CHAPTER - X

SUMMARY OF RESULTS AND CONCLUSION

The study is an attempt to analyze the influence of culture on the concept of health, beliefs relating to it, awareness about and adoption of health-care practices of rural people of Malabar region of the State of Kerala.

The specific objectives of the study are:

1. To analyse how rural people look upon the state of health and disease and the variations on their perceptions on account of their social and cultural backgrounds.

2. To enquire into the belief system relating to the determinants of health and disease and how it varies according to the socio-cultural background of rural people.

3. To analyse rural communities’ perceptions on and approaches to different systems of medicines and treatments and the influence of their socio-cultural backgrounds on them.

4. To enquire into the personal hygiene and environmental sanitation of rural people and influence of their socio-cultural backgrounds on the matters.

5. To analyse the practices of health care and controlling diseases of rural people and how they vary with their socio-cultural backgrounds.

Under the major objectives the following hypotheses were formulated for testing.
1. The sanitation scenario of the study area is not conducive for good public health and it varies with geographical location.

2. The population of the area is, by and large, ignorant about the social and psychic dimensions of health and their ignorance is related to the socio-cultural characteristics, namely, age, sex, education, religious affiliation, occupation and income status.

3. Rural people under study have strong faith in the causation of diseases by supernatural forces and the faith is related to their socio-cultural background.

4. The rural people define health, by and large, on the basis of physical well being and this outlook varies according to their socio-cultural background.

5. Rural people of the area have strong faith in traditional systems of medicines and treatments and the faith is related to their socio-cultural characteristics.

6. The people are, on the whole, ignorant about the significance of personal hygiene and environmental sanitation in the maintenance of health and preventing diseases and their ignorance is related to the socio-cultural backgrounds.

7. The people are, by and large, ignorant about proper waste disposal and their ignorance is related to their socio-cultural characteristics.

8. The people, generally, are unaware of the necessity of the special care required for expectant mothers and the lack of awareness depends on their socio-cultural background.
The data required for the empirical part of the study were collected from six hundred outpatients of the PHC areas of Malabar region. One PHC each from six districts (Palakkad, Kozhikode, Wyanad, Kannur, Kasargode and Malappuram), which constitute the region, was first selected using random selection procedure. From the selected PHCs 100 outpatients each were selected randomly following client-flow sampling method. They were interviewed for primary data.

Interview schedule was the major tool used for collection of data. Secondary data were collected from appropriate sources. Using SPSS package the data were analysed and conclusions arrived at.

A summary of the results and conclusion arrived at from the analyses is given below:

10.1. The Sanitation Scenario

The first segment of the study investigated into the health and sanitation condition the study area, the relevance of which in the study need not be articulated. Enquiry on the type of housing revealed that only 15.17% of the respondents have permanent, and properly built houses and the rest are residing in temporary dwelling units. This will definitely have impact on the health and hygiene of the people.
District wise analysis of the availability of good housing facilities indicates that Wayanad is more blessed with them, though not satisfactory. 31% of the respondents have permanent dwelling units. Kannur is very backward in this matter.

The study further reveals that 54% of the respondents are keen in keeping their domestic environment clean and this habit is more among Palakkad population. The higher proportion of Hindu population of the area may be responsible for this achievement.

Source of drinking water also was analysed in the study, which is a strong indicator of health and sanitation of a locality. The analysis indicates that public well is more depended upon for drinking water (35.17% of the respondents come under this category). 22.83% have own pipe system, 21.67% depend own well and 15.67% on public tap.

Palakkad district has more own well users while Kozhikode is first in common well users. Malappuram have more own pipe system users while Kannur more depends on public tap.

It is to be highlighted on the basis of the study that majority of the wells are not sanitary type. They have no proper protection from contamination.
When taking the question of contamination, the analyses considered the proximity between well and leach pit of the toilet. It is seen that majority of the wells are not sufficiently away from the pits. That is, there is the possibility of contamination of the well from the leach pit.

The enquiry, which attempted to reveal the sanitation scenario of the study area, analysed the type of latrine used. The analysis reveals that 60.17% have latrines without proper flushing system. The rest are having the facility (39.83%). In this matter Kozhikode is very backward, only 8% of the respondents from this area use flush type closets. Palakkad and Kasargode are far ahead of Kozhikode in this matter.

Another index of sanitation condition was the behaviour of solid waste disposal of the population. It was seen that only 12.50% of the respondents handle waste in a meaningful and harmless manner. They use it for making manure. 54.67% dump the waste in some corner of their courtyard and 32.00% burn it. Both these methods are harmful for maintaining good health and sanitation. In this profile Kozhikode and Palakkad are in a better standing by using waste for manure production.

