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DOMICILE STRUCTURE AND HEALTH SEEKING BEHAVIOR OF PANIYA TRIBE

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Abstract:

The present study designed to explore the relationship between the domicile structure and health seeking behaviour of Paniya tribe of Wayanad district in Kerala. The study was administered on 394 Paniya respondents (137 resides near by a town, 38 respondent resides near the plantation and the remaining (219) respondents resides in remote areas). The study was carried on using descriptive and analytical methods of measures simultaneously. Both primary data and secondary data were obtained during the study. Multi stage random sampling procedure was adopted for the selection of sample respondents. The study reveals that there is a significant role in maintaining the social network.

Key words: Health, plantation, town, house, social behaviour, sanitation, remote area.

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Introduction

Health seeking behavior (HSB) is a novel concept in Sociology. With the advent of primary health care approach, studies on health seeking behavior got popularity all over the world. Health-seeking behavior has been defined as a "sequence of remedial actions that individuals undertake to rectify perceived ill-health." (Shehrin Shaila Mahmood, et al., 2009), and it can be viewed as a socially constructed entity. It is an orientation or preferences, to accept a particular system of medicine or institution of treatment by a sick person for the fulfillment of his/her health-related needs.

Barriers analysis of acceptance of universal immunization program, epidemic control program and reproductive health program helped the authorities in public health policy making. The term health seeking behavior is over utilized but under theorized term. Mackian Sara (2003) interprets the idea of *social capital* to understand health seeking behavior. According to her how the population engaged with health system rather than individuals engaged with services. Followed by Tipping and Segall (1995) Mackian Sara classifies the health seeking behavior by couple of approaches. End point model: this can be understood as the type of study which enquires about what type of treatment options are opted by the population. Data gathered on utilization of various system of medicine, whether it self-treatment, traditional healer, unofficial medical channel, or official formal system of medicine. This type of study enquires the relation between decision to engage with a particular system and the socio-cultural variables like age, sex, caste, religion etc. Barriers to health seeking are also analyzed by such studies. Process model: that emphasizes illness response, or *health seeking behavior.*

The main determinants that influence HSB are geographical, economic, cultural and organizational. Kools (1990) emphasizes the importance of Geographical elements in HSB studies. Anderson (1995) gives importance to social environment. Distance from health institutions and difficulty in transportation are the main issue related to geographical barrier. Axel Kroeger (1983) summarizes different variables of HSB and categorizes as subject characteristics, disorder characteristics and service characteristics. Naturally accessibility is one of the important determinants in service characteristics. Constrains in transportation and social environment are two elements of physical accessibility of medical care.

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Domicile structure

Domicile structure is defined as structure of housing facilities, whether it is isolated houses or homogeneous colonies or heterogeneous colony with co-residence with people other than tribal people. It is a part of social neighborhood. Domicile structure influences the social interaction and thereby social capital. For sociologists social capital is a term denoting significant social network. Social capital is defined as the information, trust and norms of reciprocity inhering in one's social network.

Pierry Bourdieu (1990) argue that there are three fundamental types of capitals: economic, social, and cultural capital. Social capital commands over relationship with the influence and support people can tap into by virtue of their social position, through family or education. *Loury (1997)* explains how social capital allows for the development of human and material capital. Social capital is defined as resources, norms, networks with in society that allows for the development of human and material capital, both are measures of health. It operates through in group bindings and bridging with other groups and institutions. Ichino Kawachi, et. al; (2012) conducted studies on impact of social capital on health. Deepa Narayan (1999) explained the connection between social capital and poverty. Narayan (1997) opined that social capital is embedded in social structure and has public good characteristics. Woolcock (1998) elaborates the idea with macro and micro aspects. At the micro level it is intra community ties or social cohesion. At macro level it refers to inter community network. In short social capital refers bonding and bridging ties of a community, a member can have.

