household and fifth household.

### **Data Analysis**

Data will be entered into MS-Excel software and is analyzed using MS-Excel. Descriptive analysis will be done to find the pattern of HSB and further analyze the data using inferential statistics to find the association between various sociodemographic factors and HSB among nomadic tribes.

# **Inclusion Criteria**

All nomadic tribe people in the identified clusters were included in the study provided they fulfilled the following inclusion criteria those nomadic tribes who gave consent to participate in the study.

Nomadic tribes who are temporary residents of MEDCHAL district and who are aged from 20 to 60 years were included in study.

## **Exclusion Criteria**

One or more of the following criteria, if fulfilled warranted an exclusion of the respondent from the study. Nomadic tribe people who are not willing to participate in the study for their own reasons.

#### **Ethical Consideration**

The ethical approval was taken from the institutional ethics committee. Written informed consent will be taken from the participants, and they will be explained about the study in detail. They will be assured that all personal information will be kept confidential and will be used only for research and study purposes.

## RESULTS

# Sociodemographic Details of the Respondents

In this study, total 100 respondents out of 100 are interviewed and response rate is 100%. Respondents are categorized by age into young adults and middle-aged adults and older adults.

Young adults are aged between 18 and 35years, middle-aged adults are aged between 36 and 55 years, older adults aged older than 55 years.in this study 64% participants are young adults, 29% are middle-aged adults and older adults are 7%, in this study men are 58% (n = 58) and women are 42% (n = 42) so here the men respondents are more than women [Table 1].

Gangireddula: Nomadic tribe people of Gangireddula they beg by doing dance and playing trumpets along with calf. Pochammalollu: Nomadic tribe people of Pochammalollu they doing rag picking for their survival. Mondibanda: Nomadic tribe people of Mond-Banda hunt the animals for eating purposes. Mondi Varu: Nomadic tribe people of MONDI VARU hunt pigs and sell pig meat. Seesa Kammari: They make ironsmith works on the roadside. Chenchu: They will depend on forest for their survival.

The generation goes on. Some of the nomadic tribes are changing their lifestyle but some of them are not even changing, they are depending on poaching and hunting for their food gathering. Their standard of living 52% of the nomadic tribe people are living in huts, 33% of the nomadic tribe people are living in pucca houses, 14% of the nomadic tribe people are living in semi pucca houses and 1% of them are living in kutcha houses.

# Results of Health Seeking Behaviors of Nomadic Tribes Regarding Chronic Illness [Table 2]

About 15% are suffering from chronic illness and 85% are not suffering from the chronic illness, and from these 15% different variables they are: who are suffering from chronic illness 26.7%, n=4 people are young adults and 7 (46.7%) people are middle aged adults, 4 (26.7%) people are from-old aged adults. 12 (80%) people are men and 3 (20%) people are women. and nomadic tribe people of Medchal district Telangana are suffering from different types of chronic illness they are B.P-7 (46.7%) Sugar 3 (20%), B.P and Sugar 2 (13.3) Blindness 1 (6.7%) Gastric 1 (6.7%) Night blindness 1 (6.7%). and 4 (26.7%) are not seeking any treatment and remaining 11 (73.3%) are using allopathic medicine for their chronic illness, some of them are seeking health from private clinics. 8 (53.3%) members and 3 (20%) members are using Primary health center, remaining 4 (26.7%) members are not even seeking health from any type of health facility and 10 (66.7%) members visit a doctor once in a month, 1 (6.7%) members visit once in 6 months, and the remaining 4 (26.7%) are not seeking any treatment because they recently suffered from those chronic illnesses.

From those 15 respondents who are suffering from chronic illness they go to particular health facility for the treatment because the reason is 8 (53.3%) respondents said that the doctor is very good and 2 (13.3%) respondents said that the health facility is very close to house and 1 (6.7%) respondent said that is not expensive.

Two respondents who visit private clinics said that the health facility is very close to their house and six respondents who visit private clinics said that the doctor in that health facility is very good. two respondents who visit primary health centers said that the doctor is very good and one respondent who visits primary health centers said that it is not expensive and 10 (66.7%) Respondents take the prescribed treatment regularly and 5 (33.3%) respondents are not taking the prescribed medications and from those five respondents two don't have enough money to buy the prescribed medicines regularly and three are not seeking treatment.

# Results of Health Seeking Behaviors of Nomadic Tribes Regarding Acute Illness [Table 3]

From 100 Respondents, 43 respondents are seeking treatment while 57 respondents are not seeking any treatment in nomadic tribes of Medchal Telangana.

