

Exploring Healthcare Seeking Behavior and Beliefs of the Khasi Tribe in Traditional Healers

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Abstract

Health Seeking Behavior refers to the actions taken by an individual in response to external stimuli to access health services. Seeking healthcare encompasses all dimensions of well-being, including physical, mental, social, emotional, vocational, and spiritual health. A person's health depends on responsible actions towards oneself and others. As human beings are social animals who cannot live in isolation, courteous behavior is expected to promote healthy lifestyles.

The health-seeking behavior of the Khasi tribe is deeply rooted in their indigenous traditions, culture, beliefs, and practices. Folk medicine and traditional healers play a vital role in addressing the health needs of the people. However, it is acknowledged that folk medicine alone cannot cure all illnesses. Modern medicine, with its advanced technology and professional doctors, is essential for providing efficient healthcare services.

Keywords: Health care, indigenous, access to care, community health promotion, community health workers, healing.

Introduction

Healthcare is a fundamental aspect of human life. However, the standard of healthcare varies significantly across different groups, influenced by factors beyond financial resources, including gender, age, culture, traditions, knowledge, information, religion, social status, livelihood, place of residence, and access to resources. The outcomes of proper healthcare include longevity, peace, and harmony. Every individual recognizes the value of health, yet taking action towards health promotion and environmental sustainability remains a daunting task for many. Environmental degradation, including air and water pollution, soil contamination, the use of chemical fertilizers, food adulteration, toxic substances, and improper medication, all hinder the well-being of human beings.

The Khasi group, as an indigenous tribe, follows their own unique techniques and methods to maintain their health status and seek assistance in case of health deterioration. As an indigenous tribe, they believe in sorcerers, witchcraft, spirits, and other types of misfortune that can harm their health. They also have faith in traditional healers who can help them recover from such illnesses. The Khasi tribe enjoys consuming their own indigenous food items, including rice, pork, beef, fish, fermented dry fish (tung tap), fermented soybean (tung rymbai), bamboo shoots, pumpkin, mushroom, green vegetables, citrus fruits, rice beer, local tobacco, beetle nut, and beetle vine. While some of these items may be considered junk food, others provide essential nutrients. Notably, some community members are knowledgeable about medicinal plants and use them as home remedies. Food items play a significant role in determining an individual's health status.

As tribal, the Khasi people are also engaged in farming. The lifestyles of farmers and non-farmers differ significantly. Farmers typically sleep early and wake up early, with their primary physical activity being farm work; including ploughing, sowing, weeding,

harvesting, and carrying harvested crops. Most Khasis do not worry about consuming the required intake of calories or adhering to a specific diet. Instead, they eat what they can produce from their fields or, if they have the means, purchase various food items from the market.

This paper provides an overview of the health concerns of the Khasi tribe and their trust and beliefs in the vital role of traditional healers. The Khasi tribe is a unique indigenous group residing in Meghalaya, characterized by a matrilineal and matrilocal system. In this system, property inheritance is primarily passed down to female descendants. Women hold significant responsibilities within the household, extending beyond childcare and domestic duties to include property ownership. Khasi women play a pivotal role in promoting health and hygiene, both within their families and in the broader community.

Literature Review

Kasl and Cobb defined health seeking behavior as “any activity undertaken by individuals who see themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy” (Helen Ward, 1997). Prioritizing healthcare value enhances health-seeking behavior, which helps public healthcare systems and policymakers address the needs of the people, ultimately improving healthcare strategies (Qiqi Zhang, 2020). It bridges between communities and health care services, where we can prevent diseases and provide impactful treatment (Behavioral Health, 2024).

Health-seeking behavior is often motivated by psychological, physical, sociological, and environmental factors, based on the symptoms of illness experienced by an individual. The response of individuals to their illnesses, in terms of seeking treatment, can vary - being prompt, delayed, or avoided - depending on the psychological impact, such as fear, stress, anxiety, doubt, and denial (M. Janice Gilliland, 1999). Additionally, the response of

individuals seeking health support also depends on healthcare providers' (HCPs') attitudes and behaviors. Friendly HCPs can positively influence health-seeking behavior and improve quality of life. Conversely, unsupportive HCPs can cause hesitation and avoidance among individuals seeking health support (Martha Ali Abdulai, 2022).