Finally, expense of the households on care medical was analysed. The analysis indicates that 43.83% of the sample spent Rs.50 per month and 21.83% more than Rs.50 but below 100. 13.67% spent more than Rs.100 per
month for this purpose. The enquiry also indicates that the people heavily depend on the services of governmental organisations to satisfy their health care needs. This might be a strong reason for the comparatively lesser spending on medical care. The sick health care organisations run by the government are the major support for the rural people of the region.

Analyses of this section indicate that the sanitation condition of the region is not anything healthy. This will definitely tell upon the health condition of the people. Further, there are variations in the sanitation status of different districts, which are indicative of the difference in the general culture of the localities. By thus, this section reveals that sanitation is influenced by the general culture of the people.

10.2. Beliefs Related to Health and Disease

One of the core themes dealt with in the research was the belief of the rural people relating to health and disease and how they are influenced by the socio-cultural characteristics of the people.

Various indices were chosen and analyses were carried to satisfy the objective above stated. The analyses are briefly discussed in this section.

The study; enquired into the belief of the people regarding the cause of mental illness. When the data was analysed it was revealed that the people have
very irrational belief about the cause of the disorder. 77.50% of the respondents believe that evil spirits cause mental illness.

When sub analyses were carried out it was revealed that the primary educated, higher income group and skilled labourers are the easy prey for the blind belief. The people believe that certain types of diseases have stigma attached to them and hence their occurrence shall not be revealed to others. This study also revealed the existence of the belief among the respondents. 77.83% have such belief and the rest do not uphold such belief. The belief is stronger among Hindus, primary educated section, higher income group, middle socio-economic status group and small family category.

The people of the region have wrong motion about sexually transmitted diseases. Only 24.17% believe that the diseases are spread through unprotected sex. The rest cited many other reasons, which are far away from rational thinking. Breach of taboo and past sins are seen as reasons for STDs. 12.67% look upon the disease as a hereditary problem.

Breach of taboo is highlighted by Hindu (Forward) and Christians as reason for STDs spread. Among the educational categories the illiterate and primary educated subscribe more to the belief. The low income group’s belief regarding the reason for STDs transfer is closer to the reality than that of the other
groups. Similarly the belief of the salaried, low SES, large family size groups come closer to the true reasons in the matter.

Auspicious day for starting with medical treatment is much emphasised by the rural people – the study indicates. 84.17% of the respondents believe that it is a good practice and they follow it. The rest (15.83%) have no such belief and do not observe the practice.

Secondary analyses reveal that the belief is greater among high-income categories. Medium SES group also has firm belief in the observance of auspicious day for starting with medical treatment.

Analysis on *Kaippunuyam* (unexplainable talent of medical practitioner to cure diseases) indicates that the belief is strong rooted in the population. Regarding the influence of background variables, Hindus (Backward) and Christians are strong believers of this notion. Another result is that the belief becomes diluted as income status increases. However the belief is very strong among the high SES group.

Belief regarding the diet of pregnant lady was analysed. Overwhelming majority believe that no particular care is needed for expectant mothers. The general belief is that nutritious food may complicate pregnancy and childbirth of women. The belief is strong among female members. In this matter
age is a deciding agency. The elder the age the stronger the belief that pregnant woman need not require special attention in diet.

10.3. Awareness About Health and Disease

To analyse the awareness of the rural people about health and disease various indices were taken and studied.

The first analysis was relating to the perception on health. 45.67% consider health as total well being. 37.67% define it as capacity to do work and the rest (17.67%) look upon it as the state where there is no disease. This shows that a larger portion of the population, but not majority, ignores the mental and social dimensions of health.

The total welfare concept of health is emphasised by around 45% of all the religious groups except Muslims. In the case of Muslims the figure is 39%. Further, the concept is more accepted by primary educated, middle income, medium SES, skilled worker and small family size groups.

The concept of disease, on analysis, reveals that the rural people conceive disease in terms of bodily pain, which is somewhat away from the definition of WHO (inability to carryout vital functions).
Regarding the influence of the background variables the correct understanding of disease is more among middle age and illiterate groups. The low-income group also reveals correct understanding to a greater extent.

Awareness about water born disease, was analysed as another index. Overwhelming majority is aware about the mediating role of polluted water in creating diseases. The awareness is greater among Christians and Hindus (Forward), educated, salaried and business groups. As income and SES increase the awareness also go up.

Enquiries about the awareness of vector born diseases revealed that 61.83% of the respondents are aware about the matter. The awareness is influenced by such background variables as sex, religion, education, income and SES.

Awareness about the importance of using footwear was assessed in the study. 65.83% of the respondents are well aware of the matter. But ignorance of 34.17% is a significant drawback as far as Kerala State is concerned. Kerala is a state, which is at the forefront in health awareness. Age structure, Educational status and Income status are determinants of the awareness.

