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Health Status and Health Seeking Behaviour of Oraon Female Adolescents in Jharkhand

Papia Raj and Kumari Vibhuti Nayak

Department of Humanities and Social Sciences, Indian Institute of Technology Patna, Bihar, India

Corresponding author: praj@iitp.ac.in / vibhuti.nayak@gmail.com

ABSTRACT

Oraon is the second largest tribal group in Jharkhand, consisting of 20% of total Scheduled Tribe (ST) population. Despite their numerical strength, not much research has been conducted on the health status of Oraons. The confined geographical location, unique socio-cultural settings, and inadequate health facilities, are among various factors responsible for creating vulnerability among Oraons in terms of health. This study analyzed the health status and health seeking behavior among Oraons from their perspectives. The main focus of this study was on female adolescents since adolescence is an important phase in the life span of humans when they develop and rationalize various concepts about everyday life in context to health issues and health seeking behaviour. An in-depth qualitative study was conducted in Gokhulpur village at Nagar Panchayat in Sisai block, Gumla district of Jharkhand for detailed understanding about notions on health issues that influence their health status and health seeking behavior. The health status of Oraons is highly influenced by their perception of heath and ill-health which is shaped by their culture. Regarding their health-seeking behavior, it can be contended that Oraon female adolescents rely heavily on traditional healer, the *Bhagat*. Such reliance was shaped by the cultural practices of the community. Analysis of field data suggests that for Oraons culture acts as a facilitator of maintaining good health care practices. Hence, this paper reinforces the role of culture as an important social determinant of health affecting health status and health seeking behavior of Oran female adolescents.

Keywords: Health status, culture, Oraon female adolescents, health seeking behavior, Jharkhand

India has second largest concentration of tribal population in the world only next to Africa (Beck & Mishra, 2011). Tribes constitute about eight percent of the total population in India (Census, 2011). Moreover, according to census (2011) India's tribal people were noted to be poorest in the country. This dismal situation reflected health status and health seeking behaviour of tribals. Moreover, their geographical isolation, primitive agricultural practices, being socio-culturally distinguish, lack of formal education, poor infrastructure facilities always lead to increase in morbidities and under-nutrition of tribal population. Sujatha (2017) recommended for understanding health status through people's social life and cultural pre-deposited notion about health. Regarding this, female's health is highly influenced by social and cultural factors (Kowsalya & Manoharan, 2017). They experienced more health problems as compared to males and received less medical treatment before health problems was in advanced stage. Further, tribal females were in disadvantageous position in relation to health due to gender inequality, cultural distinctness, and being the resident of rural areas.

The most vulnerable group regarding health condition are tribal female adolescents belonging to 15-24 years of age group (NFHS, 2005-06). Adolescence phase is considered to be very crucial because during this phase individuals develop health related perceptions that tends to remain with them for long (Jejeebhoy *et al.*

2014). WHO (2009) considers adolescent as a scientific name for an individual who is between 10-19 years of age group. Often, adolescents are defined according to age and social roles in society (Sawyer *et al.* 2012). Hence, socially adolescents are also known as teenagers (13-19 years), young people (10-24years), and youth (15-24 years) and these terms are used interchangeably (Omotoso, 2007). The present study focuses on adolescents aged 15-24 years because this age group experiences a transition from childhood to adulthood and is exposed to significant physical, physiological, psychological, and behavioural changes along with dynamic patterns of social interactions and relationships (Larsen & McKinley, 1995; Rao *et al*. 2006; WHO, 2009). In short, they go through biological and social role changes in parallel manner. Regarding tribal females, studies have documented about married tribal female adolescents' health issues like malnutrition, maternal mortality, and anaemia (Mahapatro & Kalla, 2000). Still, there is a paucity of studies on attitude and knowledge pertaining to health issues and health seeking behaviour of tribal female adolescents.

