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Medical Pluralism and Health-Seeking Behaviour Among Tribals in Visakhapatnam Agency: An Anthropological Perspective

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ABSTRACT

Health is a multifaceted concept viewed and sought after in many ways depending on local culture, environment, and healthcare infrastructure. Tribes are communities among marginalized populations whose belief systems are closely entwined with the natural world; as a result, the beliefs and practices of these communities vary depending on where they reside. Multiple research studies have been conducted to understand better the tribal cultures' traditional medical practices and health beliefs. However, the decision-making processes involved in health-seeking behaviour received very little attention. The effects of globalization have improved biomedicine availability because of technological and digital breakthroughs. With ethno medicine on one side of the plane and technological advancements in the medical field on the other, this qualitative study tries to comprehend the reality of medical diversity in the twenty-first century. Furthermore, no prior studies in this area concentrated on explaining sickness models among the co-existence of many medical systems. Therefore, the critical-interpretive method was used in this study to highlight the dynamic forces that influence health and well-being. The findings show a fine line between traditional practices and modern systems, with traditional medicine men as a bridge between them, contrary to popular

belief that they discourage people from seeking biomedical treatment.

Keywords: Health perspectives, Treatment Seeking Behaviour, Medical Pluralism, Ethno medicine.

Introduction

Our planet earth revolves around the sun, not alone but holding as many as 8.7 million different species of life. Yet, among those millions of different species, there are only one species that study all the other lives and about itself. That incredible and unpredictable creature of this world is called: Human. We, humans, are distinct and possess many abilities through the evolution of nature and the revolution of our knowledge which helped and motivated us to occupy the top seat of the food chain.

The average life expectancy of a saltwater crocodile is more than 70 years and of a female mayfly lasts less than five minutes after the larva stage. From mayflies to crocodiles, every species has a specific life expectancy. The magnitude of their lives has not varied much since the beginning. Though mayflies have survived on this planet earth since Dinosaurs, their life span is more or less the same. However, our story is different.

The average life expectancy of humans at birth in the 19th century was 28.5 to 32 years. Nonetheless, it has been increasing at a rapid rate. Today, as per 2019-2022 statistics, the world average life expectancy of human beings is 72.6 to 73.2 years. Despite this, a species can stay longer and continue living if it is stronger and healthier. With better health care and hygiene, healthier lifestyles, sufficient food, improved medical care, reduced child mortality, absence of wars and deadly plagues; we can now expect to live much longer than our ancestors just a few generations ago.

As we, the modernists, always proclaim the possession of those aspects of improved life expectancies, many tribal villages and their people donot have any of those variables. When we say that proper health care and medical care would help us to stay strong and healthy, the absence of those variables deteriorates our health and style of living. Health is thus one of the key factors considered while calculating the human development index.

Anthropologists researched beliefs, medical practices, and the population's cultural values and social norms with their unique bio-cultural and holistic studies. This knowledge about the dynamics of social stability and change provided the critical problems encountered

in the effective implementation of public health programs. Also, anthropological studies revealed how traditional and western medical systems conflict in improving community health, how social factors influence healthcare decisions, and how including cultural factors in programs brings desired outcomes.

Methodology

As Hasan (1967) remarked, "Anthropologists prefer to choose small-scale communities like the single village or a part of a tribe, known as the microscopic approach." This approach gives a detailed understanding of the interplay between various forces acting on health and medicine. The study area is selected based on the factors like level of exposure to urbanization, multi-tribal villages, availability of public health facilities, the convenience of the researcher, etc.

The research is carried out in the Munchingput Mandal of the Visakhapatnam district of Andhra Pradesh. The study is conducted for three weeks camping in the panchayat village Vanagumma. The number of villages for the survey is nine villages surrounding the panchayat, and the villages are selected based on convenience sampling. The research methods used for the data collection are semi-structured interviews, case studies, focus group discussions (FGDs), interview schedules along with the observation method. The individuals chosen for the study are based on representative and purposive sampling fulfilling the objectives.

Conceptual Framework

Lock and Scheper-Hughes (1990) defined the task of critical-interpretive medical anthropology as first to "describe the culturally constructed variety of metaphorical conceptions (conscious and unconscious) about the body and associated narratives and then to show the social, political and individual uses to which these conceptions are applied in practice" (p. 44).

