

Chronic Diseases and Health Seeking Behaviour of Men: A Study on Three Tribal Communities of Sundargarh District of India

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Abstract

Chronic diseases have impact on the world population. South-Asia, Finland, Taiwan, and South Korea are examples of relatively rich countries with low prevalence of the major chronic diseases. Canada and the United Kingdom have higher death rates from chronic diseases than from communicable diseases; however, the chronic disease toll in those countries is still much lower than, those prevailing in many poor countries (Nugent, 2008). It means the prevalent rates of such diseases in country like India are higher. This study has focused on three major chronic diseases Tuberculosis, Chronic Kidney Disease (CKD) and Hypertension of men in Sundargarh district of Odisha, India on three tribal communities like Munda, Mundari & Kisan. Using simple random sampling technique 300 (One hundred each from the specified tribal community) men were selected from three communities. The study found that; 43.58% of men have hypertension which is the leading disease followed by the chronic kidney disease (CKD) (32.05%) and Tuberculosis (24.35%) respectively. Health seeking behaviour of men depends on socio-psychological, socio-economic and culture of specified community in a specific geographical area. Although they use modern medicine (52.56%) due to intervention of government health professional however, many of them prefer to practice ethno-medicine (39.74%) and shamanism and (17.69%) respectively.

Key Words: Chronic, Disease, Health seeking, Behaviour, Men

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Introduction

Chronic diseases in the world now became a global phenomenon. South-Asia, Finland, Taiwan and South Korea are examples of relatively rich countries with low prevalence of the major chronic diseases. Canada and the United Kingdom have higher death rates from chronic diseases than from communicable diseases; however, the chronic disease toll in those countries is still much lower than those prevailing in many poor countries (Nugent, 2008). One in four people are likely to die of a chronic disease in India (Jena & Chattopadhyay, 2022). According to a study report within 21st century, the chronic disease has cemented itself as one of the most burdensome health issues facing the world today. According to the World Health Organisation (2014) in 2012 there were 38 million deaths due to non-communicable disease globally (Gragory, 2016). In rural India people are not much aware on today's chronic illnesses, unlike Tuberculosis, Kidney infection and Hypertension. These diseases have been impacting on the global economy. Epidemiologically it was estimated that 1.13 billion people have hypertension worldwide. The prevalence of hypertension in high income countries is more than in low-income countries Hypertension responsible for 53.8%, 55.7% and 54.3% deaths due to heart disease, stroke and Chronic Kidney Disease respectively in India in 2016 (Chakravarti et.al., 2016).Hypertension may have emerged as one of the leading cause of premature deaths in India, but 44.5% people in the age group 18 to 54 years in Odisha have not got their blood pressure checked, revealed a recent study by the Indian council for medical research (ICMR) Mayurbhanj and Nuapada were among the 20 bad performing districts in the country in terms of people measuring their blood pressure (Indian Express, Nov-16-2024). Tribal areas in Sundargarh district has similar kind of situation, tribal people do not come to the medical health check up because of the trust on the healer and shaman, while the health camps organised in the tribal villages they come and took treatment under the pressure of ASHA. They do not come to check their blood pressure and to get remedies from medical staff on their own will. They go to the healer and shaman for treatment first and later as per suggestion they come in the health camp organised in a tribal village to take treatment.

In case of Tuberculosis (TB), it is estimated 2 million cases found in the year 2015. India accounts for 25% of the global TB burden and approximately 40% of the Indian population is infected with Tuberculosis. With the majority having a latent infection that come potentially

progress a active disease, While extra pulmonary Tuberculosis(EPTB) accounts for a quarter of global TB incidence (Nayak et.al., 2023) WHO declared TB is global public health emergency in 1993.India is the highest TB Burden country with an estimated incidence of 26.9 lakh cases in 2019.India accounts for about 24% of the global prevalence, 23% of the global incident cases and 21% of the global TB deaths(Srivastava & Srivastava, 2021).

Over the years chronic kidney disease (CKD) has emerged as a major public health problem and a significant contributor to the overall non communicable disease burden globally which accounts for nearly 700 million active cases and 1.2 million deaths per year chronic kidney disease has become a major cause of global morbidity and mortality.In developing countries, the burden of chronic kidney disease cannot be associated accurately. The approximate prevalence of CKD is 800 per million populations (PMP) and the incidence end stage of renal disease (ESRD) 150-200 (PMP) (Agrawal & Srivastava, 2009). Due to long time treatment process and care, it is expensive. A patient tries to mitigate the disease in his initial treatment process, but most of chronic disease stake time to cure. it requires supervision and care of a patient in contrast to other health issues prevailing in the world. Treatment of the disease not only based on intake of drugs in time, but it depends on patient's, intake of Healthy food, positive change in lifestyle and need a stress less life.