Health seeking behaviour has been defined as "any activity undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy" (Ward *et al.* 1997: 21). Health seeking behaviour had been regarded as a phase which comes before making decision related to health by individual, individual's family members, neighbours, and community members. For this reason, health seeking behaviour is heterogeneous in nature which depends on various factors such as socio-cultural life, beliefs, norms, tradition, economic life, awareness, availability, and accessibility of health services. Considering all these factors the study explored patterns, opinions, and attitudes affecting health seeking behaviour among Oraon female adolescents.

In Jharkhand, Oraon is the second largest tribal group consisting of 20% of total Scheduled Tribe (ST) population. Despite their numerical strength, not much research has been conducted on their health status and their health seeking behaviour. Given their confined geographical location, unique socio-cultural settings and inadequate health facilities Oraons are vulnerable in terms of health status and health seeking behaviour. Oraons like other tribals consider health problem as a condition of incapability to function normally in routine life (Islary, 2014). Major health problems are those which result in restricting of daily chores, whereas minor ones did not hamper everyday activities. Similarly, studies by Tanuja, (1995), Basu (1996), Maiti *et al.* (2005), Rani *et al.* (2007), and Islary (2014) illustrated that health problems were interpreted culturally by tribals which were prominently shaped by socio-cultural and environmental setting, that conspicuously circumscribed community's beliefs, customs, traditions, norms, and lived experiences. Echoing the same, James (2004) and Dutta (2007) opined that cultural practices of particular community evolve over a period of time and gradually give rise to dominant ideas or thoughts to explain health problems, which are usually derived from cultural logic and underlying cognitive orientation of the concerned cultural group. Specifically, the account of Oraon female adolescents' health status and health seeking behaviour remain unaccounted for, in the existing stream of research work done on Oraon community. Hence, it is necessary to highlight the voice of Oraon female adolescents, related to their health status and their health seeking behaviour.

Accordingly this study addresses the cultural notions of Oraon female adolescents concerning health status and investigates their health seeking behaviour at the personal as well as community level. It intends to: - (i) understand the perceptions, beliefs and explanations that Oraon female adolescents have about specific diseases and symptoms; (ii) comprehend remedial activities and actions undertaken by them for such ailments; and (iii) delineate the ideas and practices followed by them to maintain healthy living and preventing recurrence of such diseases.

Review of Literature

Existing research on health of tribals in India are restricted to specific tribes like Meena, Gond, Santhal, and Bhil because they are numerically high in population (Subramanian *et al.* 2006). It has been also noticed that tribes are amongst the poorest and marginalized population groups experiencing extreme levels of

health deprivation (Willis *et al.* 2004; Subramanian *et al.* 2006; Munshi, 2013). This is because most of the tribes are likely to be residents of forests and hilly terrains isolated from mainstream communities (Munshi, 2013). Tribals lacked proper education and health care facilities and have certain belief systems regarding health and health issues (Balgir, 2008). For instance, Tanuja *et al.* (1995) studied malnutrition among the tribal females in Singhbhum district of Bihar, by conducting survey among 222 tribal females from Santhal, Birhor, Bhoomij, and Mahalli communities. The study noted that a majority of females were at a risk of delivering under weight babies and end up having pregnancy related complications. This was primarily due to their poor knowledge about balanced diet and influence of culture and cultural beliefs.

In Jharkhand, health status of all tribes was highlighted by Sharma (2004). He stated that all tribes in Jharkhand had poor health status due to poverty, structural inequality, social deprivation, and low literacy rate. Findings revealed that tribal adolescent females suffered more in terms of health because they were unable to avail, afford, and access health care facilities. Tribal female adolescents also dropped formal education because their personal hygiene was not taken care at school and college level. Tribal females were also found to be undernourished and anemic. Moreover, tribal females are recognized as culturally distinctive groups in India. Culture is one of the important factors of social determinants of health. Researchers like Maiti *et al.* (2005) have mentioned influence of culture on health seeking behaviour among tribal females in Jharkhand. The study primarily focused on antenatal and postnatal care and family planning practices of tribal and non-tribal females. Findings revealed that the differential and poor status of the tribal females leads to widespread prevalence of malnutrition and anaemia. The utilization of health services and use of modern methods of contraception was found significantly less among the tribal females.

