

The Pattern of Health-Seeking Behavior among Juang Tribe- A Particularly Vulnerable Tribal Group of Odisha, India

Kaberi Sahoo, Soumya R. Nayak, Priyanka Khurana

Department of Anthropology, Utkal University, Vani Vihar, Bhubaneswar, Odisha, India

Abstract

Introduction: Social and economic position, environment, access to healthcare, ethos, and worldview are all important determinants of people's health-seeking behavior. Tribal communities in India oscillate between their emic rationale for the cause and treatment of health concerns on the one hand and affordable modern methods on the other. The present article is based on a study conducted among the Juang tribe of Odisha to understand their acceptance and preference for traditional or modern healthcare systems and the reasons for these choices. **Material and Methods:** Purposive sampling, a pre-structured schedule, an observation approach, case studies, and interviews with community members have been used to gather the primary data used in the study. **Result:** The study identified a diverse pattern of health-seeking behavior. From the four villages, 70% of respondents combined into cluster-1 preferred the traditional healthcare system, mostly for geographical and cultural reasons, as opposed to 95% of respondents from the villages in cluster-2, who preferred modern healthcare services because they were more easily accessible and involved modern healthcare providers. **Conclusion:** In this research work, it has been found that the Juang tribe is in a transitional phase and uses a hybrid approach to health seeking. Moreover, it has also been discovered that important variables including cultural attitudes and the affordability of contemporary healthcare services have influenced people's decisions toward healthcare systems.

Keywords: Health-seeking behavior, Juang tribe, modern healthcare, traditional healthcare

INTRODUCTION

India has the second-highest population density in the entire world.^[1] About 8.6% of India's entire population is made up of tribes.^[2] Odisha is the Indian state with a large number of Scheduled Tribes (ST) and the highest number of Particularly Vulnerable Tribal Groups (PVTGs).^[2,3] The ST in Odisha comprise approximately 22.8% of the total state population, including the 13 PVTGs.^[2,4] These groups represent vulnerable sectors of tribal communities that confront a variety of issues as their socio-economic status, geographical, and cultural circumstances create hurdles that inhibit effective communication, data exchange, and collaborations with them for their development.

There is a consensus that tribes in India have poor health status. Several scholars have examined variables that influence tribal health and their health-seeking behavior. Studies show that issues including economic, political, environmental, access to medical services, and cultural factors have a significant influence on tribal health.^[5-7] The most important of them are cultural factors. Traditional healers in various tribes of the

Eastern Ghats employ complex diagnostic procedures and strategies to treat patients who are believed to be under the control of spirits that are the cause of their illnesses.^[6]

Tribal people also follow their traditional ethnomedical practices employing natural plants and animals to treat illness and enhance health,^[6,8,9] in addition to their cultural traditions of linking God and spirits with health and disease. It is also interesting to note that tribal communities are also shifting toward the modern system of healthcare along with retaining their traditional healthcare system.

Among the tribes of Odisha, the bulk of health surveys and research on health-seeking behavior place more emphasis on

Address for correspondence: Dr. Priyanka Khurana,
Department of Anthropology, Utkal University, Vani-Vihar, Bhubaneswar,
Odisha - 751 004, India.
E-mail: priyankakhurana09@gmail.com

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

How to cite this article: Sahoo K, Nayak SR, Khurana P. The pattern of health-seeking behavior among Juang tribe - A particularly vulnerable tribal group of Odisha, India. *Indian J Community Med* 2023;48:696-701.

Received: 01-10-22, **Accepted:** 26-07-23, **Published:** 07-09-23

Access this article online

Quick Response Code:



Website:
www.ijcm.org.in

DOI:
10.4103/ijcm.ijcm_821_22

areas or health concerns than communities.^[10-12] The causes of health problems, however, differ from population to population and are intricately linked to their socio-cultural context. As a result, it is essential to conduct evaluations particular to the community. In light of this, the current study makes an effort to investigate the pattern of health-seeking behavior among the Juang tribe of Odisha. Their poor health status has been documented in several studies,^[13-17] but few have examined the factors that influence their health-seeking behavior. The present study offers first-hand knowledge and emic perspective from members of the Junag group on their health-seeking behavior and the variables impacting it in view of shifting patterns in health-seeking behavior across different tribes of India.