Chronic diseases are conditions that develops slowly and get worse over time, with the help of modern medicine the Progression of the chronic diseases can often be slowed but few people can be cured (Faranbi et.al., 2017).In case of Tuberculosis Indian Government has made it compulsory to all infected patients, but due to side effects like allergy, vomiting, losing of interest of intake food and long-time taking of drugs without break, effects on the patient's life and they drop the medicine after taking treatment of few months. These patients go to nearest healer to take ethno-medicine treatment and cure. Similarly allopathic treatment of a kidney patient is expensive and not merely access near to a patient's home, thus ethno-medicine in a rural belt is trusted due to inexpensive and obtained in the locality. Hypertension is a global phenomenon. It witnesses among the elders; those comes in stress and have worse living condition and alcoholism. Ethno-medicine, Allopathic treatment and shamanism all have special role in the treatment of the disease prevalent in the villages. People are ignorant on the prevailing modern diseases which have a wide impact on the world economy, but people trust both on the traditional treatment process and modern medication. The Demographic factors such as age, marital status, race, occupation and level of education can be associated with health

seeking behaviour (Syamsul et.al., 2018). Youth trust on the modern medication, while the aged person trusts more on the healer's treatment, People's lifestyle, choice and bad habits such as smoking, drinking, excessive amounts of alcohol, poor diet, lack of exercises and many other put people at risk in developing a chronic disease, having lower quality of life end or dying permanently (Faranbi et.al., 2017). Utilization of health care system, public or private formal or non-formal may depend on socio-demographic factors, social structure, level of education, cultural beliefs and practices gender discrimination, status of economic and political system, environmental condition, disease pattern and health care system itself (Adhikari & Rijal, 2014). In a Tribal area people depend more on their unique healing practices and on shamanism because on belief of the supernatural entity. Traditional healers have a unique indigenous knowledge on treatment and healing practices they gained from their ancestors. This unique healing practice they have trusted from a long time. Government is creating awareness on allopathic treatment, while in tribal belts people trust on indigenous healing practices. Health literacy may influence the ability to make appropriate health choices as it is related to understanding the disease and possible choice of prevention and treatment. (Morris et.al., 2011)

Work, Productivity and health are directly interrelated one with another. A chronic patient take long time treatment and care, has a higher chance of mortality. Many Bad habits of men for instance, poor diet, low nutritious food, drinking alcohols, and intake street foods, all those hampers the human bodily organs and leads to develop a chronic disease. In the Tribal area's adult drinks alcohol and motivate their children to drink too. This has habituated them to drink in everywhere, every day and time. Those who habituated in all those bad hobbies affected on chronic kidney, they drink together and share the utensil with one another. Tb is a disease that transmits from one infected person to others during sharing of utensil not properly washed and through sneezing and coughing. Household men have responsibility to earn to maintain family and drinking alcohol have increased blood pressure level of many household men became chronic. It hampers the life of all family members those who depends on the family economy. The present study explores the chronic health issues faced by men in a specific geographical area and seeks to understand their health-seeking behaviour within the study population.

Methodology

The present study was conducted in six tribal dominated villages of Lahunipada block of Sundargarh district. The study villages were selected on the basis of the Tribal dominated

villages having large population, isolated habited in the forest region and largest number of populations depend their livelihood on Wage labour in mines and factories. A total of 300 men sample population were selected more than 20 years and above age group from three tribal community such as Munda, Mundari and Kisan (100 men from each community). The primary data were gathered through conducting survey and structured questionnaire, while qualitative information was gathered through interview methods. Data were collected on various chronic diseases of men and health seeking behaviours. All the collected data were organised and recorded systematically in an excel sheet which later analysed through statistical methods. The researcher used Audio and video records to gathered first-hand information from the field. Interview data were transcribed and refined to use in the report writing process. Some other qualitative methods like case studies and FGD (Focus Group Discussion) were also conducted (Three eldermen) in the community to get qualitative information on various chronic health issues. The quantitative data were arranged in an excel sheet and the data were analysed through standard anthropological methods. The secondary data were gathered from various research Journals, Local magazines and local newspapers

Related Review

Traditional ethno-medicine has been associated with men for the treatment of various chronic diseases in the world in India our traditional society was fully dependent on it. This traditional practice by the healer is extraordinary and saves the lives of million poor and uneducated people in various countries. People decide whether to consult for the treatment of the disease, there are folk medicines in the villages, man depends on and believe, Fortunate (Atwini, 2023) illustrated on the impact of ethno-medicine in a tribal area. Health care in a traditional society depends on a traditional healer as their first choice and health care staff from professional sector is secondary choice. Professional health system provided a health cares to patients, but people belief on ancestral medicines those saved the lives of millions in the past. Few years back, ethno-medicine was privileged by the people in all cases by all community residing in the villages; there are many chronic diseases which has no solution in modern treatment process. There were some socio-economic and cultural factors responsible for it.

From the beginning of the human history the traditional herbal or plant-based treatment was therapeutic. Men were accessing from nearest area in the forest. People understand the Values of the traditional remedies as the best remedies in the world. Mortality rate of chronic disease

has increased to 16.1% during 2016 and it is expected to reach 52 million by 2030. Many patients treated in the modern medicine feel its side effects and shifting their treatment from allopathic to ethno medicine. People are getting benefit from it. These traditional medicines are still practising by the tribal in almost all countries in the world. One can afford and can use remedies inexpensively. Village people can afford these herbs easily comparing to the allopathic treatment. In the country like India treatment of TB&CKD is very high. He has illustrated that the use of the traditional medicine in developed countries increased from 40% to 50% and in low- and middle-income countries 60% to 90%. More over its importance is accepted to all.