The health seeking behaviour of tribals is based on the processes by which they recognize health and ill-health matters and their consideration of the best ways to heal it (Vidhyathi & Rai, 1977). This also indicates that ill-health issues are constructed on belief and knowledge, which vary across time and space among tribal societies. Tribals developed their own medicine system and do possess some basic medical knowledge to diagnosis the disease at individual level. As noted in the previous section, tribals relied on both magico-religious and ethno-medical treatment for curing their health problems. Mostly, tribals preferred traditional method for their treatment instead of modern medical treatment (Praharaj, 2009) because of low cost and easy availability than modern health care system (Naik, 1972; Ahluwalia, 1974).

Literature depicts that health seeking behaviour of tribals are embedded in environment, culture, and social structure. For instance, Basu *et al.* (1994) noticed that conception of health symbolizes various meaning in different tribal societies such as Muria, Maria, Bhattra, Halba, Jhunsaris, Sathal, Dudh Kharia, along with their health seeking behaviour. The social and cultural aspects were deeply interwoven in their life that health and health seeking behaviour was needed to study simultaneously. So, this study revealed attachment of tribal health with nature and cultural beliefs in supernatural powers along with traditional methods to cure their health problems.

Dash (1986) conducted a study on belief system of health and ill-health among Paraja tribe of Orissa. He found that people of Parajas have faith in magico-religious beliefs. For any type of health issues Parajas believed that ill-health issues are actions and result of supernatural forces. The ill-health was initiated by entrance of health damaging spirit into the body of individual and only the medicinal practices cannot heal. Further, health is regarded as gift of God and to heal someone, tribals would gather communally and offer prayer to God with healing rituals.

In magico-religious paradigm, health and ill-health were viewed as community belonging first which essentially means that an individual's action can directly or indirectly affect health of other community members, and then to individual. This type of notion or attitude was absent in non-tribal society as well as in clinical paradigm. Similar findings were noticed in Rizvi's (1986)

and Menon's (1988) works, where they found a strong relationship between health issues and supernatural powers and evil spirits.

Rahman *et al.* (2012) interpreted health seeking behaviour in four ways. These four ways illustrated how tribal's seek their treatment by understanding about – (i) the perceptions, labels, beliefs and explanations that people or community members have about specific diseases and symptoms, (ii) the activities and actions undertaken by the individuals or community members to find an appropriate remedy for an ailment, (iii) the underlying motivations and thought process to examine compliance or non-compliance to various treatments prescribed to the patients, (iv) the ideas and practices followed by the individuals and community members to maintain healthy lifestyle and prevent occurrence of diseases. Tribal's culture evolved its own pattern to heal and cure health problems in peculiar way. Their treatment for health problems was based on cultural practices, experiences, and traditional knowledge.

Thus, from literatures on health seeking behaviour of tribals, it is evident that there is a multi-layered understanding to what they perceive as health and ill-health and how they choose a particular form of treatment. This plurality in the health seeking behaviour requires a context dependent understanding and therefore needs research that is specific for a tribe and considers the influence of location and cultural contexts. The Oraon tribes are no exception to these complex compositions of health-nature-culture nexus with respect to their health status and health seeking behaviour. From literature review, it could be gleaned that no specific study has been conducted on health status and health seeking behaviour among Oraon female adolescents in Jharkhand. With a view to fill up the above mentioned research gaps, the current study takes a holistic approach to explain Oraon female adolescents' health status and health seeking behaviour from the cultural perspective.

