Indian government has been providing public health-care services with the view of ‘health for all’ objective. Though this objective has not been completely attained, a great deal has been accomplished in the area of health. Though it is still a long way from accomplishing the targets set, various programs and a great deal of planning is going into attaining the objectives. India is basically agriculture based society and majority of the people live in rural areas. Therefore the health service provision scenario is further complicated in terms of accessibility, availability and alternative medical systems and beliefs, practices, education and awareness.

National health programmes have been launched as top-down system from policy makers and programme implementation at grassroots-level has been quantitative in its approach. In correcting these mistakes, information on health-care seeking behavior and expenditure can be useful for assessing the feasibility and impact of the efforts. How much can be recovered and from whom; what will be the impact on access to services and ultimately on health, can be understood. Public health services, which intend to reduce a population’s exposure to disease through such measures as sanitation and vector control, are an essential part of a country’s development infrastructure. In the developed world and East Asia, systematic public health efforts raised labor productivity and life expectancies well before modern curative technologies became widely available, and helped set the stage for rapid economic growth and poverty reduction.
For various reasons, mostly of political economy, public funds for health services in India have been focused largely on medical services, and public health services have been neglected. This is reflected in a virtual absence of modern public health regulations, and of systematic planning and delivery of public health services. Various organizational issues also militate against the rational deployment of personnel and funds for disease control. There is strong capacity for dealing with outbreaks when they occur, but not to prevent them from occurring. Impressive capacity also exists for conducting intensive campaigns, but not for sustaining these gains on a continuing basis after the campaign. This is illustrated by the near-eradication of malaria through highly-organized efforts in the 1950s, and its resurgence when attention shifted to other priorities such as family planning (Gupta 2005).

The present study uses a holistic approach in order to understand the health scenario and this understanding gives better scope for successful implementation of the health programmes by the public health-care sector. In this context a qualitative and ethnographic investigation has been done. The main objective of the present research was to study the people’s perception about health and illness, in order to understand the working of the public health-care system in the rural scenario.

People believe that there are both natural and supernatural causes for illness. They consider certain food (aahara), seasonal variations (havamana), as natural causes of illness and breach of taboo, wrath of deity as supernatural causes of illness. They believe that people can inflict illness through sorcery.
and certain people have magical powers and a hold on certain spirits. Sometimes diseases unknown to them and which are not cured by medicines in the expected duration of time are categorized as due to supernatural cause.

People have their ways and means to solve their health problems. “The health programs of a community, the cultural meaning of the community is the product of interaction between the way of life of that community on the one hand and using the term in the widest sense, its environment, on the other” (Banerji 1978; 3). People of Mallapur have their own health-care system which they follow. This health-care system is embedded in their concepts of religion, beliefs and indigenous knowledge which are part of their culture. Therefore, the present study has made an effort to understand public health-care system in a rural scenario.

People have indigenous beliefs and practices regarding health, illness and treatment. They often depend on them for diagnoses. The diagnosis mainly depends on ‘hot’ (bisi) and ‘cold’ (tampu) notion and “vata”, “pitta” and “kafa” concepts. People believe that modern medicines create more heat in the body and this belief often affects their treatment seeking behavior. People say that diseases not known to them earlier, have emerged and they are often considered as new or modern diseases. They are affecting them due to consumption of food grains grown by using chemical fertilizers and pesticides and also due to changing dietary habits.

People of Mallapur village follow dietary habits according to the seasonal variations. Therefore, they avoid heat crating food during summer,
cold creating food during winter and rainy seasons. It is believed that heat creating food during summer causes mouth-ulcer \((\text{bayee novu})\) and such other problems and cold creating food causes cold and cough if consumed in winter and rainy seasons. By avoiding certain kinds of food they protect themselves from certain kinds of illness.

The village has a multi-caste structure and one finds that there exists a close relationship between caste hierarchy, educational and economic status with the utilization of the public health-care system. This complicated interrelationship often results in certain types of health seeking behavior, thus affecting the public health-care system in rural scenario. For instance people of higher caste, with higher education and economic status utilize very less of indigenous treatment as compared to people who belong to lower caste, with lower education and lower economic status.

People categorize an individual as healthy or ill according to his ability of performing his regular roles viz., attending to regular household duties, working in the agriculture fields and carrying on his day-to-day activities. People identify an illness through visible symptoms and duration of its healing to categorize it as minor or severe illness. They identify ailments like fever \((\text{uri})\), cold \((\text{negadi})\), cough \((\text{kemmu})\), arthritis and jaundice as common ailments; and diseases like high blood pressure \((\text{BP})\), diabetics \((\text{sakri roga})\) and tuberculosis \((\text{kshya})\) as new and modern diseases.