Traditional healers are privileged by the people in the villages. A healer always regarded for his medication in an unreached pocket. People's first choice is his own treatment on local plant resources and the next is healing through healers. Household income is also a determinant factor for choosing traditional medicines as the first choice of men. Chronic disease patient is increasing day by day due to unhealthy food, low immunity, and stressful life drinking alcohol and sharing of utensil. They have knowledge on various plant resources, their age, qualification; gender and illness are the factor to elicit ethno-medicinal treatment in the area. Ethno-medicine is a combination of natural, resources, plant, animal, belief and supernatural entity.

Except ethno-medicine there are no any other treatment processes ever succeeded in treatment of saviour CKD cases. Allopathic medicine effect on the kidney and a serious patient needs dialysis and a dialysis patient no longer last. In allopathic treatment, doctors prescribe the costly medicines to cure of a CKD patient. Patient belonging from a poor family faces financial crisis during the time of treatment. Therefore, Patients' family search a good healer in the villages, whose treatment cost is low in comparison to an allopathic doctor. Modern treatment process hampers the kidney patients. The author illustrated that how the village people trust on ethno-medicine on CKD treatment case. He has opined that a CKD patient should have trust on the health facilities and health care providers. This paper is also tries to illustrate the financial situation of a patient faces during the time of his treatment.

With all those issues Tb is one of the leading chronic diseases in the world which affects the people having a low level of immunity, close contact and sharing of unwashed utensils of an infected patient, and alcoholic. It is also associated with the people perception, vision,

knowledge and awareness. A TB patient who dropped the medicine or feeling any other side effects comes in contact with the traditional healers in the villages and takes remedies. Allopathic treatment of TB became compulsory in the medical. Except that the ethno-medicine and the treatment of a healers is still accepted and cured (Verma, 2017).

Cardiovascular diseases are associated with hypertension. There are various modern therapies; similarly, the traditional therapies have also developed to decrease the blood pressure level of elders. From the year 1975 to 2015 the number of adults with hypertension has increased from 594 million to 1.13 billion. Hypertension is responsible to 70 % of heart attacks in the world. The mortality rate of cardiovascular disease is 13.5% globally. Treatment is very simple ones have to change the life style, medicine, meditation, leave from tobacco and alcohol, improve the diet, need to regular exercise, managing mental stress and regular check of one's blood pressure level (Mohamad & Mohamad, 2017).

Results

The present study has carried out with 300 men sample population in Sundargarh district of Odisha. It found that 93(31%) men are highest in the population belonging from 21-30 years of age group. The lowest No of population 33 (11%) belonging from 51-60 years of age group, Similarly, there were three separate age group 31-40, 41-50 and 60 above group fitting 21.33%, 22.66% and 14% of population respectively. In the educational status the report showing that the largest no of population in the community were 145(48.33%) passed primary education followed to Upper Primary school education 67 (22.33%). This study found that the third largest number of populations are illiterate 46 (15.33%) never touched school veranda. High school touched men were 30(10%) and in the sample only 30 (10%) succeeded to pass the metric examination. This study showing, there were only 1 (0.33%) man passed degree examination. The study also found that 209 (69.66%) sample men were married and 84(28%) were unmarried. The widower men population were 7(2.33%). In the tribal belts family economy is based on caste-based work and the highest Nos. of people depends on agriculture following to wage labour and other traditional economy This study found out highest 153 (51%) of the population depend on agriculture following the wage labour 108 (36%) depending on Mines and Factories. Household Men practices carpentry in the geographical area found 8 (2.66%) and the Non-Timber Forest Products (NTFP) sellers 6 (2%). The tribal men are doing

small Businesses in their local areas. We found in this study 15 (5%) of the population depending on local businesses (Table No-1)

Comparing the morbidity pattern, it found that the hypertension 11 (43.58%) was the most common and chronic disease in the study area followed to chronic kidney disease 25 (32.05%) and Tuberculosis was 19 (35%) (Table No-2). For treatment of a chronic disease patient people in the geographical area are depending on three major health care providers (Doctor, Medicine man & Shaman), among which highest population from kisan community depending on the ethno-medicinal treatment from a medicine man 14 (17.94%) following Mundari community 9(11.53%).

Table No-1: Socio-Demographic Profile of the Study Community (N=300)

		Percentage	Frequencies
	Characteristics		
Age			
	21-30	31	93
	31-40	21.33	64
	41-50	22.66	68
	51-60	11	33
	61+	14	42
Educational Status			
	Illiterate	15.33	46
	Primary	48.33	145
	U. P	22.33	67
	High School	10	30
	Matric Pass	3.66	11
	College	0.33	1
Marital Status			

	Married	56.66	170
	Unmarried	28	84
	Widower	2.33	7
Occupational Status			
	Agriculture	51	153
	Wage Labor	36	108
	Agribusiness	1.33	4
	Animal Husbandry	0.66	2
	Business	5	15
	Carpentry	2.66	8
	Driver	0.33	1
	NTFP seller	2	6
	Firewood seller	1	3

Table No-2: Chronic Disease Pattern Among the Tribes in the Study area (N=78)

Characteristics	%	Frequency
Kidney	32.05	25
Tuberculosis	24.35	19
Hypertension	43.58	34

Comparing three chronic diseases among three tribal communities in the region reported highest 15(19.23%) Hypertensions from the Mundari community, there were 11(14.10%) men infected in chronic kidney disease (CKD) belonging from Munda Tribal community. It was found that the second highest leading infectious diseases among Men in the area belonging from Munda community. Among the kisan community, men infected in the TB were 8(10.25%). Similarly in the hypertension cases the infected people found 8(10.25%). The lowest number of men population in the community infected in TB 5 (6.41%) from the Munda community (Table No-3).

