

Original Research Article

Barriers in health seeking behaviour among tribal pregnant women in a hilly tribal area of Kashmir: a qualitative study

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ABSTRACT

Background: Maternal health is of paramount concern all over the world and has been a priority in India as well with the maternal health programs evolving over the time, addressing new arenas and overcoming challenges to reach the Maternal mortality ratio (MMR) target with quality. (1) In tribal areas various barriers in health seeking behavior are impediments towards maternal health.

Methods: An explorative qualitative study was undertaken in a tribal area of Srinagar, Kashmir, which is a rural field practice area of the Department of Community Medicine Government Medical College, Srinagar. Focus group discussion (FGD) and in-depth interviews were conducted. Thematic analysis was used to analyze the FGD and in-depth interview data.

Results: The data analysis generated following five themes: Theme 1: Perceptions and practices among tribal pregnant women in Faqir Gujree area. Theme 2: Socio-cultural influences, attitude and beliefs. Theme 3: Health system related barriers. Theme 4: Community related barriers. Theme 5: Cultural barriers among the pregnant women.

Conclusions: There is a need of continuous behaviour change communication (BCC) with pregnant women and community members. In addition to addressing these issues, the health system related issues need to be addressed and improved in order to improve access to health care facilities by these pregnant women. Thus, a comprehensive tribal-sensitive health care system incorporating the above cultural issues is required to improve the health care access among these vulnerable ANC patients.

Keywords: Focussed group discussion, Ante-natal cases, Maternal mortality ratio

INTRODUCTION

Large inequalities in health exist between indigenous and non-indigenous population worldwide. Over 104 million tribal people live in India and account for 8.6% of country's population. As per 2011 census, tribal population constitutes 11.9% of the total population of Jammu and Kashmir. Faqir Gujree a hilly area of Srinagar, Kashmir consists of a majority of the tribal

population, it has been observed that anemia prevails mostly in antenatal cases at the health Sub-centre in the area which is attributed to various barriers in the health seeking behavior among these pregnant women. Maternal health is of paramount concern all over world and has been a priority in India as well with the maternal health programs evolving over the time, addressing new arenas and overcoming challenges to reach the maternal mortality ratio (MMR) target with quality.¹ The

tremendous efforts put by India to improve its maternal health indicators and the outcomes do deserve an applause. Maternal mortality has declined in many countries across the world over the decades, including in India, but the decline has been sub-optimal in resource poor and tribal-rural regions.^{2,3} With decentralized and community participation approach maternal health programs have reached the most unreachable section of people.⁴ Launch of national rural health mission (NRHM) in 2005-06 made a significant contribution in improving maternal health indicators. Components like introducing Accredited social health activist (ASHA) workers from the community and for the community have made communities and people in-charge of their own health.⁵ However, in tribal areas various barriers in health seeking behavior are impediments towards maternal health, like the antenatal care medications have been stereotyped to cause harm and a negative effect on their health, people in these areas prefer home deliveries assisted by midwives. This could be due to the lack of awareness and other factors like deficit in proper facilities, socio-cultural and religious beliefs etc. So, rationale of the study was to understand these factors and propose its necessary interventions. The study aimed to explore the context, reasons, and choices in patterns of healthcare-seeking behavior of the hill tribal population of Faqir gujri. The specific objectives were to: (a) explore the practices, and attitudes of the tribal pregnant women of the hilly Faqir Gujree area (b) explore the views of health care workers (FMPHW) and ASHA (c) identify the topographical, cultural and social constraints hindering healthcare-seeking behavior of tribal people living in Faqir Gujree area.

METHODS

An explorative qualitative study was undertaken in a tribal area of Srinagar, Kashmir, which is a rural field practice area of the Department of Community Medicine Government Medical College, Srinagar. The study was conducted for determining the various constraints hindering the health care seeking behavior among the pregnant women was conducted in the field practice area of Department of Community Medicine, GMC Srinagar, Faqir Gujree a hilly area of district Srinagar, from (November 2019- January 2020).