The analysis of the various linkages reveals that the people belonging to lower castes, lower education and lower economic status strata depends more
on gods and deities to bless them with good health. The person who belongs to higher castes, who are economically well-off, and have received higher education, appears to have a greater level of awareness about modern health-care services. Therefore they are benefited more by the public health-care services than those who are economically lower in status and are not aware about these services.

Because of lack of awareness about modern health-care services, people are not utilizing these public health-care services in expected range of health providers in Mallapur village. Those who are economically higher in status are in contact with cities where there are better educational and health facilities are available. The people who are economically rich they also are able to spend on their health therefore these people give reappearance to private hospital where all services are available. particularly for antenatal and post-natal care. As they become aware about modern health-care facilities and it results in them using the services. In case of people who are economically underprivileged, there is less contact and communication with cities and towns. Therefore, they are unaware about public health-care services and are also not able to spend on their health.

Doctors often point out that, people’s beliefs and practices are causing certain health problems which can be prevented. The health providers say 18 years is the appropriate age for girl to marry (maduve) because according to them it is the minimum requirement age for a girl to be physically prepared to conceive. Therefore they follow the practice of marrying girls soon after
puberty (*maineriyuvadu*). Notions regarding the age at marriage, breast-feeding and spacing practices (*makkala naduvina antara*), are also said to cause several problems and some also are said to have severe consequences such as maternal death and miscarriage (*hottihogudu*). Along with the notions, socio-economic condition, education and income of the family also influence the health of the people. But people say it is better to marry a girl after attaining puberty, otherwise it becomes difficult to find a suitable boy for the girl.

A woman becoming pregnant soon after her marriage is socially appreciated as well as expected. But girls particularly belonging to lower castes are married off before 18 years of age. Therefore, when they conceive they are susceptible to facing problems like miscarriage, low-weight-babies, infant morbidity and maternal morbidity.

People believe that tablets create heat in the body and cause several health problems like mouth ulcers (*bayee novu*). People have fears about taking tablets during pregnancy thinking it may result in abortion (*hotti hogudu*) or affect the growth of fetus. Women therefore avoid intake of IFA tablets during pregnancy because they believe that it may lead to abortion since modern medicines create heat in the body. By avoiding intake of IFA tablets there is greater risk of problems like miscarriage (*hottihogudu*), low birth weight babies (*kadime tuka*), still-births (*hoteyali makalu sayuvadu*) and pre-mature births among people.

Home delivery is preferred and because of this likelihood of maternal, neonatal and infant mortality cannot be ruled out.
The beliefs and practices related to breast-feeding also affects the health status of the babies. The baby is not feed colostrum after birth since it is considered as impure milk. Therefore people avoid feeding this milk. People say that this milk is stocked since the woman became pregnant, and if it is feed to the infant it causes loose motion, and indigestion. But according to health providers this milk should be given to infant as early as possible after birth, because it protects the infant from several health problems and increases the immunity.

According to health personnel, people belonging to lower economic condition do not pay much attention to breast-feeding. Since there is no spacing practice between births, when woman becomes pregnant, after 3 months into her pregnancy she stops breast-feeding the baby. However, the health personnel suggest that breastfeeding up to two years of age is good for the baby. The economic condition of the people is such that their income is low and they normally have 3-4 children. People of Mallapur believe that problems such as miscarriage, abortion and malnutrition are caused by wrath of deity (devara kata).

Immunization programs are better utilized compared to antenatal-care (ANC) and postnatal-care (PNC) programs. However with certain diseases like measles (gobbara), people believe that it is caused due to wrath of goddess. Therefore they give ritual head-bath for five days and on the fifth day after offering sacred food to the deity. It is believed that by doing this children will be cured by the blessing of the deity. But the modern health-care practitioners say measles is a communicable disease it can be prevented by immunization.
Notions regarding contraception, family planning also affect utilization of services. They consider that if contraceptive pills are consumed it causes excess heat in the body, Copper-T (vanki) causes problems in the subsequent pregnancy and so on. Undergoing vasectomy is considered to cause physical weakness in men and is also not socially acceptable for a man to undergo family planning operation. Laparoscopy is believed to result in physical weakness (ashatkyapana) in women. And if a woman suffers from weakness, she will not be able to take care of the household properly. And in case, she has to also work outside the house, it complicates the matter even further.

However, people have accepted the method of tubectomy for family planning. Tubectomy requires rest for minimum two months which helps in improving the health of women. Health providers say that tubectomy is good for both mother and her newborn baby because generally tubectomy is performed soon after delivery. During this period she requires nutritious food and proper rest for her and her newborn baby’s health. So both objectives will be accomplished. Many health problems are believed to be the result of evil-eye and therefore they believe that they cannot be treated by biomedical doctors. Miscarriage or abortion are believed to occur when a women is affected by evil-eye. So people resort to the religious healer for solution. But according to biomedical doctors, these problems can be solved by giving proper care during the pregnancy. Indigenous practices related to pregnancy, delivery and at the time of a girl attaining puberty promote the health. They need nutritious food during these periods and the indigenous practices provide
opportunities for them to consume nutritious food and such practices are appreciated by the health personnel.