Therefore, the method adopted for this study is the Critical Interpretive Approach, which combines the explanatory model approach with the medical-anthropology process of looking at the eco-social factors affecting general health. Critical medical anthropology uncovers the macro-level social, economic, and political factors that affect health care, whereas the explanatory model offers insight into patient views at the micro-level. Furthermore, the critical-interpretive approach views medical knowledge as founded in and continuously being influenced by practice and socio-political developments rather than as an autonomous body.

Area and People

The topography of Munchingput Mandal is rigged with deep valleys and high peaks. The tropical semi-evergreen forest vegetation occurs in small pockets in valleys and near banks of perineal streams. However, deforestation is still seen to be rapid in this region, thus affecting their sustenance.

The tribal economy is primarily agro-forest based. Most of the tribal's are agriculturists. They cultivate flatlands (valley plains) and *podu (shifting cultivation)* fields. Hunting is very much minimized due to deforestation and intensive shifting cultivation. Fishing and other occupations are also prevalent, but, on the whole, the general standard of living of the tribal's is meager.

Tribe's belief and faith system is closely associated with their local environment; thus, their religion and practices vary from tribe to tribe. Mostly, their worship practices are considered animistic – the belief that all living and inanimate objects in nature, such as trees, stones, hills, etc., possess supernatural power and control all their activities and events. Traditional medicine man *Disari* and healer *Gurumai* are the roles altered in their practices imbibes few Hinduism practices like worshipping Durga forms, horoscope features, etc., and thus are not being approached by Christian converts.

The food habits of people in the study area are primarily associated with the availability of food resources in their physical environment. Their staple food is rice and *ambali,* made up of Ragi flour. In addition, they consume tubers available on hills and seasonal fruits like Jackfruit and Mangoes in summer. However, natural food consumption is reduced, and at present, people are habituated to eating more fried foods with increased consumption of salts, spices, and oil.

Disease Profile of the Region

The most common and frequent health issues among people are fever, muscle & joint pains, headache, malaria, typhoid, diarrhoea, gastritis, paralysis, jaundice, kidney problems, etc. Other major diseases include under nutrition, tuberculosis, hypertension, and diabetes mellitus. Also, the cultural practices of following tribal endogamy inbreed genetic disorders like sickle cell anaemia and thalassemia in the community.

Tribals in India are facing a triple burden of diseases. With existing malnutrition and an annual cycle of communicable diseases like malaria and tuberculosis, non-communicable diseases like hypertension and diabetes are rising in numbers due to exposure to urbanization, environmental distress, and lifestyle changes added up with the mental

illnesses because of substance abuse and addiction (Tribal Health Report 2018). The same is observed in the study area.

Although the government takes care of macronutrients and calorie intake through various schemes like the supply of food grains throughout the year via the Public Distribution System (PDS), etc., their food is deficient in micronutrients like vitamins, calcium, zinc, etc. This has become a root cause of other nutritional deficiency diseases like iron deficiency anaemia, goitre (iodine deficiency), osteoporosis, etc. The most deficient nutrients are vitamins A, B, calcium, and zinc. Women, including adolescent girls and adult females, are deficient in zinc and iron and are severely an epic compared to men. This deficiency among pregnant women and lactating mothers leads to newborns' low birth weight.

With the government's focused attention on the National Tuberculosis Elimination Program (NTEP) as part of Sustainable Development Goals (SDG), the screening facilities are being extended to the remotest areas and villages of the state. Those findings include the high incidence rate; however, with follow-up facilities, the elimination rate is also high. Nevertheless, the gap in culture and explanatory models between doctor and patient contributes to relapse cases.

Without ever knowing about mental stress and non-communicable diseases, tribal lifestyles used to be in harmony with nature, surrounded by beautiful hills and bountiful resources. However, with the rapid urbanization and changing cultures, they encountered the burden of hypertension increasing in registered cases year-to-year. The COVID-19 pandemic-induced stresses also contributed to the rise of cases. The statistics of the nearest PHC in the study area showed an increase of 6 times in 2021 compared to the cases of 2020. This is one of the significant factors in strokes and paralysis attacks among the population.

