



HEALTH SEEKING BEHAVIOUR AMONG TRIBAL GUJJAR WOMEN OF JAMMU

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Abstract

The present study was undertaken with the objectives – 1)To assess the level of health seeking behaviour of tribal Gujjar women of Jammu province. 2)To assess the level of health seeking behaviour of tribal Gujjar women in context of developmental stages of life i.e during Young Adulthood, Middle Adulthood and Late Adulthood. 3)To study the relationship of Women's Health Seeking Behaviour with their present age, age at menarche, age at marriage, age at first pregnancy, age at last pregnancy and number of children. The sample comprises of 600 women of Jammu selected through multistage sampling technique from the tribal areas of Jammu province. Health Seeking Behaviour Checklist (HSBC) was used to collect the data which was subjected to statistical analysis. The analysis of Health Seeking Behaviour Checklist (HSBC) shows that most of the respondents show low level of health seeking. Women in young adulthood pay more attention toward their health as compared to during middle and late adulthood.

Key Words : Health Seeking Behaviour, self-esteem, Gujjar women.



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INTRODUCTION

Health is considered as a fundamental human right and a world-wide social quality of life. A healthy person is an asset to the society. A person can be considered as healthy only if she/he is physically, mentally and socially well. A person is healthy only if she/he is free from diseases and all the organs of the body function normally in relation to age and sex. She/he understands his/her emotions, instincts and the tendencies, which further lead to understand other's emotions, trait and behavior. She/he has regular and qualitative healthy interaction/relation with family members, friends and other concerned individuals of the

society. All over the world, efforts are being made to promote health of the people by increasing awareness, mobilizing community action and improving or creating the conditions required for better health.

(http://www.vigyanprasar.gov.in/Radioserials/women_and_reproductive_health.pdf).

Health condition of women is not only dependent on state of physical health status but also on the many roles they play as wives, mothers, sister, health caretaker of other members in the family and in the present time even as wage earners. Women in the past have suffered on account of neglect and discrimination, due to which, their health status has remained below the desired levels. Women were under the dominance of a male members of family. They cope silently and not complain regarding their health issues. The rigid societal hierarchies have conditioned them to suppress their needs. Even at present every day approximately 1000 women die due to complications of pregnancy and childbirth nearly all of these deaths are preventable (Kushwah 2013). The tribal women in India are undisputedly considered as the weakest sections of the population in view of common socio-economic and socio-demographic factors like poverty, illiteracy, lack of developmental facilities, and lack of adequate primary health facilities, guidance and direction (Ramana and Rani, 2014). Tribals are popularly known as a symbol of self-assertion, comprise of around 8.2 per cent of the national population (Azim et al, 2015). They further say that the status of the tribal women usually depends on the economic roles they play. The tribal in the past were usually forest dwellers and their livelihood to a great extent depended on the food gathering economy. More than the men, the women walked long distances to fetch wood and fodder. Besides, they also collect fruits, roots and tubers, lac, gums and leaves for self-consumption and sale (Azim et al, 2015). The Gujjar tribe, predominantly a nomadic tribe, in Jammu and Kashmir are classified as Scheduled Tribe in the constitution of India. A study conducted by Koundal (2012) shows that a large population of nomad Gujjars in the states of J&K and Himachal Pradesh alone are living below the poverty line. The survey further says the Gujjars of Himalayan ranges are without sufficient food, fodder for their animals and lack of basic facilities like proper shelter, health, drinking water, education, etc. Moreover, most of the nomads are not aware of schemes being run by the State and Centre Governments for their upliftment and poverty eradication. About 89 per cent Gujjar women are illiterate in Jammu and Kashmir (Tribal Research and Cultural Foundation, 2008). TRCF further says that early marriage, illiteracy, extreme poverty and nomadic way of life was casting dark shadows over

the future of lakhs of nomadic Gujjar women residing in the most backward, hilly and border areas of Jammu and Kashmir. There is a need to understand these women's health seeking behaviour as there is dearth of such data in India.

