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Cover Page Footnote

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Abstract

Introduction: Every society follows different practices to treat various childhood illnesses. Tribal populations are isolated from the general population by their own lifestyle and practices. The objective of the study was to assess the treatment practices of the Koraga tribes during diarrhoea in children. **Materials and Methods:** A descriptive survey using face-to-face interview technique was undertaken among 200 caretakers of Koraga tribe using a semi-structured questionnaire. Data analysis was done using SPSS v16.0. **Results:** 110 (55%) respondents were using arrowroot mixture; curd and salt were used by 34 (17%) to treat diarrhoea. Other practices include use of wheat sooji porridge 131(65.50%) and fried white rice congee 69 (34.50%). Around 56 respondents were consulting physicians. **Conclusion:** The study concluded that Koraga tribes still practice many home remedies, to treat the children during diarrhoea.

Keywords: Practices, diarrhoea, common childhood illness, Koraga tribes

INTRODUCTION

Every society follows different practices, and believes in different traditional aspects regarding health and care during illness. Majority of Indians happily follow all these beliefs and practices. Most of these beliefs and practices may improve health and some may be dangerous. These healthcare practices are related to people's environment, lifestyle, traditional culture and level of education. Healthcare professionals should be aware of the people's traditional and cultural aspects, to safe guard the health of the children and adults from unhealthy practices (Balasubramanian, 2000). India is known for its cultural diversity, and oldest healthcare systems such as Ayurveda and Siddha systems of Medicine (Balasubramanian, 2000).

According to data by Ministry of Tribal Affairs, Govt. of India, (2001) tribes constitute 8.2% of the total Indian population. According to the 2011 census, the tribal population of India was 10.42 crores; in Karnataka, it was approximately 42 lakhs and in Udupi, it was about 20,117. Each tribal community

has its own unique customs, beliefs, traditions, and practices and is geographically distinct. Tribal populations are isolated from the general population by their own lifestyle and practices. Most tribal women do not utilize the maternal and child health services provided at government facilities because of social barriers. The health seeking behaviour is guided by superstitions and prevailing cultural practices. Each tribe has its own unique practices of childbearing and child rearing.

As per World Health Organization (WHO) fact sheets (2006), majority of Indians are unable to access the basic healthcare facilities and supplies. Traditional, Complementary, and Alternative Medicines (CAM) are attracting people. CAM is becoming more popular as it is perceived to be effective in managing many diseases and disorders. In a cross sectional survey conducted among 1,140 children from low-income communities of Karachi, Pakistan it was reported that that clean water and food (39.3%), improved nutrition (22.9%) and hand washing (22.7%) are the best ways to prevent diarrhoea (Quadri et al., 2013).

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Prevention through proper disposal of human waste (6.7%), vaccination (2.8%) and breast-feeding (2.2%) were rarely reported. The common signs indicating dehydration according to respondents' knowledge were lethargy (59.8%), followed by sunken eyes (24.4%) which were equally distributed in all the age groups of children. Decreased urination (2.1%) and loss of consciousness (1.2%) were the least recognized signs of dehydration. Care was sought outside the home for 80.3% of the reported diarrheal episodes. The most frequently described reasons for not seeking medical care among caretaker of children with diarrhoea were lack of transport (13.3%), lack of childcare (9.4%), heavy rains or flooding (9.2%) and high cost of therapy (7.6%). No home treatment was given by 39.3% of the caretakers before seeking medical care. Oral rehydration salts and homemade fluids were used by only 32.5% and 27.5% of the respondents respectively (Quadri *et al.*, 2013).

The results of a study conducted by Gao *et al.* (2012) in China on the caretakers' pattern of care-seeking and its determinants among children, who suffered with diarrhoea, showed that about 67% caretakers sought care at the level of village and township. Higher care was sought by caretakers of children who were born at home (95% CI, $p=0.040$) than the children born at hospital, who were looked by caretakers. There was negative association of children who were seeking higher level of care to their age. Higher-level care was also sought if the danger signs of diarrhoea were recognized by caretakers.

There exists a need to initiate an effective collaboration and research between the practitioners of Indian System of Medicine (ISM) and modern healthcare practitioners of different specialties. The increased attraction of modern practitioners outside India makes this collaboration more difficult. With this achievement, our country will gain and people will be clear about the areas where these two systems differ. Several measures need to be taken to support and strengthen these systems, and enable them to act meaningfully in achieving positive health among the people (Balasubramanian, 2000).

In the age of evidence-based medicine, continuing use of folk remedies for the treatment of medical

conditions warrant evaluation. A limited number studies are available related to treatment practices during diarrhoea among Indian tribes. Thus, the study was undertaken to assess the treatment practices of the Koraga tribes during diarrhoea in children.

MATERIALS AND METHODS

A descriptive survey was conducted among 200 Koraga tribal caretakers residing in selected tribal areas of Kundapura Taluk in Udupi District, Karnataka. Selection criteria for study samples were: people of Koraga tribes who have experience of taking care of a child, were above 18 years of age, no known/documented mental illnesses, and who can understand Kannada. Cluster random sampling technique was used to select the research settings and final sample were selected through purposive sampling technique. Face-to-Face interview with the help of semi-structured practice questionnaire was used to collect data.