Medical Pluralism

Medical pluralism describes the availability of different medical approaches, treatments, and institutions that people can use while pursuing health. Tribal villages with strong roots in traditional practices and the availability of biomedical services enable plural medical systems to coexist. The health care system exists in three forms – the popular sector, the folk sector, and the public sector. The popular sector consists of self-treatment, home remedies, family care, etc. The folk sector consists of ethnomedicine practitioners, heterodox healers, etc. Finally,

the public sector comprises biomedical services imparted through governance and private bodies (Kleinman, 1978).

All three forms of health services are operating in this region. Four traditional healthcare practitioners are operating in the study area called Medicine Man (*Disari*), Shaman (*Gurmai*), Priest (*Pujari*), and Quacks (also called doctors by villagers).

Disari is a male person who is known as a village medicine man. He provides some herbal medicines for all short-term illnesses. *Disari* goes into the forest searching for medicinal plants, fruits, roots, and specific tubers and collects the bones of animals to make native medicines. He can diagnose malaria, jaundice, stomach pain, joint pain, snake bites, etc.,andbe treated by him.

His role as a medicine man gets attained either through training from a master (*guru*) majorly from Odisha, or self-attained through inheritance of knowledge from previous generations, often rendering services starting from his middle age. Even though this role is acquired rather than ascribed, this knowledge is considered God's gift to him specifically. He collects medicinal plants all by himself without seeking help from outsiders except one of his family members when he falls sick. The therapeutic information is concealed from unauthorized persons, including members of his own family, tribe, and village.

Gurmai is a female priest and acts as a shaman. This position is not hereditary and can be achieved by mastering the spells and specific techniques of treatment. *Gurmai* is comparatively more efficient than *disari* in treating the possessed. *Pujari* performs rituals to please the deities by offering sacrificial animals, fruits, and coconuts. It is a part-time but hereditary position and part of the traditional political system.

The government is developing health infrastructure in villages as part of the National Health Mission; however, the pace of development is slothful. The chain of health care supply in the study area consists of ASHA workers, ANM at subcentres, Primary Health Care (PHC) at Labburu village, Community Health Centre at Munchingput (Mandal village), Paderu Mandal village where specialized services like Dermatology, etc. will be available and end of the chain is the District Hospital – King George Hospital in Visakhapatnam. Private hospitals are supplementing these services at market centers.

Along with the facilities of hospitals, health care services are provided to villages through Auxiliary Nursing Midwifery (ANM) operating at sub centres and Accredited Social Health Activist (ASHA) in every village.

According to the villagers, the PHC services in Labburu did not meet standards, and the CHC in Munchingput and Area hospital of Paderu are the better choices for health treatment. Nevertheless, as we see, they are far-reaching and increase the financial burden on patients in additional charges for travel and accommodation. Our data shows that to travel 25 kilometres only to get PHC services is highly unattainable.

Concepts of Health, Illness and Disease

Every society's culture is shaped by its physical environment and the dynamic forces of political and socio-economic conditions. As defined by E. B. Tylor, culture is "the complex whole which includes knowledge, belief, art, law, morals, custom, and any other capabilities acquired by man as a member of society" (1871, p. 1). It gives them first-hand information about health, sickness, and illness per society's cultural perceptions.

First, differentiating the terms 'disease' and 'illness' from each other has to be made, as 'science' demands precision in the universal standardization of the terms. Disease, accordingly, refers to pathological states of the organism, whether they are culturally or psychologically recognized. In contrast, illness refers to culturally or socially defined or conditioned perceptions and experiences of ill health, including some states which may be defined as diseases and others that are not classifiable in terms of medical definitions of pathological states. Accordingly, the disease is now universally referred to as a western bio-medical term while illness is culturally defined and identified with the local indigenous knowledge (Fabrega, Jr, 1972: 167). Arthur Kleinman further shaped the concepts of illness and disease. While the disease is regarded as a natural phenomenon (etic view), illness is conceptualized as a cultural construction (emic view) (Kleinman, 1981).