Considering the significance of health-seeking behavior in preventing illnesses, facilitating early diagnosis, managing conditions, and curing diseases before they worsen, reducing expenditure, and preventing unnecessary deaths (Haileamlak, 2018), it is crucial to prioritize healthcare. Effective healthcare yields beneficial outcomes for individuals, society, and the economy. Conversely, neglecting healthcare can lead to deteriorated services, increased risk of life-threatening illnesses, hindered growth, and other severe consequences.

Theoretical framework

Health belief model (HBM): this theory is explaining about the behavior of an individual related to health decision making such as preventive screenings or seeking treatment (Rosenstock, 1966). Health Belief Model was originally based on four dimensions. Firstly, taking action if the person is susceptible or at risk to the conditions. Example, Julee is having a history of breast cancer in her family, she may be more susceptible to develop the same, she needs to take action for regular check up or reporting at the earliest for any breast cancer symptoms. Secondly, taking action based on the seriousness or severity of the conditions (M.Luger, 2024). Thirdly, looking at the pros from healthy behaviors and fourthly, understanding the barriers to undertake health behavior (Dagmar M. Haller, 2008).

The variable of HBM model with a behavior based on a particular sickness such as HIV/AIDS:

1. *Degree of perceived risk:* are we vulnerable to HIV/AIDS or not? What are the possible ways that we may get the virus?

2. *Perceived severity of the condition*: What kind of life can we expect if we are HIV positive? Is there a possibility of recovery or cure?
3. *Belief in effectiveness of new action*: what are the precautions to protect HIV/AIDS? Should we use condoms and other prevention techniques?
4. *Cues of action*: we started taking action to prevent ourselves from HIV/AIDS by using condoms and updating ourselves through news and regular cases of HIV/AIDS.
5. *Looking at benefits of preventive action*: we should practice monogamous and use condoms during sexual intercourse to ensure safety from HIV.
6. *Barriers to take action*: using condoms could not get efficient pleasure and we cannot afford to buy condoms (Edward C. Green, 2020).

COM-B Model: this model is also relevant with the studies as it is accessing on health seeking behavior where people depends on capability, opportunity, motivation and behavior (COM-B)

1. *Capability*: health seeking behavior is also concern about the skills and knowledge to perform the actions in keeping both physical and psychological health.
2. *Opportunity*: it is related to factors that can assist the behavior in achieving health care.
3. *Motivation*: it involves brain processes or internal urge to maintain good health based on beliefs, intentions, behavior and habits (Jasonhreha).

Cultural Competence Framework: cultural competence in health services is to provide highest quality of care to all the patients regardless of class, cast, race, color, ethnicity and background (Arrendondo, 2020). Cultural competence is a behaviors, attitudes and policies that work as a system, agency or professional to provide health care services in cross-cultural situations (Cross et al, 1989).

Objectives

1. To examine the patterns of healthcare seeking behavior among the Khasi Tribe
2. To understand the beliefs and attitudes of Khasis towards their traditional healers and modern healthcare providers

Methodology

Mixed-method: This study employs a mixed-methods approach, utilizing both qualitative and quantitative methods. Qualitatively, the researcher explores the health-seeking behaviors of the Khasi tribe. Quantitatively, the study examines the Khasis' perspectives towards their traditional healers.

Research design: The study adopts a descriptive research design to describe and summarize the behaviors, attitudes, and perceptions of people regarding healthcare-seeking practices, exploring services utilized from different sources.

Sampling: The researcher employs cluster sampling, leveraging the natural sub-group divisions within the Khasi tribe, specifically Khyntiam, Pnar, Bhoi, War, Maram, and Lyngngam. A representative sample of 420 individuals is selected from these sub-groups, ensuring homogeneity of characteristics within the sample.

Tools of Data collection: the researcher used closed-ended and open-ended questionnaires, interview scheduled, observation and recordings.

Data Analysis

Pursuant to the study's objectives, data was collected from 420 respondents across six Khasi sub-groups: Khyntiam, Pnar, Bhoi, War, Maram, and Lyngngam.

