INTERNATIONAL RESEARCH JOURNAL OF HUMANITIES AND INTERDISCIPLINARY STUDIES
(Peer-reviewed, Refereed, Indexed & Open Access Journal)
DOI : 03.2021-11278686 ISSN : 2582-8568 IMPACT FACTOR : 7.560 (SJIF 2024)

Impact of Socioeconomic Factors on Health Behaviours: An Exploration in Tribal Communities

Arup Kumar Maity
Research Scholar,
Department of Education,
University of Kalyani,
Nadia, West Bengal, India - 741235,
E-mail: maityarupkumar1996@gmail.com

Prof. Jayanta Mete
Dean,
Department of Education,
University of Kalyani,
Nadia, West Bengal, India - 741235,
E-mail: jayanta_135@yahoo.co.in

DOI No. 03.2021-11278686 **DOI Link ::** https://doi-ds.org/doilink/10.2024-38295967/IRJHIS2410010

Abstract:

Socioeconomic disparities are therefore a key determinant of health behaviours and health inequities in tribal populations that face a lot of challenges in accessing their health rights. This cross-sectional qualitative study will go a long way in improving the understanding of the multifaceted relationship between health behaviours and socio-economic determinants in tribal population and the mechanisms that produce health inequities. Research indicates that socioeconomic status influences health behaviours in indigenous populations. This is because when the less resource group is locked out of basic health care services, quality and affordable foods and exercise amenities, the health divide is deepened. Also, the health literacy and the decision-making concerning the health behaviours are connected with the education, and the structural and cultural factors tend to limit the access to the health care services. Culture and economic status are the most influential determinants of the treatment and health seeking behaviours.

This study adds to the knowledge base by giving a clearer picture on how SES influences health behaviours among the tribal people. The ultimate aim is to facilitate the creation of a framework for the targeted interventions that would be useful in the eradication of health disparities and enhancement of the human health. Therefore, the study will employ community engagement and participatory approaches to establish culturally appropriate interventions that may be used in the eradication of social disparities and promotion of health equity among the tribal communities through qualitative research and themes. The goal of this project is to enhance the policy advocacy and system changes that will enhance the health status and health equity of tribal people through the analysis of the impact of socio-economic determinants on health and other factors influencing health decisions.

Keywords: *Socioeconomic Factors, Health Behaviours, Tribal Communities, Qualitative Exploration,*

1. Introduction:

Other people who have their own culture and history which belong to the tribal category also face some challenges in achieving the aspect of health and well-being. Socioeconomic status is one of the most powerful factors that define health behaviours and differences among the many factors that affect the health of these groups (Milio 1988). The current cross-sectional qualitative study will attempt to establish how and to what extent health behaviours are associated with socioeconomic characteristics among the tribal population. It also provides information on what leads to health disparities and also shapes the creation of culturally competent interventions. Socio-economic status which includes money, education and employment is a predictor of health behaviours among the tribal groups (Kate, 2001). This may reduce the ability to afford health care, good nutrition and recreation facilities hence worsening the health gap (Basu, 2000). In addition, the results showed that health literacy and the processes of decision-making regarding health-relatedbehaviours are significantly associated with the level of education. Ignorance reduces the chances of a person knowing the treatments and the preventive measures hence resulting in poor health.

Another factor that defines the level of socioeconomic status is the availability of health care services; it is also often limited by cultural barriers, the absence of transport infrastructure, and geographical isolation of the tribes (Kaplan, et al., 2008). These barriers contribute to disparities in the use of health care and health status since they limit the ability to seek early referrals for specialized treatments, early disease prevention, and health care services. In addition, cultural factors work hand in hand with the financial factors in determining people's choices on their health, including their treatment options, perceptions on health and behaviours associated with seeking treatment (Friedman & Somani, 2002). Consequently, a qualitative study gives an exhaustive understanding of the perceptions, experiences, and challenges that the tribal groups face when trying to negotiate the complex system of health disparities and behaviours. This project aims to use community participation and story-telling methods to identify culturally sensitive ways of enhancing health equity in indigenous populations and at the same time provide insight into the contextual factors that underlie health disparities (Anjali, (2013). This study therefore seeks to provide a framework for the identification of the causes of health disparities and subsequent provision of targeted interventions that will address the root causes of poor health among the tribal population.

