CHAPTER - I

INTRODUCTION

Health of individual and community is largely influenced by social and cultural factors. These factors have wide variations from one community to another and within the community itself. Living with others within a social structure, influences many aspects of our everyday life. Study of health care, behaviour of people and their relationships to the socio-cultural factors is a crucial area of research in community medicine. Despite, some common bio-physiological aspects pertaining to all human beings, the concept of health and disease are relative as well as oppositional in nature.

We are the products of culture and the historical context in which we reside. From a very young age we learn, with a startling amount of accuracy, that certain types – shelter, food, tools, clothing, music, sports, and art - characterize our culture and make it different from others. Without much conscious effort, we also learn what to believe, what to value, and which actions are proper or improper in both public and private. Comparing, our beliefs and behaviour to those of others sheds a great deal of light on the structure and process of society as well as the motivation behind individual behaviour. We can also gain insight into why certain rituals, behaviours and values exit in some culture but not in others, or in some eras and not others. Such differences can be found in many areas of cultural variations. (Newman, 1997: 104).
Improving a person’s health in India, or in any country, needs to start with an understanding of culture. We know that people in some countries live longer and are healthier than people in other countries, but we usually do not associate health and illness with culture. Description of medical treatment and the sick role, both illustrates the enormous influence of culture on lives and the conflict that can arise over cultural differences. Medical beliefs and behaviours must be consistent with the prevailing cultural values of a particular society. Claims of illness are always subject to group or societal validation; that is, you cannot claim to have a disease that do not exist in your culture.

The history of disease in society is as old as the society itself. It has been a fundamental problem for all societies and hence every society has been developed according to its cultural experiences, both empirical and transcendental systems of values regarding health and disease, and also its methods for coping with them. In other words, every known society has created a pharmacopoeia and therapeutic system is it magico-religious, secular or scientific (Castilians, 1947: 26).

The situation of health and disease at the global level presents a canvas of contrasts. These contrasts can be with regard to notions of health problems, methods of treatment and causation of health and disease - are
influenced by the complex interaction between individuals, their socio–cultural settings and the physical environment (Pokarna, 1994: 15).

Health is one of the most difficult terms to define. Health can mean different things to different people. To some it may mean freedom from any sickness or disease while to some it may mean harmonious functioning of all body systems. Modern medicine and modern medical practice tends to view health as simply the state of absence of all known diseases (Guptha, 2003: 5). The widely accepted definition of health is the one given by the World Health Organization in the preamble to its constitution which is as follows: “Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease and infirmity”. Recently the scope of this definition was widened to include the ability to lead a “socially and economically productive life” (Park, 1997: 11).

According to WHO, definition of health consists of three components - physical, mental and social. Some social scientists have also suggested another component, “spiritual health”. It may be considered as a component of mental health. In societies like ours religion has played an important role in shaping the cultural ethos. Many individuals strongly believe in the supernatural. In such situations a positive mental health empowers spiritual health. Spiritual health may be seen as health to resolve both internal as well as external conflicts.
Disease usually refers to a deviation in the normal functioning of the body which produces discomfort that adversely affect the individual’s future health status (Mechanic, 1962:52). Every society has certain norms values and ideals with regard to health and disease, a deviation of which is treated as disease. Illness in all cultures is physiological crisis for the individual and his /her family.

The social and cultural environments in which people live have a profound effect on their patterns of health and disease. Culture, which is the creation of human beings in turn, conditions him. The group’s culture affects every aspect of development of human being, that is, from acquisition of it’s goal and aspirations including exposure to risk factors, to modes of it’s responses and adaptations.

In traditional India disease has been attributed to extra-biological reasons such as man’s disobediences of natural religious laws. It had also been attributed to the sins and crimes committed by a person in the present life or in the previous live. Appeasement of deities who where believed to be associated with prayers, invocations, offering of milk, flowers and rice, fast, sacrifices etc., where considered necessary for preventing and curing diseases. Thus in India, the approach towards disease and its curative aspects have been inextricably linked to socio – cultural norms and practices of the people. This was particularly the case with the people of rural settings. This study is aimed at finding out how socio -
cultural backgrounds influence health and diseases of rural people especially of Malabar Region.

This thesis is developed in ten chapters. The first chapter presents the research problem in a very brief manner indicating the importance of study. The second chapter analyzes the literature available on the topic. The third chapter describes the methodology of the study. The fourth chapter gives a brief account of the research setting, consisting of Vettom in Malappuram, Thiruvangoor in Calicut, Panamaram in Wayanad, Pappiniseri in Kannur, Pirrayiri in Palakkad and Anandashramam in Kasargod districts respectively. The physical and socio-cultural aspects are portrayed in this chapter. The fifth chapter portrays the environmental sanitation of the six districts where the empirical study was carried out. The sixth chapter focuses on the beliefs related to health and disease of rural people. The seventh chapter deals with the awareness. The eighth chapter describes the practices related to the health and disease of the people. The ninth chapter contains case studies. The tenth chapter is the concluding chapter. It gives the summary of findings and suggestions of the study.