Paniya community

Paniya is a Pre-Dravidian tribe with dark- skin, short in stature, with broad noses and curly or wavy hair. They inhabit in several parts of North Kerala, South Karnataka and Northwest Tamil Nadu. Paniya tribe is the largest tribe in Kerala. In this study, Paniya tribe means those people residing in Wayanad district and assigned as Paniya tribe by Government of Kerala under the list of Scheduled tribe (ST).

Three categories of houses *(Pire*) are found among Paniya community. Traditional Paniya houses are thatched huts which are independent bamboo structures having a small courtyard. Most of these huts have only one room and a verandah. The roof is thatched with grass or straw. A fireside is located at one corner of the room. Home appliances are less in number and it consists of

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two or three small pots and spoons. The second types of Pireare built with mud-brick walls, with mostly two rooms and a verandah. They are tiled, and most of them were built with government aid. The floor of the house is made up of mud and is plastered with cow-dung. The third type has concrete roof or tiles over the concrete roof. It is recent model of houses. They own cement/laterite brick walls with a verandah and two or three rooms. Most of them are constructed with government aid, and the nature of the floor remains the same as that of the second type. However, the size of the house remains small in all the three cases. Location of house is very crucial for their means of livelihood and number of houses in the colony is a measure of their traditional life style. While examining the socio-economic standards of a marginalized tribal group it is very important to understand their residence, type of settlement, exposure to outer society and their social capital. Domicile structure is a measure of their means of livelihood and exposure of outer world.

Health seeking behavior of Paniya community

Health seeking behavior of Paniya community depends up on their conceptualization of health and illness. For a tribe who expected to do manual works, health is important. Physical health is the backbone of their existence. All tribal groups in Wayanad have their own body of knowledge on health and treatment. But the medical knowledge of Paniya is at the verge of extinction. Because of non-availability of herbs required, Paniya cannot practice herbal medicine. They have no control over the resources. Social and economic backwardness, privatization of unused land and changed social structure may contribute to the disintegration of indigenous medical system. Governments invest huge amount of fund for the betterment of the community. But the result is disappointing. Developmental interventions also affect the health seeking behavior of the community. During the journey of transition, Paniya tribe lost their tradition but not yet gained the modernity. Health indices show the pathetic condition of the tribe.

Methods

The methodology of the study is both descriptive and analytical at the same time. The study is carried out using both primary data and secondary data. A multi stage random sampling procedure is adopted for the selection of sample respondents. First, the Wayanad district is divided in to three Block Panchayats namely, Manathawadi, Kalppatta and Sulthan Bathery. In

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the second stage from each of these block, four panchayats has been selected. In the third stage from each of the four Panchayat the investigator has prepared a list of households of Paniya community. From this list the investigator has selected 394 households at random. The researcher directly visited each houses of the respondents to gather the data. Interview schedule was used as a tool to collect the necessary data for the present study.

Geographical profile

Wayanad is located in the north eastern district of Kerala state. Once it was part of Malabar district of Madras state, before state reorganization. Wayanad is unique with its geographical as well as climatic conditions. Wayanad lies among the Western Ghats and in the western edge of Deccan plateau. Wayanad shares boundaries with Mysore in Karnataka district and with Nilgiri district in Tamil Nadu. Hairpin bends connect Kozhikode and Kannur to Wayanad, so that it lies 700-1200 meter above the sea level. According to Report of Socio-economic Condition of Scheduled Tribes of Kerala (2013) by Kerala Institute of Local Administration (KILA), 18.76% of population of Wayanad is tribal population.35.94% of all tribal population in Kerala belongs to Wayanad. There are 11 different tribal communities in Wayanad. Numerically Paniya is the larger community. Kurichya, Mullukuruma, Kattunaika, Adiya, VettaKuruma are the major tribes in Wayanad. Ulladan, Karimpalan, Wayanad Kadar, Malay Arayan, ThachanadanMooppan are other tribes present in Wayanad. Among the major tribes, Kurichia and MulluKuruma are land owners where as Paniya and Adiyas are land less laborers in agricultural field. Kattunaikar belongs to Particularly Vulnerable Tribal Group (PVTG).