One focus group discussion and two in-depth face to face interviews were conducted in the study. The focus group discussion (FGD) was held at the health subcentre faqir gujree (field practice area of the Department of Community Medicine). The participants were explained about the study, participant information sheet was provided and informed consent was obtained from the participants (antenatal mothers). A total of eight Participants (8 ANC) participated in the FGD, which lasted for (one) 1 hour 50 minutes. The FGD was held by three persons, an observer who took notes on the non-verbal communication in the group, a moderator who lead and synthesized discussions, also played important

role in encouraging participants to talk; notes of discussion were taken by a reporter. The objectives and the speech distribution rules were described before starting Focus group discussion. The moderator, observer and reporter were well aware of their roles. Confidentiality of the discussion was assured and permission to audio-record the discussion was requested. The guidelines for FGD were relating to issues surrounding healthcare seeking behavior, attitudes, practices, sources of treatment, and opinions on health care providers. The focus group discussion was audio-recorded and transcribed verbatim from 'Pahari/Gojri' to English. In- depth interviews were held with two participants (one FMPHW & one ASHA). They provided information on their experiences with pregnant women of the area. The respondents (tribal pregnant women) were asked questions regarding health seeking behavior, barriers, service, problems related to delivering health care to these pregnant women. All interviews were transcribed verbatim and imported in to software Atlas ti trial version. Thematic analysis was used to analyze the FGD and in-depth interview data. The goal of the analysis was to establish patterns of meaning (themes) across all participants. Coding and thematic analysis was done by analysis team consisting of two researchers. The thematic analysis was done and data analysis generated five themes.

RESULTS

The data analysis generated following five themes.

Theme 1

Perceptions and practices among tribal pregnant women in Faqir Gujree area.

The majority of FGD participants were in agreement of seeking health care advise from local "traditional birth attendant/midwife" during pregnancy, different practices came to fore from the discussion of the participants vis-à-vis management practices and beliefs among pregnant women. The "local traditional birth attendant/midwife" has overwhelming sway in decision making regarding health care issues of the tribal pregnant women, as majority of FGD respondents stated in their responses. Furthermore, certain cultural stereotypes about pregnancy were described by some respondents as well.

"we go to "Dai/midwife" for any problem, she is fixing our all issues related to our pregnancy, she is doing it from a pretty long time. She helps in home delivery and treats ailments she delivered my four babies"

Theme 2

Sociocultural influences, attitude and beliefs

The data analysis of FGD participants revealed lack of knowledge regarding warning signs in pregnancy. The

pregnant women (ANC) is not in a position to seek health care advice of her own. The respondent responses depicted tribal society is patriarchal in nature. Furthermore, there is influence of traditional faith-healers in treating ailments of pregnant women, apart from "local dai". There is also precedence of seeking health care advice among tribal pregnant women in late last trimester (3rd trimester).

"you know we can't disclose our pregnancy to our mother in law immediately after conception, she (mother in law) comes to know about it later on herself you know we aren't in direct communication with our mother in law, we have to look after our daily chores"

"our head of the family takes all the decisions regarding everything, no one can bypass him, it's not possible"

"I remember during my last pregnancy. I had a fainting episode and they took me to local faith healer, and, he gave me some water and "concoction paste". They had applied that paste on my abdomen"

"In case of any untoward happening. we also visit "local Dai" if we have any problem "One of my relatives gave birth to her second child while grazing cattle in the meadow"

Theme 3

Health system related barriers

The qualitative data revealed, respondents felt getting healthcare from government health care facilities was a cumbersome job, as health facilities having option of institutional deliveries were far away. Moreover, government health institutions have been disincentive to these tribal pregnant women, as they need somebody to accompany them because of language barrier and they don't know the proper location.

"I visit local sub-centre, but it remains open from 10 to 4:00 pm only. You know in pregnancy, there is need of checkup. The (Govt. health facility) is very far away. There is need of money if we go there (Auto fare/sumo fare, medicine, injection costs)."

Theme 4

Community related barriers

Community related barriers are associated with the migrant status and tribal nature of this community. It is a close knitted society, mostly aloof from Kashmiri speaking populace. Illiteracy and alienation are another barrier among the tribal pregnant women, also, people are of low socio-economic status and live at the fringe of the city.

"We speak gojri/pahari only (ANC), we have to take male member with us in-case of seeking health care in hospitals."

"I am illiterate, I don't know how to read or write. I don't understand advise from doctor."