Perceptions of Health and Illness

Tribes in this region have abundant knowledge of flora and fauna, the variety of its uses, and its medicinal properties, which are passed down from ancestors through oral transmission and practical experience. This micro-ecosystem is being conserved with its strong animistic and traditional belief system. Tribal people had their medical therapies based on herbs, forest items, and their system of religious practices.

Every opinion or perception of an individual is strongly primed and affected by his/her own group's perceptions. It is a well-known fact that the views of the people in any region are more or less similar to those of the person who rules that region. Likewise, a patient's perception of his/her illness is always on par with the person who

assures and extends treatment. A person's physical illness affects his/her physical condition and psychological stability in analyzing his discomfort. A patient who underestimates his illness dies eventually. A patient who overestimates his illness takes him out of his regular life course. So, the patient is always delusional and mysterious about his/her illness. Due to his/her lack of ability to think and analyze his ill state, most of the time, the patient creates his/her perceptions based on the advice of his/her parents, friends, and fellow beings.

Thus, the perceptions also vary from individual to individual on her/his education level, economic affordability, and exposure to the outside culture. Individuals with education or awareness about recent advances will seek the best treatment from various practices available. In contrast, a person with no educational background will firmly believe that sorcery is the leading cause of her/his illness.

The recent deaths in Domniputtu village are one possible example of diseases being interpreted culturally and socially based on the group. Four people died last year due to various causes, such as tuberculosis, fever, and inadequate care. This is interpreted as an omen, and it is considered that something unpleasant has occurred in the hamlet, necessitating a collective puja conducted by all the residents. Other villages, however, perceive this as the source of excessive alcoholic drinking. According to biomedical experts, substance addiction interferes with the functioning of prescribed medications in addicted persons, although they were recommended to abstain.

Table 4.1: Types of fever classified by people in this region

S.No.	*Type of fever*	*Symptoms*
1.	Khulujhor	Temperature increases in the body, but palms, ears, and feet become cool, usually appearing in children.
2.	Battijhor	Effects on newborns immediately after birth. With growth, it will not occur again.
3.	Sunnijhor	Loss of appetite usually affects individuals born on Saturdays
4.	Sithlijhor	Rise in body temperature with chills
5.	Seethjhor	Temperature increase when staying in cool climates, along with symptoms of headache
6.	Podhjhor	Stomach pain, vomiting, loss of appetite
7.	Takaranijhor	Small or big blisters with fever
8.	Jhor	Fever due to heavy work and body pains

Treatment Seeking Behaviour

Treatment during an illness episode falls under one of three categories: self-treatment, treatment by a curer, or treatment by medical doctors (Reeve, 2000). Treatment may also include all three categories varying in sequence depending on the individual or family's awareness and availability of various treatment methods. Misra (2004) says the treatment procedure in tribal includes preventive and curative aspects. In the preventative part, they perform rituals and use charms, amulets, and animal sacrifice under sacred specialists, priests, and medicine men. Health protection also involves religious customs, rituals, and practices rooted in cultural beliefs. The treatment method is chosen depending on the individual's categorization, perception, and severity of illness.

Self-Treatment and Home Remedies

The illnesses initially preferred for self-treatment are headaches, stomach pain, body pains, fever due to heavy work, etc. An individual commonly assumes the cause of illness either as the result of long hectic work in heat or because of the change in food consumption a day or a week before. Conventionally, when people become sick due to heavy work, they consume traditional drinks made from millet and grains like *Mondiya* (made from finger millet), *Pendom* (made from rice), etc.

The first step usually is to take a day's rest at home without going to the fields for work, along with following some home remedies of physical application on the body. People also follow taking away *dhisthi* (evil eye) through a few practices done by elders. An example is rotating a bowl of oil around the head for the headache; if the oil is turned yellow, it is perceived as the headache being removed from the person's head.

Another step of self-treatment is consuming certain foods and avoiding a few other foods to promote quick healing. For instance, consuming garlic sambhar (*velluli sambhar)* for fever. If the symptoms persist, he/she will look for another treatment method by a healer or doctor.