Very high portion of the respondents (80.35%) are aware about the health hazard of washing clothes near unprotected well. Among the Hindus the
awareness is greater (88.19%). Christians come next and others are almost in the same footing. Income and SES are also associated with the awareness. The greater the income the higher the awareness. In the case of SES the awareness levels of middle and high groups are almost the same. The low SES group is far below the other groups in this regard.

The role played by mental hygiene in keeping individual healthy is known to only 40.33% of the respondents. It is seen that income and socio-economic statuses influence the awareness. The greater the statuses the better the awareness – the study indicates.


The relationships between the socio-cultural background and health practices of the community was analysed as another segment of the study.

Which type of medicine and system of treatment the rural people prefer and how the preference varies with their socio-cultural background were the first theme considered. The results show that Ayurvedic systems have a slight edge over Allopathic and Homeopathic systems. Homeopathy is the least preferred system. Among the religious groups considered the Hindu (Forward) prefers Ayurveda more; then comes Muslim Community. Backward Hindus and Christians have more attraction to Homeopathic System. As educational status increases the preference for Ayurvedic system increases. Another important result
is that the illiterates are more interested in Homeopathic system. The higher income groups are more interested in Ayurvedic and the low-income group turns to Homeopathic system.

Another analysis was relating to the care taken in keeping the surroundings clean and tidy. It is revealed that 54% of the respondents give utmost care to keep the surroundings clean and hygienic and the remaining portion is not that much careful. Two background variables are associated with the practice, namely, socio-economic background and marital status. The general trend in the case of socio-economic status is that the higher the SES the greater the care taken to keep the surrounding hygienic. When we come to the behaviour of the marital status groups it is seen that the widow/widower gives more care to environmental hygiene and the divorced occupies the lowest position.

Proper ventilation is given in the households of 63.67% of the respondents and the rest of them are unmindful of this important practice. The latter category is in the habit of keeping the ventilation closed for different reasons. Hindu forward and Christians are more careful to keep proper air-circulation inside their dwelling units. In the case of income categories, the pattern observed was, the higher the income the more the attention given to keeping the ventilation properly. Almost the same pattern is seen in the case of SES groups too.
The practice of using foot ware is popular among 82.67% of the respondents. However, 17.33% are not very particular to resort to the practice. The behaviour of all the sociological groups, except SES group is the same. In the case of SES groups, the pattern seen is that the higher the SES the greater the practice of using foot ware.

Whom the rural people approach first, when they are faced with a disease?, is a theme analysed in the study. The result was rather amazing – priests are first consulted with by 77.67% of the people. Only 18.33% consult a medical practitioner first under such an eventuality. The lesser educated are more inclined to go for this practice. Manual labourers & skilled workers, the lower SES groups and low & high family sized households prefer a priest first to be consulted with.

71.17% are very particular to wear clean dress and they are in the habit of changing their dress daily. 28.83% wear their dress few days together before cleaning them. So according to this index the people are following good health care practices. The practice is followed to a greater extent by the Hindu (Forward) community. The educated is following this practice more than the illiterate does. Coming to the influence of income status it is revealed that the higher the income the greater the practice.

The care given for keeping dental hygiene is deplorably low. Only 4% of the respondents clean their teeth twice a day. Subsidiary analyses show...
that the better-educated, high income and SES groups give care for keeping dental hygiene to a greater level.

Medical care given to expectant mothers is found to be appreciable. 76.17% of the households are very particular to arrange medical care to expectant mothers. Another important result is that all the background variables except sex difference are associated with this practice.

Inductively stating this study indicates that bodily exercise is a neglected health care practice of the rural people of Malabar area. The study shows that only 32.50% of the respondents practice bodily exercise daily. The practice is associated with all the independent variables considered in the study; except family structure.

10.5. Case Studies

As a part of this study five cases of variously diseased respondents were analysed in-depth in qualitative terms. The analyses sustain the validity of the core hypothesis of this study, namely, the personal and social backgrounds of rural people of Malabar region, are associated with their concept of health and beliefs & practices relating to health care.

10.6. In Brief

The sanitation scenario of the study area is not very satisfactory. It varies considerably with the geographical area. The variations due geographical
area are indicative of the influence of the socio-cultural background of the people, as the material world by itself is incapable of producing social phenomena.

The rural community, which has been studied, is upholding many irrational beliefs relating to health, disease and health care practices.

The rural community has good awareness about health, disease and health care.

The community follows health care practices satisfactorily. However, in certain matter like dental hygiene it is not up to the standard.

The study further reveals that socio-cultural backgrounds of the population are strongly associated with the concept of health and disease, beliefs relating to and awareness about health and health care. The health care practices are also strongly associated with the socio-cultural characteristics.

It is seen that four background variables, namely, religious affiliation, educational status, income and socio-economic status are very strongly associated with the dependent variables

Thus the results of the study support the hypotheses formulated.