CHAPTER VI

COMMUNITY PERCEPTION OF ETIOLOGY AND CAUSATION OF DISEASE

It is customary to refer to a life free from disease as a mere philosophical concept and promptly dismiss it as such. Nevertheless, apart from any philosophical conceptualization, disease whether considered in this town or elsewhere, requires attention in a study such as this because the sociological approach to health and disease in an attempt to appreciate the response pattern involves the study of "the relationship between cultural content and cultural life styles on the one hand, and defining health and responses to illness on the other." Moreover, the analysis of the forces associated with the response pattern and dealt with in the next chapter, shows that perception of the nature and kind of diseases has been given as one of the reasons for the response to systems of medicine by the community at large. Work in this


section treats disease as perceived by the people of this town.

The difficulty in defining disease is implied in the very term disease. According to Dubos⁴, it is said to include all organic, psychic and social factors which may be real or imaginative and disturb the sense of well being. Thus, questions like what disease is need to be explained and understood against a given cultural perspective since the perception of disease as to cause and cure is firmly rooted in the culture of the community. According to Paul,⁴ "The threads of health and illness are woven into the socio-cultural fabric and assume full significance only when perceived as part of the total design." Various criteria have been suggested for defining disease and it becomes difficult to make a reliable choice from among them to suit a particular context. Sociologists have also tried to distinguish between disease, sickness and illness. However, in this study, they are not regarded as distinct categories, but as one category, i.e. as the state of absence of well-being.

In order to see the etiology and causation of disease as perceived by the people, to begin with mention has to be made of the state of health. The state of health is related

to the culture of a society. The World Health Organization has defined health as a state of "complete physical, mental, and social well-being, and not merely the absence of disease and infirmity." Mckeown, while pointing out that it is difficult to arrive at a decision about positive health, says that "subjectively, we are all aware that feeling well is something more than feeling ill, and we should like our doctors to regard both as desirable objectives. But knowledge of the biological basis of positive health is still primitive." The respondents in this town were not able to specify the physical, mental and social well-being as the state of health. Their description of the state of health can, however, be summed up, generally, as follows: "State of health is the absence of disease and the presence of the capacity for the performance of normal duties." People associate health with the performance of normal activities. Thus, a person is considered healthy when his level of function does not impede or threaten to impede the performance of his social activities.

The term disease is generally pictured in two different ways in a study of community, these being the views of the


community of practitioners and the views of the community at large. The community at large has its own perception of etiology and causation of disease which often differs from the interpretations given by the community of practitioners, who refer to it in a limited, scientific or specialized sense. Their perception is largely based upon the system of medicine which they practice.

While marked differences exist between the community of medical practitioners and the community at large in their perception of disease and its etiology, differences, subtle and not so subtle, characterize the perception of disease and its etiology by the practitioners of various medical systems. The practitioners of the Allopathic system of medicine relate the disease to the 'germ theory', considering disease as the result of outside agencies like microbes. They associate the causes of disorder in the human body to the intake of bad food, change of weather, and as a form of epidemic. The practitioners of the Ayurvedic system of medicine relate the disease to the theory of the three dosha - vata (wind), pitta (bile), kapha (phlegm). Malfunctioning and disturbance in any one or more doshas bring about a state of disease in the human body. The doshas are considered vital forces. Practitioners of the folk system of medicine in this town highlight the role of evil forces in the causation of disease. According to them,
besides the natural causes, there are at times supernatural forces which disturb and cause disease. Thus, different medical systems and their practitioners view the causation of disease differently. The practitioners of Allopathic system emphasise the external factors breaking or disturbing the equilibrium of the human body. The practitioners of the Ayurvedic system stress the internal forces in the causation of disease, because they give relatively more importance to the inherent nature of the human body. The practitioners of the Folk system argue that the causation of disease is due to supernatural forces.