Objectives

Drawing from the gap from literature review, the pivotal concern of the study is to explore the cultural context, rationale, and choices for health seeking behaviour of female adolescents among Oraons in Jharkhand. The specific objectives were to: (a) illustrate their health status, (b) examine the availability of health care facilities in their confined areas, (c) explore their health seeking behaviour, and (d) analyze whether culture acts as barrier or facilitator for health seeking behaviours among female adolescents of Oraons.

Database and Research Methodology

The primary objective of the study is to understand health status and health seeking behaviour among female Oraon adolescents so ethnography is opted as methodology. Ethnography involved participant observations, in-depth interviews, and focused group discussions (FGDs) as methods in the field. These methods help the researcher in understanding how the tribals understanding their beliefs and practices related to health status and health seeking behaviour. Interviews and FGDs were conducted either in regional language i.e., *Sadri* or Hindi for the respondent's convenience.

For this study, all Oraon female adolescents belonging to age group of 15 to 24 years were interviewed. To maintain anonymity, pseudo names of respondents were used in the study. Each interview took around 30-60 minutes and the responses were recorded with prior verbal consent from the respondents. Further, FGDs with eight married female adolescents and 10 unmarried female adolescents were conducted to identify health seeking behaviour. After interviews and FGDs data were analyzed. It involved a series of steps which were then thematically coded, analyzed, and interpreted.

The study was conducted in province of Jharkhand because it holds sixth rank in India with 26.3% of total ST population (Table 1). There are 30 tribal communities in Jharkhand among which Santhal (31.7%) has the largest population followed by Oraon (19.8%), Munda (14.2%), and Ho (10.7%). The Oraon tribes are the fifth largest tribe in India (Census, 2011; Sikligar, 2004) and mostly reside in Jharkhand, Chattisgarh, Orissa, and West Bengal. The study was conducted in Gumla district of Jharkhand. From Table 1, it can be concluded that Gumla has the highest proportion of ST population in Jharkhand (68.90%), as well as it has the largest population of Oraon tribe (62.63%) in the state.

Table 1: Percentage of ST and Oraon Tribe Population in districts of Jharkhand (Census, 2011)

State/District	Total ST Population (2011)	% of ST Population (2011)	Total Oraon Population (2011)	% of Oraon Population (2011)
Ranchi	1,042,016	35.78	530,287	50.89
Palamu	181,208	9.35	44,720	24.67
Lohardaga	262,734	56.90	208,967	79.53
Koderma	6,903	0.96	456	6.60
Gumla	**706,754**	**68.90**	**442,659**	**62.63**
Godda	279,208	21.29	8,631	3.09
Garwha	205,874	15.56	55,080	26.75
Chatra	45,563	4.37	26,993	59.24

Source: Census of India, 2011.

Fieldwork for this study was conducted in Gokhulpur village of Sisai Block, Gumla district, Jharkhand. The study was conducted in Gokhulpur village, Nagar Panchayat at Sisai block in Gumla district of Jharkhand, which is located 93.3 km away from the capital city of Ranchi. It was observed that 95% of households in Gokhulpur village belonged to people from Oraon tribe. So, the degree of solidarity and cohesiveness was very strong in the village as they belonged to same community. Moreover, Gokhulpur village has relatively less interaction with other (non-tribal) population, which in a way has assisted in preserving undiluted version of their culture, traditions, and belief system.

RESULTS AND DISCUSSION

Fieldwork unfolded the perception of Oraon female adolescent about their understanding towards health status and health seeking behaviour. It was evident from the study that Oraon female adolescents firmly held on to their community beliefs and practices concerning health problems and cure. Heavily guided and guarded by community's standpoint, their etiology, i.e., understanding of the set of causes, or manner of causation of a disease or such conditions, are deeply rooted and guided by the cultural beliefs within the community.