Table No-3: Disease with Ethnic Community in the Study Area

Tribals	Disease					
	Kidney		TB		Hypertension	
	%	Frequency	%	Frequency	%	Frequency
Kisan	14.1	11	10.25	8	10.25	8
Munda	8.9	7	6.41	5	14.1	11
Mundari	8.9	7	7.69	6	19.23	15

The study also found out various factors responsible on health seeking behaviours of men in the geographical area. These three were important ways of treatment processes indicated the percentage of dependent men on health care. Using allopathic medicine from a qualified doctor, depending 41 (52.56%) following ethno-medicine users 31(39.74%) and treatment through Shaman were 6 (7.69%) (Table No-4). In case of modern allopathic treatment, the kisan and Mundari community depending more, 9 (11.53%) is the highest following the Munda community 7 (.9%) in the region. Patients are taking treatment from a Shaman depending lowest 4(5.12%) number among the Kisan and Mundari community (Table No-5)

Table No-4: Health Seeking Behaviour of Men in the Study Community (N=78)

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Process of Treatment	%	Frequency
Use of Modern Medicine	52.56	41
Use of Ethno-medicine	39.74	31
Treatment through Shaman	17.69	6

Table No-5: Treatment Process of the Study Community

Tribe	Modern Medicine	Column1	Ethnomedicine	Column2	Shaman	Column3
	%	Frequency	%	Frequency	%	Frequency
Kisan	11.53	9	17.94	14	5.12	4
Munda	8.9	7	7.69	6	8.9	7
Mundari	11.53	9	11.53	9	5.12	4

Discussion

We found that the people in a tribal area access their health care from a nearest medicine man or a shaman. This may reduce the financial burden of a patient on his treatment and cure. In an inaccessible area majority of the patient tries to solve the issues within the geographical boundary and in these cases a medicine man and a shaman is nearer than a doctor in the medical. While we discuss on today's prevalent diseases, which has impact on the world population, we found TB, CKD and Hypertension are more prominent comparing to other chronic diseases in India. Most people are Tribal and financially poor in the study area. They have not the ability to afford medicines from an Allopathic doctor. In a tribal inaccessible area government is providing treatment through field level medical staffs such as ANM and ASHA. Apart from these facilities, shaman and medicine man are nearest to all in the geographical boundary. They believe on the community man, who has knowledge on health and experience on treatment. Village Patient accesses the facilities from him and also regards him. When a

patient comes near to the shaman, he does not refuse directly. He tries to solve the issues through his knowledge and experience, if he won't, he will send him to a medicine man near to his residence. Allopathic treatment comes in the third stage of treatment process in a tribal area. When the healer and shaman don't succeed in his treatment in the community, they seek service from an allopathic doctor in the medical

Causes of Hypertension

This study showing the figure of hypertension men were highest (43.58%) infected comparing with two others chronic diseases such as chronic kidney disease (CKD) (32.05%) and TB (24.35%). There are various reasons behind the fact in increasing of hypertension in the geographical area. These facts are Excessive drinking of alcohol, Loss of Job, excessive intake of salt, smoking, mental stress and over weight (Flow Chart-1).

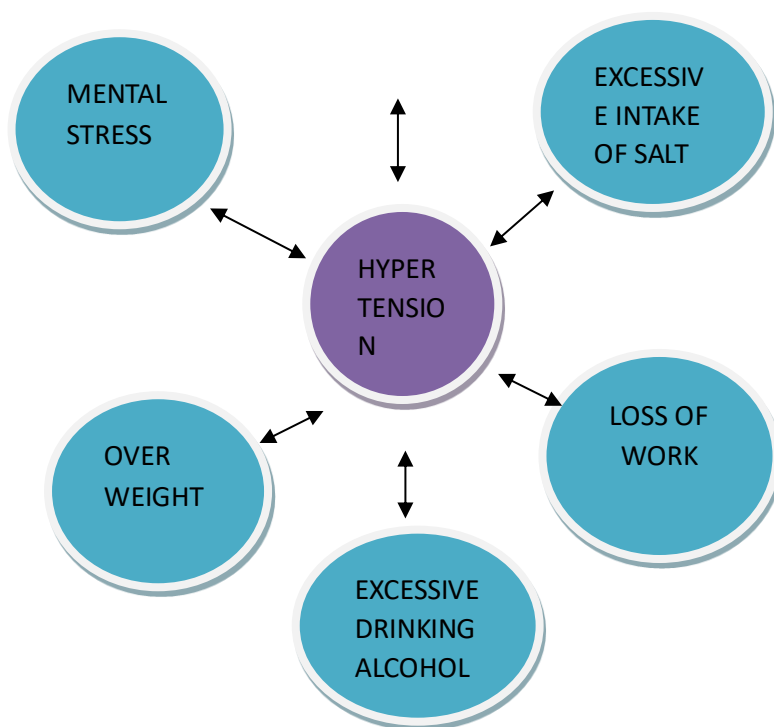
Excessive Drinking Alcohol

Tribal people participate in the community feast and festivals they celebrate throughout the year. On the celebration all drinks alcohol altogether. They celebrate feast and teach their children to drink too. Drinking alcohol is compulsory to all. Many people accept it as the offering to their village deity. The village priest offers the alcohol (Diang) to their ancestors and the village deity at the time of festival. They all accept and drink together after offering; Drinking is a custom of Tribal in this area. Those who are working in the agriculture field, Mines and factories drinks every day, after returning from their duty. Regular drinking became them habituated and they never give it up. Many of them who are habituated in drinking do not eat proper nutritious foods and infected more in Hypertension.