Discussion

Table: 1
Features of the dwelling place of the Paniya community

Sl no	Variables (N=394)	Items	No of respondents	Percentage
1	**Location of house**	Nearby town	137	34.8
		Nearby plantation	38	9.6
		Remote	219	55.6
		Total	394	100.0
2	**Type of colony**	Isolated	13	3.3
		Within a colony of Paniya only	336	85.3
		Surrounded by community other than tribes	45	11.4

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		Total	394	100.0
3	**Whether old or new**	Old	195	49.5
		New	199	50.5
		Total	394	100.0
4	**No of houses in colony**	1-5	78	19.8
		5-10	102	25.9
		10-15	103	26.1
		15+	111	28.2
		Total	394	100.0

There are different options for a sick Paniya man to treat himself. Some people take home remedies for the ailments and stay at home, others consult drug sellers; some others prefer traditional healers, certain people chose the modern medical practitioners. Modern medical system includes allopathic medicine, Ayurveda and Homeopathic systems. Drug sellers include untrained medical practitioners and counter sale of medical shops. The study shows that 16.5% of respondents seek no treatment or self- treatment and 2.8% depend up on drug sellers. Another 5.3% consult traditional medical practitioners and major portion-75.4% consult modern medical system.

Table: 2
Institute of medical care preferred by the Paniya community

	Number	**Percentage**
PHC	203	51.5
Ayurveda dispensary	86	21.8
Homoeo dispensary	6	1.5
Govt. hospital	46	11.7
Medical college	29	7.4
Pvt. Clinic	5	1.3
Pvt. Hospital	19	4.8
Total	394	100.0

Among various types of medical institutions the respondents prefer different institutions. Nearly half of respondents (51.5%) prefer PHCs for their health needs. The main reason being, that their homes come within the coverage of Primary health services. The government policies support the modern medical system in PHCs since the modern medicine is more powerful than

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other systems. It is observed that 21.8% depends on Ayurveda dispensaries run by government and 1.5% go for homeopathic consultation whereas 11.7% consult at Government Hospitals (GH) that doctors are available at all time at GHs. The urban dwellers can easily access government hospital and 7.4% consult at government medical college. This is due to the reference from lower institutions and 1.3% depends upon private clinics. Private hospitals include charitable hospitals run by *Matha Amruthananthamayi Madam*, Vivekananda mission and Christian missionaries. There are some research initiatives against sickle cell anemia in Vivekananda mission hospital in Muttil, Kalppatta. Places of medical assistance of the Paniya community was assessed and analyzed based on the number of houses in the colony, location of the household, separately.

Location of house

Location of house influences the social exposure and social network of the community members. In the town area, type of job and thereby their daily routine are in a particular way. In a plantation area, the population engages with routinized agricultural works. So the daily life and social networks are different. In remote area, the influence of urban life as well as routine agricultural life is absent. Location of house indicates that whether they dwell near a town (34.8%), nearby a plantation (9.6%) or remote area (55.6%). Remote area is very far; means the area is situated nearly five kilometer from the town**.**

Tea plantation and banana plantation are two prominent commercialized in Wayanad, where Paniya community members find their livelihood. Major percentage of the respondents resided very far from town and it was difficult for them to reach in times of emergency. It is observed that the inhabitants of remote areas follow their traditional food habits and dressing patterns.