From those 43% of respondents different variables they are: who are suffering from acute illness and seeking treatment 69.8% (n = 30) are Male and 30.2% (n = 13) are women and seeking treatment from private clinics are 34 (79.1%) respondents, primary health centers are 8 (18.6%) respondents, and seeking treatment from tertiary centers are 1 (2.3%) respondents, who are seeking treatment for acute illness from the health facility 86% (n = 37) respondents because the doctor at private healthcare facility is very good, 11.6% (n = 5) respondents seeking treatment at the primary health center because the health facility is very close to house and 2.3% (n = 1) respondents are seek treatment from tertiary center because the doctor is very good and who seeking treatment for acute illness in health facilities 81.4% (n = 35) respondent by self they decided where to go for treatment, 11.6% (n = 5) respondents their spouse decide where to go for treatment and 7.0% (n = 3) respondents their son decide that where to go treatment.

From 43 respondents who seeking treatment for acute illness 44.2% (n = 19) respondents alone they go for the health care facility for seeking the treatment, 27.9% (n = 12) go to health care facility with their spouse, 25.6% (n = 11) respondents go to health care facility with their son and 2.3% (n = 1) respondent go to health care facility with their daughter and who seek treatment for acute illness 83.7% (n = 36) respondents are self-dependent for their medication, 9.3% (n = 4) respondents are dependent on their son and 7.0% (n = 3) respondents are dependent on their spouse for financial assistance for their medication. Who are seeking treatment for acute illness 46.5% (n = 20) respondents they take care by their spouse, 27.9% (n = 12) respondents nobody take care when they are ill, 20.9% (n = 9) respondents they take care by daughter when they are ill.

Among 43 respondents, 42 respondents are satisfied with the treatment provided at the health care facility and one respondent is not satisfied with the treatment sought from the health care facility because they did not improve the person from the disease.

Among 43 (100%) respondents, 42 (97.7%) are buying the prescribed medicines regularly while the remaining 1 (2.3%) respondent are not buying the prescribed medicines because they are expensive.

From 42 respondents, 41 (95.3%) are taking prescribed medications regularly 1 (2.3%) are not taking the prescribed medications regularly.

# Significance of Factors Associated with HSBs of Chronic Illness of Nomadic Tribes

All the factors of nomadic tribes of HSBs of chronic illness *P* value is greater than alpha, that is, 0.05 so there is less association between HSBs of nomadic tribes and sociodemographic factors.

# Significance of Factors Associated with HSBs of Acute Illness of Nomadic Tribes

All the factors of nomadic tribes of HSBs of acute illness *P* value is less than alpha value, that is, 0.05 so there is high association between HSBs of nomadic tribes and sociodemographic factors.

## DISCUSSION

Most of the nomadic tribes in Medchal Telangana are 64% participants are young adults, 29% are middle-aged adults and older adults are 7% it is slightly different with the study of Petry, [4] the gender distribution in this study Men 58% (n=58) and women are 42% (n=42) so here the men respondents are more than women in this study which similar to the study of Latunji1 and Akinyemi. [2]

Out of the 15 nomadic tribe people who reported to be suffering from a chronic illness, 11 respondents of nomadic tribe people seek some form of health care from health facilities. The HSBs for chronic illness 8 (53.3%) respondents said that the doctor is very good and 2 (13.3%) respondents said that the health facility is very close to home and 1 (6.7%) respondent said that is

**Table 1:** Sociodemographic profile of the respondents

Question	Frequency	Percentage
Age		
18–35	64	64
36–55	29	29
Above 55	7	7
Gender		
Male	58	58
Female	42	42
Nomadic tribes		
Gangireddula	39	39
Mondi Varu	19	19
Mondi Banda	3	3
Seesakammari	3	3
Pochammalollu	29	29
Chenchu	7	7
Education qualification		
Illiterate	93	93
Primary school	1	1
Middle school	1	1
High school	3	3
Graduation	2	2
Occupation		
Unemployed	16	16
Dancers	29	29
Rag pickers	27	27
Selling pig meat by	19	19
hunting		
Hunting	5	5
Key makers (iron smith)	3	3
Municipal worker	1	1
Standard of living		
Pucca house	33	33
Semi pucca	14	14
Kutcha	1	1
Hut	52	52