While conducting interviews, it was observed that Oraon female adolescents considered illness as an interruption in their daily life. They thought themselves to be ill when they were unable to do their household chores as before. Health issue that did not hamper their day to day life was classified as minor health problem. When they suffered from minor health problems, they kept performing their domestic works and outside works without fail. For Oraon female adolescents, the health problems that disturbed their physical activities was major health issue caused by the intervention of a supernatural being or a human being with special powers. A supernatural being was believed to be a deity or a dead ancestor and a human being with special powers was believed to be a witch or a wizard. Such kind of culturally based beliefs are called personalistic beliefs (Foster, 1976). Fieldwork in Gokhulpur village revealed that personalistic beliefs were passed on from one generation to another generation among Oraon community.

According to Oraon female adolescents cold, cough, fever, headache, toothache, skin infections, conjunctivitis, diarrhea, and body ache were considered as minor health problems. They believed that such health problems occurred due to seasonal changes in the environment. A few respondents opined that minor health problems occurred due to their own carelessness, like, consuming cold food in winters and working in agricultural field during scorching hot. Hence, by following some preventive measures advised by family members or peers, respondents avoided repeating the same act of carelessness, which caused them those particular health problems. Contrary to minor health problems, major health problems were paid more attention among Oraons as it hampered their daily life.

During fieldwork, the respondents asserted that anaemia, chickenpox, typhoid, epilepsy, jaundice, malaria, and tuberculosis were major health problems. All these above mentioned health problems were the most prevalent among Oraon female adolescents in particular and their community in general. According to them, these health problems were caused by the effect of supernatural power or malevolent spirit i.e. personalistic etiologies as identified by Foster (1976). Respondents believed that personalistic etiologies led to the occurrence of death, ill health, loss in crops, and sickness in livestock and poultry. To negate the after effect of evil eye and malevolent spirit that caused health problems, Oraons depended on traditional healer. Oraon female adolescents had a unique way to perceive ill health and seek healthcare services. Their beliefs regarding health were firmly shaped by the values and customs prevailing in their community. It was detected during the discussions that Oraons connected the occurrence of diseases with the type of sins committed by people in their past lives. This cultural notion was meant to keep moral check on them. It made them aware about the consequences of committing sins and helped in establishing morality among their community. Such beliefs also guided Oraons to remain attached to their culture and follow cultural norms without fail. Oraon female adolescents too, were found adhering to such cultural norms established by cultural repositories like traditional healers, for staying healthy and enjoying good health. Their health seeking behaviour was also guided and determined by traditional healers. Due to cultural impact and influence of elders in family respondents received treatment from traditional healer i.e. *Bhagat*.

The description, categorization of health problems, and cure processes adhered to, are quite entrenched in the socio-cultural, religious, traditional, and natural systems of healing largely carried out by the local cultural health healer known as *Bhagat*. The thought process and plan of action for treatment of infirmities largely rests on his decision. *Bhagat* plays a cardinal role in preserving and passing of disease etiology of Oraons. He also has an important role in influencing the health practices and health seeking behaviour among the community members in general and among the Oraon female adolescents in particular.

Bhagat was the first choice of treatment for Oraon female adolescents. As Premlata, another respondent stated "*whenever anything happens to me or anyone in my family, the first person I get reminded of is Somra Oraon*." Somra Oraon is the *Bhagat* in Gokhulpur village. This notion of heavy reliance on *Bhagat* existed because respondents were highly embedded in their cultural notion that *Bhagat* has power to cure every type of disease because he connected with supernatural power in healing process. For Oraons of Gokhulpur village, *Bhagat* was a gifted being or the blessed one who acted as a link between them and the supernatural. He had a distinguished status and was regarded as the sole protector of the community since he helped people to heal. Oraon female adolescents saw their health status synergized with nature and any imbalance between the two resulted into ill-health. According to respondents, since *Bhagat* had special abilities, he was blessed to establish and maintain balance between their health and nature. Further, as *Bhagat* operated informally, there was no fixed time for respondents to visit him unlike medical practitioners pointing towards his round the clock availability and easier accessibility.