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Table: 3
Sanitary condition of Paniya community based on location of house

Location	Bad	Good	Excellent	Total
Nearby town	72 (52.6)	54 (39.4)	11 (8.0)	137
Nearby plantation	8 (21.1)	25 (65.8)	5 (13.2)	38
Remote	106 (48.4)	89 (40.6)	24 (11.0)	219
Total	186 (47.2)	168 (42.6)	40 (10.2)	394
Pearson Chi-square = 12.80, df = 4, p = 0.012				

Significant at p<0.05 *Values in parentheses are percentages*

The respondents who dwell near the town areas get the opportunity to watch and interact with other society. Thus a trend was noticed that, the respondents' opted modern life near a town plantation compared to the remote area. The habitation of the Paniya colonies is classified into three categories, which are nearby a town, nearby a plantation, and remote area. The sanitation condition of the respondents who live nearby a town the majority of the respondents live in bad houses (52.6%) and 39.4% have good houses and only 8. % lives in excellent town. The situation is comparatively good for the respondents who live near platform. In remote area 48.4% are bad houses, 40.6% are good and 11.0% are excellent houses. These indicate that colonies nearby the plantation have more neatness. Chi-square test reveals that the p-value is less than 0.05 that is there is association between location of house and sanitary condition of the houses in the colony.

Table: 4
Institution of medical care preferred and location of houses

Location	PHC	Ayurveda dispensary	Homeo dispensary	Govt. hospital	Medical college	Pvt. Clinic	Pvt. Hospital	Total
Nearby town	75 (54.7)	22 (16.1)	--	16 (11.7)	11 (8.0)	5 (3.6)	8 (5.8)	137
Nearby plantation	18 (47.4)	12 (31.6)	1 (2.6)	2 (5.3)	--	--	5 (13.2)	38
Remote	110 (50.2)	52 (23.7)	5 (2.3)	28 (12.8)	18 (8.2)	--	6 (2.7)	219
Total	203	86	6	46	29	5	19	394

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	(51.5)	(21.8)	(1.5)	(11.7)	(7.4)	(1.3)	(4.8)	
Pearson Chi-square = 27.60, df = 12, p = 0.003								

Values in parentheses are percentages

The p-value is less than significant value. So there is significant association between location of houses and institution of health seeking. The respondents who reside near to a town have the option of accessing general hospital (GH), Medical College Hospital (MCH), private clinics and hospitals. Since the town area are facilitated. When the respondent from remote areas comes to town once in a while they prefer larger institutions. Since the MCH and GH have tribal promoters and ASHA workers are in support to them.

Table: 5
Health insurance and location of houses

Location	RSBY	Other health insurance	Accident claim	No insurance	Total
Nearby town	81 (59.1)	3 (2.2)	--	53 (38.7)	137
Nearby plantation	15 (39.5)	--	--	23 (60.5)	38
Remote	82 (37.4)	--	2 (0.9)	135 (61.6)	219
Total	178 (45.2)	3 (.8)	2 (.5)	211 (53.6)	394
Pearson Chi-square = 23.50, df = 6, p = 0.000					

As the p-value are less than 0.05the null hypotheses rejected. There is association between location of houses in colony and accessibility of insurance. Health insurance can be considered as a positive health seeking measure. By foreseeing the risks people opt insurance schemes to tackle their health needs. Here maximum priority goes to the government sponsored RSBY scheme. When residence is near to a town the accessibility of insurance is more.

Type of colony

Colony means housing settlement of more or less homogeneous people. Paniyas are rehabilitated by the state government in several settlements. Some colonies are large and it means exclusively for Paniyas. Some colonies contain other tribal groups like *Kurichias*. Some housing settlement contains people other than tribal people. Some housing are deserted from other houses or isolated in forest fringes. The social life of each colony is different. So in a study

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of health seeking behavior, social life and social interaction is also to be analyzed. Slots of social network are filled by more or less percentage same population in colonies of Paniya only. Heterogeneous social interactions are possible in colonies containing people other than tribes.

Old houses are seen dirty and difficult to maintain cleanliness. At the time of rainy season the houses start to leak. New houses are looking neat and have tiled floor and plastered walls. Table 1 show that 50.5% respondents have new houses more or less same portion have older residence. Narayana D (2005) conducted a study on Perception, Poverty and Health in a rural community of Wayanad. The expected poverty- ill health relationship does not show up when we compare the extremely deprived Paniya group with the rest of the population. There is a cultural divide and the perception in the health of the Paniya is different from the others. Taking the population (excluding Paniya) the poverty- ill health relationship comes out strongly. The households with poor housing condition, less education, with wage labour as occupation show poorer health status compared to the reference groups. Further, hygiene practices and personal habits like smoking, drinking water not boiled, etc aggravate the poverty effects.