Marang Buru and Sing Bonga are their GODs they worship together during the time of the feast and festival and sometimes as per requirement such as low rain, in a pandemic and any other problem occurred in the community. here in case of hypertension the village shaman offers cock or hen as the offering to the village deity. People thought that in case of disobeying/refusing/disregarding the deity's direction, they were affected in hypertension, TB and Kidney.

Flow Chart-1: Various Factors Responsible for Outbreak of Hypertension among Men





Loss of work

There were various facilities to get finance through Self Help Group (SHG) and the microfinance organisations provided loan to the poor people in the villages. Tribal people extract the finance in their requirement like marriage of a girl child, business etc. During the time of reimbursement, they face critical financial requirement and household head faces stress. People in the area work in the mines and factories as a wage labour and they work in their agriculture field and cultivate paddy. If he has no work, he faces some burden to maintain his family requirement .it sometimes leads to have hypertension among the men in the geographical area.

Excessive Intake of Salt

There are many people like to take salt at the time of lunch and dinner. There are various poor families' who eat rice with chilli and salt. We observed that few of the alcoholic use salt and chilli at the time of drinking alcohol (Diang) excessive intake of salt may some time lead to increase the blood pressure level and have hypertension.

Smoking

This study found that there were elder and old age men prepare the traditional Bidi using Sal leaf and tobacco (Dukuta) In this study found men were habituated in smoking. Old age men prepare the Bidi on their own idea and elders below 60 years were buying from the soap, as a regard Bidi is offered to the invited men person coming to the ceremony and regarded men as a custom of the community. Among the hypertensive patients we found some were habituated on smoking. Those who were continuously smoking for a period of years found the level of high blood pressure and it also leads to increase the level of hypertension.

Stress

Men in the family have responsibilities to maintain the family. It includes children's requirement, participation in the community programme, requirement of food and health care. All are based on finance. At resent they are maintaining smart phone. Most men are agriculturist and wage worker. Makara Mundari a man expressed that:

I am Makara Mundari. I am working as a daily wage labour in the mines and I got a house from government rural housing program. I had no money. I had started my construction. Government is providing Rupees 1, 30,000, along with Rupees 20,000 MGNREGS as the labour cost. I tried to build a good house for me. I took loan from the microfinance organisation private loan Rupees 50,000 to make my house good. I had few moneys I withdrawal from bank and rest amount I took loan from the microfinance organisation. Now it became burden for me to maintain my home. The microfinance organisation comes every week. I could not sleep at night properly; I thought day and night that how to reimburse the amount in time. It was really a burden for me. Maintaining family along with loan is really made my life worse and also for my family.

Over Weight

We found in this study that those who were not working in the field. Losing of time in playing of cards were identified had hypertension. There were few lazy men who had no responsibility to maintain family. They depend on the govt Public Distribution System (PDS) and pension.

Treatment in the Medical

Tribal people in remote villages do not have good communication facilities. They come to the medical walking from the forest region and reach. Once again, they have to go back to their residence after medical treatment. It is difficult for a patient; there were no road and transport facilities. Therefore, they do not come to the medical for treatment. The government plans to take a health camp in the region, where the ASHA work as a key worker to facilitate the villagers. As per the request of ASHA they come in the camp and check their health. Blood pressure checking is common to all in a medical camp for adults. As per the suggestion of medical team they take medicine. After finishing of the medicine, again they do not seek treatment from medical. They seek help from the nearest healer and shaman in the geographical area.

Treatment through Medicine Man

In this study we found that the medicine men were preparing medicines for hypertensive patients in the tribal area. They prepare both wet and dry medicine from the forest plant resources. It is comfortable for the people to take treatment from a healer. They easily get medicines from him and low price.

Nirmuli- a forest plant used its all parts for the treatment of hypertension. They prepare juice from the root of the *Nirmuli* plant and the patient takes 2 teaspoon daily in an empty stomach in the early morning up to 15 days.

Baramasi (*Catharanthus Roseus* (L.) a plant used as the treatment of hypertension. A hypertensive patient takes one leaf daily in an empty stomach. It will reduce the level of hi blood pressure.

Munga (*Moringa Oleiofera* Lam.) This plant they have planted in their residence boundary. Leaf juice is very effective to reduce the level of hypertension of a patient. Many medicine men in the area suggest taking boiled Munga leaf daily up to 15 days in a regular basis.

Patal Garud (*Rouvolfia Serpentina* (L))- Its Root is used as dry powder or paste. A patient takes it daily up to 15 days.

Chakunda (*Senna Occidentalis* (L) leaf of the plant is prepared paste and 5-10 mg daily in an empty stomach for 2 weeks without dropping.