OBJECTIVES OF THE STUDY: 1. To assess the level of health seeking behaviour of tribal Gujjar women of Jammu province. 2. To assess the level of health seeking behaviour of tribal Gujjar women in context of developmental stages of life i.e during Young Adulthood, Middle Adulthood and Late Adulthood. 3. To study the relationship of Women's Health Seeking Behaviour with their present age, age at menarche, age at marriage, age at first pregnancy, age at last pregnancy and number of children

METHODOLOGY: The study was conducted tribal areas of Jammu Province of the Jammu and Kashmir state of India. 600 women, in the age group of young (20-40years.), middle(41-64 years.) and late adulthood(65+ years), were selected for the purpose of the study.

Criteria for sample selection: Age: Only women above the age of 20 years were included.

Residence: Only women living in tribal dominated areas of Jammu province were selected.

Health: Women having any apparent signs of physical disability or psychological problem were not included in sample group.

Marital Status: Only married women were selected. **Sampling technique:** Multistage sampling technique was used to identify districts and tehsils having a concentration of Gujjar tribal population from Jammu Province. Snowball sampling technique was used to identify the areas of villages having nomadic/ semi-nomadic and settled Gujjar women. After that women fulfilling the criteria was selected purposively.

TOOLS USED: 1) **Health Seeking Behaviour Checklist:** A need was felt to construct a checklist which includes those items that can be used to classify the women as per the frequency of their health seeking behaviors exhibited. After initial brainstorming, a list of items was prepared and in the form of a checklist, these forms were given to experts to rate and give their views. Modification and changes as suggested by the experts were incorporated and the tool was pre tested on a small sample. After pre-testing, it was finalized after minor changes and used on the sample. This scale possess high reliability quotient of 0.51.

Scoring: For positive scores a mark of +1, for negative -1 is assigned and then the total scores were calculated for a particular individual. The responses on all the items were put together and statistically treated.

DATA COLLECTION: Home visits were conducted to collect the data. For introduction, the help of a local leader was sought. Firstly rapport was established through informal discussions, and then the respondents were told about the objectives of the study. The local language, though respondent’s native language was **Gojiri** but they also understand **Dogri** well, so **Dogri** was used to ensure that the information received was accurate

DATA ANALYSIS: Data was subjected to quantitative analysis. percentages and Correlation were calculated. Statistical software SPSS version 15.0 was used. The data has been presented in the forms of tables and graph.

RESULTS AND DISCUSSION

Table 1.1: Mean age of the respondents during transitional phases of life

VARIABLES	Mean N = 600	Std. Deviation
Age (in years)	50.98	18.573
Age at menarche(in years)	13.24	.970
Age at marriage (in years)	15.33	3.713
Age at 1 st pregnancy (in years)	18.27	4.227
Age at last pregnancy (in years)	31.32	12.631
Age at menopause (N= 340)	47.56	3.929

Results presented in the Table 1.1. reveal that present mean age of the respondents is 51 years. Their average age at menarche is 13 years; age at marriage is 15years, which is below the legal age of marriage. Mean age at first pregnancy is 18 years, age at last pregnancy is 31 years and average age at menopause is 47 years respectively.

Table no. 1. 2: Background information of the respondents.

BACKGROUND VARIABLES	FREQUENCY N = 600	%AGE N =600
EDUCATION		
Illiterate	572	95.3
Upto Primary	2	0.3
Upto Middle	11	1.8
Upto Secondary	4	0.7
Upto Higher Secondary	3	0.5
Upto Graduation	5	0.8
technical or Professional	3	0.5
OCCUPATION		
Unemployed	68	11.3
Caste Occupation	527	87.8
service Holder	5	0.8
TYPE OF FAMILY		
Joint	535	89.2
Nuclear	65	10.8
NUMBER OF CHILDREN		
1-2	111	18.5
3-5	187	31.2
6-8	249	41.5

more than 8	53	8.8
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Table no 1.2 reveals that 95.3% of the respondents were illiterate, 87.8% indulged in caste occupation i.e. cattle rearing and milk selling, 89.2% reside in joint families and 41.5% have three to five children. It can be interpreted from the above table that educational status of the Gujjar tribal women is very low and number of children is more.