The community at large, has a somewhat different perception and gives a different meaning to etiology and causation of disease. Disease is not merely considered as an object or an event that happens in the life cycle of an individual, but it is related to the social setting. This is mainly because the person suffering from a disease is unable to perform his social functions with which he is normally charged in any social system. The perception of etiology and causation of disease and its diagnosis is never an individual exercise for a member of community at large. It is an exercise in which the views of other members of the community, with whom an individual interacts both directly and indirectly, are taken into account. The perception of disease
is distinctly influenced by the other members of the community. This is because in the perception of disease some of the diseases are firmly believed to be rooted in the beliefs and practices of the people and some are merely accounted for biologically.

The diseases have been ascribed natural and supernatural causes by the community. The diseases perceived to be caused by natural causes are those caused due to physical attributes related to heredity, malnutrition, air and water borne bacteria and viruses, sexually transmitted germs, poor climate, etc. The diseases perceived to be caused by supernatural forces are attributed to supernatural intervention in the form of wrath of gods and goddesses, evil eye, spirit-intrusion, breach of taboo, magic or religion.

The socio-economic levels of the members of a community have a certain tendency to influence the perception of etiology and causation of disease. The present investigation, however, leads to the inference that in this town, categorization of the diseases on the basis of their causation does not reveal, except in a few cases any significant relation to the socio-economic levels.

Symptoms of the diseases are often perceived differently by different strata of people within a community. Field investigation in the present case shows that the educated and the economically well to do of the town - teachers, public servants, politicians, lawyers, businessmen - have
of course a better awareness of the symptoms of disease than the uneducated and economically weaker sections. Most tribals of this area belong to this latter category. They are generally ignorant of the specific symptoms of many diseases e.g. a tribal had peptic ulcer which a practitioner described as being of a serious nature. This man had thought that the symptoms of acute pain in the stomach to be due to eating too much of chillies. In another case, a man had brought his son-in-law who was suffering from acute asthma. This man had not consulted any practitioner, because he had thought that he was having breathlessness and exhaustion because of weakness and hard work in the fields. Thus, the meanings people give to symptoms are the product at times, of his life style. Depending upon the nature of their work they may overlook certain symptoms. It was noticed that the respondents failing in the category of labourers and manual workers did not often regard bodyache and backache as symptoms of any disease; they would rather relate it to the nature of their work. It is a fact, moreover, that dissemination of health information influences, to some extent, the perception of disease symptoms especially among the educated who are more knowledgeable about diseases and health problems in general and better aware of diseases symptoms. However, symptoms of diseases common in this area are normally perceived by all more or less alike.
Also, like the perception of disease and its causes, even the
to knowledge of symptoms are often influenced by the individuals' 
interacting group.

In attempting to elaborate the inquiry on the perception 
of etiology and causation of disease, a few diseases were 
identified and then the related views examined. The perception 
of etiology and causation of disease as mentioned earlier in 
this chapter have been categorised into two types: the 
diseases caused by supernatural forces and the diseases 
caused by natural forces. At times certain disease are 
perceived to have been caused by a combination of forces.

The wrath of gods and goddesses, considered as a factor 
in the causation of disease, was observed to be a predominant 
cause in the perception of diseases like smallpox, chickenpox 
and measles. In this town, smallpox is associated with the 
god Bādīa Bāpi who has a temple dedicated to him near the 
local railway station. Even though the health department 
people have reported the complete eradication of this 
disease, the community still perceives this disease in its 
own way. The people here refer to this god as Bāpi and the 
disease (smallpox) is termed as Bāpi ḍadhārya che meaning 
Bāpi has come. A folk tale centred around this belief 
goes thus: When Brahma created this world, he tried to show 
his supremacy over other gods. Bādīa Bāpi refused to
recognise Brahma's supremacy over other gods and did not agree to be inferior to him. According to Badia Bapji, if Brahma had the power to create this world, Badia Bapji had the power to destroy it. To disprove Brahma's supremacy he created this disease which in a way destroys the looks of Brahma's creation. While this is the superstition current in this town, it is of interest to note that in other parts of India too smallpox is perceived to be caused by supernatural intervention, though the god or the goddess involved in its causation may vary. Gould says that "smallpox illustrates the degree to which still essentially primitive cognitive orientations may remain the integral part of the folk orientations to some diseases." Even though a potential killer, the disease is still widely believed to be an aspect of divine manifestation. Gould's study mentions this disease as being perceived to be caused by a goddess named Bhegoti Mai, also called Sitala Mata and Sitala Mai.