METHODOLOGY

The current work is a descriptive, cross-sectional, and community-based research that focuses on the Juang tribe in the Banspal block of the Keonjhar district of Odisha. Eight villages—Kundhei, Tala Kansa, Upara Kansa, Ghunghi, Gonasika, Guptaganga, Kadalibadi, and Upara Baitarani—were used to gather the data. Based on their geographical proximity to one another, the villages of Kundhei, Tala Kansa, Upara Kansa, and Ghunghi were placed into cluster 1, while Gonasika, Guptaganga, Kadalibadi, and Upara Baitarani were classified into cluster 2. A pre-structured schedule, participatory and non-participatory observation, case studies, and face-to-face interviews with community members were used to gather the data. Based on the participant's availability, 404 pre-structured schedules were filled out using the interview approach in order to gather data on socio-demographic characteristics. The distribution of these samples among the two clusters was equal. Out of 404 households, 176 adult respondents (106 females and 70 males) participated and were interviewed to get details on health-seeking behavior. With sample sizes ranging from 50 to 150 participants, previous anthropological research on the understanding of healthcare-seeking behavior among the tribes of Odisha has published their findings.^[9,12,18,19] As a result, a sample size of 150 was initially chosen for the current investigation. Data saturation approach was used as a criterion for discontinuing further data collection which was attained after interviewing 176 participants. Therefore, the final sample size was limited to 176 participants. Further, five case studies were taken up to have a finer understanding of the same. The data was collected with prior informed consent and institutional ethical clearance bearing IEC reference No. IEC/UU/2022-06 was obtained for the study.

Area and people

The Keonjhar district is situated in the northernmost part of Odisha, India. In terms of area and population, it ranks fourth and eighth in Odisha,^[20] respectively. 1,801,733 people make up the Keonjhar district's population, of which ST communities make up 45.45%.^[20] In Keonjhar, there are 13 blocks, with the Banspal block having the highest proportion of ST residents. The geographical location of the studied area

in Keonjhar district of Odisha has been indicated by an arrow in Figure 1. There are 164 settlements in the Banspal block, home to 102,527 people, of which 80% are ST.^[20] The Ho, Paudi Bhuiya, and Juang are the three main PVTGs in the Keonjhar district. With a total population of 4,709,520, the Juang tribe is the one with the highest concentration in the Keonjhar district.

Translation of “Juang” is “man.”^[21] Agriculture (shifting cultivation), hunting, gathering, domesticating animals, trade, exchange, wage work, etc., are their main means of subsistence. The Juang hold a belief in the supernatural and unseen forces that reside in the hills, forests, rivers, and dwellings around that govern and direct their life. They revere *Gramisiri*, the local village God who is regarded as the principal deity and who guards the residents against all catastrophes, including illnesses. It is symbolized by a wooden post or a stone that is positioned in the center of the hamlet with other rocks.

The Juang villages have just been recently brought to the modern healthcare system by government healthcare facilities. In the Banspal block, there is one Community Health Center, one District Headquarter Hospital, and four Primary Health Centers (PHCs) in the villages of Gonasika, Phuljhar, Kolenda, and Sukati.

RESULTS

Table 1 displays the sex-wise distribution, level of education, and average yearly income from the two Juang village clusters. The study shows both clusters have poor educational standing with both the clusters with female population having a lower literacy rate than males. It should be noted that comparatively more women ($n = 106$) than men ($n = 70$) participated in the study as they were mostly present in their homes while men were out for work. Therefore, the present study's observed patterns of health-seeking behavior may be impacted by the higher proportion of female participants and their lower levels of education. Additionally, it was noted that cluster 1 had a higher annual average income than cluster 2.