Table no. 1.3: Background variables of the respondents according to developmental stages of adulthood.

BACKGROUND VARIABLES	AGE_GROUP		
	Young Adulthood (20-40 yrs.) N= 200	Middle Adulthood (41-64 yrs.) N= 200	Late Adulthood (65+yrs.) N= 200
EDUCATION			
Illiterate	172 (86)	200 (100)	200 (100)
Upto Primary	2 (1)	0	0
Upto Middle	11 (5.5)	0	0
Upto Secondary	4 (2)	0	0
Upto Higher Secondary	3 (1.5)	0	0
Upto Graduation	5 (2.5)	0	0
technical or Professional	3 (1.5)	0	0
χ^2	38.39**		
OCCUPATION			
Home Makers	51 (25.5)	17 (8.5)	0
Caste Occupation	144 (72)	183 (91.5)	200 (100)
Service Holder	5 (2.5)	0	0
χ^2	72.5**		
TYPE OF FAMILY			
Joint	143 (71.5)	193 (96.5)	199 (99.5)
Nuclear	57 (28.5)	7 (3.5)	1 (0.5)
χ^2	97.86**		
NUMBER OF CHILDREN			
1-2	107 (53.5)	4 (2)	0
3-5	73	76	38

	(36.5)	(38)	(19)
6-8	19	115	115
	(9.5)	(57.5)	(57.5)
more than 8	1	5	47
	(0.5)	(2.5)	(23.5)
χ^2	360.7**		

Percentage in parentheses : Table no 1.3 reveals that majority of the respondents (86%) in young adulthood were illiterate 5.5% were studied upto middle standard whereas 100% respondents in middle and late adulthood were illiterate. Majority of the respondents in young adulthood (72%), middle adulthood (91%) and late adulthood (100%) indulged in caste occupation. 2.5% respondent in young adulthood were service holder. None of them was government employee but were teaching in private schools. Majority of the respondents 71.5 % in young adulthood, 96.5% in middle adulthood and 99.5% in late adulthood were residing in Joint families. Majority of the respondents in young adulthood have one to two number of children whereas equal number of respondents (57.5%) in middle and late adulthood have six to eight number of respondents. 23.5 % in late adulthood have more than eight number of children. Significant association ($p \leq 0.01$) between demographic variables and developmental stages was observed among the respondent.

Table no. 1.5: Levels of Health Seeking Behaviour among Tribal Gujjar women.

LEVELS OF HSBC	FREQUENCY N = 600	%AGE
LOW	310	51.7
MODERATE	290	48.3

Fig. no. 1.1: Levels of Health Seeking Behaviour among tribal Gujjar women.



Table no. 1.5 reveals that most of the tribal Gujjar women (51.7%) show low level of Health Seeking Behaviour whereas 48.3% show moderate level of Health Seeking Behaviour.

Table no. 1.6: Level of Health Seeking Behaviour in context of Developmental Stages

		AGE GROUP		
		Young Adulthood(20-40 yrs.) N= 200	Middle Adulthood (41-64 yrs.) N= 200	Late Adulthood (65+yrs.) N= 200
Levels of Health Seeking Behaviour	Low	61 (30.5)	98 (49)	151 (75.5)
	Moderate	139 (69.5)	102 (51)	49 (24.5)
		χ^2	80.05**	

Percentage in parentheses : Table no.1.6 reveals that majority of respondents (69.5%) in young adulthood show moderate level of of health seeking behaviour. 51% respondents in middle adulthood also show moderate level of of health seeking behaviour whereas majority of respondents (75.5%) in late adulthood show low level of health seeking behaviour.