Indigenous health care practices

The initial variable assessed the Khasi tribe's knowledge of indigenous healthcare, with results presented in an ANOVA table – 1, to determine the impact of subgroup affiliation on indigenous healthcare practices.

**Table-1: ANOVA
 Indigenous health care practices**

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	6.726	5	1.345	2.103	.064
Within Groups	264.786	414	.640		
Total	271.512	419			

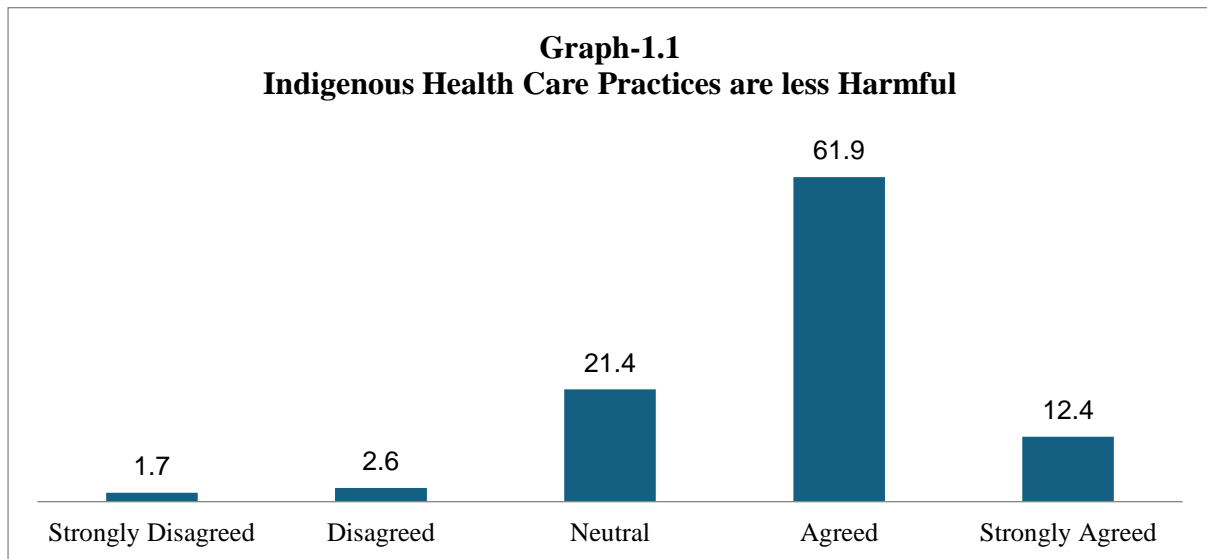
Table 1.1 reveals a significance value of 0.06, exceeding the cutoff value of 0.05. Since the value surpasses the threshold, no significant differences exist among the sub-groups, indicating similar knowledge and adherence to indigenous healthcare practices.

The community's familiarity with home remedies and indigenous practices leads to hesitation in seeking hospital care for minor illnesses. For example, they treat stomachaches with bayberry juice (um sohpie) mixed with salt and sugar, and dysentery with tender guava leaves. Traditional healers are consulted for various ailments, such as snake bite, poisonous insects, bones fractured, wounds, indigestion, skin diseases, burns, flu, cough, jaundice, tooth ache, hair fall, women infertility, excessive white discharge and others. Faith, prayer, and luck also play a role in their healthcare beliefs. While folk medicine can be effective when prepared and prescribed properly, professional physicians discourage its use due to potential complications if not accurately diagnosed using science and technology.

Safety of Indigenous Health Care Practices

The researcher further investigates the primary reasons why the Khasis adhere to indigenous healthcare practices. The following variables are examined using a descriptive frequency

table based on respondents' answers, which were measured using a 5-point Likert scale showing in Graph 1.1.