The frequency distribution in terms of healthcare services preferences between the two village clusters is presented in Figures 2 and 3.

Table 1: Socio-demographic profile of study participants from cluster 1 and cluster 2 villages

	Cluster 1	Cluster 2
Population		
Male	448	523
Female	453	529
Total	901	1052
Literacy		
Male literacy	60.67%	70.90%
Female literacy	41.80%	55.90%
Total Literacy rate	51.40%	63.40%
Average annual income (in rupees)	60,000	20,000

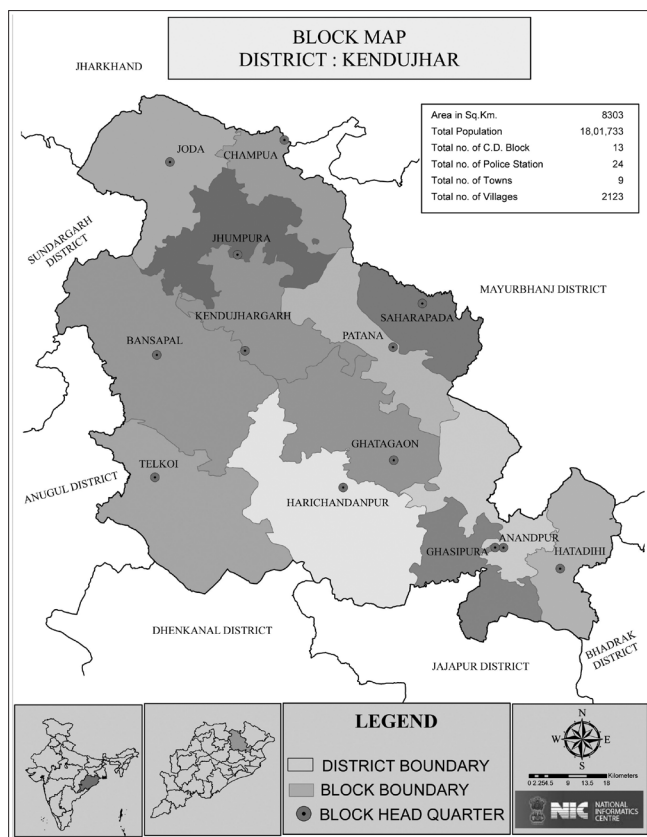


Figure 1: Location of Keonjhar district and Banspal block^[22]

Figure 2 shows that in cluster 1, 70% of the respondents preferred traditional healthcare services, and 30% of the respondents preferred modern healthcare services. On the contrary, Figure 3 shows that in cluster 2, the majority (95%) of respondents preferred modern healthcare services, and less (5%) preferred traditional healthcare services. Even though these eight villages are situated in one block, Banspal, and are occupied by the culturally homogenous Juang tribe, they were found to be following contrasting healthcare systems.

Trends in healthcare-seeking preference in cluster 1 villages

Most Juang people in cluster 1 villages reported using a medication made by their traditional healers, locally referred to as *Raudia* (herbalist)/*Gunia* (sorcerer)/*Dehuri* (priest). Although Tala Kundhei, one of the communities in cluster 1, was close to the local health center (PHC), few people used it because it lacked the staff or resources necessary to offer quality treatment. The Juang in cluster 1 had poor communication infrastructure, difficult terrain to navigate, and limited access to modern medical facilities, which may have also encouraged them to stick with their traditional healthcare system.