The simple ordinary folk of this town associated chickenpox and measles with Sitala Mata, a goddess with a temple dedicated to her, near Chatra Villas, one of the palaces of the former king of Rajpiple. Smallpox,

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8. From the Personal Field Notes.
chickenpox and measles are differentiated according to the kind of eruptions. In the former the eruptions are larger in size and number than in the latter two. A similar distinction is observed by Kakar, Srinivas Murthy and Parker in their combined study of perception of illness in Punjab. They point out that people differentiate between smallpox, chickenpox and measles, by attributing smallpox to 'Bari Mai', chickenpox and measles being ascribed to 'Chotti Mai'. Chickenpox is called 'sitle' and measles 'oru'. Thus the three diseases are recognised mainly on the basis of being caused by supernatural forces i.e. annoyance of Badia Bapji and Sitala Mata and working of evil spirits.

The following statements can be made on an analysis of the data collected on the perception of etiology and causation of these diseases: Seventy one per cent of the total of two hundred respondents understood these diseases to be related to supernatural causes. Nineteen per cent of the respondents believed these three diseases to be caused by supernatural causes and also by virus and considered them communicable. The rest considered the diseases largely caused by germs. According to them these were communicable diseases. Only these people made a distinction between

chickenpox and measles, relating measles to a virus affecting only children. They also mentioned the eradication of smallpox. There was an interesting feature noticed in the perception of these diseases by different sections of the people: tribals and non-tribals, Muslims and Hindus observed these values in the same pattern.

Belief in 'evil eye' and 'evil spirits' as the cause of disease was also found in this town. Mental disorders and mentally ill patients were often thought to be possessed by something evil, like evil spirits and evil eye. Several accounts current in the town related mental illness to assorted ghosts, demons and spirits. The incidence of mental disorders was higher in women than in men in this town. Even among the women, it afflicted more the newly married, the pregnant and those with just a child. Invariably all the incidents narrated by the respondents fall in the above categories. There was the case of a respondent who said a woman was mentally ill because her mother-in-law caused an evil spirit to possess her. In another case, the respondent, accompanying a pregnant woman who had recently turned mad, stated the poor woman became mad because a neighbour, also a woman, left an evil spirit in her for reasons of jealousy.
The people of the town often failed to realise the role of hormonal changes in upsetting the equilibrium of the mind by bringing about bodily disturbances. In the local parlance, mental disorders were referred to as the entry of some ghost into the body (*Shoot Valqi Gayu Che*). Prasad has also pointed out that mental diseases are believed to be a punishment by some god or spirit or a possession by some demon. Of the total of two hundred respondents, thirty-three per cent mentioned supernatural causes in the perception of mental illness. Forty-two per cent explained the cause as both supernatural and natural. They held the view that supernatural forces preyed upon a physically weak person. Twenty-two per cent perceived mental illness to be mainly caused by natural forces and only three per cent had no knowledge of the causes of this disturbance.

Against this background of the general belief of the community in the existence of spirits, ghosts and other supernatural elements, members of the community would find it only natural and easy, whenever any person took ill suddenly through hysteria or epilepsy, to ascribe it to the intervention of supernatural elements. The point becomes clearer

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in the light of the common and widespread belief that the dead did become ghosts (*bhuta*), if the obsequies were not well performed, or if the dead had some special things left undone or some desires unfulfilled in life, or even if the dead had a score or two to settle with some particular individuals. Epilepsy and hysteria were thus thought to be the same thing. However, a few respondents did distinguish between epilepsy and hysteria, their distinction being based on the perception that epilepsy was hereditary and a curse of a god or a goddess and that hysteria was not hereditary and could be due to social circumstances. In one case of hysteria, the respondent informed that the patient, a young girl, had hysteria from an unhappy married life. For respondents like these, most psychosomatic diseases had their roots in unsatisfactory family relationship. Minor headache, bodyache and eye-trouble, specially watering of the eyes, were of course perceived by the people as ailments caused by the evil eye. A headache that afflicted one suddenly, for example, was the certain outcome of the evil eye (*nergar*). However, serious headaches, bodyaches and eye- troubles were perceived to be caused by natural factors like faulty diet, bad weather or virus infections.