**Table 2:** Significance of chronic illness with sociodemographic factors

Variable	Distribution	Chi-square	P value	Critical value
Gender	Male: 58, Female: 42	3.50623008	0.061138428	3.841458821
Nomadic tribe	Gangireddula: 39	10.84613	0.096029	11.0705
	Mondivaru: 19			
	Mondibanda: 3			
	Seesakammari: 3			
	Pochammalollu: 29			
	Chenchu: 7			
	Married: 10	0.21786492	0.640672	3.841459
	Unmarried: 9			
Standard of living	Pucca house: 33	12.434624	0.006469	7.814728
	Semi pucca: 14			
	Kutcha: 52			
	Hut: 1			

Table 3: Significance of acute illness with sociodemographic factors

Variable	Distribution	Chi-square	P value	Critical value
Gender	Male: 58	4.288253	0.038377	3.841459
	Female: 42			
Nomadic tribe	Gangireddula: 39	17.35071	0.027096	11.0705
	Mondivaru: 19			
	Mondi banda: 3			
	Seesa-kammari: 3			
	pochammalollu: 29			
	Chenchu: 7			
	Married: 10	1.31012285	0.252372	3.841459
	Unmarried: 90			
· · · · · · · · · · · · · · · · · · ·	Pucca house: 33	6.943321876	0.089139	7.814728
	Semi pucca: 14			
	Kutcha: 52			
	Hut: 1			

not expensive. While comparing to chronic illness which is higher than acute illness seeking treatment for acute illness from the health facility 86.0% (n=37) respondents because the doctor at private healthcare facility is very good, 11.6% (n=5) respondents seeking treatment at the primary health center because the health facility is very close to house and 2.3% (n=1) respondents are seek treatment from tertiary center because the doctor is very good.

While interpreting HSBs of acute illness with chronic illness most of them seek health because the doctor is very good and the health facility is very close. This finding is similar to the Lubeck-Schricker.<sup>[5]</sup>

Most of the nomadic tribe people suffering from chronic illness are higher than acute illness, and the nomadic tribe people who seek treatment for chronic illness and acute illness, most of them preferring allopathic medicine, during the course of data collection revealed that they are aware of the seriousness of chronic illness.

Blood pressure and sugar are high in number of nomadic tribe people who are seeking treatment for chronic diseases.

A majority of the nomadic tribe people, 57 out of 100 respondents think that the drugs need not be taken regularly and 43 respondents need to take drugs while one respondent finds the drugs very expensive from those who are seeking treatment for acute illness.

The factors mostly associated with the HSBs of nomadic tribes of Medchal Telangana is the doctor is very good, health center is

very close and Socio demographic factors are highly associated with acute illness and not associated with chronic illness.

#### Conclusion

Nomadic tribe people are aware of chronic health issues but not acute illness, so HSBs of chronic illness is higher than acute illness and the study of factors less associated with HSBs of chronic illness of nomadic tribes and highly associated with acute illness.

#### Limitations

The present study being a cross-sectional study, only the association of some sociodemographic determinants could be demonstrated whereas the causality of these sociodemographic determinants could not be ascertained.

## RECOMMENDATIONS

This study is to create awareness about acute illness and importance of the prescribed medicines to take regularly and make special policy for their education and special reservation to them in education sector.

# **CONFLICTS OF INTERESTS**

"The authors declare no potential conflicts of interest with respect to research, authorship and/or publication of this article."

## **A**CKNOWLEDGMENT

I hereby take the opportunity to extend my heartfelt gratitude to all those who helped me to complete this report. Special gratitude to my supervisor Dr. M. Surya Durga Prasad Assistant Professor, University of Hyderabad. I would like to thank all the participants for their participation in the study.

## COPYRIGHT AND PERMISSION STATEMENT

I. M. Ashok Kumar confirm that the materials included in this chapter do not violate copyright laws. Where relevant, appropriate permissions have been obtained from the original copyright holder(s). All original sources have been appropriately acknowledged and referenced.

## REFERENCES

- Sartorius N. The meanings of health and its promotion. Croat Med J 2006;47:662.
- Latunji OO, Akinyemi OO. Factors influencing health-seeking behavior among civil servants in Ibadan, Nigeria. Ann Ibadan Postgrad Med 2018:16:52-60.
- Renke SB. National Commission for DE Notified, Nomadic and Semi-nomadic Tribes. Vol. 1. India: Ministry of Social Justice and Empowerment, Government of India; 2008.
- Petry NM. A comparison of young, middle-aged, and older adult treatment-seeking pathological gamblers. Gerontologist 2002;42:92-9.
- Lubeck-Schricker M. Health on the Move: Health-seeking Behavior of CHANGPA Nomads in Ladakh, India. Massachusetts: Tufts University; 2019.