

## **Mothers Perception of Child Illness and Care Seeking Behaviour among Nyishi and Apatani Tribe of Arunachal Pradesh**

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### **ABSTRACT**

In a developing country like India, according to NFHS-IV, the health status of Schedule tribe children is worse than in other communities. In the tribal-dominated state of Arunachal Pradesh Tribal communities firmly hold their belief in traditional practice and treatment-seeking is late and poor. This paper is based on the qualitative survey for exploring mothers' perception of child illness and healthcare-seeking behaviour of two tribal groups namely, Apatani and Nyishi. Mothers often perceive that the severity of illness is caused by a supernatural force and often ignore mild illness. They are not familiar with a disease like malaria, jaundice, TB which causes them to seek late treatment making the disease fatal.

**Key Words :** Child illness, Care seeking, Nyishi tribe, Apatani tribu

### **INTRODUCTION**

The rate of child and infant mortality is reported to be high in developing countries. It is also observed that the health status of indigenous people, especially children, is even worse than others in both developed and developing regions. In India, according to the rounds of NFHS, the under-five child mortality rate of Schedule Tribe (ST) remains high when compared to the non-ST population. Besides high under-five mortality, it was also found that ST children are less likely to get treatment from a health practitioner as compared to non-ST children. Arunachal Pradesh has shown poor utilisation of modern health care facilities among the tribals. Despite the declining trend in the rate of infant mortality and under-five mortality from NFHS 3 to NFHS 4, the state still has an IMR of around 23 deaths per 1000 live births and under-five mortality rate of around 33 deaths per 1000 live births. Treatment-seeking behavior is also quite low where only 44.9 per cent of children suffering from diarrhea sought advice or treatment from a health care provider. Similarly, only 51.3

per cent of children who suffered from ARI received medical treatment and the remaining 48.7 per cent did not. Tribal communities firmly hold their belief in traditional practice. Even in urban areas, where modern facilities are available, tribal people are tending to seek help from traditional healers.

The health problems need special attention in the case of children of indigenous people (or tribal groups) for many reasons. Firstly, many of the tribal societies are poor in health condition and backward socially as well as economically (Chaudhuri and Chaudhuri, 1986); Secondly, under-utilization of health facilities and low level of awareness; and lastly, the difference in the concept of health and illness from general clinical understanding which often determined their care-seeking behaviour. Despite, remarkable worldwide progress in the field of socio-economic as well as health facilities, they continue to maintain their age-old traditional culture (Praharaj, 2009). It is believed that indigenous people's reactions to disease and pain are determined by this system of beliefs, values, and modes of expression which lead them to

respond distinctively in the time of illness (Sussner *et al.*, 1985).

Besides, health research on tribal is predominantly focusing on the prevalence of illness and health coverage rather than their knowledge or perception about illness. Although there has been an increasing realisation amongst both social and medical scientists that mere study of health and treatment on tribal's perspective can help to reduce a significant number of child death and morbidity, most of the tribal studies on north-eastern states, particularly Arunachal Pradesh, are anthropological or ethnographical oriented. Otherwise, in the case of health research on these regions, medical scientists' interests lie in the ethnomedicinal system of tribal areas of northeast India rather than healthcare-seeking behaviour.

The study aimed to explore the tribal mother's perception of illness and their pattern of care-seeking behaviour. Mothers being primary caregivers, they are selected as the main respondent. The specific objectives were to: i) explore the mother's perception of child illness, and ii) study the pattern of care-seeking behaviour.

## METHODOLOGY

This paper is based on the in-depth interview with individual mothers and key informants like village elders and shamans and focus group discussion (FGD) with mothers and village elders. Two tribes *viz.*, Nyishi and Apatani were selected for study purpose. Areas for study are selected based on the presence of both allopathic and other types of health care services (including traditional practice and others). Households are selected mostly from the vicinity of the available health institution. A total of five villages and three urban areas are selected for the study. A total of 300 mothers were interviewed.

