Research Article
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HEALTH-SEEKING BEHAVIOUR AMONG TRIBAL WOMEN

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ABSTRACT

The present study was conducted to assess the health-seeking behaviour among tribal women in Chinnayellapur and Bupathipet villages of Mahabubabad district of Telangana State. An ex-post facto research design was adopted for the study. The study area was purposively selected, and 30 tribal women were selected through simple random sampling. Data were collected using a structured interview schedule and analysed using frequency, percentage and Pearson's correlation coefficient. The findings revealed that a majority (53.33%) of the respondents belonged to the 15–24 years age group, 30.00 per cent had completed middle school education, 76.67 per cent belonged to nuclear families, 50.00 per cent had medium-sized families, and 63.33 per cent belonged to the low-income category. Correlation analysis indicated that educational status ($r = 0.487$, $p < 0.01$) and household income ($r = 0.541$, $p < 0.01$) were positively and significantly associated with health-seeking behaviour, whereas age ($r = –0.312$, $p < 0.05$) and family size ($r = –0.256$, $p < 0.05$) exhibited significant negative relationships. Family type showed a non-significant association with health-seeking behaviour. The study concludes that socio-economic factors, particularly education and income, significantly influence health-seeking behaviour among tribal women. Strengthening health awareness, improving educational opportunities, and enhancing economic conditions are essential for promoting timely and appropriate healthcare utilization in tribal communities.

Keywords: Health-Seeking Behaviour, Tribal Women

India is home to one of the largest tribal populations in the world, comprising over 104 million people belonging to more than 700 Scheduled Tribes. Tribal communities inhabit geographically isolated regions such as forests, hills, and remote rural areas, where access to healthcare services is often limited. These populations continue to experience disproportionately high levels of malnutrition, communicable diseases, maternal and child mortality, anaemia, and emerging non-communicable diseases compared with the general population. Socio-economic deprivation, poor infrastructure, low literacy, inadequate transportation, and limited availability of health facilities further contribute to health inequalities among tribal communities.

Given the diversity of tribal communities across India, health-seeking behaviour cannot be generalized across regions. Variations in customs, beliefs, health literacy, livelihood patterns, and healthcare infrastructure necessitate context-specific research to understand local determinants of healthcare utilization. Such evidence is essential for developing effective health communication strategies, strengthening primary healthcare services, promoting community participation, and improving health outcomes among tribal populations. Therefore, the present study aims to examine the health-seeking behaviour of tribal communities and identify the socio-cultural, economic, and health system factors influencing healthcare utilization. The findings are expected to contribute to evidence-based policy formulation and the design of culturally sensitive interventions that enhance equitable access to healthcare among tribal populations.

Despite these initiatives, disparities in healthcare utilization persist among tribal communities. Recent evidence suggests that tribal households continue to experience poor maternal health outcomes, nutritional deficiencies, infectious diseases, sickle cell disease, and delayed utilization of preventive and curative healthcare services. Studies conducted in Telangana have shown that geographical remoteness, financial constraints, language barriers, inadequate transportation, limited health literacy, and cultural beliefs significantly influence healthcare utilization. Traditional

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healers, herbal medicine, and indigenous healing practices remain the preferred first line of treatment for many tribal households before seeking modern medical care, reflecting a pattern of medical pluralism that continues to shape health-seeking behaviour (Geethakumari et al., 2021; Gugulothu, 2024). The findings are expected to contribute to evidence-based policy formulation and the design of culturally sensitive interventions that enhance equitable access to healthcare among tribal populations.

MATERIAL AND METHODS

The study was conducted using an ex-post facto research design, as the independent variables had already occurred and were beyond the control of the researcher. Mahabubabad district was purposively selected for the study based on the predominance of the tribal population. From the selected district, Chinnayellapur and Bupathipet villages were purposively selected as the study areas. A total of 30 tribal women aged 15–49 years were selected as respondents for the study. Fifteen respondents were selected from each village using a simple random sampling technique, resulting in a total sample of 30 tribal women.

RESULTS AND DISCUSSION

Age

The distribution of respondents according to age revealed that 53.33 per cent of the tribal women belonged to the 15–24 years age group, followed by 36.67 per cent in the 25–39 years age group and 10.00 per cent in the 40–49 years age group. The findings indicate that more than half of the respondents were young women in the early reproductive age group.