Treatment by Traditional Healers

When the symptoms of illness persist even after self-treatment or when the illness cause is suspected of any spirits, people approach traditional practitioners for treatment. Different traditional practitioners in this region would be consulted based on theirexpertise and suspicion of

Table 4.2: Home remedies practiced in the study area

S.No.	*Illness*	*Plant/food (Part of the plant)*	*Usage or method of application*
1.	Stomach pain	Eethadhumpalu (tuber)	Consumed as food by boiling and cooking
		Korangosu (seeds)	Massage with oil from the seeds
		Mozal, locally known as osako-mmu (tuber)	Placed in the mouth, also used in possession treatments to name the spirit
2.	Battijhor	Banabati (root)	Placed in the bathtub of the child and also tied to the child's feet
3.	Phet Phula (Gastric issue)	Banabati (root)	As an acidity regulator –The rootis placed in the mouth, clearing the stomach in an hour
4.	Songoini	Tuber	Biting the tuber placed in the mouth
5.	Chest pain	Raw Eggs	Consuming as food both egg white and yolk
6.	Headache	Lemon (leaves)	Paste and apply to the forehead
		Kalabandha (gel)	Extract the gel into a cloth and tie the cloth to head
7.	Skin allergies	Leaves of a few herbs	Applying to the skin, these leaves paste mixed with turmeric and oil
8.	To stop bleeding	Dumbrigosu (leaves) (Bodda chettu)	Apply the leaf juice to the cut to stop bleeding
		Konda pakna	Applying the specific stone powder to stop bleeding

the causation of illness. Also, the treatment procedures change with the practitioner.

Disari collects leaves like *Tangini, Basana, lemon*, etc.; roots*like norsingsondh, kabarisondh, and aadasandan,* etc.; tree barks like *korongosu, tubers like gordu*, the stem of Banana, etc. Any part or whole of the plant is thus utilized based on its medicinal values. In addition, he analyses the psychological state of the patient behind the illness and after contracting the disease or illness. According to one of the medicine men interviewed, if someone is afraid of seeing a stone fall from a hill while walking alone, that individual is possessed by the wind.

During the specified course of ethnomedicine, there is no prohibition against drinking alcohol, although it must be used in

moderation. In addition, no disease has a gender or age-specific treatment. *Disari* recommends thatpatients visit hospitals after identifying illnesses such as Malaria, Typhoid, and other diseases, potentially linking traditional and Western therapies.

Table 4.3: Ethnomedicine practices

S.No.	*Herb/Root/Plant/Tree/Tuber*	*Purpose*
1.	Tangini Leaf	For stomach pain
2.	Gordu tuber	For stomach pain also can be prescribed along with Tangini leaf
3.	Basana Leaf	For warding off evil spirit (dumba)
4.	Lemon leaves paste	For skin allergies
5.	Banana stem paste	For Headache & external applications, usually, the course is of 3 days, twice a day
6.	Mungunukaya paste	For Headache & external applications, usually, the course is of 3 days, twice a day
7.	Guggulu mixed with salt	For fits, also used to blow after a spell in treating possessions
8.	Norsingsondh	Paste and mix with water and drink till recovery
9.	Kabarisondh	Paste and mix with water and drink till recovery

Case Study 1

Myna Padma, 60 years old, from Vanagumma village, was diagnosed with hypertension when she was taken to the hospital for high fever, burning sensation in her feet and legs, and weakness. She was given a prescription for hypertension and Anaemia. Her symptoms got reduced, and now rarely do the symptoms reappear again. Though she uses biomedicine, she visits *Gurumai* weeklyto remove the illness. She believes her condition is caused due to sorcery, as others diagnosed with hypertension recovered. She continues by saying that illnesses caused by sorcery or possession will be cured only by *Gurumai* and *Pujaris* and will never be recovered by biomedicine. Her son elaborated that she worked earlier as *Gurumai* for 15 years, entering a trance state for 2 to 3 hours resultingin enormous stress. In addition, inadequate nutrition owing to abstinence from meat and traditional drinks.

Treatment by Medical Doctors

The public health care services are expanded to the remotest areas by the government; however, the distance and efficiency of these services are unreliable. Labburu, the nearest PHC, serves a population of 17000, including the study area's villages. It has only one doctor instead of two per the norms. The working of PHC faces inadequate staff and unavailability of medicine stock and diagnostic services.