## RESULTS AND DISCUSSION

### Perception of illness :

Results have revealed that the mother recognised the illness based on multiple symptoms. Mothers recognised symptoms of fever, common cold, and diarrhea. They often perceived such illnesses as a common illness since it occurs frequently among children. But at the same time, they pay attention to these illnesses if they persist for a long time and symptoms worsen. More often fever has become the main reason to conduct a traditional ritual to heal from illness. As they believe such illness might be caused by a spiritual force. Most of

the mothers, however, are unable to distinguish a common cold from pneumonia or TB; and fever from malaria or typhoid. For them all the fevers are alike. One 35-year-old Apatani mother informed that they neither have any name for this disease nor does she hear about such disease from the villagers. It was new for her. Similarly, a Nyishi mother told that they do not have any local name for jaundice, neither they had heard about a disease like jaundice, malaria, and typhoid. She informed that fever is considered the main disease and most of the traditional rituals are conducted based on the severity of the fever. During this research, it was found that around 80 per cent of children were suffering from fever, common cold, and diarrhea, followed by ailment like an eye infection or skin infection, allergy, etc. by 11.2 per cent. The remaining 8.8 per cent of children were suffering from uncommon illnesses like typhoid, TB, malaria, etc. Perceived severity of illness is subjective as it depends on the mother's psychological bond with children and the length of illness. Other than common and uncommon illness, there is a third category of illness that commonly occurs among children is unintentional injuries.

Almost half of the mothers perceived illness as mild and one-fifth had observed that it is severe. The mothers identified bad weather conditions, unhygienic water sanitation, and ill spirit behind the illness of their child. Traditionally both tribes believed in the supernatural causation of illness. If the same common illness gets worse and persists for a long time both tribes consider it as serious and could be caused by a '*supernatural power*' e.g. different deities, spirits, and ghosts. Like all other diseases, witchcraft is used for healing, and accordingly, rituals and sacrifices are performed.

### Pattern of care-seeking behaviour:

Like other transitional tribal societies, the state has a large array of health care choices that are available to them ranging from traditional healing to allopathic medicine. Traditional healing systems are rendered by priests and shamans while modern or allopathic services have been rendered through public facilities such as sub-centre, public health centre, district hospitals, govt. or private hospital, drug retailer, practitioner, etc. Other healing practices available to them are Christian faith healing, home remedies introduced to them by Hindu migrants from India and Nepal. It was found that many respondents ended up utilizing more than one source of health care service in case of persisting illness.

Sometimes they simultaneously opt for more than one source for an illness which makes studies of healthcare-seeking behaviour even more complicated. Often the mothers said that 'persistent of illness' or 'failure of the previous choice to heal illness' play a major role in the decision to seek help from more than one source of treatment. It was also found that mothers often sought help from Christian faith healers like pastors as an alternative to traditional faith healing and sometimes even

embraced Christianity as their religion. In fact, strong belief in the spiritual world is one of the reasons that lead many people of the state to convert to Christianity since they cannot afford to conduct the traditional practice of sacrifice due to its expensive nature. It was also observed that both Nyishi and Apatani mothers, initially, may have sought help based on their belief but majorly they use allopathic medicines at the end. Often the delay causes complications and disease become non-curable and fatal.