The Juang people from cluster 1 were interviewed face-to-face, and this provided insight into their perception of traditional medicine. In one case study, respondents favored traditional healthcare because they thought it was easily accessible and

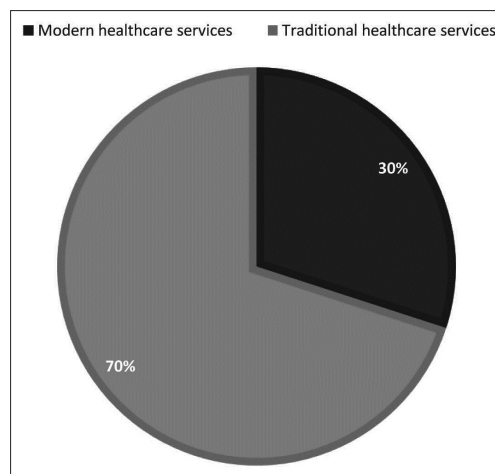


Figure 2: Preference of healthcare system in cluster 1 (Ghunghi, Tala Kundhei, Upara Kundhei, Tala Kansa)

capable of reducing the severity of symptoms in an emergency. They also believed in their traditional healer's efficiency and scientific temper, as narrated by one of the respondents "our *gunia* treats snake bites within minutes and treats non-conceiving women in few days."

Another respondent narrated, "I had a fracture in my leg. At first, I took herbal medicine prescribed by *Gunia* to reduce pain. But when I wasn't cured, I had to get an x-ray report from the hospital as asked by *Gunia*. After checking the x-ray report, the traditional healer wrapped a tree bark for bone setting, and I was cured after a few months. In my opinion, our *Gunia* has the potential to cure all the common ailments."

The acceptance of the system is almost as important as the accessibility and availability of contemporary healthcare treatments. Simple communities like Juang lack a biological foundation for illness knowledge because they interpret their local reality through the lens of their cultural milieu. They understand their state of health and illness ingrained in their socio-cultural norms, values, and belief systems. The Juang from cluster 1 were ardent adherents of conventional magico-religious methods. The concept of *raudia* or sorcerer plays a dominant role in their culture. They generally believe that the cause of all illnesses is God or spirit. According to them, ill health is nothing but a form of the wrath of the concerned Goddess (*thakurani*) or spirits on the patient. If the illness persists after having taken home-based remedies, they visit the *gunia/raudia* to satisfy the spirit of the sick person. But when the patient's condition gets out of the healer's control, the patient is taken to the PHC. Surprisingly, if the patient is not cured after the treatment by the PHC, he would once again be taken back to the *dehuri* for treatment. Thus, a cycle of treatment gets generated, shifting the patient from *raudia* to PHC, from PHC back to *raudia*, and so on. This faith in the traditional healing system is openly encouraged by elderly family members to imbibe its acceptability among younger generations. The Juang from cluster 1 could be resistant to modern medical services because of a deeply held belief among

them that doctors suppress disease symptoms rather than treat the disease and are ineffective in providing any immediate relief while traditional healers possess supernatural abilities.

Although the percentage was modest, roughly 30% of residents of cluster 1 villages indicated that contemporary medical treatments were their main option and that they had both positive and negative opinions about them. They held the view that the use of contemporary drugs causes traditional medicine to become less effective. A responder provided a narration, “the child was injected from the day he was born with medicines and taking medicine every month. How would traditional medicine work?” One of the main arguments in favor of contemporary healthcare services among this section of respondents has been noted to be the availability of free healthcare services. Traditional healers typically request animal sacrifices in exchange for treatment, placing a financial strain on the patients. Community members also reported that several of the skilled traditional healers had passed away since they had grown elderly and experienced. People are hesitant to use the services of the new generation of healers because they lack the essential training and expertise. Moreover, the lack

of interest of the younger generation in learning indigenous healing practices also acts as a demotivating factor for the few traditional healers left to transmit their knowledge and skills.