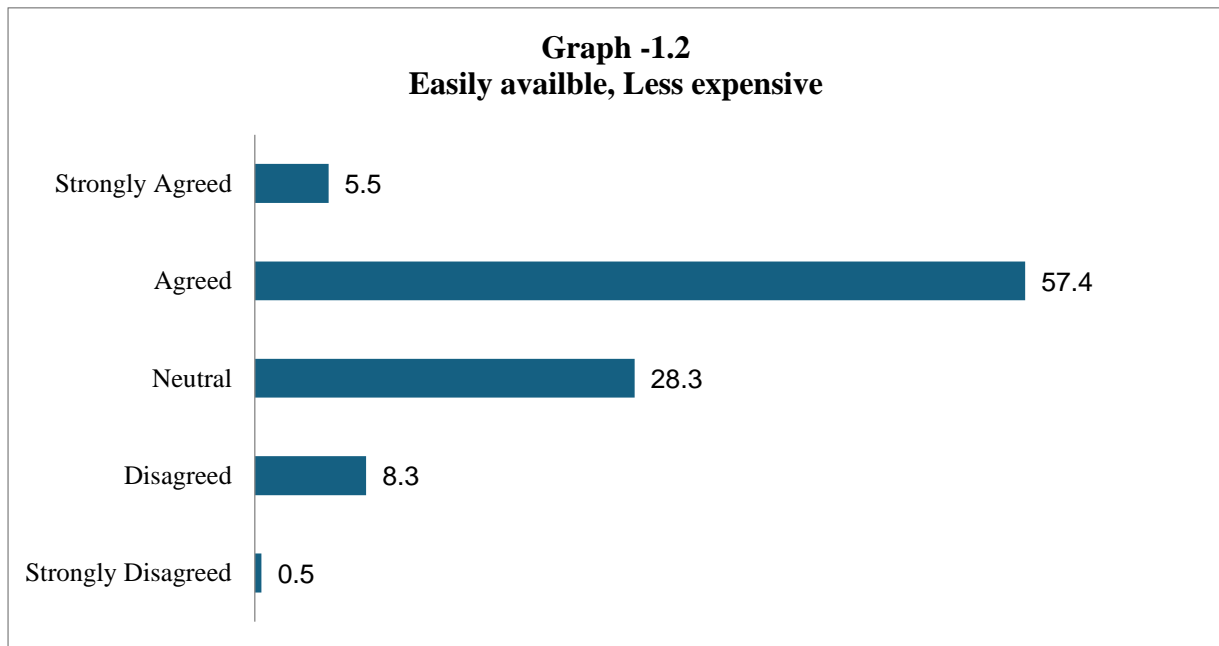
Graph 1.1 reveals that 61.9% and 12.4% of respondents agreed and strongly agreed, respectively, that indigenous healthcare practices are less harmful. Meanwhile, 21.4% remained neutral, 2.6% disagreed, and 1.7% strongly disagreed regarding the minimal impact of indigenous practices.

When ill, respondents initially opt for folk medicine or consult traditional healers. If unsuccessful, they seek hospital care and modern medicine from professional doctors. Conversely, some patients who do not respond to modern treatment turn to traditional healers, often due to loss of hope or financial constraints in affording modern treatment expenses. The data suggests that respondents recognize the minimal side effects of herbal medicine and understand that indigenous practices are less harmful and locally accessible.

Accessibility of Folk Medicine and Traditional Healers

Folk medicine is local and self processed medicine based on indigenous knowledge and availability of medicinal plants in the region. Health practitioners are knowledgeable about the plants and methods of making the medicine and much more the types of illnesses

where the medicine can treat appropriately. The traditional healers often used folk medicine as it is locally available, least side effect and minimum cost as well. The researcher collected data to understand about their health seeking behavior that motivates them to abide by their indigenous practices. The following variable is based on the availability and expenditure of health seeking behavior presented in Graph 1.2.