Causes of Tuberculosis in the Geographical Area

The forest areas of Sundargarh district of Odisha are full of iron ore. Koida in the Sundargarh district have various mines there is a place Zero point a place on the top of the Hill running various mines. Munda, Mundari, Kisan and Oram people are also living in the forest on both sides of the road. The zero point is the place situated in between Lahunipara and Koida Block Headquarter on the top of the hill. There are various iron ore mines are operating and tribal men are working there, the road side area is full of dust due to continuous running of the Trucks. Thousands of trucks are running every day and Women are selling their country rum on both sides of the road. Truck drivers and wage labours were drinking from a bowl was not properly washed. TB is a transmitted disease transmits others from an infected man, those who are drinking alcohol every day. Do not fulfil the requirement of nutrition in the body. It makes the person weak, due to low immunity. Person infected on the Tuberculosis have low immunity. A healthy person does not be infected easily on Tuberculosis disease (Flow Chart-2).

Tuberculosis

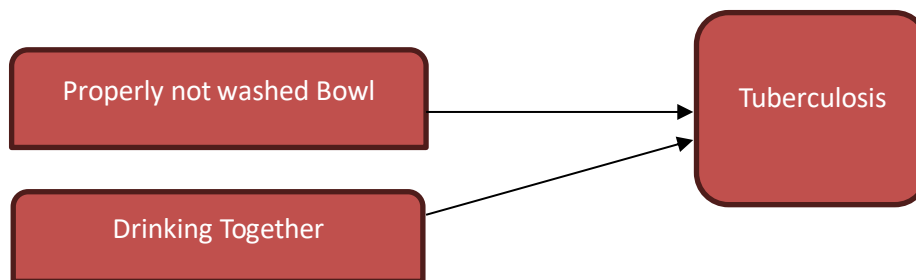
Treatment of Tuberculosis patient in the medical is made compulsory to all. ASHA takes patient to the medical. In her guidance patients diagnose their sputum and does health check-up. A physician advice to take DOTS to the patients infected in tuberculosis. Tribal people are more alcoholic and they do not obey the rule of the physician. They drop the medicines after continuing, due to various side effects. Those who drops get treatment from the healer and shaman.

Process of Treatment

Treatment of a TB patient starts soon after diagnosis. The healer gives medicine to the patient if, he has stock otherwise in few times he prepares the medicines after diagnosis and handover to the patient on spot. Many tribal and non-tribal patients come from distant areas wait in the healer house to get the medicines from him. Those who are practicing the treatment regularly have stock of medicines they have previously prepared.

Flow Chart-2: Causes of Infection of Tuberculosis in the Geographical Area





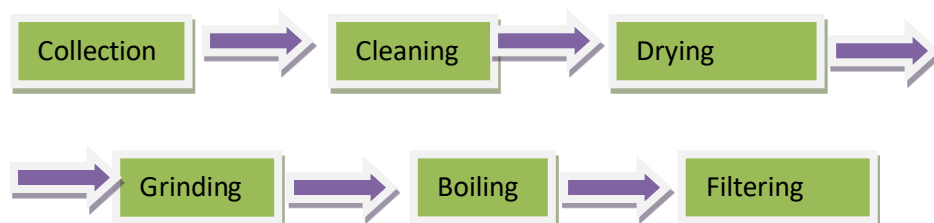
They give medicines to the patient in time. Just before giving the medicines, he explains to the patient how to take it with adding few other herbs. Ethno-medicines are prepared in herbs collected by the healer himself from the nearest forest area and in some cases, he buys from the market. The patient takes it with warm water or milk. The patient takes two or three times in a day as per suggestion of the healer. Medicines changes if required during the time of treatment. The Healer observes the patient's improvement and ask them to understand the disease. Sometimes patient's relative comes to take the medicines from the healer in place of the patient. he asks patient's relatives and tries to understand him. Water pill is the main medicines in this disease for treatment and the powder gives supplements to improve patient's health. He prepares medicines to boost up the patient's immunity. The water medicines are prepared through traditional process of boiling the herbs. Collection of herbs

Process of Preparation of Water Pills

A healer collects all the required herbs from the forest in the beginning and prepares the medicine in a systematic process. He separates the required part and clean those using their kula (a Bamboo basket) in the stream water. He makes those into small pieces after cleaning by the help of a bill hook. He does this task in the afternoon before sunset then he crushes all the herbs using the stone on the floor all the herbs (stick, bark, flower, fruit, leaf) which are used in preparation of 1st kind of water pills are stock in one place. They use the bamboo basket and a clay pot from generation. The clay pot used in steaming of herbs keeps separate from his home kitchen and his family does not use that in any kind of cooking foods and to stock water. It needs to boil herbs in a low flame up to 12 hours. He starts in the evening and heat the water 2/3 hours sitting in front of it. He put 12/13 liters of water in the pot and keeps the fire burning. After heating the water, he filled the pot with herbs he was collected and covered it with a cloth. He ties the covering cloth with a rope so that the steam cannot escape from the pot. On the next day morning the healer opens the cover and filters the water using a cloth. One litter of filtered

water is used by the patient as the first kind of medicine and takes it daily two times up to two weeks as per the suggestion of the healer. The boiled water will remain good up to next one month and in hot summer it is best to use within 15 days from the date of its preparation (Flow Chart-3).