Trends in healthcare-seeking preference in cluster 2 villages

The vast majority (95%) of residents in cluster 2 villages favored contemporary healthcare services for a variety of reasons. One of the factors noted was the presence of a PHC in the village of Gonasika that was well-equipped and had a qualified medical staff. Its use was therefore more obvious. Furthermore, it was found that government initiatives and awareness-raising efforts in cluster 2 villages were beneficial in raising public knowledge of health problems and accessible resources. Additionally, it was observed that in cluster 2, the patients are often cared for by proactive Accredited Social Health Activists (ASHA), Auxiliary Nurse Midwives (ANM), and other community health professionals on behalf of the designated doctor. The cost of getting a patient to the hospital by ambulance was free of charge. To achieve a safe birth and the greatest possible benefit from health programs like GarbhaGruha, Janani Suraksha Yojana, etc., it has also been noticed that the ANM sends pregnant women to the hospital on time for deliveries. Overall, Juangs in cluster 2 villages used modern healthcare services more frequently due to the accessibility of facilities, the provision of free medicine, quick services and treatment, and poor economic status.

Contrarily, a small minority of Juang people (5%), despite traditional methods being more expensive, continued to use them. It was discovered that their preferences were based on their long-standing devotion to easily approachable gunia who was considered to have a deeper awareness of the condition’s causes and treatments due to his insider status.

Table 2 presents the summary of the factors associated with acceptance and aversion toward traditional and modern healthcare systems among the two Juang village clusters.

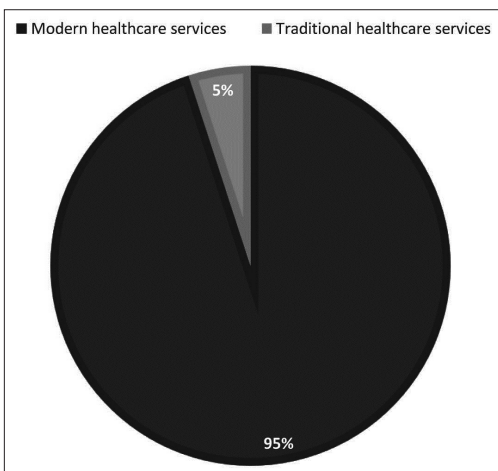


Figure 3: Preference of healthcare system in cluster 2 (Gonasika, Guptaganga, Kadalibadi, Upara Baitarani)

DISCUSSION

To comprehend the preferences for healthcare systems and the

Table 2: Reasons for acceptance or rejection of traditional or modern healthcare services

Facilitators	Barriers
<p>Traditional healthcare preference</p> <ul style="list-style-type: none"> • Readily available and effective enough to lessen the intensity of symptoms in an emergency • Faith in traditional healer’s efficiency and scientific temper • Devotion and belief in the traditional magico-religious practices • A belief that traditional healers are endowed with supernatural abilities • Modern medications lead to a loss of efficiency in traditional medicine 	<ul style="list-style-type: none"> • Expensive as the healers frequently demand animal sacrifices for treatment • A new generation of healers lacks the necessary interest, training, and experience. • Decline in the number of experienced traditional healers due to aging and death.
<p>Modern healthcare preference</p> <ul style="list-style-type: none"> • Free healthcare facilities and services • Well-equipped PHC • Government plans and awareness campaigns • Active Accredited Social Health Activist (ASHA) and Auxiliary Nurse Midwife (ANM) 	

