



## THE MISCONCEPTIONS REGARDING LIFE THREATENING CONDITIONS AMONG TRIBAL AND NON TRIBAL PEOPLE IN SELECTED AREA OF WEST BENGAL, INDIA

**Sukanya Basu Biswas\* & Pranati Pal\*\***

\* M.Sc Nursing Student, Government College of Nursing, Bankura Sammilani Medical College & Hospital, Kenduadihi, Bankura, West Bengal

\*\* Principal, Government College of Nursing, R.G. Kar Medical College & Hospital, Kolkata, West Bengal

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### **Abstract:**

A survey research study to assess the misconceptions regarding life threatening conditions among tribal and non tribal people in selected area of, West Bengal with the objective to identify the misconceptions regarding life threatening conditions among tribal people and non tribal people, to compare between the misconceptions among tribal and non tribal people and to find out the association between misconceptions and selected variables. Conceptual frame work adopted for the study was based on Ludwing Von Bertalanffy's System Model. Survey research design was adopted for the study. Data were collected through semi structured interview schedule from one hundred and sixty two participants (eighty one in tribal group and eighty one in non-tribal group) were selected through non probability convenience sampling technique. Semi structured interview schedule was applied to both groups. The study findings revealed that the mean misconception score ( $13.05 \pm 3.73$ ) of the tribal group was apparently more than the mean misconception score ( $10.17 \pm 3.34$ ) of non-tribal group. The demographic variables age, income had no significant association with the misconception present in tribal and non-tribal group but religion, caste and educational qualification has significant association. It can be concluded that misconceptions about snake bite and jaundice is more in tribal people than non-tribal people.

**Key Words:** Misconceptions, Life Threatening & Jaundice

### **Introduction:**

The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity." It is well recognized that health is not the exclusive domain of medical science because every culture, irrespective of its simplicity and complexity, has its own beliefs and practices concerning diseases.<sup>[1]</sup>

Health Practices' depend both on the herbal and the psychosomatic lines of treatment. While plants, flowers, seeds, animals and other naturally available substances formed the major basis of treatment, this practice always had a touch of mysticism, supernatural and magic, often resulting in specific magico-religious rites. Faith healing has always been a part of the traditional treatment in the Tribal Health Care System, which can be equated with rapport or confidence building in the modern treatment procedure. Certain practices are suggested to avoid illness or diseases, while some are prescribed to have better health. These should not be ignored as mere folk-beliefs, but need careful attention. There are different folklores to avoid illness, during illness, regarding food and so on.<sup>[2]</sup> It has been noted that among the tribals there is high incidence of communicable diseases, like jaundice. In tribal areas, the diarrheal/dysentery diseases occur throughout the year attaining peak during the rainy season (from June to October). Tribal are the groups of aboriginal people resided in the nature's lap in their ethnic villages and practicing their age old culture. They are entirely forest dependent people; so, they become the victims of snake bite regularly, particularly during the rainy season. After a snake bite, the victim is brought to the Janguru or Ojha (the tribal medicine-men) for treatment. The 'Ojha' or Janguru examine the condition of the victim and then he started his treatment and if he finds the condition of the victim becomes deteriorating then the Ojha stop his treatment and refers him to the Tantrik or Gunin (the tribal priest) for further treatment purely based on the magico-religious Process, in which witchcraft are found to be practiced.<sup>[3]</sup> Change in health and disease management is one among them. Thus it is noticeable that they are mostly detached from scientific ways of treatment and thus face health hazards most of the time.<sup>[4]</sup> If we look at the non tribal people, they too have various misconceptions regarding various diseases, life threatening conditions and their treatment. For example, there are misconceptions related to jaundice that herbs are the only treatment for the jaundice or when jaundice is seen no investigation is required.<sup>[5]</sup>

### **Objectives:**

- To identify the misconceptions regarding life threatening conditions among tribal people.
- To determine the misconceptions regarding life threatening conditions among non tribal people
- To compare between the misconceptions among tribal and non tribal people.
- To find out the association between misconceptions and selected variables.