Background data was used for collecting demographic information of the Koraga tribes. It consisted of five items. The items were age, gender, level of education, type of family, and previous information on care of the child during common illnesses and the source of information. Semi-structured practice questionnaire was developed by the researcher to assess the treatment practices of Koraga tribes during diarrhoea in children. It consisted of five areas such as treatment practices during diarrhoea in children, number of times the above practice was used within last one year, way of usage, any precautions followed after particular practice and the effect of particular practice on child. Content validity was established by submitting the developed questionnaire to seven experts and there was 100% agreement. The questionnaire was translated into Kannada and then retranslated to English by language experts to determine the language validity.

Pretesting of the tool was done by administering the tool to five samples in Albady (Ardi) village of Kundapura in the month of December 2013. The average time taken to complete the questionnaire, through face-to-face interview, was 20 to 25 minutes. All the items in the tool were clear and there was no

difficulty in understanding the items, and therefore all the items were retained. Reliability of the practice questionnaire was assessed by administering the tool to 20 samples in Belve Panchayat of Kundapura in the month of December 2013. The reliability of the tool was computed by test-retest method. The reliability coefficient was 0.9 and the tool was found to be reliable.

After obtaining the administrative permission, ethical approval from the Institutional Ethics Committee, and Department of Scheduled Tribes, Udupi District, the survey was conducted during January to February 2014 and the data was collected from selected Tribal areas of Kundapura Taluk. The researcher approached the study subjects along with community health nurses during their home visits. After identifying the Koraga families in the area, people who were available during that time, who met all the eligibility criteria and willing to participate in the study were included in the study. The purpose of the study was explained and written consent

was obtained. The respondents were assured about confidentiality of their responses. The information gathered during interview was documented in the tools itself, where the options were provided.

RESULTS

Data analysis was done based on the objective of the study, using descriptive (frequency and percentage) statistics. The data gathered was coded and summarized in a master data sheet, and analyzed using SPSS v16.0.

Sample Characteristics

It was found that majority of the caretakers 139 (69.5%) belonged to age group of 36-52 years, were female caretakers [168 (84%)] and had attended primary school [116 (58.0%)]. Most of the caretakers [197 (98.5%)] had previous information related to care of the children during common childhood illnesses, which they received from health personnel [155 (77.5%)], from family members [42 (21%)] and from mass media [3 (1.5%)] respectively.

Description of treatment practices of Koraga tribes during diarrhoea in children

Table 1: Frequency and percentage distribution of treatment practices during diarrhoea (n=200)

Category	Practice	Frequency (f)	Percentage (%)
Practice during diarrhoea	Consulting physician	56	28.0
	Curd and salt	34	17.0
	Arrowroot mixture	110	55.0
Any other practice for diarrhoea	Wheat sooji porridge	131	65.5
	Fried white rice congee	69	34.5
Number of times the practice used within one year	Not used within last one year	155	77.5
	Used at least once or more within last one year	45	22.5
Method of preparation	Mixing wheat sooji in boiling water and preparing mixture, and serving the child two to three times daily.	131	65.5
	Boiling arrowroot with water and preparing mixture and feeding the child three to four times daily	110	55
	Frying white rice and preparing congee and feeding the child three to four times daily	69	34.5
	Both arrowroot and fried rice congee serving three to four times per day	30	15.0
	Mixing curd and salt and feeding the child	34	17
Any precaution following usage	No precaution	200	100
Effect after usage of practice at home	No effect	28	14.0
	Reduction in diarrhoeal episode	105	52.5
	Reduction in fatigue	5	2.5
	Reduction in both diarrhoea and fatigue	62	31.0

The study findings presented in Table 1, revealed that majority 110 (55%) of the respondents were using arrowroot mixture; curd and salt were used by 34 (17%) respondents to treat diarrhoea. Other practices include use of wheat sooji congee [131(65.5%)] and fried white rice congee [69 (34.5%)]. Majority [155 (77.5%)] of respondents did not use these remedies within the last one year and 45 (22.5%) of them used at least once or more within last one year. None of them [200 (100%)] reported any precautions followed during these practices. Effects of particular practice were reduction in diarrhoeal episode 105 (52.5%), reduction in fatigue 5 (2.5%), reduction in both diarrhoea and fatigue 62(31%).

DISCUSSION

The findings of the present study showed that majority of respondents were using arrowroot mixture, and curd and salt as a home remedy for diarrhoea. Other practices include use of wheat sooji porridge and fried white rice congee. The findings of the present study is partially supported by a study conducted by the Department of Paediatrics, S.S. Medical College, Rewa, India in 2009 on 300 mothers of hospitalized children, which showed that during diarrhoea, mothers had given their children black tea (2.6%), curd (2.3%), banana (5.3%), pulses and rice gruel (39.3%), diluted milk (34.6%), undiluted cow's milk (19%), water of boiled pulses (8.3%) and water of boiled rice (7.6%). Another study conducted by Khalili et al., (2013) showed that only 2.3% followed good practice during diarrhoea. These findings partially support the findings of present study.

CONCLUSION

Caretakers of Koraga tribes were following different treatment practices during diarrhoea in children. The study findings revealed that majority were using arrowroot mixture to treat diarrhoea. Other practices include use of wheat sooji porridge and fried white rice congee.

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