Flow Chart-3: Process of Preparation of the Ethno-Medicine



Treatment Course

Full treatment course of chronic disease infected patients continues up to 6 months. Few healers complete the course in 4 months. It depends on the patient's improvement. The patient takes three types of medicines from the healer the 1st kind of water pills which is common to all is the effective medicine in the treatment of TB. All types of TB i.e. Pulmonary TB, Gland TB, Skin TB, Ulcer TB the patient takes compulsorily the first kind of water medicine daily morning in an empty stomach up to 6 months' time for recovery. Secondly the blood sputum TB patient takes an extra medicine powder prepared by the healer one teaspoon daily once time up to 6 months. A blood sputum TB patient takes the water pills along with the 1st kind of powder one teaspoon daily in the morning. The Extra pulmonary TB patient that is TB in bone, skin, in Glands and skin ulcer on the surface of the body takes the water pills daily along with the powder one teaspoon daily. The health supplement powder is common to the entire patient takes one teaspoon daily two times on warm water or with milk. The ointment is an extra treatment to the patient of an uncured ulcer i.e. assumed to be as TB. The patient is treated with water pills daily morning, health supplement powder two times and ointment massage daily two times on the ulcer.

Chronic Kidney Disease (CKD)

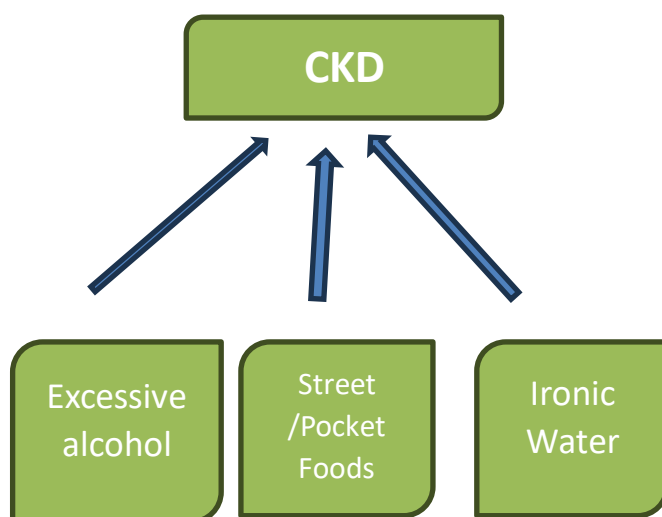
Chronic kidney disease (CKD) is a very serious health hazard prevalent in the tribal areas of Sundargarh district. This is predominant more among the youths and old age person. This is a self-created disease. People working in the mines and factories drinks alcohol more than the

others are easily infected in CKD. First of all, they are working in dust areas and after coming back from their duty station they are drinking alcohol every day. CKD is related to man and his behavior. In the initial phase it is not prominent, when the patient continues, it slowly affects him. Without taking proper initiative for treatment, the disease infects the patient and the patient became serious. The study found that the people those, who were started their drinking in early childhood days, now in the age of 40 became serious. There are three main reasons (Drinking alcohol, intake of street foods and using ionic water) in the infection of CKD.

Excessive Alcohol

We think Drinking is a bad habit, but tribal's offers alcohol to their village deity and ancestors as an offering at the time of festival, feast and worship, they prepare alcohol in their houses on their own hand. They viewed alcohol is a sacred food that offered to the deity; therefore, they motivate their children in their early childhood days to drink too. Those who maintain and balance the use of alcohol in their everyday life do not affect in kidney disease. There are some people who drinks always and habituated themselves found serious. Many of them took treatment from the village medicine man; few go to the shaman and rarely go to the modern allopathic treatment. In the rural areas people do not have knowledge on the kidney disease and proper treatment process. They all depend on the specialised medicine man, who can give treatment to the patient in the geographical boundary. Sometimes they went outside of the boundary for treatment purposes and catch medicine man well known in the area. Tribal people observed infected patients and their treatment in their villages. Therefore, they understand the cause of infection.

Flow Chart-4: Causes of Chronic Kidney Disease (CKD) among the Men in the Study Area



“I am Monoj Munda living in the zero point with my family. My village people depend their economy on the mines and factory. My brother Maitu Munda was a worker in the factory was eating fried oily foods regularly at the time of returning from the factory. Few years after he found infected in chronic kidney disease. As per the suggestion he went to a healer in the area and meet him. He made medicines for him after conformation the disease through his traditional diagnosis process, testing urine and asking symptoms. He made medicines for him for 4 months, after that he continued, now he became well”.

Ironic Water

This study found that Due to the deposition of large amount of iron ore, the groundwater in the geographical area found Iron particles. The Village people expressed that the water they are using in drinking and cooking is different comparing to the mineral water. In this present study we found out 32.05 % of diseases are CKD. There were many people who did not drink alcohol and did not eat street foods were also found infected in CKD. Raitu Mundari a man of Raikala village expressed that:

“I am Raitu Mundari from Raikala village of Lahunipara block of Sundargarh district. I was working in the factory; I was going to my work in the factory every day on my bicycle. I took my food every day from my home. I was using water outside of our mines from a bore well. At the age of 42, I was first found infected in CKD. My family suggested me to take remedies I went to the medical and diagnosed as per the guidance of my village ASHA. A Medical doctor suggested me to take medicines from medicine store. I did not buy due to expensive. My village old man Ramrai Oram suggested me to meet the healer in the area. I did as per his suggestion. I took medicine from him and continued up to 4 months and later I felt well”.