Table no. 1.8 : Relationship of health seeking behaviour with background variables

	Age at Menarche	Age at Marriage	Age at 1 st Pregnancy	Age at Last Pregnancy	Age at Menopause	Number of Children	Health Seeking Behaviour
Age	.218(**)	-.137(**)	.065	.715(**)	.845(**)	.773(**)	-.308(**)
Education	.113(**)	.271(**)	-.029	-.169(**)	-.226(**)	-.292(**)	.085(*)
Occupation	.099(*)	-.130(**)	-.155(**)	.043	.269(**)	.193(**)	-.062
Type of family	-.081(*)	.079	.035	-.119(**)	-.351(**)	-.231(**)	.128(**)

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Table no. 1.8 reveals that age is positively significantly correlated with age at menarche, age at last pregnancy, age at menopause, number of children whereas age is negatively significantly correlated to age at marriage and health seeking behaviour. Education is positively significantly related to age at marriage and health seeking behaviour whereas negatively significantly correlated to age at menarche, age at first pregnancy, age at last pregnancy, age at menopause and number of children. Type of family is positively significantly correlated to health seeking behaviour whereas negatively significantly

correlated to age at menarche, age at last pregnancy, age at menopause and number of children.

Discussion: Health seeking behaviour is defined as an action undertaken by individuals who perceive themselves as having a health problem or to be ill for the purpose of finding an appropriate remedy (Wade et al. 2004). Most of the tribal Gujjar women show low to moderate level of health seeking behaviour. It was observed during the data collection that their daily activity schedule was very busy. They get up early in the morning; remove the animal wastes and then start milking the cattle. Elder women in the family collect milk while younger women, either daughter or daughter-in-law cook food for the family. After having breakfast majority of them go to sell milk along with their husband to nearby areas. After returning some of them go for grazing their cattle to nearby fields for 2-3 hrs. After having lunch they take some rest. In the evening near about 4:00 clock, again they milk their cattle. The cattle were usually milked twice a day. After that they cook food and have dinner and go to bed. They do not comb hair or change their cloths daily, even those living nomadic lives do not bath daily because of scarcity of water. They lives in very unhygienic conditions.

Results further reveal that most of the tribal respondents show low to moderate level of Health Seeking Behaviours whereas a study by Sharma et al (2014) shows that majority of the tribal respondents show moderate to high level of Health Seeking Behaviours. Most of the women in young adulthood were moderate health seeker whereas most of the women in middle and late adulthood had low level of health seeking behaviour. As their daily activity schedule is very busy they don't have time for themselves. Even in case of illness they prefer next door health practitioner either doctor, chemist or registered medical practitioner or any other. They don't follow the prescription properly. Significant differences in health seeking behaviour of respondents were observed in context of developmental stages. In the present study significant relationship of Health Seeking Behaviours was observed with education and type of family. Negative significant relationship of health seeking behaviour of respondents with age was observed which indicates that health seeking behaviour decreases with the progression of age but with the increase in the level of education health seeking behaviour also increases as most of the subjects in young adulthood are literate and showed moderate level health seeking behaviour whereas most of the subjects in middle and late adulthood are illiterate and had low level health seeking behaviour. Dominic et al (2013) found a significant association between health seeking behaviour and demographic variables such as age,

education and family income. According to Olasunbo and Ayo(2013)Health seeking behaviour is influenced by age, gender, education and income. In a study on elderly population of rural areas of Varanasi district Shankar et al (2014) found that factors like caste, socio-economic status and literacy did not show any significant association with health.

Major Findings:

- Most of the respondents are in the age range of 51 years, Average age of the respondent at menarche was 13 years, at the time of marriage was 15 years, at the time of first pregnancy was 18 years, at the age time of last pregnancy 31 years, at the time of menopause (who have attained it) was 48 years
- Majority of the respondents are illiterate, resides in joint families and indulged in caste occupation.they have 3 – 5 number of children on an average.
- Most of the tribal Gujjar women show low to moderate level of health seeking behaviour.
- Most of the women in young adulthood are moderate health seeker whereas most of the women in middle and late adulthood had low level of health seeking behaviour.
- Significant differences in health seeking behaviour of respondents were observed in context of developmental stages.
- Significant relationship of Health Seeking Behaviours was observed with education and type of family. Negative significant relationship of health seeking behaviour of respondents with age.

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