> *The Paniya settlement was known as Padi (settlement) and it consisted of many Chalas (huts) where individual families lived. Now nobody is using these terms and their settlements are commonly known as Paniya colony, a term given by the state. During the feudal period and early independent period, Paniya's huts were built on the fringes of their employer's dry land or paddy fields and thus a settled way of life began. At present, they are settled in the same area or in a different location in government built colonies, in tiled houses with two or three small rooms and a kitchen* (Issac, Soosamma 2012).

Number of houses in a colony

It is understood that the number of houses or density of houses in the colony is a measure of traditional life style. When the number of households in a colony increases it is observed that the life style is more traditional in nature. In colonies with less number of houses, the social interaction of inhabitants is more heterogeneous the life style varies from traditional education. Table 1 shows that 28.2% of respondents are belongs to colonies with more than 15 houses, 45.7% respondents have houses within colonies with less than 10 houses.

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Table: 6.
Sanitary condition of Paniya community and number of houses in the colony

Number of Houses	Bad	Good	Excellent	Total
1-5	19 (24.4)	43 (55.1)	16 (20.5)	78
6-10	59 (57.8)	34 (33.3)	9 (8.8)	102
11-15	51 (49.5)	46 (44.7)	6 (5.8)	103
16+	57 (51.4)	45 (40.5)	9 (8.1)	111
Total	186 (47.2)	168 (42.6)	40 (10.2)	394
Pearson Chi-square = 27.50, df = 6, p = 0.001				

Values in parentheses are percentages

It is understood that if the number of houses in colony is less the sanitary condition will be better. Table 4.9 shows that χ^2 value is 27.05 and p value is .001at df 6, there is significant association between number of house in the colony and the sanitary condition of the house. Less the number of houses in the colony, the sanitary condition became better. This is due to the availability of space and resources. Cedomir Sagric et., al (2007) worked on paper on social marginalization and health. The paper highlights that the marginalized people have poor control over their lives and the available resources. Limited social status causes low self-confidence, self-esteem and various psychological problems. Being born and living in such an environment, results in the lack of motive to change such condition in each and every way. They depend on others (e.g. on social institutions or other people) and that contributes to deeper isolation.

The significant value is less than the level of significant (i.e. $p<0.05$). There is an association between number of houses in colony and the sanitary condition of houses in the colony. When the number of houses in the colony increases, there is increase in constraints of space and population density. Since, the available resources are distributed to a larger population. Sanitation is a modern concept evolved from bio-medical model of interpretations and external to them. For a tribal community their priorities were different. As the number of houses in the colony increases (community only) the behavior of colony members became more traditional.

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Table: 7

Institution of medical care and Number of houses in the colony

Number	PHC	Ayurveda dispensary	Homeo dispensary	Govt. hospital	Medical college	Pvt. clinic	Pvt. hospital	Total
1-5	56 (54.9)	19 (18.6)	2 (2.0)	7 (6.9)	15 (14.7)	--	3 (2.9)	102
5-10	51 (49.5)	18 (17.5)	1 (1.0)	21 (20.4)	3 (2.9)	4 (3.9)	5 (4.9)	103
10-15	57 (51.4)	30 (27.0)	3 (2.7)	10 (9.0)	6 (5.4)	--	5 (4.5)	111
15+	203 (51.5)	86 (21.8)	6 (1.5)	46 (11.7)	29 (7.4)	5 (1.3)	19 (4.8)	394
Total	56 (54.9)	19 (18.6)	2 (2.0)	7 (6.9)	15 (14.7)	--	3 (2.9)	102
Pearson Chi-square = 31.50, df = 18, p = 0.012								

Values in parentheses are percentages

As the significant value is less than the level of significant value and it is clear that there is a significant association between the number of houses in the colony and institution of medical care preferred by the sick. As the number of houses in the colony increases, the social network of the members of the houses will be more traditional. If the number of the houses in the colony is less, the social network of the members contains more numbers other than Paniya community members. So the health seeking behavior of the members is more likely to that of the general population.