variables influencing them, several research works across Indian tribes have been done. A mixed preference for healthcare services was found in the majority of these investigations. An analysis of the Gond community in Chhattisgarh, for instance, reveals a clear preference for the modern healthcare system (82.2%) over the traditional healthcare system (17.8%).^[23] In contrast, the study found that the inaccessibility and great distance between the hospital and the village discourage people from using modern healthcare facilities. Active awareness programs of health facilities offered by the government through contemporary sources like television, radio, etc., were cited as the main reason for generating inclination toward modern healthcare services. However, a study among the Bhils of the Udaipur district in Rajasthan showed a greater propensity for the conventional medical system and healers, locally known as *bhopas*, *raudia*, and *dais*. The Bhils were discovered to have a strong belief in a supernatural force that, in their opinion, is the root of the majority of their ailments. At the local level, they had a strong faith in traditional healthcare workers who encouraged them to use the traditional healthcare system, whereas factors like a lack of healthcare workers, apathy toward the work of the medical staff, an insufficient supply of medicines and equipment, and difficulty accessing the hospital act as compulsions for not choosing the modern healthcare system.^[24] The influence of age and educational attainment on the selection of healthcare systems was the subject of another research among the Santhal of Odisha. The conventional healthcare system was shown to be more preferred by older persons, although middle-aged people with educational exposure preferred the contemporary healthcare system more. They were discovered to be unsatisfied with the traditional healers' services since they thought they could not treat all illnesses.^[18] The current investigation also reveals that factors influencing people to embrace the modern healthcare system include ease of access, efficacy, and economical treatment. This is supported by the findings from the earlier research. However, members of the Juang community, such as the Santal and Bhils, also favored traditional healthcare, partly due to their ingrained cultural notions regarding the origins of disease and their confidence in the traditional healers. The present study also highlighted the ongoing deterioration of traditional healthcare systems due to a decline in the number and lack of expertise of traditional healers.

CONCLUSION

Thus, the current study of the Juangs demonstrates common patterns of healthcare-seeking behavior among Indian tribal groups. The balance between the acceptance of the old healthcare system and the accessibility of the contemporary healthcare system is a major driving force behind this pluralistic and syncretic model of healthcare-seeking behavior amid tribal similarities. The traditional healthcare system is always given primacy since it is firmly rooted in the socio-cultural environment of the community. The desire for the same is, however, waning as a result of exposure

to the outside world and changes in the ecological setting of the communities. On the other hand, modern healthcare is becoming more popular among tribes, yet it still has infrastructural and staffing issues in many areas. Thus, an inclusive and complementary system of healthcare should be targeted among the tribal groups. It is also advocated to integrate traditional healers into the contemporary healthcare system and vice versa, upon scientific validation of traditional procedures and sensitization of community about modern healthcare facilities. This strategy will aid in preserving long-standing cultural knowledge and abilities in addition to promoting public acceptance of the modern healthcare system.

Acknowledgements

We want to thank all the participants from the Juang Community who contributed to this research. We also wish to thank Department of Anthropology, Utkal University, Bhubaneswar, Odisha for granting us the ethical clearance.

Financial support and sponsorship

The authors acknowledge the financial support from the World Bank–Odisha Higher Education Programme for Equity and Excellence (WB-OHEPEE, 2018–22) received through Centre of Excellence in Studies on Tribal and Marginalized Communities (CoE in STMC) at Utkal University, Bhubaneswar.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Countries with the largest population 2021 | Statista [Internet]. Available from: <https://www.statista.com/statistics/262879/countries-with-the-largest-population/>. [Last accessed on 2022 Aug 25].
2. Government of India. Statistical Profile of Scheduled Tribes in India. Ministry of Tribal Affairs, Statistics Division. 2013 [Internet]. Available from: <https://www.tribal.nic.in/ST/StatisticalProfileofSTs2013.pdf>. [Last accessed on 2022 Aug 24].
3. Ministry of Tribal Affairs-Government of India [Internet]. Available from: <https://tribal.nic.in/Statistics.aspx>. [Last accessed on 2022 Aug 24].
4. Ota A, Mohanty S, editors. Particularly Vulnerable Tribal Groups of Odisha. Bhubaneswar: Scheduled Castes and Scheduled Tribes Research and Training Institute (SCSTRTI); 2015.
5. Kaushal S. Healing practices among Gaddi Tribe of Himachal Pradesh. In: Kalla AK, Joshi PC, editors. Tribal Heal Med. New Delhi: Concept Publishing Company; 2004. p. 301-10.
6. Pramukh KER, Palkumar PDS. Indigenous knowledge: Implications in tribal health and disease. *Stud Tribes Tribals* 2006;4:1-6.
7. Singh UP. Tribal Health in North East India: A Study of Socio-cultural Dimensions of Health Care Practices. New Delhi: Serials Publications; 2008.
8. Kumar AK, Misra KK. Ethno-medicine and ethnic healers among the Konda Reddi of Andhra Pradesh. In: Pati RN, editor. Socio-Cultural Dimensions: Of Reproductive Child Health. Vol. 2. New Delhi: A.P.H. Publications; 2003. p. 37-4.
9. Lenka D, Mohapatra A. Traditional health care practices among Kondh and Bhuyan Tribes of Odisha. *Int J Emerg Trends Sci Technol* 2015;02:1752-7.
10. Hussain T, Tripathy SS, Das S, Satapathy P, Das D, Thomas B, *et al.* Prevalence, risk factors and health seeking behaviour of pulmonary tuberculosis in four tribal dominated districts of Odisha: Comparison with studies in other regions of India. *PLoS One* 2020;15:1-16.
11. Panda M, Mahapatra A, Satapathy KC. Health seeking behaviour of