### Methodology:

This was a cross sectional study carried out in two outpatient departments of Amader Hospital and Bankura Sammilani Medical College and Hospital, Bankura, West Bengal, India. The study was ethically approved by Institutional research and ethical committee of Bankura Sammilani Medical College and Hospital, Bankura, The study was guided by Ludwig Von Bertalanffy's system model. The participants of the study were tribal and non tribal people attending outpatient departments of Amader Hospital of Bankura and met our predefined inclusion criteria. We included those participants who were above 18 years and understand Bengali and excluded those participants who were below 18 years of age, too old, mentally challenged, critically ill and did not understand Bengali. The misconception on snake bite was assessed by using self structured 16 item questionnaire where the subject had to tick '√' on the correct answer. The misconception on jaundice was assessed by using self structured 14 item questionnaire where the subject had to tick '√' on the correct answer.

### Results:

#### Section I:

Table 1: demographic characteristics of the sample

n = 162 (n<sub>1</sub> + n<sub>2</sub> = 81 + 81)

| Variables                        | Tribal    |       | Non tribal |       |
|----------------------------------|-----------|-------|------------|-------|
|                                  | Frequency | %     | Frequency  | %     |
| <b>Age</b>                       |           |       |            |       |
| 18yrs-47yrs                      | 46        | 56.79 | 49         | 60.49 |
| 48yrs- 80yrs                     | 35        | 43.21 | 32         | 39.51 |
| <b>Religion</b>                  |           |       |            |       |
| Hindu                            | 27        | 33.3  | 70         | 86.4  |
| Muslim                           | 0         | -     | 11         | 13.6  |
| Sari saran                       | 14        | 17.3  | 0          | 0     |
| Saridharam                       | 40        | 49.4  | 0          | 0     |
| <b>Caste</b>                     |           |       |            |       |
| General                          | 0         | -     | 41         | 51    |
| SC                               | 0         | -     | 23         | 28.4  |
| ST                               | 81        | 100   | 0          | -     |
| OBC                              | 0         | -     | 17         | 21    |
| <b>Educational Qualification</b> |           |       |            |       |
| Illiterate                       | 30        | 37.30 | 27         | 33.3  |
| Primary                          | 7         | 8.6   | 9          | 11.1  |
| Secondary                        | 36        | 44.4  | 29         | 35.8  |
| Higher Secondary & Above         | 8         | 9.70  | 16         | 19.75 |
| <b>Occupation</b>                |           |       |            |       |
| Service                          | 2         | 2.47  | 2          | 2.47  |
| Retired                          | 2         | 2.47  | 5          | 6.17  |
| Others                           | 77        | 95.06 | 74         | 91.36 |
| <b>Number of Family Members</b>  |           |       |            |       |
| 1-6                              | 60        | 74.07 | 61         | 75.3  |
| 7-12                             | 18        | 22.2  | 19         | 23.4  |
| 13& more                         | 3         | 3.73  | 1          | 1.2   |
| <b>Per Capita Income</b>         |           |       |            |       |
| Rs1-Rs.2001/                     | 70        | 86.42 | 57         | 70.37 |
| Rs2001/- Rs.4000                 | 6         | 7.41  | 11         | 13.58 |
| Rs.4001 & Above                  | 5         | 6.17  | 13         | 16.05 |

n<sub>1</sub>= tribal, n<sub>2</sub>= non tribal

Data presented in table one revealed that most of the tribal (56.79%) and non tribal (60.49%) population are of 18 to 47 yrs of age, most of tribal population are from Saridharam (49.4%) religion and non tribal population are from Hindu (86.4%) religion, most of the non tribal population are of general caste (51%). Data also depicted that most of them have passed secondary education, are engaged with other occupation rather than service, and have family members between 1-6. The data also revealed that per capita income of most of the population are less than Rs 2000/.

#### Section II:

Table 2: Mean, median and standard deviation of misconception scores among tribal and non tribal people regarding misconceptions related to snake bite and jaundice

n = 162 (n<sub>1</sub> + n<sub>2</sub> = 81 + 81)

| Misconception | Mean  | Mean Difference | Median | Standard Deviation | 't' Value |
|---------------|-------|-----------------|--------|--------------------|-----------|
| Tribal        | 13.05 | 2.88            | 14     | 3.73               | 5.17      |
| Non – tribal  | 10.17 |                 | 10     | 3.34               |           |

't'<sub>0.05,160</sub> = 1.96. p<0.05

Data depicted in table 2 concluded that the mean difference was a true difference and not by chance, so misconception among the tribal population is more than non tribal population.