Maneza. D, et al. (2015) observed that the language and communication difficulties are acting as barrier to access of health services. Language is an important element of traditional life of Paniya tribe. They have their own language - *Paniya Bhasha.* In the study health seeking behavior in general population with psychological symptom Zalika Klemene et; al (2014) found that the role of lay referral system is crucial in health seeking behavior of psychological problems. Severity of diseases, educational status, lay referral system, pain and anxiety gender are revealed as associated factors of self-reporting psychological symptoms and health seeking behavior in psychological diseases. The referral system is very important to determine the health seeking behavior. According to Suchman's theory (1972), for a traditional community like

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Paniya lay referral system determine the referral system. Lay referral system of Paniya community includes relatives, neighbors, spiritual healers and other significant community members.

Table; 8
Health insurance and Number of houses in the colony

Number	RSBY	other health insurance	accident claim	no insurance	Total
1-5	26 (33.3)	--	--	52 (66.7)	78
5-10	44 (43.1)	1 (1.0)	--	57 (55.9)	102
10-15	58 (56.3)	2 (1.9)	--	43 (41.7)	103
15+	50 (45.0)	--	2 (1.8)	59 (53.2)	111
Total	178 (45.2)	3 (.8)	2 (.5)	211 (53.6)	394
Pearson Chi-square = 16.30, df = 9, p = 0.011					

Values in parentheses are percentages

The significant value is less than the level of significance so the researcher infers that there is significant association between number of houses in the colony and accessibility of insurance. Larger the size of the enrollment is also high.

Conclusion

Socio-economic condition of Paniya tribe is comparatively backward. Their economic activities are very weak and delicate. It depends upon environmental and structural factors. Their housing pattern changed a lot due to the governmental interventions. Paniya community seeks health needs from various systems of medicines and various institutions of medical care. The pattern of health seeking behavior is dependent upon location of their residence. Location of the house whether it is near to a town, plantation or a remote area, which determines the sanitary condition, accessibility of health insurance and of medical care. The socio- economic condition and main occupation determines the social capabilities of the family. The exposure to the outer world creates the elements of social capital. In this study it is observed that location of housing colonies, structure of colonies influenced the health seeking behavior of the Paniya community.

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Location of the house acted as an agent of social interaction and has an association with the institution of health seeking. Institution of medical care varies according to the location of houses. In the town area, accessibility to government hospitals and medical colleges is more. Private clinics and hospitals are also more in number. Health insurance can be considered as positive health seeking measure. There is an association between the location of houses in the colony and accessibility of insurance. When the residence is near a town the accessibility of insurance is more. Sanitary condition of the houses is not influenced by the proximity of the town. There is constraint of place and water supply in the town area compared to the plantation area, due to overcrowding according to the respondents.

The number of houses in the colony plays an important role in maintaining the social network. The study reveals that there is a significant association between the number of houses in the colony and institution of medical care opted by the sick. As the number of houses in the colony increases, the social network of the members of the houses will be more traditional. There is a significant association between the number of the house in the colony and the sanitary condition of the house. Less the number of houses in the colony the sanitary condition was much better. The main reason for better sanitation was the availability of space and resources.

Reference

Aiyappan, A. (1948). Report on the Socio-economic Conditions of the Aboriginal Tribes of the Province of Madras, Government Press, Madras.

Aiyappan, A. (1988). Tribal Culture and Tribal Welfare Department of Anthropology, University of Madras, Madras.

Aiyappan, A. (1992) The Paniyans – an ex- slave Tribe of South India, Institute of Social Research, Calcutta.