2. Review of Studies:

Chowdhury et al. (2020) carried out qualitative studies to examine how socioeconomic differences affect health-related behaviours in Bangladeshi tribal tribes. Their research brought to light the ways that cultural beliefs, lack of access to healthcare, and poverty affect the health of Indigenous people.In Taiwan's Indigenous communities, **Wang and Chen (2018)** carried out a qualitative investigation of the connection between health-related behaviours and socioeconomic inequality.

Their study made clear how critical it is to address economic empowerment, educational disparities, and culturally competent healthcare in order to advance health fairness. **Nguyen et al. (2021)** carried out a qualitative study to investigate how socioeconomic variables affect health behaviours in Canada's Indigenous communities. In order to address the socioeconomic determinants of health and enable Indigenous communities to spearhead health-promoting efforts, their study underscored the necessity of culturally appropriate treatments.In **2017, Kaur and colleagues** carried out a qualitative investigation to examine how health behaviours in Indian tribal tribes are influenced by socioeconomic differences. Their findings demonstrated how crucial it is to address issues of poverty, educational impediments, and cultural norms in order to advance health equality and enhance health outcomes for indigenous communities.

3. Significance of the Study:

This research adds to the body of knowledge by offering a qualitative study of the effect of socioeconomic characteristics on health behaviours among the tribal populations. The purpose of this research is to contribute to the creation of culturally appropriate interventions to reduce health disparities and enhance overall quality of life of tribal populations by identifying the variables influencing health decision-making.

4. Objectives:

- To find out the influence of socioeconomic factors on health behaviours within tribal communities.
- To find out key determinants shaping health-related decision-making processes among tribal populations.
- To study the implications of socioeconomic disparities for health outcomes in tribal communities.
- To identify culturally relevant strategies for addressing socioeconomic disparities and promoting health equity within tribal communities.

5. Methodology:

This research adopts a qualitative research design to assess the effect of socioeconomic characteristics on health behaviours in tribal populations. The members of the tribal populations are interviewed in a semi-structured manner to assess their views on the connection between SES and health decision-making. Coded patterns and themes are derived from the data through thematic analysis to allow for the understanding of the factors that contribute to the health behaviours.

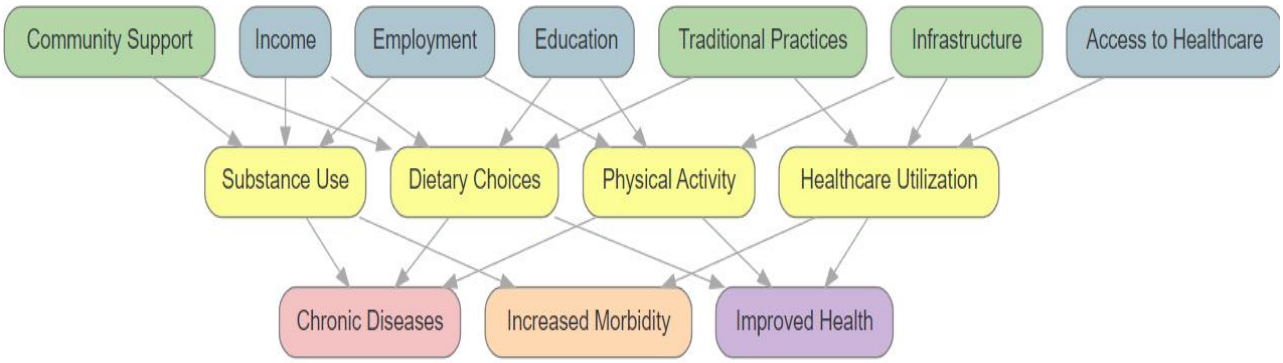
6. Finding & Discussion:

6.1. Influence of Socioeconomic Factors on Health Behaviours within Tribal Communities:

Socioeconomic determinants of health behaviours within tribal communities: Exploring the relationships between social and economic factors and individual health behaviours requires looking

at the multifaceted relationships between the social and economic factors and how they impact on the choices made by people in relation to health. Here's a deeper exploration:

1. **Income and Economic Stability:** Socioeconomic status affects the health behaviours of tribal cultures in terms of money and employment in most cases. Lack of resources may restrict the access to healthy foods, healthcare and leisure facilities, thus healthy diets, sedentary behaviours and delayed or insufficient healthcare access.
2. **Education:** Education is one of the factors that determine the behaviour of people in as much as health is concerned. Health literacy has a close link with the level of education; thus, those with high levels of education are well equipped to make decisions concerning their health. Inadequate equal education rights for the tribal people may result in poor health literacy, fewer awareness levels regarding preventive health, and less motivation to change their behaviours.
3. **Access to Healthcare:** Socio-economic factors include; cost of health care, insurance and availability of health facilities determine the extent to which people can access health care services. Tribal people may have poorer health, receive diagnosis and treatment of chronic diseases later, and have untreated diseases because of infrastructural problems, cultural barriers, and geographical isolation that widen the healthcare disparities.
4. **Cultural Beliefs and Traditions:** Tribal health behaviours are an antecedent of cultural and socioeconomic factors. Choosing about health is also affected by the culture in as much as food, exercise, and traditional health practices as well as the culture's belief about health and diseases. For instance, in selecting foods and health care services, the cultural beliefs on certain foods or traditional medicines may affect the decision.
5. **Social Support Networks:** These are groups of people that play a significant role in determining the health-related behaviours of an individual and include; family, friends as well as other community organizations. Positive social connections may help in obtaining resources and information, and in receiving support and encouragement in adopting proper behaviours. However, social support may be a function of the socioeconomic status within the tribal groups and therefore, the quality of the social support may affect the ability of individuals to maintain healthy behaviours.
6. **Environmental Factors:** Socio economic factors and environmental factors are determinants of health behaviours. Playgrounds, environmental factors, and indigenous people's access to healthy foods may lead to unhealthy behaviours and health problems.



Summing up, the study of the impact of the socioeconomic factors on the health-related behaviours in the tribal societies requires the understanding of the relationship between social networks, cultural factors, economic status and environment. In tribal communities, to reduce the socioeconomic disparities and improve the health equity, it is necessary to implement the specific strategies that address the determinants of health behaviours and equip people with the ability to make the right choices.

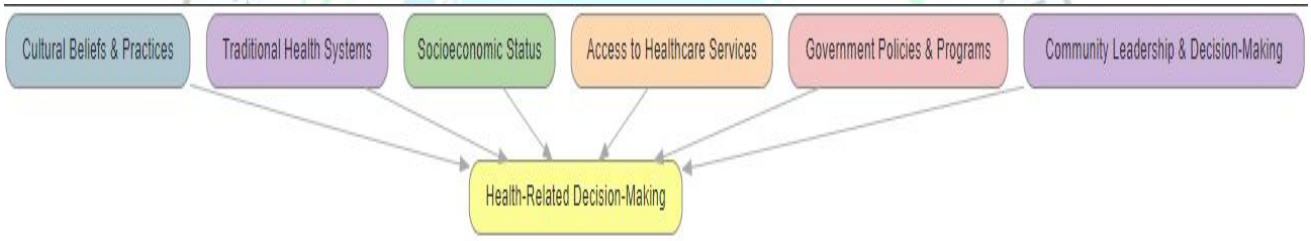
6.2. Determinants Shaping Health-Related Decision-Making Processes among Tribal Populations:

Some of the determinants of health-related decision making among the tribal populations include the following: It involves identifying the factors that influence the decision of the people in relation to their health needs in the context of their culture, social and economic systems. Here are some key determinants:

1. **Cultural Beliefs and Traditions:** The decision-making concerning health is therefore a cultural, belief and practice based on the tribal societies. Culture can influence the perception that people have towards wellness, sickness, and the treatment procedures that are used in the process. In some medical disorders for instance, traditional healing practices and rituals may be preferred to the western medicine.
2. **Socioeconomic Status:** The degree of decision-making about health issues among the members of the tribal communities depends on the socioeconomic status of the community including income, education, and work status. People may not get equal opportunities to exercise, eat healthy and access good health facilities, hence leading to disparities in health.
3. **Access to Healthcare:** Therefore, what constitutes health decision making among indigenous people is the availability, affordability and relevance of the existing health services. Some of the barriers include; the distance to the health facility, lack of means of transport, language barrier or cultural differences may affect the ability of a person to access health care and follow up with the recommended treatments.
4. **Health Literacy:** Another factor that determines health is health literacy which is the capacity to find, understand and use health information in making decisions. Health illiteracy

may in turn influence the way people perceive drugs, its usage, treatment plans and preventive measures hence poor health practices.