The predominance of respondents in the 15–24 years age category may be attributed to the demographic composition of the selected tribal community, where a relatively larger proportion of women are in their early reproductive years. Women in this age group are more likely to interact with healthcare services for nutrition, menstrual health, family planning, pregnancy, and other reproductive health needs, making them an important population for studying health-seeking behaviour.

Educational status

The educational profile of the respondents revealed that 30.00 per cent had completed middle school, constituting the largest proportion of the sample. This was followed by respondents who had attained primary .

Family type

The distribution of respondents based on family type indicated that a majority (76.67%) of the tribal women belonged to nuclear families, whereas 23.33 per cent belonged to joint families. The findings of the present study are in agreement with those of Padhan, S (2022), who reported that the majority of tribal households had shifted towards a nuclear family structure due to socio-economic changes and improved livelihood opportunities.

Family Size

The distribution of respondents based on family size revealed that 50.00 per cent belonged to medium-sized families (6–10 members), followed by 40.00 per cent from small families (up to 5 members). Only 10.00 per cent of the respondents belonged to large families (11 members and above). The present findings are consistent with the study of Agrawal (2013), who reported that tribal households with smaller and medium family sizes exhibited better health and nutritional outcomes than larger households, primarily because household resources were distributed among fewer members.

Household income

The distribution of respondents according to annual household income revealed that 63.33 per cent belonged to the low-income category (up to ₹ 2,50,000), followed by 20.00 per cent in the high-income category (above ₹ 5,00,001) and 16.67 per cent in the lower middle-income category (₹ 2,50,001–₹ 5,00,000). Similar findings were reported by Kumar and Pradhan (2022), who identified household income as a significant socio-economic determinant of the nutritional status of Scheduled Tribe women in India and highlighted that women from economically disadvantaged households were more vulnerable to poor health outcomes.

Table 1. Profile characteristics of respondents **n=30**

S. No	Category	Frequency (30)	Percentage
1	**Age**		
1.1	15–24 years	16	53.33
1.2	25–39 years	11	36.67
1.3	40–49 years	3	10.00
	Total	30	100.00
2	**Educational status**		
2.1	Illiterate	2	6.67
2.2	Functional literate	1	3.33
2.3	Primary education	6	20.00
2.4	Middle school	9	30.00
2.5	Secondary education	4	13.34
2.6	Higher secondary	6	20.00
2.7	Graduate	1	3.33
2.8	Postgraduate and above	1	3.33
	Total	30	100.00
3	**Family type**		
3.1	Nuclear Family	23	76.67
3.2	Joint family	7	23.33
	Total	30	100.00
4	**Family Size**		
4.1	Small (up to 5)	12	40.00
4.2	Medium (6-10)	15	50.00
4.3	Large (11 and above)	3	10.00
	Total	30	100.00
5	**Household income**		
5.1	Low (Up to 2,50,000)	19	63.33
5.2	Lower middle (2,50,001–5,00,000)	5	16.67
5.3	High (Above 5,00,001)	6	20.00
	Total	30	100.00

Health seeking behaviour of tribal women

The findings on individual health-seeking behaviour statements revealed varying levels of healthcare utilization among the tribal women. A majority of the respondents (93.33%) reported that they sought advice from ASHA, ANM, or Anganwadi workers, highlighting the pivotal role of frontline health workers in promoting healthcare awareness and service utilization in tribal communities. Similarly, 73.33 per cent utilized government health facilities such as PHCs and CHCs, while 63.33 per cent underwent recommended health screenings when advised by healthcare providers, indicating a considerable dependence on the public healthcare system. More than half of the respondents (60.00%) sought healthcare when experiencing symptoms such as weakness, fatigue, or dizziness, and 53.33 per cent reported completing the full course of prescribed medicines, reflecting moderate adherence to treatment. However, several gaps in health-seeking behaviour were evident. A majority of the respondents did not seek medical advice promptly after noticing symptoms (76.67%), did not consult qualified healthcare providers for health problems (70.00%), and did not seek medical care for menstrual and reproductive health problems (80.00%). Further, 63.33 per cent did not seek treatment from a health facility whenever they experienced illness, 56.67 per cent did not undergo regular health check-ups, 60.00 per cent had not received recommended vaccinations or preventive healthcare services, and 53.33 per cent reported delaying healthcare due to social or cultural beliefs. These findings suggest that

although government health infrastructure and community health workers have substantially improved access to healthcare services, timely healthcare utilization, preventive health practices, and care-seeking for reproductive health issues remain inadequate among tribal women.