It was evident from the field that Oraon female adolescents and their community had immense belief in *Bhagat* for matters related to health, and his method of traditional healing was never questioned. For instance, one of the respondents stated,

"Bhagat is blessed with the power of healing. He tells us that our illness has a deep connection with supernatural spirits. We feel protected in his presence; in fact, he is the one who establishes harmony within our community. Healing could not be possible without his intervention. He has immense knowledge about our ancient cultural practices that he always persuades us to follow and suggests ways to counter health problems based on our cultural belief system."

—(Sanju)

The above mentioned statement highlights the perception of an Oraon female adolescent about *Bhagat*. It is to note that, his role was not only confined to

traditional healing, but he also played an imperative role in diagnosing the diseases. In fact, he was the one who decided whether an individual had a minor health problem or a major health issue. Hence, the role of *Bhagat* was prominent in establishing and reinforcing cultural beliefs related to health and ill health among Oraon community in general and Oraon female adolescents in particular.

The respondents reported that the *Bhagat*, by virtue of his knowledge and experience has been quite successful in treating an array of diseases including but not limited to jaundice, malaria, typhoid, headache, stomach-ache, cold, cough, pneumonia, toothache, digestion disorders, urinary disorder, infertility, constipation, snake bite, mumps, skin diseases, ulcers, throat pain, abdominal pain, dysentery, fever, irregular menstruation, malaria fever, epilepsy, dog bite, headache, vomiting, chest pain and ulcers. They had seen patients getting cured of these disorders, which forms the causal reason for such unrelenting faith on treatment offered by *Bhagat*. It was easy for Oraon female adolescents to share their health problems with traditional healer. Hailing from the same community, common language acted as facilitator. Two-way communication prevailed as respondents were comfortable in sharing their health problems, and the suggested preventive and curative measures, were comprehended easily by respondents. This was not seen in case of interaction with doctors wherein only one-way communication prevailed. Doctors only listened to their health problems, and in return gave a prescription of medicine with very limited, or no explanation.

Respondents also emphasized that *Bhagat* had some kind of supernatural power through which he connected to both the good and the evil forces to find a cure. It was clear during the discussion that respondents had a profound impression of the *Bhagat* and his powers. Wider acceptance of being powerful and unrivalled in community across age groups turned *Bhagat* into a culturally embodied entity of traditional health practices. Hence, it would not be wrong to say that *Bhagat* acted as embodied cultural capital for Oraon female adolescents. Embodied cultural capital is the knowledge and skills that are acquired overtime, and passively inherited by a person during the process of socialization, often comprising of attributes like values, attitudes, customs, and language as propounded by Bourdieu (1986).

Other than providing suggestions and cure related to health, *Bhagat* was also approached for providing protection to the houses of Oraon community by creating an invisible boundary around it to ward off evil spirits. Yet another service provided by *Bhagat* was to provide protection to the newborn through magico religious practices. Such rituals were frequent and involvement of *Bhagat* in ceremonies like marriage and childbirth was believed to bring prosperity within the Oraon community. In fact, *Bhagat* provide integrated solution to the needs of community members and once a family was satisfied with rituals, it tends to refer to *Bhagat* during any sort of personal or family crisis. Immense belief on *Bhagat* was also due to his command over multiple traditional healing techniques to handle diverse health situations. *Bhagat* in community, depending on his capacities, training and learning could cure a disease with mixture of herbs or could resort to magico-religious practices (*jhaar phook)* or could even practice exorcism depending on the condition of the patient by interpreting signals through her/his body language.

Further, respondents did not face any language issue because *Bhagat* belonged to the same community. *Bhagat* heard respondent's health problems patiently and answered all questions related to their health problems. It reflected that he gave ample time which was a psychological satisfaction to respondents. Receiving treatment from *Bhagat* was cost effective because respondents sometimes paid in cash or returned favor in kind. Further, *Bhagat* was easily approachable person because he was already present in the village and respondents visited him in morning or evening time.