The native term for jaundice is *kamla* in this area, though at times it is also called *pelin* meaning yellow, the
disease in which human body becomes yellow. The cause of the disease was normally perceived by the people to be a lack of blood. Jaundice in epidemic form was not considered infectious by way of touch because it was perceived to be transmitted through intake of food and water. However, some people believed that the disease was caused also by evil spirits. This spirit entered a person in various ways, and when the proper remedies were not resorted to for exercising the spirit, the disease would become very serious and would then be called kamli. Kamli was perceived as an incurable state resulting in death. Thus, according to popular belief, a well treated spirit produced only kamle in the patient, while one ill treated or not properly propitiated brought in the grave complication of kamli.

Personal or social stigma attached to certain diseases perceived to be caused by natural factors. Seventy per cent of the respondents named leprosy and venereal diseases as falling in this category. Leprosy is an infectious disease transmitted from person to person, not entirely by contact. It is medically categorised as a disease having a prolonged incubation period and is of chronic nature; it cripples people, but is seldom fatal. To this view of the disease the people also added the instrumentality of the wrath of the goddess Anasuya, incurred due to some personal sin or
immoral acts as a cause. It was dreaded by all, who had little knowledge of the incipient emergence of this disease or even of its early symptoms. They called it *narmi na roq*, a heat-induced disease, and also *rekt nitt* in Gujarati. The chronic nature of the disease was known to all. One of the respondents said that leprosy was not a fatal disease but only a punishment whose long term the patient had to undergo in this world alone. Another compared it to imprisonment for life. Leprosy has acquired a cultural connotation not only in India but also in other countries. Shilon\(^{13}\) points out in his study of Hausa that leprosy is believed to be caused through eating certain food, sexual intercourse with a woman during her menstruation and swearing falsely by the Koran.

The first symptoms of venereal disease detected by the people were often associated with urinary trouble or skin infection. The true symptoms of the disease were often concealed by the patients because of the social stigma attaching to it. The practitioners said that patients avoided all reference to sexual intercourse unless repeatedly and pointedly asked about it. They were also reluctant to undergo detailed clinical examination. Hence, the whole question of when a symptom became noteworthy and overrode considerations

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of social stigma limited the acceptance by the patients that they had a certain disease. The cultural milieu provides the key, it may be noted here, to a better understanding of the problem of venereal diseases by shedding light on the areas of sex inhibitions. The sexual life in India of men and women, but more particularly of women, is hemmed in by an elaborate and complex structure of traditions, taboos, sin, guilt and shame and the hypocrisy, rigidity and suppression consequent upon it. In the Indian context the mere fact of contracting venereal disease is treated as proof enough that an individual has violated the social norm restricting sexual contacts to marriage alone. The reaction of contempt and aggression to a violation of the norm is so strong that it often leads to conflicts in the family. An interesting and somewhat curious observation was made in this town in relation to this problem. Wives seemed to have no hesitation or fear in communicating in the event of their husbands contracting venereal disease through sex with other women, but a family quarrel would be a certainty if a husband was asked to give similar information on his wife contracting venereal disease. There was thus distinctly observable social stigma attached to the causation of the disease in the case of women.

The tribals in this area were less subject to inhibitions or restrictions in this regard. Apparently they had more extra-marital sex. The incidence of venereal disease,
according to the practitioners, was higher among the tribals. This is a pointer to the fact that social norms clearly influence the transmission and spread of certain communicable diseases. Diseases transmitted through direct contact between persons travel in structures that pattern the encounters between persons. The social pattern of sexual encounters bear upon the spread of venereal disease. Venereal diseases in this town also were generally perceived to have been caused by natural factors arising from overindulgence in sex or sexual promiscuity.