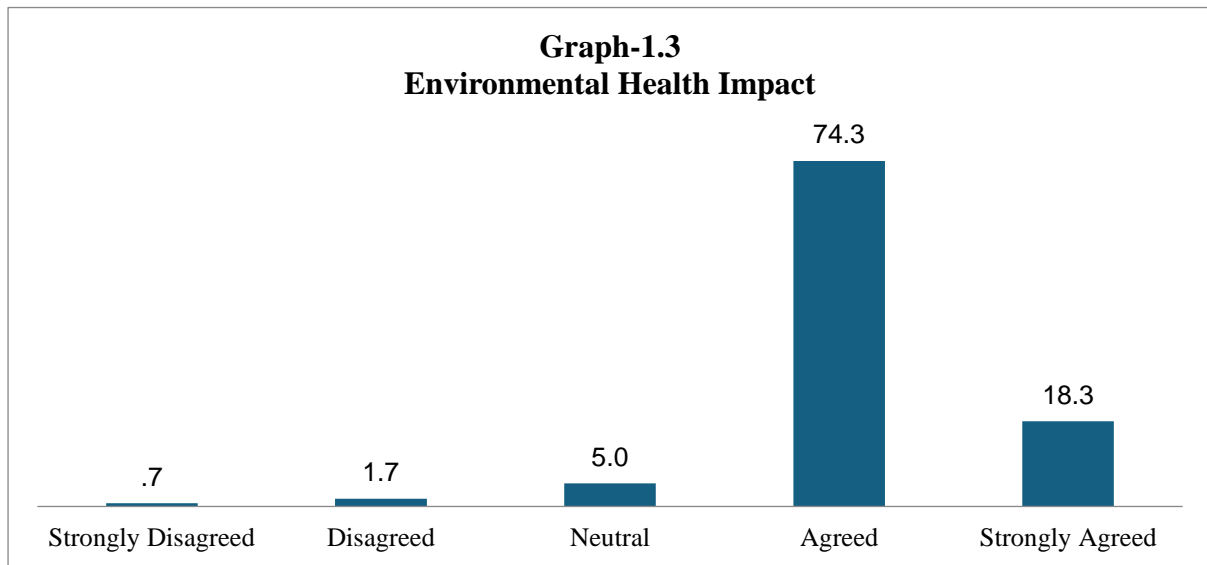


Graph 1.2 reveals that 57.4% of respondents agreed and 5.5% strongly agreed that folk medicine and indigenous health treatments are locally available and accessible at a low cost. Conversely, 28.3% remained neutral, while 8.3% disagreed and 0.5% strongly disagreed regarding the availability and affordability of folk medicine and traditional treatments in their locality.

The researcher investigated the reasons behind the disagreement, discovering a scarcity of medicinal plants in the region which is due to deforestation, shifting cultivation and least bother of people to protect and promote medicinal plants. This scarcity leads to increased costs, as folk medicine and treatments must be imported from other regions, rendering them expensive.

Environmental impact

Tribal communities are commonly known for their close relationship with nature, with their livelihoods directly or indirectly dependent on forests. In this context, the researcher seeks to explore the Khasi tribe's perceptions regarding the interconnectedness of health and environment.



Graph 1.3 presents data on environmental health impacts, revealing that 74.3% and 18.3% of respondents agreed and strongly agreed, respectively, on the direct connection between health and environment.

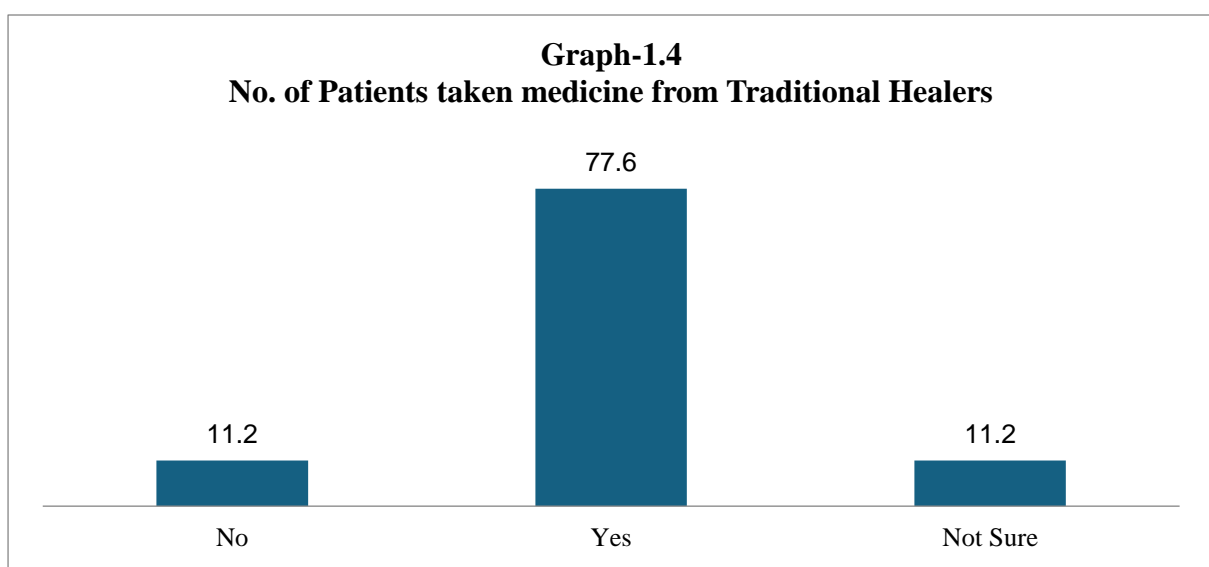
The Khasi tribe inherently recognizes the interdependence of human and environmental well-being. They view the environment as a university, where they learn and serve, interpreting signs and symbols from nature. Although they may lack formal scientific knowledge, their experiential understanding, passed down through oral traditions, enables them to accurately plant crops and respond to environmental conditions. Their belief system encompasses sacred groves, sacred lands, and spiritual entities inhabiting hills, rivers, and forests (Blei lum, Blei wah). Disrespecting these areas is believed to offend the spirits, potentially causing sickness and problems in people's lives. Conversely, a small percentage