Bhagat in the community had undoubtedly an influencing role in determining the health seeking behaviour of Oraon female adolescents. He did not hold the power instead he considered power as process for continuation and improvising skill in curing health problems. It was mentioned by Oraon female adolescents that *Bhagat* suggested various herbal medicine and performed magico-religious treatment for different

health problems like anemia, menstruation, pregnancy related complications, and conjunctivitis. He learnt about various diseases from Oraon female adolescent's symptoms and prepared various herbal medicines accordingly. *Bhagat* imparted preventive healthcare knowledge along with providing curative care. This reflected the conception of power and knowledge of Foucault (1977). Here, *Bhagat* as a knowledgeable person of Oraon community imparted knowledge to the community members as well as upgraded himself with community's information on health and health problems.

Other than *Bhagat*, a medical quack was second reliable person for respondents. From the quack only minor health problems like body ache was consulted and pain killer was purchased. Next, Anganwadi worker was approached for maternal and child care. Lastly, professional medical personnel, such as doctor was approached by respondents because they were 10 km away from Gokhulpur village therefore a visit to the doctor led to loss of a day's wage for these respondents. Also it was considered as costly treatment because they had to bear various expenses including medical consultation fees, cost of medicines, and transportation charges.

Coming in contact with both *Bhagat* and professional medical personnel, currently Oraon female adolescents are maintaining a balance between traditional and modern methods of health-seeking behaviour and subscribe to best practices of both worlds. In the study it was noted that though Oraon female adolescents were well aware about the diseases and efficacy of modern medicines, they still resorted to traditional way of healing and followed magico-religious practices as a supplement. This phenomenon could be explained by the effect of cultural notions, which were passed across several generations and strongly adhered to. Perception of health was often shaped by the kind of environment and cultural beliefs a person had been exposed to. For Oraon tribal adolescents, consulting both medical and magico-religious practitioners was equivalent to dual form of healing, which is locally known as *dua* (blessing) and *dawa* (medicine) form of healing. In a way it represented a perfect balance between modern and traditional world, where Oraon tribal adolescents felt that either of these two should be able to heal them. Therefore, they readily agreed to subscribe for both modern and traditional medication parallelly.

CONCLUSION

A striking perception of health among Oraon female adolescents was the belief that till the time they were able to do their work, they were healthy. This attitude of considering oneself fit had critical implications on health seeking behaviour. While interacting with the adolescents it was a recurrent theme that they would invariably try to heal the ailments by consulting their immediate family members. It was also a normal cultural practice to rely on home remedies, which was advised by the elders in the family. Many a times it subsided the symptoms of illness, however if the disease was chronic such strategy seldom helped. *Bhagat* played an important role in determining the health seeking behaviour of Oraon female adolescents. During the fieldwork, it was discovered that there were several reasons why *Bhagats* were revered among Oraon community members. Oraons considered *Bhagat* as a preserver of social norms. *Bhagat* was more than a healer for them. Oraon female adolescents and their family never hesitated to share anything with the *Bhagat;* even matters related to menstruation and pregnancy were discussed without any shame or inhibition. *Bhagat* was more like an asexual being who always treated everyone neutrally by forgoing the gender identity of the person i.e., the health seeker. Oraon female adolescents hid nothing from *Bhagat* and such transparency greatly helped them to remain attached to their customs and traditions. It was difficult to find such bonding between a modern health practitioner and a patient. However, respondents used to seek modern healthcare treatment too, when *Bhagat* asked them to.

Therefore, it wouldn't be wrong to say that for Oraon female adolescents both the channels of consulting traditional healer and modern health practitioner were there. *Bhagats* were the ones, who decided on their behalf about the place of treatment. After consulting the *Bhagat* only, parents of Oraon female adolescents decided about on whom to consult. Such over- reliance

on *Bhagat* was shaped by the cultural practices of the community. Hence, it can be concluded that culture is one of the most important social determinant of health affecting health status and health seeking behavior of Oran female adolescents.

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