Case study 2

Doctor Pratap, a Munchingput native, works at Labburu PHC. According to him, people are becoming more aware of PHC services and are attending hospitals, but this is still dependent on affordability and availability. In addition, the fear of entering hospitals must still be addressed. He further states that there is a language barrier in communication between doctor and patient because the patients come from different tribes and speak different languages. However, they overcame the challenge with the help of interpreters and ASHA employees.

He explains the inefficiency of the PHC services, arguing that it is due to insufficient staff and only one doctor working at the PHC in the entire cluster. He claims that boosting the hospital's employees will increase efficiency. A minimum of 3 doctors should exist for this region, providing accommodation infrastructure for stay and improving the infrastructure of villages as they lack proper transport routes and telecommunication services. He further claims that another local PHC is needed because the villages served by the PHC are geographically dispersed, preventing patients from travelling great distances.

Mental Health and Treatment

The world recognizes the importance of mental health with growing urbanization and changing lifestyles. In tribal regions, most of the abnormal behavior is attributed tothe possession of evil spirits. Consequently, the treatment choice is traditional methods by pleasing gods, *pujas* to ward off evil, etc. Besides, alcoholism is more rampant in this region.

Case study 3

Killo Soniya of Domniputtu village, a 50-year-old, was first diagnosed with hypertension. Now he is suffering from delusions of getting killed by ghosts and animals and always carrying a stick or an axe, which frightens the villagers. He visited many *disaris* and has done several *pujas*, but he is not relieved from symptoms. He says that he cannot afford financially to visit hospitals. He was surviving with his mother,

aged 80, and lost his family of son, daughter, and wife five years ago.

Results and Discussion

Nonetheless, the government initiatives of bringing biomedical services to the community level operating by the ASHA workers and members of their community brought western medicine on par with traditional methods in treatment choices. However, the benefits still need to be utilized by everyone as these services are inefficient owing to the lack of communication networks, roads and transport services, long-distance travelling, and affordability. On the same grounds, private health services are often preferred over public ones.

Besides, the offered services are futile due to a lack of diagnostic services and limited staff. Additionally, patients often wait for a very long time to seek biomedicine after trying both traditional and self-help methods without success. People are also not connected to biological treatment because they were given prescription drugs without being told what caused their disease. Furthermore, the unjustified number of medications prescribed and the ambiguous nature of each medication leave the patient confused, forcing him/her to return to conventional care.

Regarding treatment-seeking behavior, the initial point of contact in villages for any health issues or health needs is an ASHA worker, and severe diseases are addressed in the following mode of treatment. An area with transportation and communication facilities, exposure to education, and health awareness, and their subsequent treatment mode is hospital visits. On the other hand, traditional practitioners provide therapy in semi-exposed and interior settlements. Depending on the family's financial situation, private clinics in nearby towns may be the first treatment choice for some, raising their out-of-pocket expenses. This makes their economic situation extremely vulnerable, reducing them to impoverishment and leaving them in poverty.

Conclusion

Traditional medicine is a marker of their cultural identity with the decades-long trust of practice and treatment from their community member; it is alive as a cultural compulsion and as well as a choice owing to the inadequate and inefficient health care services. The prevalence of diseases in the region undeniably results from undernutrition, improper health care services, and low economic viability, which are interrelated in their effects.

The change in food consumption practices of eating fried foods

and processed foods being sold in markets, increased use of salt, sugars, and oil in cooking, modified dietary patterns with more calorie intake, and reduced nutritious forest produce due to the inaccessibility of forests and shrunken forest cover along with the unsafe and unhygienic drinking water affects their nutritional status pushing them into hidden hunger and under nutrition.

With ever-increasing consumerism and its effects on tribal villages, from using mobile phones to purchasing consumer goods, they are economically burdened with out-of-pocket expenditures for health and wellbeing. Therefore, increasing infrastructure for the minimum needs of villagers and developing more robust healthcare facilities is urgently necessary to improve the communities' health graph.

Capacity-building programs for traditional practitioners and ASHA workers may bring biomedical services to this region's crux of community health. Measures to include medical anthropological methods in clinical curricula and to train clinicians for explanatory models of patients may improve the effectiveness of health care services.

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