Normally, the community in general was not able to differentiate between different forms of skin disease. In fact, at times certain eruptions on the body brought on by allergy were confused with skin disease. Any kind of reddish eruption would be called ratva, but actually ratva was what the practitioners would call syphilis. A certain man had brought his four year old daughter to a practitioner and described her trouble as ratva, but soon the doctor diagnosed it as scabies. Scabies was the commonly prevalent skin ailment of the area. Most skin diseases were attributed to natural causes without any specific reference to supernatural intervention. The natural causes normally assigned to skin diseases were poor hygienic conditions and the contagious nature of the diseases.
Typhoid has been perceived as a disease caused only by natural causes, these being the intake of contaminated water and food.

A variety of social variables have been found to be of significance in ordering the distribution and perception of diseases. Some illnesses can also be related to the income, occupation or status of the patient. There are, according to Hunter, a few occupations that bring the workers into contact with causative agents of disease. These agents are not encountered by others in the normal course of their occupation.\(^\text{14}\) The nature of occupation is therefore a perceived causative factor in certain diseases. Similarly, there are diseases whose incidence is most characteristic among particular economic groups. Some result from having to live in poverty and its filth while others like paralytic poliomyelitis result from the asepsis of wealth.\(^\text{15}\) The incidence of tuberculosis in this town may also be related to the economic conditions of the people affected. This disease was mainly found among the economically weaker sections of the community in this town.

Tuberculosis was common in this part of Gujarat. Termed "shay," the people of this area considered it a serious disease

\begin{itemize}
  \item \text{14. D, Hunter : The Disease of Occupations, Boston, Little Brown, 1957.}
  \item \text{15. E, Friedson : Professional Dominance, Aldine Pub. Co. 1970.}
\end{itemize}
curable when detected in its early stages. The symptoms of the disease like the patient losing weight or suffering from prolonged fever were practically known to everybody. No religious or supernatural element was associated with the disease causation. It was related more to ecological factors than to germ theory. Malnutrition and poor and unhygienic living conditions were among the major perceived causes of this disease. Ninety eight per cent of the respondents attributed tuberculosis to only natural causes. None mentioned supernatural causation and only two per cent of the total of two hundred were unable to perceive the causation of the disease. From the field inquiry it was observed that a majority of the tuberculosis cases reported by the practitioners were of the lungs and the people affected belonged generally to the economically poorer strata of the town. That the medical practitioners resorted to the use of the X-Ray (called kanch or photo by the local people) in detecting the disease was proof enough for the community to be convinced of its serious nature.

Age figured as an important natural causative factor in the people's minds for certain diseases. Rheumatism known as vah was perceived as an old age disease. It has also been assigned purely natural causes. According to popular conception the body in old age was unable to digest food of all kinds and adapt itself to changing climatic conditions.
The result was rheumatism, perceived as a chronic ailment and locally described as *keyam ni bameri*.

Asthema (known locally as *dema*) like tuberculosis, typhoid and rheumatism, has been perceived as a chronic disease caused by natural causes, mainly certain weather conditions. Blood pressure known simply as pressure was also categorised as a disease arising from natural causes. However, the present investigation points to the inference that this disease was not known to most members of the community at large. Only twenty three per cent out of two hundred respondents were able to perceive this disease.

Diseases of digestive system have been commonly attributed to natural causes such as faulty diet, over-eating, and irregular eating habits. Most people sought the cause for their stomach ailments in the food they ate or in the impure water they drank, especially when they suffered from diarrhoea. Also too much of chillies and lack of garlic and ginger in the food were believed to cause various gastric troubles. Hence, garlic and ginger were universally considered essential ingredients of the daily food. Tea concocted with the condiments of ginger, cardamom and pepper was usually taken as a help in warding off gastric complaints. The cause of stomach disorder being attributed to faulty diet is not peculiar to this part of Indian alone. Lewis16 had found in his study that the

villagers did regard food as the main factor in much disease causation. In this town too, all the respondents irrespective of their caste, tribe or religion, education, occupation or income level, had pointed out the involvement in some way of food with stomach disorders. They often remarked that "if the malnutrition can be the cause of many diseases, so can overeating be the cause of stomach ailments." Disorders of the digestive system were not limited to any particular section of the community. Only one difference was observed: the educated, being aware of the traditional tridosha concept as a factor in disease causation attempted to relate food to the cause of disturbance in the vata (wind) or pitta (bile) functioning while others including the tribals simply explained away every ailment of the digestive system as a consequence of malnutrition or overeating.