**Table 1: Percentage distribution of morbidity among young children**

| Disease and Ailment               | Number of sick children |        |         | Percentage of sick children |        |         |
|-----------------------------------|-------------------------|--------|---------|-----------------------------|--------|---------|
|                                   | Total                   | Nyishi | Apatani | Total                       | Nyishi | Apatani |
| Common cold                       | 145                     | 48     | 97      | 58.2                        | 38.7   | 77.6    |
| Diarrhea                          | 46                      | 34     | 12      | 18.5                        | 27.4   | 9.6     |
| Fever                             | 7                       | 4      | 3       | 2.8                         | 3.2    | 2.4     |
| Common illness                    | 198                     | 86     | 112     | 79.5                        | 69.3   | 89.6    |
| Asthma                            | 1                       | 1      | 0       | 0.4                         | 0.8    | 0       |
| Hepatitis                         | 1                       | 1      | 0       | 0.4                         | 0.8    | 0       |
| Jaundice                          | 2                       | 1      | 1       | 0.8                         | 0.8    | 0.8     |
| Malaria                           | 2                       | 2      | 0       | 0.8                         | 1.6    | 0       |
| Measles                           | 3                       | 0      | 3       | 1.2                         | 0      | 2.4     |
| Pneumonia                         | 9                       | 9      | 0       | 3.6                         | 7.3    | 0       |
| TB                                | 2                       | 2      | 0       | 0.8                         | 1.6    | 0       |
| Typhoid                           | 2                       | 2      | 0       | 0.8                         | 1.6    | 0       |
| Uncommon illness                  | 22                      | 18     | 4       | 8.8                         | 14.5   | 3.2     |
| Allergy                           | 1                       | 1      | 0       | 0.4                         | 0.8    | 0       |
| Calcium deficiency                | 1                       | 1      | 0       | 0.4                         | 0.8    | 0       |
| Ear infection                     | 5                       | 4      | 1       | 2                           | 3.2    | 0.8     |
| Eye infection                     | 1                       | 1      | 0       | 0.4                         | 0.8    | 0       |
| Headache                          | 1                       | 1      | 0       | 0.4                         | 0.8    | 0       |
| Injuries or fracture              | 2                       | 2      | 0       | 0.8                         | 1.6    | 0       |
| Mumps                             | 1                       | 0      | 1       | 0.4                         | 0      | 0.8     |
| Nose bleeding                     | 1                       | 1      | 0       | 0.4                         | 0.8    | 0       |
| Problem in liver                  | 1                       | 1      | 0       | 0.4                         | 0.8    | 0       |
| Skin infection                    | 5                       | 4      | 1       | 2                           | 3.2    | 0.8     |
| stomach pain                      | 2                       | 2      | 0       | 0.8                         | 1.6    | 0       |
| Toothache                         | 3                       | 1      | 2       | 1.2                         | 0.8    | 1.6     |
| Wound in ear, mouth, skin and leg | 5                       | 1      | 4       | 2                           | 0.8    | 3.2     |
| Ailment                           | 29                      | 20     | 9       | 11.6                        | 16.1   | 7.2     |
| Total                             | 249                     | 124    | 125     | 100                         | 100    | 100     |

Source: Field survey, 2013

**Table 2 : Percentage distribution of perceived severity of illness**

| Illness or Disease | Perceived Severity |          |       |       |
|--------------------|--------------------|----------|-------|-------|
|                    | Mild               | Moderate | Sever | Total |
| Common illness     | 54.5               | 28.8     | 16.7  | 100   |
| Uncommon illness   | 22.7               | 40.9     | 36.4  | 100   |
| Ailment            | 27.6               | 34.5     | 37.9  | 100   |
| Total              | 48.6               | 30.5     | 20.9  | 100   |

Source: Field survey, 2013

**Table 3: Percentage distribution of care seeking behaviour of mothers for children illness by mothers' perception of illness**

| Perception of illness                       | Other then Allopathic | Allopathic | Other then Allopathic (%) | Allopathic (%) |
|---|-----------------------|------------|---------------------------|----------------|
| <b>Classification or type of illness</b>    |                       |            |                           |                |
| Common illness                              | 67                    | 108        | 38.3                      | 61.7           |
| Uncommon illness                            | 6                     | 16         | 27.3                      | 72.7           |
| Ailment                                     | 4                     | 22         | 15.4                      | 84.6           |
| <b>Status of illness</b>                    |                       |            |                           |                |
| Mild  | 33                    | 62         | 34.7                      | 65.3           |
| Moderate                                    | 25                    | 51         | 32.9                      | 67.1           |
| Severe                                      | 19                    | 33         | 36.5                      | 63.5           |
| <b>Cause of illness</b>                     |                       |            |                           |                |
| Don't know                                  | 12                    | 32         | 27.3                      | 72.7           |
| Semi-scientific and common beliefs          | 52                    | 89         | 36.9                      | 63.1           |
| Scientific beliefs                          | 13                    | 25         | 34.2                      | 65.8           |
| <b>Number of symptom mention by mothers</b> |                       |            |                           |                |
| ≤ 2   | 23                    | 49         | 31.9                      | 68.1           |
| 3 – 4                                       | 33                    | 75         | 30.6                      | 69.4           |
| 5+  | 21                    | 22         | 48.8                      | 51.2           |
| <b>Is given illness is communicable?</b>    |                       |            |                           |                |
| No  | 52                    | 94         | 35.6                      | 64.4           |
| Yes   | 25                    | 52         | 32.5                      | 67.5           |
| Total                                       | 77                    | 146        | 34.5                      | 65.5           |

Source: Filed survey, 2013

This study highlights the underlying facts on the perception of disease and illness, subjectivity in understanding the severity of disease, and as a result, delayed treatment seeking which is resulting in high infant and child death among the tribal.

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