(5.0%) remained uncertain about the environment-health connection. Additionally, 1.7% and 0.7% disagreed that human health conditions depend on Mother Nature.

We cannot deny that the forest and environment as a whole are deteriorating due to human carelessness and the pursuit of economic opportunities. People clear forest for shifting cultivation of cash crops, commercializing timber, making charcoal and fuel for cooking. Furthermore, population growth exacerbates environmental degradation, as individuals seek income through coal mining, sand stone mining, clearing forest for various construction purposes. It leads to degradation of medicinal plants, contaminated of water, air and food items which are the major health risk factors.

Patients and Traditional Healers

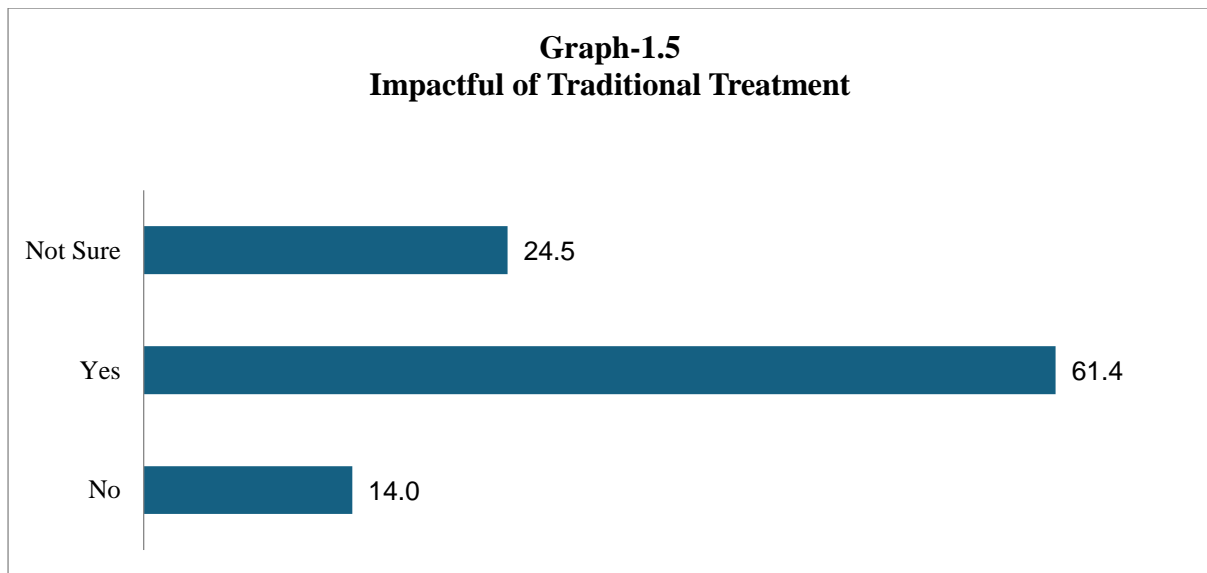
In light of advancements in science and technology, the proliferation of social media, and the emergence of complex health issues, this study investigates the practice of seeking traditional medicine among 420 respondents (patients). The researcher aimed to understand their healthcare-seeking behaviors and the role of traditional healers where the data are displayed in Graph 1.4.