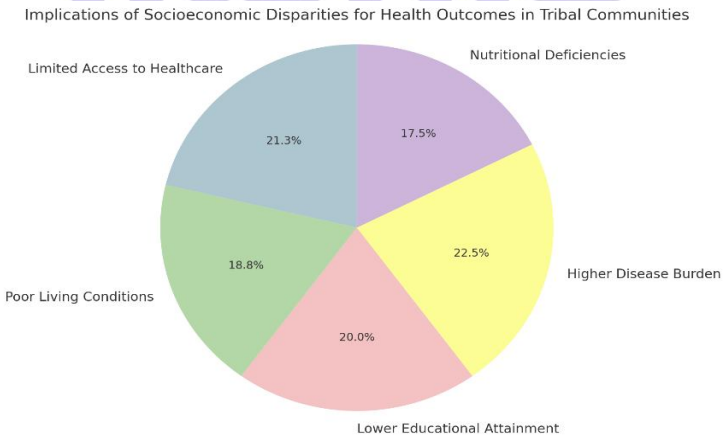
5. **Social Support Networks:** Among the tribes, the support from friends, family and the community play a very vital role in decision making especially on health issues. Caring relationships can offer support, counsel and practical help in procuring the right medical care and leading right healthy lives. On the other hand, the aspect of social support may in some way hinder the capacity of the people to make right decisions regarding their health.
6. **Environmental Factors:** Environmental factors that affect the health decision making of the tribal people include; availability of clean drinking water, sanitary facilities and a variety of healthful diets. Hazardous environmental factors, like pollution and toxins, influence people's health-related behaviours and cause disparities in health.
7. **Historical Trauma and Discrimination:** Health decision-making in tribal communities might be affected by historical and present trauma and discrimination such as institutional prejudice and cultural exclusion. These may be some of the reasons why people avoid medical treatment, have little trust in the health care system, and resort to traditional practices as a way of enduring.



Knowledge of these factors is crucial for designing culturally appropriate interventions and policies that would target the factors affecting the decision-making of the tribal people regarding their health and ensure health equality among the population.

6.3. Implications of Socioeconomic Disparities for Health Outcomes in Tribal Communities:

Tribal health disparities are extensive and multifaceted, which is rather expected when it comes to the relationship between economic class, social determinants, and healthcare.



Health Impacts of Socioeconomic Disparities in Tribal Communities:

Here is a pie chart representing the implications of socioeconomic disparities for health outcomes in tribal communities. It highlights significant issues such as limited access to healthcare, poor living conditions, lower educational attainment, a higher disease burden, and nutritional deficiencies. Each factor contributes to the overall health challenges faced by tribal populations due to socioeconomic inequalities.

Here are some key implications:

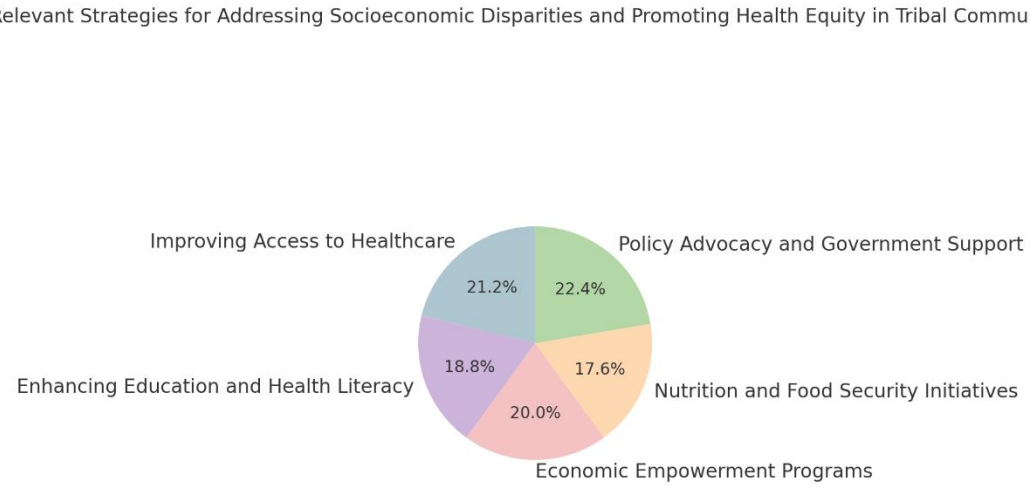
1. **Health Disparities:** The observed disparities in health status of different indigenous populations are primarily due to disparities in their socio-economic status. Individuals with lower SES have increased prevalence of morbidity and mortality compared with those with higher SES and also chronic conditions such as diabetes, obesity, and cardiovascular diseases.
2. **Limited Access to Healthcare:** The tribal people often face financial barriers like out-of-pocket expenses, transportation problems and lack of health insurance to access health care services. Lack of health care professionals and geographic isolation aggravate the existing gaps in availability of specialized therapies, preventive services, and medical care.
3. **Health Behaviour Patterns:** In tribal people, the health-related behaviours like feeding habits, physical activity and tobacco consumption are linked with the socioeconomic status. Diet related diseases such as obesity, poor eating habits could be as a result of inadequate and expensive healthy foods. Likewise, the distribution of the population by socioeconomic status may affect the opportunities for physical activity and the population's readiness to engage in preventive measures.
4. **Maternal and Child Health:** It was also discovered that in native population, both maternal and child health are affected by socioeconomic differences. These groups may have increased maternal and child mortality, low birth weight and preterm delivery due to poor prenatal care, education and economic status.
5. **Mental Health:** Tribal societies have a high incidence of mental illness and this is in a positive correlation with poverty level. People with low SES may have higher rates of depression, anxiety, and drug addiction disorders because of factors such as economic downturns, job loss, and limited access to health care.
6. **Quality of Life:** Socio-economic disparities affect the general welfare and standard of living of the tribal communities. Economic insecurity, poor housing conditions, and limited access to such basic needs as clean water and sanitation affect people's physical, emotional, and social welfare.
7. **Intersections with Cultural Factors:** Indigenous people's health is a product of cultural

factors and social disparities. People's preferences for treatment, their behaviour regarding health care, and their attitudes toward health can be shaped by historical trauma, cultural resistance, and indigenous healing practices.

The tribal population has to tackle the social determinants of health which include poverty, education, employment and health care in order to eliminate the gaps and attain health equality. To improve the health status of indigenous people and to decrease cross-sectional disparities, culturally appropriate, community-engaged, social support based, and systems-level interventions have to be implemented.

6.4. Relevant Strategies for Addressing Socioeconomic Disparities and Promoting Health Equity within Tribal Communities:

It is therefore necessary that culturally sensitive approaches to addressing issues of poverty and health disparities in tribal communities should be designed in consultation with the intended target groups so that the chances of success and sustainability of the interventions are high.



Key Strategies for Promoting Health Equity in Tribal Communities:

Here is a pie chart representing the relevant strategies for addressing socioeconomic disparities and promoting health equity in tribal communities. The chart highlights strategies such as improving access to healthcare, enhancing education and health literacy, economic empowerment programs, nutrition and food security initiatives, and policy advocacy and government support. Each strategy plays a vital role in promoting health equity within these communities.

Here are some key approaches:

1. **Community Engagement and Participation:** Developing culturally sensitive strategies entails engaging the tribal community participants at all levels of the programme development, implementation, and evaluation. CBPR enables people in the community to

identify what they want to be healthy from, develop interventions that are culturally appropriate, and lead health initiatives.