Medical Treatment

A chronic disease patient in the initial phase of the disease diagnoses their disease in the medical and when, the doctor wrote medicines they do not buy from the outside government medical paying money. As the allopathic treatment is expensive, they come to the village medicine man, who gives treatment of CKD patient in a very chief expenses and patient cured after few months. A patient Mirza Mundari Shares his experience:

“I am Mirza Mundari; I was found in kidney disease in the medical the doctor wrote little medicine from the outside government medical. I took the prescription and showed to the man in the medicine store. he asked me to give 4000 rupees for medicine. I came back to my home and contact the healer in Bandhgaon village of lahunipara. He gave me one month of treatment on Rs 450 and I took treatment from him the healer asked me to takes one month more. I did now I became well. If I went through medical, I would have cost me more”.

Preparation of Medicines

Medicinal plants used in treatment of the CKD patients are collected from the forest region by the healer himself. There are three medicinal plant *Koilikhia* (*Hygrophila Auriculata*), *Punarnaba* (*Boerhavia Diffusa*) and *Topso*. Whole plant parts are used to extract the medicine through boiling and steaming process. Plants parts are made in to small pieces, and put on the clay pot with 10 litres of water. The healer covers the pot with another clay pot. One pipe is attached with the covering pot at upper portion. There is another clay pot covered at the end of the pipe. When the pot put on the fire the medicinal plants boiled in the hot water and the vapour deposited on the other side of the pipe. This process continued from evening to next day morning. The water deposited in the pot on the other side is used as the medicine of a CKD patient.

Treatment Process

Patient infected in chronic kidney disease take as per the requirement of the dozens of medicines. A very critical infected patient takes three times daily up to 15 days in his first course. If required the medicines course period will increase. 20ml of medicine takes a patient takes 20 ml of medicines up to three times a day. If the patient not cured the course period will increase.

Restriction

There are few restrictions for a CKD patient such as drinking alcohol, excess spices and restriction of oil in cooked foods.

Shaman

A shaman in the tribal area gives treatment to all, who seeks service from him. It is one kind of treatment for getting instant relief from pain and action of an evil soul. This study tries to analyse the fact in a tribal area and the role of the witchcraft. In Sundargarh district it found that 19.14% of the sample are depends on the shaman in the geographical area. Shaman have specified role in treatment of patients affected by evil souls. Among the three community highest numbers of patient 7 (8.9%) depends on shaman belonging from Munda tribe, following kisan and Mundari both 5.12%. of people depends to a shaman on practice of witchcraft.

Practices of Witchcraft

Psychological treatment of a patient is very much essential to live. A shaman practices witchcraft to control the evil/bad souls in the area and to give psychological treatment to the patients in the geographical boundary. It is believed that people face the bad act of an evil soul in geographical boundary. The evil soul harassed the patients infected in any other diseases. In case of treatment of evil soul and psychological treatment it is very much essential to hold the shaman. He chants mantras in front of the patient sitting on a mat on the ground. He takes water from the patient house and prepare a plate on a Sal leaf along with the flower, rice and vermilion. He warships at the corner of the house. When he chants mantras, he put the vermilion on the ground along with rice and water on the Sal leaf plate. The water he chants feeds to the patient and the patient feels relax and cured. In case of Hypertension, his warships to the village deity, and chants mantras, tries to increase psychological strength of a patient. A Kisan community man Madgu Kisan had hypertension; he has expressed that:

“I am Madgu kisan lives in the Sagada village of Lahunipara Block of Sundargarh District. I am 65 years old and I went to medical had High Blood Pressure from last few years. I know this because of the knowledge on blood pressure. But when a patient sleep on bed, the patient becomes serious, this time we need support of a man and the

man is shaman in the locality. A Shaman warship the village deity and chants mantras in front of the patient sitting on a mat. He gives a glass of water after chanting mantras the patient takes it and after a while he lightens up. Therefore, we believe and depend on a shaman in this area”.

We seek treatment of a TB infected serious patient, who is about to death. In this case a patient himself seeks treatment of a shaman. He is only a man in the area build life expectancy of a patient. Similarly in case of a serious CKD patient they get treatment from him. Any way he offers cock and hen to the village deity to satisfy her and to get relief from the disease.

Conclusion

Their chronic health issues and health seeking behaviours are interrelated. Tribal are mostly ignorant on health issues which has impact on the world population. Due to isolation from the other societies. Hypertension, TB and Chronic Kidney diseases are more prevalent in the geographical boundary. They seek treatment from the government medical, traditional healer sand the Shaman. The percentage of the treatment of allopathic in hypertension is more on government health facilities. Men who take Allopathic treatment in case of a Hypertension patient is providing free of cost, but on people’s perspectives it is very difficult for them to come in the medical in a regular interval. Hypertensive patient is need to take regular medicines, but they do not able to visit hospital in the area in a regular interval due to non-communication facility. They seek the local treatment from the healers in a cheap rate. We found in the study that in case of the hypertension few of the men depend on the shaman treatment. In case of tuberculosis, it is found compulsory to take treatment of DOTS from the medical and the drugs will be supervised by the ASHA. While a TB infected patient found any side effects, he drops the medicine from the medical and seek treatment from the nearest healer and at the time of serious they visit the shaman. Similarly in case of Chronic Kidney Disease CKD in a tribal area after diagnosis in the medical they do not trust the medical treatment they know the expenses of the allopathic treatment, though they fully depend on the healer’s medicine and a shamans healing.

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