Graph 1.4 reveals that 77.6% of respondents sought traditional healers for medication when ill. Additionally 11.2% were uncertain about receiving traditional medicine, citing forgotten treatments and 11.2% never sought traditional medicine and expressed no willingness to do so, prioritizing advanced treatments with proper check up, x-ray, scanning, MRI and other scientific methods of treatment.

Impactful Indigenous Treatment

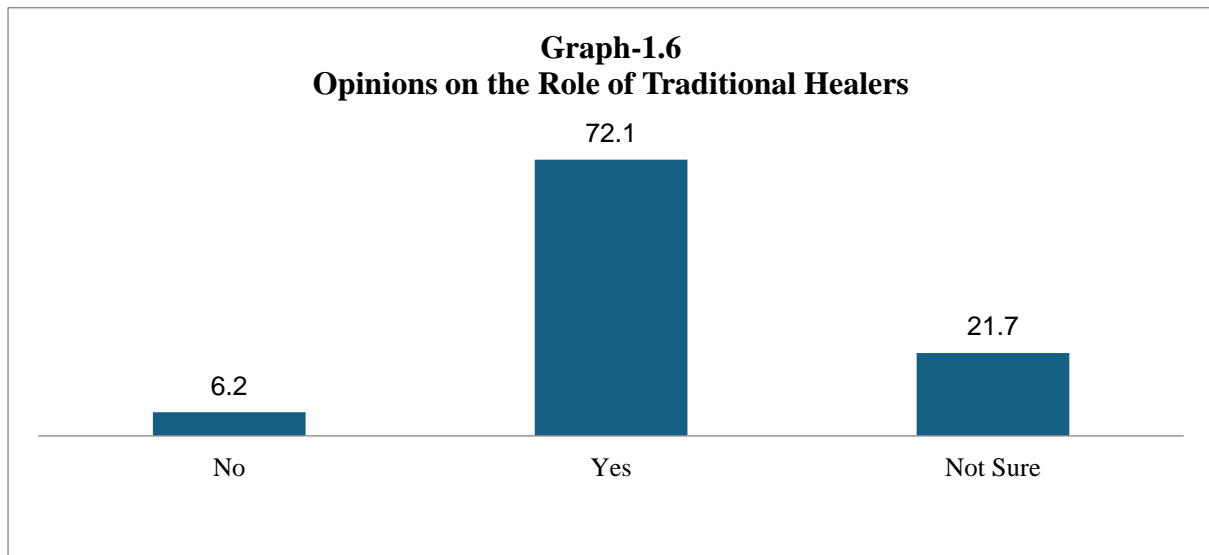
To evaluate the impact of traditional healers' indigenous healthcare treatments, the researcher gathered feedback data from beneficiaries, presented in the Graph 1.5 below;



Graph 1.5 presents data on patient satisfaction with traditional healers' treatments using folk medicine and indigenous practices; 61.4% reported positive feedback, citing successful treatment and satisfaction, 24.5% remained uncertain about the treatment's effectiveness, as they concurrently used modern medicine and folk medicine, 14% provided negative feedback. Breaking down the negative feedback, 11.2% (as seen in Graph 1.4) had never sought traditional medicine, while 2.8% who did try folk medicine reported no cure.

Overall Feedback on the Important Role of Traditional Healers

The researcher surveyed the general population, including those who had never used folk medicine, to examine the role of traditional healers. The graph 1.6 below illustrates the respondents' data.



Graph 1.6 displays data showing that 72.1% of respondents recognize the vital role of traditional healers in promoting community healthcare among the Khasi tribe. Notably, positive endorsements came from Non-users of folk medicine, those uncertain about indigenous treatment. They acknowledged traditional healers' importance due to witnessing, affordable treatment (low cost), effective cures in their community. Conversely 21.7% remained uncertain, 6.2% disagreed on the significance of traditional healers.