Table 3: Mean and mean percentage of conception scores among tribal and non tribal people regarding misconceptions related to snake bite and Jaundice

n = 81

|            | Tribal |        | Non tribal |        |
|------------|--------|--------|------------|--------|
|            | Mean   | Mean % | Mean       | Mean % |
| Snake bite |        |        |            |        |
| Concept    | 3.95   | 79     | 4.35       | 87     |
| Management | 3.11   | 44.43  | 3.80       | 54.29  |
| Treatment  | 2.22   | 55.5   | 2.99       | 74.75  |
| Jaundice   |        |        |            |        |
| Concept    | 3.09   | 49.9   | 4.16       | 59.43  |
| Management | 3.09   | 61.8   | 3.44       | 68.8   |
| Treatment  | 0.60   | 0.60   | 1.19       | 59.5   |

Data depicted in table 3 revealed that concept related to snake bite and Jaundice, their management and treatment is more in non tribal people and less in tribal people.

### Section III:

Table 4: Chi square test of association and their significances existing between the tribal and non tribal people with selected demographic variables

n = 162

| Variables                 | Scores   |          |       | Chi-Square Value |
|---------------------------|----------|----------|-------|------------------|
|                           | < Median | ≥ Median | Total |                  |
| Religion                  |          |          |       |                  |
| Hindu                     | 58       | 39       | 97    | 28.07            |
| Muslim                    | 2        | 9        | 11    |                  |
| Saridharam                | 1        | 13       | 14    |                  |
| Sari Sarna                | 10       | 30       | 40    |                  |
| Total                     | 71       | 91       | 162   |                  |
| Caste                     |          |          |       |                  |
| General                   | 28       | 13       | 41    | 16.09            |
| SC                        | 14       | 9        | 23    |                  |
| ST                        | 25       | 56       | 81    |                  |
| OBC                       | 4        | 13       | 17    |                  |
| Total                     | 71       | 91       | 162   |                  |
| Educational Qualification |          |          |       |                  |
| Illiterate                | 14       | 44       | 58    | 14.81            |
| < Higher Secondary        | 41       | 39       | 80    |                  |
| ≥ Higher Secondary        | 16       | 8        | 24    |                  |
| Total                     | 71       | 91       | 162   |                  |
| Age                       |          |          |       |                  |
| 18 – 47                   | 42       | 54       | 96    |                  |
| 48 – 80                   | 29       | 37       | 66    |                  |
| Total                     | 71       | 91       | 162   |                  |

$\chi^2$  df(2)5.99; p<0.05

Data presented in table 5 depicted that there is a significant association between misconception score and religion, caste and education, there is no association between misconception and age.

### Discussion:

This survey research study was conducted to assess the misconceptions related to life threatening conditions among tribal and non-tribal people. It has similarity with the following study. A study on the Knowledge regarding snake bite in rural Bengal – Are they still lingering on myths and misconceptions? by Amitava Kumar et.all was done in 2015 to assess the knowledge of the study population on snake bite and to elicit any association of this knowledge with their demographic and socioeconomic characteristics. Material and methods: An observational, cross Block of Hooghly district of West Bengal. Farming was the occupation of the

majority (36%) followed by business (20.6%) and service (17.7%). 45% belonged to the social class I and II (modified B.G. Prasad) while 39% were in the social class IV and V. Only 58.85% of the study population were aware that the incidence of snake bite can be reduced. 68% were aware of immobilization of the affected part was the initial first aid measure and only 4% had the correct knowledge that application of collar was unnecessary and harmful. Correct knowledge on the availability of specific treatment was present among 85.1% and 77.1% knew where specific treatment is available. Education OR 2.51 (1.26 -5.00), Occupation OR 4.44 (2.35 – 8.40), PCI OR 2.05 (1.12 – 3.76) were significantly associated with good knowledge. Conclusion: There is a paucity of knowledge on different domains of snakebite. Hence dissemination of correct knowledge is necessary to remove their misconceptions.<sup>6</sup>

#### **Conclusion:**

The level of misconception depends on the education, religion and caste of the tribal and non tribal people. The level of misconception does not depend on the ages of the tribal and non tribal people. The misconceptions related to snake bite and jaundice is more in the tribal people than the non tribal people.

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