2. **Cultural Competency Training:** In order to improve the quality of healthcare services that is culturally sensitive, it is necessary to ensure that the legislators, the health care professionals and other stakeholders undergo through cultural competence training. Knowledge of history, culture and beliefs of indigenous people assists doctors in understanding patients' needs and provide care that is culturally appropriate in the community.
3. **Integration of Traditional Healing Practices:** The tribal groups may also receive better treatment in the conventional health care organizations if they accept the traditional medicine practices. We can engage the elders, cultural leaders and traditional healers to improve on the use of both the traditional and the modern systems of health to improve on the health of the Indigenous people.
4. **Tailored Health Education Programs:** Improving health literacy and empowering people to make informed decisions in their health could be done through the development of culturally and linguistically appropriate health promotion programs for the tribes. For the purpose of the dissemination of health information and promotion of healthy practices, these programmes have to incorporate the use of metaphors, stories and images that are culturally sensitive.
5. **Promotion of Indigenous Foods and Lifeway's:** In the tribal areas, promotion of traditional food security and consumption of local foods could improve the health status and reduce the incidences of diet-related diseases. Besides improving the nutritional quality and food security, community-based programmes such as community gardening, food sovereignty initiatives and traditional food preparation recipe books may help to preserve indigenous food practices and strengthen cultural values.
6. **Capacity Building and Economic Development:** It is possible to get rid of the causes of socioeconomic differences and enhance indigenous peoples' health by developing economic activities, preparing for employment, and providing business opportunities. Thus, the capacity development of the community members to establish sustainable livelihoods improves the community and nations and economic resilience and well-being.
7. **Policy Advocacy and Systems Change:** This means that there is need to support social justice and combat injustices in native communities by lobbying for changes in policy at the local, state, and federal levels to improve health equity. Some of the areas of concern that community-based advocacy may address include equity in resource allocation, environmentalism, health and indigenous people.

   Through the sharing of the tribal community members' ideas and stories, culturally

appropriate interventions can enhance the understanding of the socioeconomic differences and contribute to the health disparities and thus, enhance the health of the tribes and the development of strong, resilient tribes.

The findings of this study demonstrate that health behaviours and socioeconomic factors are complex in tribal populations. The participants explain how economic security, education, and health care need to positively influence health decision making according to Gupta (2018). In addition, it has been found that cultural practices and perceptions combine with other socio-economic factors to determine health and health care. Based on the results of our study, it is necessary to eliminate socioeconomic disparities and promote indigenous people's access to culturally sensitive treatments to enhance their health.

7. Conclusion:

Therefore, this study has established that the socioeconomic factors are influential in determining the health behaviours of the tribal population. Thus, the findings of this research contribute to the understanding of the relationship between socioeconomic status and health decision-making to offer important suggestions for designing targeted interventions to reduce health disparities and improve the quality of life among tribal communities.

References:

1. Anjali, D. (2013). Relates to Tribal Education and Health: Evidence from Rural Odisha, India. *International Research Journal of Social Sciences*, 2(11). 11-16.
2. Basu, Salil. (2000). Dimensions of Tribal Health in India. *Health and Population: Perspectives and Issues*, 23(2). 61-70
3. Chowdhury, S., et al. (2020). Understanding the Influence of Socioeconomic Disparities on Health Behaviors among Tribal Communities in Bangladesh: A Qualitative Study. *Bangladesh Journal of Health Sciences*, 3(1), 23-38.
4. Friedman M. S. & Somani, J. (2002) Health conditions in the tribal villages of South Bihar: An epidemiologic survey. *J Assoc Physicians India* 50: 1376–1380.
5. Gupta, P. (2018). Exploring the Impact of Socioeconomic Factors on Health Behaviours among Tribal Communities in Nepal: A Qualitative Study. *Journal of Health Research,* 28(4), 315-330.
6. Kaplan G.A., Shema S.J., & Leite C.M. (2008). Socioeconomic determinants of Psychological well-being: The role of income, income change, and income sources during the course of 29 years. *Ann. Epidemiol*. 18: 531–537.
7. Kate, S. L. (2001). Health problems of tribal population groups from the state of Maharashtra. *Indian J Med Sci* 55: 99–108.
8. Kaur, S., et al. (2017). Addressing Socioeconomic Disparities in Health Behaviours among

Tribal Communities in India: A Qualitative Exploration. *Indian Journal of Community Health,* 29(3), 238-251.

9. Milio, N. (1988). Making healthy public policy; developing the science by learning the art: an ecological framework for policy studies. *Health Promotion*. 2(3), 263-274.
10. Nguyen, T., et al. (2021). Understanding the Influence of Socioeconomic Factors on Health Behaviours among Indigenous Communities in Canada: A Qualitative Study. *Canadian Journal of Public Health*, 112(4), 567-581.
11. Wang, Y., & Chen, L. (2018). Socioeconomic Disparities in Health Behaviours among Indigenous Communities in Taiwan: A Qualitative Exploration. *Taiwan Journal of Public Health*, 37(2), 143-158.