- people in a malaria endemic village of Odisha, India: An in-depth study. *Orient Anthropol* 2018;18:341-60.
12. Pati S, Chauhan AS, Panda M, Swain S, Hussain MA. Neonatal care practices in a tribal community of Odisha, India: A cultural perspective. *J Trop Pediatr* 2014;60:238-44.
 13. Biswal A, Rath A, Patnaik N. Tribal culture and ethnobotany (A study of the Juang and some useful Plants). *Adivasi*. 1997;37:20-32.
 14. Goswami M. The health scenario of the tribes of Odisha-A review. *Indian J Phys Anthropol Hum Genet* 2016;35:237-44.
 15. Goswami M. Prevalence of Under-nutrition among the Juangs: A study on a particularly vulnerable tribal group of Odisha, India. *Antrocom*. 2013;9:61-6.
 16. Kanrar P, Goswami M. Sociodemographic profile, reproductive health and nutritional status among the Juangs—A particularly vulnerable tribal group of Odisha, India. *Orient Anthropol* 2020;20:135-49.
 17. Sahoo T. Health and nutritional status of the Juang children. *Adivasi*. 1998;38:56-62.
 18. Sonowal CJ, Praharaj P. Tradition vs transition: Acceptance of health care systems among the Santhals of Orissa. *Stud Ethno-Medicine* 2007;1:135-46.
 19. Swain M, Nayak D. Reproductive Health Seeking Behavior of Tribal Women: A case study among PARAJA tribes of Laxmipur Block, Koraput district, Odisha, India [Internet]. *The Tribal Tribune*. Available from: <https://www.tribaltribune.com/index.php/volume-7/mv7i4/reproductive-health-seeking-behavior-of-tribal-women-a-case-study-among-paraja-tribes-of-laxmipur-block-koraput-district-odisha-india>. [Last accessed on 2022 Nov 10].
 20. India-Census of India 2011-Odisha-Series 22-Part XII A-District Census Handbook, Kendujhar [Internet]. Available from: <https://censusindia.gov.in/nada/index.php/catalog/948>. [Last accessed on 2022 Aug 24].
 21. Photo Handbook on PVTG [Internet]. Available from: <https://scstrti.in/index.php/activities/publication/books/photo-handbook-on-pvtg>. [Last accessed on 2022 Aug 24].
 22. Block Map District : Kendujhar [Internet]. Available from: <https://gisodisha.nic.in/Block/KENDUJHAR.pdf>. [Last accessed on 2022 Aug 24].
 23. Tejashwee G, Pradhan A, Deshlahara G. Indigenous beliefs and practices regarding health and disease among Gonds of Kalidarha Village, District Mahasamund, Chhattisgarh. *J Ravishankar Univ* 2016;22:24-33.
 24. Jain S, Agrawal S. Perception of illness and health care among Bhils: A study of Udaipur District in Southern Rajasthan. *Stud Tribes Tribals* 2005;3:15-9.