Correlation between socio-economic status and Health-Seeking Behaviour of tribal women

The results of the correlation analysis revealed that age had a significant negative relationship with health-seeking behaviour ($r = -0.312$, $p < 0.05$), indicating that health-seeking behaviour tended to decline with increasing age. This finding may be attributed to the greater acceptance of traditional practices, lower awareness of preventive healthcare, and reduced healthcare utilization among older tribal women. In contrast, educational status exhibited a positive and highly significant relationship with health-seeking behaviour ($r = 0.487$, $p < 0.01$), Similar observations were reported by Ghosh and Bharati (2021), who found that higher educational attainment and better economic status significantly improved healthcare utilization among tribal women in India. Family type showed a positive but non-significant relationship with health-seeking behaviour ($r = 0.128$, $p > 0.05$), indicating that whether respondents belonged to nuclear or joint families did not have a statistically significant influence on their healthcare-seeking practices. Family size demonstrated a significant negative association with health-seeking behaviour ($r = -0.256$, $p < 0.05$), implying that women from larger households were less likely to utilize healthcare services, possibly due to increased financial burden, competing household responsibilities, and resource constraints. Further, household income had a positive and highly significant relationship with health-seeking behaviour ($r = 0.541$, $p < 0.01$), indicating that women from higher-income households were more likely to access and utilize healthcare services because of their greater financial capacity to meet healthcare-related expenses.

Table 2. Health seeking behaviour of tribal women **n=30**

S. No	Health-Seeking Behaviour statements	Frequency	Percentage
1	I seek medical care from a health facility whenever I experience illness.		
	Yes	11	36.67
	No	19	63.33
	Total	30	100.00
2	I seek medical advice promptly after noticing symptoms of illness.		
	Yes	7	23.33
	No	23	76.67
	Total	30	100.00
3	I consult a qualified healthcare provider for the treatment of my health problems.		
	Yes	9	30.00
	No	21	70.00
	Total	30	100.00
4	I utilize government health facilities such as PHCs or CHCs for healthcare services.		
	Yes	22	73.33
	No	8	26.67
	Total	30	100.00

Contd. **n=30**

S. No	Health-Seeking Behaviour statements	Frequency	Percentage
5	I complete the full course of medicines prescribed by the healthcare provider.		
	Yes	16	53.33
	No	14	46.67
	Total	30	100.00
6	I undergo regular health check-ups even when I do not have any illness.		
	Yes	13	43.33
	No	17	56.67
	Total	30	100.00
7	I seek medical care for menstrual and reproductive health problems.		
	Yes	6	20.00
	No	24	80.00
	Total	30	100.00
8	I seek healthcare services when I experience symptoms such as weakness, fatigue, or dizziness.		
	Yes	18	60.00
	No	12	40.00
	Total	30	100.00
9	I seek advice from ASHA, ANM, or Anganwadi workers regarding my health.		
	Yes	28	93.33
	No	2	6.67
	Total	30	100.00
10	I undergo recommended health screenings when advised by healthcare providers.		
	Yes	19	63.33
	No	11	36.67
	Total	30	100.00
11	I receive the recommended vaccinations and preventive healthcare services.		
	Yes	12	40.00
	No	18	60.00
	Total	30	100.00
12	I seek healthcare services without delaying treatment due to social or cultural beliefs.		
	Yes	14	46.67
	No	16	53.33
	Total	30	100.00

Table 3. Correlation between socio-economic status and Health-Seeking Behaviour of tribal women

S.No	Independent Variables	Health-Seeking Behaviour
1	Age	-0.312*
2	Educational status	0.487**
3	Family type	0.128NS
4	Family Size	-0.256*
5	Household income	0.541**

NS = Non-significant ($p > 0.05$)

* = Significant at 5% level ($p < 0.05$)

** = Significant at 1% level ($p < 0.01$)

CONCLUSION

The study concludes that the majority of the tribal women were young (15–24 years), had attained middle school education, belonged to nuclear families with medium family size, and were from low-income households. The correlation analysis revealed that educational status and household income had a positive and significant influence on health-seeking behaviour, whereas age and family size exhibited a significant negative relationship. Family type did not show a significant association with health-seeking behaviour. These findings highlight that socio-economic factors, particularly education and income, play a crucial role in shaping the health-seeking behaviour of tribal women. Therefore, interventions aimed at improving educational attainment, economic empowerment, and awareness of available healthcare services are essential to promote timely and appropriate healthcare utilization among tribal women.

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