Narayan, Deepa, and Michael Cassidy. (1999). “A Dimensional Approach to Measuring Social Capital: Development and Validation of a Social Capital Inventory.” World Bank, Poverty Reduction and Economic Management Network, Washington, D.C. Processed.

Hausmann - Muela, S., Ribera, J. M., &Nyamongo, I. (2003). DCPP Working Paper No .14 Health-seeking behaviour and the health system response, (14), 1–37.

Hiroshi Murayama, Yoshinori Fujiwara, and Ichiro Kawachi, (2012) Social Capital and Health: A Review of Prospective Multilevel Studies, J Epidemiol 22(3):179-187.

Jagga Rajamma, K., Vijaya, D., Rao, B., Narayana, A. S. L., Ramachandran, R., &Prabhakar, R. (1996). Health Seeking Behaviour, Acceptability of Available Health Facilities and Knowledge About Tuberculosis in a Tribal Area. *Ind. J. Tub*, *43*, 195–199.

Jamsheena, A. K. J. M., & Chandra, R. (2016). Research Article Phytochemical Analysis And Gc-Ms Study Of Dioscorea(Yam) In Wayanad District-Kerala State, *5*, 588–595.

Kerala Institute of Local Administration (KILA), (2013). Report of Socio-economic Condition of Scheduled Tribes of Kerala

Klemenc-Ketis, Z., & Kersnik, J. (2014). Health seeking behaviour in general population with Psychological Symptoms. *Psychiatria Danubina*, *26*(2), 181–186.

Kunhaman, M. (1982).Tribal Economy of Kerala: An intra-regional Analysis, Centrefor Developments Studies, Thiruvananthapuram.

Kulirani, B. Francis. (1996). '*Identity and integration of the* Paniyann *of Wynad'*, in Chakravarty, K.K. Tribal Identity in India, IGRMS, Bhopal.

Kurup, K.K.N. (2000). '*Pepper monopoly and colonial politics in Malabar in the late modern period',* in Balan,C (ed.). Reflections on Malabar Society, Culture and Institutions, NAS College, Kanhangad.

Logan,William. (1879). Anthropological Bulletin, Government of Madras.

Lewis, A.A.D (1962). Tribes of Kerala, Adimjathi Seva Sangh, New Delhi.

Mackian, S. (2003). A review of health seeking behaviour : problems and prospects. Health Systems Development, 27. https://doi.org/10.1093/heapol/czh017

Mahapatro, M., & Kalla, A. K. (2000). Health seeking behaviour in a tribal setting. *Health and Population: Perspectives and Issues*, *23*(4), 160–169.

Maneze, D., Digiacomo, M., Salamonson, Y., Descallar, J., & Davidson, P. M. (2015). Facilitators and barriers to health-seeking behaviours among Filipino migrants: Inductive analysis to inform health promotion. *BioMed Research International*, *2015*.https://doi.org/10.1155/2015/506269

Mathur, P.R.G.(1997). The Tribes of Kerala, Kerala Historical Society, Thiruvananthapuram

Menon, A. Sreedhara. (1967). A Survey of Kerala History, NBS, Kottayam.

Menon, T.M and Sasikumar.(1996). Encyclopedia of Dravidian Tribes, ISDL, Thiruvananthapuram.

Mohindra, K. S., Narayana, D., Harikrishnadas, C. K., Anushreedha, S. S., & Haddad, S. (2010). Paniya Voices : A Participatory Poverty and Health Assessment among a marginalized South Indian tribal population.

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Musoke, D., Boynton, P., Butler, C., &Musoke, M. B. (2014). Health seeking behaviour and challenges in utilising health facilities in Wakiso district, Uganda. *African Health Sciences*, *14*(4), 1046–1055. https://doi.org/10.4314/ ahs.v14i4.36.

Nair, Gopalan 1911 (2000). Wayanad: Its People and Traditions, Asian Education Services, Delhi