Owing to poverty, illiteracy and language barrier, instead of seeking allopathic treatment, they resort to treatment from traditional healers and local "dai".

Theme 5

Cultural barriers among the pregnant women

Various cultural barriers came to fore from the data, like allopathic medicines have side effects and prefer herbal medications during pregnancy and otherwise as well, resistance to oral medications, people prefer injectable here. The community being patriarchal in nature remains stuck to its traditional norms, prefers home deliveries with the assistance of "local dai" mostly.

"I got injection treatment from subcentre, I felt good you know pills are good for nothing. Doctors at subcentre give pills free but they aren't effective"

"You know I felt giddiness and vomiting with those tablets. They have lot of side effects; herbal pills have cooling effect with no side effects"

"My first delivery was at home assisted by local Dai. My sister in law gave birth to four children, all delivered by local dai"

"My father in law decides about the consultation in case of any problem during antenatal period, yesterday I had severe pain in the abdomen with colics, they took me to local dai, she gave some concoction"

DISCUSSION

The study's findings present the reported barriers in health seeking behaviour of tribal pregnant women residing in the health subcentre are of Faqir Gujree.

The important findings in our study came to fore under the themes generated from the data analysis. Data analysis generated themes which gave sneak peek of the perceptions and practices among tribal pregnant women in the Faqir Gujree area, also sociocultural influences, attitude and beliefs, which unravelled reasons of poor maternal health indicators in these setting compared to other areas. It shows dire need of health education, behaviour change communication and community mobilisation and cooperation in this tribal area. The tribal community of Faqir Gujree need to apprise about the danger signs of pregnancy, importance of antenatal checkups and knowledge of antenatal care, and knowledge on complications related to pregnancy should

be given to them through information education communication (IEC) in local language by holding health camps. Since, it was found tribal society is patriarchal in nature and decision making is done by the head of the family, right decision making proves highly beneficial to the pregnant women, we need encourage the tribal community of Faqir Gujree for acceptance of evidence-based medicine; and antenatal check-ups, other studies have also shown that better the knowledge on complications better will be the care seeking.⁶

The study found certain barriers in the tribal community of Faqir Gujree, under the themes, Health system related barriers Community related barriers, Cultural barriers among the pregnant women. This shows despite various maternal health programs and decentralised maternal health initiatives (JSY and JSSK) lot needs to be done in improving health seeking behaviour of marginalised and tribal communities. Janani-Shishu Suraksha Karyakram (JSSK) & JSY provided completely free and cashless services to pregnant women including normal deliveries and cesarean operations and sick new born (up to 30 days after birth) in Government health institutions in both rural and urban areas, however study showed need to address barriers in availing these facilities, The barriers which came to fore discouraging and dissuading tribal pregnant women in utilising antenatal care (ANC) and other benefits of various health schemes and programs.

The experiences shared by the respondents reflected pregnancy is considered a normal event in the life-cycle of women and not deemed to necessitate special care. Pertinently, Government has launched new programs and initiatives like Pradhan Mandiri Surakshit Matritva Abhiyan in order to attain desired outcomes /targeted maternal health indicators.⁷ However, the study showed need need of educating tribal pregnant women regarding pregnancy care, which is shown by other studies as well.⁸ Moreover, new initiatives should also concentrate in educating the women regarding pregnancy care. Qualitative data analysis showed women generally are looked after and follow decisions of the head of the family when it comes to care seeking in pregnancy, which is in synchronicity with other studies also.⁹ Social support from the husband, family or friends had the potential to influence care seeking behaviour. Social support is very crucial for women during the antenatal period.¹⁰ This study was conducted in a tribal area with unique demography, topography, beliefs, and socio-cultural settings, hence results can't be generalized.

Limitation

Only one FGD was conducted and results can't be generalized as study was conducted in a tribal area having unique demography.

CONCLUSION

The study emphasises the need to consider the cultural beliefs and practices of pregnant women while planning measures aimed at improving their healthcare. There is a need of continuous behaviour change communication (BCC) with pregnant women and community members. In addition to addressing these issues, the health system related issues need to be addressed and improved in order to improve access to health care facilities by these pregnant women. Thus, a comprehensive tribal-sensitive health care system incorporating the above cultural issues is required to improve the health care access among these vulnerable ANC patients.

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