Besides the faulty diet, there was the concept of pure and impure food, as related by a few respondents, playing a role in the causation of stomach ailments. According to them, the food cooked by a menstruating woman was impure and would cause when taken, stomach disorders. This belief of linking disease with the central theme of traditional Indian culture - the pure and impure - was prevalent in the families of higher

17. From the Personal Field Notes.
caste Brahmins. Yelman\textsuperscript{18} and Harper\textsuperscript{19} also have observed this concept of pure and impure in their studies. This concept obtained little support, however, from a majority of the people.

The observations on the perception of etiology and disease causation also covered such diseases of infants and children as various stomach complaints, rickets and marasmus which were often related to natural and supernatural causes. The 'evil eye' and 'evil spirits' predominated in the supernatural causes. It was the normal belief that a child would suffer from some form of stomach disorder if fed by its mother in the presence of strangers. Rickets and marasmus were believed to be caused by an intruding malevolent spirit, usually through the instrumentality of another woman who was either barren or had lost a child. The tendency to involve both natural and supernatural factors in children's diseases is referred to in other research work also, "Children's greater susceptibility to infections is often explained as a greater susceptibility to evil eye."\textsuperscript{20}

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Natural states recognised everywhere to exist may or may not be treated as diseases. Pregnancy, for example, can be perceived as a natural and normal state or as an illness to be ignored. Symptoms of pregnancy were not known to all women in this town and often amenorrhoea was the only symptom to go by in a case of pregnancy. Cases of pseudo-pregnancy were not known to the members of the community in general. This is a state which is clinically defined as a desire to have a child, and this often causes the symptoms of pseudo-pregnancy among sterile women. A reference to this is relevant because during the field investigation practitioners reported quite a few cases of this nature. In one case, according to the reporting practitioners, the pseudo-pregnant woman's parents had even performed the social and religious ceremony of shrimat normally performed during the seventh month of pregnancy. As part of this ceremony it is customary for the expectant woman's parents and parents-in-law to give her gifts, which include items like household utensils, jewellery and clothes. After this ceremony the expectant woman is sent to her parents' house. This ceremony, though a mere ritual, is important from the point of view of health as it puts sexual intercourse under taboo after the seventh month of pregnancy. According to the practitioner, the ceremony lent support to advanced medical belief that intercourse after

the seventh month was undesirable and hazardous for the expectant women.

The community by and large considered sterility as resulting from supernatural causes, largely the evil eye and witchcraft.

From the study of the community at large it is clear that physical pathology may be part of a more widespread disturbance. Health has been perceived as symptomatic of a correct relationship between man and his environment. The environment not only includes physical environment but also the supernatural environment. Adair22 has also observed a similar perception of health in his study. Diseases are assigned a variety of causes, supernatural and natural. Disease as a perceived state has always an implied connotation. It is never merely bodily pathology. Perception of diseases has been also related to the social changes that occur within a community. The Patidars and the Patels, agriculturists by occupation, believed that the diseases had increased in the past few years with the increasing use of chemical fertilizers. These chemicals, according to them, adversely affected the natural content of foodgrains and took longer time to cook and caused diseases, mainly of the stomach.

From the data and statements given above, it may be concluded that the community's perception of etiology and causation of diseases is based on specific beliefs. Illness has many facets. It is a phenomenon that is at once bio-physical, social, psychological and cultural in nature. The beliefs of the community in general at times are in direct conflict with those held by the community of practitioners. These values and beliefs with regard to diseases are often learnt during the process of socialization and bear the influence of the network of interaction with which an individual is associated within the community. These values are at times so deep-rooted that the course of action associated with them are automatically carried out with the help of the interacting groups. Thus, there are social variables which influence the individual in his perception of disease, the network of interaction with which one is associated, and the socio-cultural aspects of disease.

23. A.C. Twaddle: "Illness, Disease and Medicine, Social Science and Medicine, Vol. 7, No. 7, pp. 751-762, 1973."