Discussion

Health-seeking behaviors are influenced by diverse factors, leading to varied practices among different population groups. This study focuses on the common beliefs and practices of the Khasi tribe, specifically:

- Indigenous knowledge on healthcare
- Safety of indigenous practices

- Availability of folk medicine and practitioners
- Environmental health impacts
- Influence and role of traditional healers

The collected data reveals significant findings on health-seeking behaviors related to these variables. The Khasi tribe prioritizes hygiene and cleanliness, considering it a vital concern that guides their actions. Notably, many members of this community, despite lacking formal education or having dropped out of school, demonstrate a strong sense of responsibility in practicing cleanliness at home and in their community. Several villages organize regular community cleaning drives, held every Saturday or once/twice a month. This proactive approach promotes health and well-being among the Khasi tribe. Interestingly, the community acknowledges the safety and minimal side effects of folk medicine. However, some drawbacks were reported, including slower cure rates compared to modern medicine, potential risks if not prepared correctly. A traditional healer emphasized that the same plant can be medicinal or poisonous, depending on combinations with other herbs, growing conditions (e.g., contaminated areas). They cautioned that improper preparation of folk medicine can be harmful. Moreover, the Khasi tribe recognizes the interconnectedness of health and environment. They view the environment as a "natural hospital" where healthy living is fostered. Consequently, they understand that environmental degradation directly impacts their health.

Traditional healers are prevalent among the Khasi tribe and other communities, having learned their craft through imitation and oral teachings from senior healers, experience treating livestock with medicinal plants, dreams or visions guiding plant selection and location, spiritual calling, with many considering it a divine gift. Government agencies, NGOs, and educational institutions are supporting traditional healers as primary healthcare providers. Beyond healing, traditional healers also generate income through their practice.

Both healers and patients express a desire to enhance indigenous healthcare methods, citing: feasibility, convenience, accessibility, local advantages include:

- Home visits for those unable to travel
- Flexible payment arrangements
- Low treatment costs
- Shared language and cultural understanding
- Strong community bonds and mutual support

Implications Policies for Traditional Healers

The Khasi Hills Autonomous District (Protection and Promotion of Khasi Traditional Medicine) Act 2011, highlighted several guidelines for Traditional healers to get recognition and licensed from the government;

1. To be a Khasi traditional healer is voluntary
2. To be eligible to practice as a healer, he or she must have good experience with self documentation to prove according to the parameters fixed by the commission.
3. It should be based on the qualifications certified by the traditional institute
4. It can also based on the nominations by the commission or Traditional medicine institute.
5. Each registered healers shall be given a registration number along with the certificate and it is for life time registration accept the practitioner would like to withdraw by himself/herself.
6. The commission will also withdraw the misconduct of any traditional healer (The Gazette of Meghalaya, 2011).

Implications for Practice

Besides adhering to the aforementioned policies, researchers found that some health practitioners are licensed and registered with the Government, while others belong to

independent associations, such as the '*Ka Synjuk ki Nongai Dawai Khasi Nylla West Khasi Hills*,' and some lack any registration or recognition. The primary concern lies with unregistered practitioners operating independently. Patients often prioritize a healer's reputation and referrals over licensure, visiting them based on signboards and word-of-mouth recommendations.

To enhance trust and safety, traditional healers should display their specializations and licensure verification outside their premises. Health seekers deserve assurance of competence through evidence-based practices. Conversely, the government must scrutinize traditional healthcare practitioners to ensure safety, security, and skill enhancement. Traditional healers should obtain genuine certificates and licenses from authorized associations or the government to align with official healthcare services.

Conclusion

The health-seeking behavior of tribal people differs significantly from the general population due to disparities in literacy, economic status, housing, nutrition, access to healthcare facilities, transportation, communication. Enhancing indigenous healthcare standards is crucial. Tribal communities rely on traditional knowledge to seek and practice healthcare. Traditional healers play a vital role in community health, but their limitations must be acknowledged. Diagnosing and treating complex illnesses requires scientific expertise and technology, referrals to hospitals are necessary for proper check-ups and preventing severe complications. To address this, advancing traditional healers' knowledge and information is imperative. They must recognize their capacity and limitations; referring patients to hospitals when uncertain about a diagnosis, avoiding repeated attempts with folk medicine, prioritizing timely medical intervention. Healthcare is a matter of life and death, not solely a business enterprise.

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