Those who are aware of modern health-care services are utilizing the services irrespective of their caste. Most of them in the category of users are people belonging to higher caste or higher economic status. Because of the awareness of modern health, the existing notions relating to tablets, excess heat in the body, and so on appear to have become sidelined.

Those who do not have awareness about modern health-care services go for indigenous home-remedies in initial stages for all kinds of ailments. If they are not cured in the expected period and if it becomes severe, people seek treatment from modern doctors.

However, people who are educated and are aware about modern health-care facilities, take treatment for common ailments like fever (uri), cold (negadi), cough (kemmu), head ache (tatenovu) and small injuries, after waiting for 1 or 2 days. During this waiting period of one or two days, they take home-remedies but it is generally modern medicine viz, tablets (gullagi). People belonging to all categories resort to indigenous medical practitioners and prescriptions of the priest (bhattaru), in case ailment is not cured by modern health-care system. Therefore, there are both kinds of people, people who follow indigenous health-care and treatment for health problems and there are also people who are educated and have awareness they go for modern health-care services.
The modern health-care services are utilized by the pregnant women particularly for first pregnancy, since people give priority to first pregnancy and delivery. They go to hospital for seeking antenatal care during pregnancy and also prefer hospital delivery for first delivery. As the “dayee” (sulagitti) says, women who become pregnant for first time lack experience and feel the need for expertise and want everything to be in order. They are anxious and have fears (hedarike) about pregnancy and delivery and therefore they prefer to go to hospital for delivery. They wish to avoid all kinds of complications. Economically poor women who do not have proper awareness about the health-care services go to hospital only in case of complications, except first delivery, wherein they generally go to hospital.

The government of India implemented the PHC at grass-root-level to provide health-care services to rural people. The purpose is to reduce the burden of cost of health-care services by providing free of cost services to people, and reduce the morbidity and mortality rate and prevent health problems of the people.

Health-care sector in the village includes not only public sector but also private sector. Private health-care sector includes modern doctors and indigenous healers. Most of the time people who are economically poor go to private doctors (after indigenous treatment). Then, they wait for a few days, and if there is no relief they go to primary health centre at Mallapur. people say ‘we go to private doctor because PHC is far, and there are factors like non-availability of doctor, long queues, poor quality of medicine and the doctor of
PHC does not behave properly with us as he does with the rich'. And also most of the people belonging to lower economic condition claim that, doctor at the PHC does not give proper treatment to poor because they give more preference to people who are economically better-off and also give preference to literates. Their decision to go to the PHC is guided by economic costs. To a certain period of time, they wait and watch to see if the disease will be cured by the private doctor. But then if it is not cured, and when they can no longer afford to spend on the private doctor they go to PHC. Therefore one or two visits to private doctors make them to decide to seek treatment from public health-care center.

People say PHC doctor prescribes the same tablets for all the illnesses and the tablets given are also not of good quality. He also charges Rs.10/- for injection and same amount is charged by the private doctors too, hence they feel that it is better to go to a private hospital. Also they prescribe good quality medications which help them to get better within a short period of time.

The health providers at the PHC say that people do not take the benefits of the services at the PHC which is provided free of cost. They think that because PHC provides services without charging any money for the tablets, there is no quality in the tablets. In case tablets are prescribed to be bought from outside they say that if tablets have to be bought from outside then what is the use of going to the PHC for treatment.

Doctor at the PHC says, in case of antibiotics, the same tablets may be prescribed. Therefore, people feel that we give the same medicine to
everybody, they do not understand why they are given. And at times, there is shortage of supply tablets in the PHC, then we have to manage with whatever that exists in the stock. All these problems exist but that does not mean that we compromise with the health of the patients. For the common diseases, the medication available in the PHC is enough to cure the ailment. But people feel the same medicine is given. Further they do not follow the advice properly. Because it is free of cost they neglect to take medicines as prescribed and when they do not get relief, they blame PHC quality and the doctor.

Thus studying public health-care system in a rural setting throws light not only the service provision and utilization of health services by the people, but also on various socio-cultural aspects of the people. The beliefs and practices are found to influence the health seeking behavior of the people. Public health-care system covers promotive and preventive aspects of health-care and primary health-care focuses basically on preventive aspects. As such, when one studies public health-care system, one needs to focus on water and sanitation, hygiene, toilet facilities and so on.

Therefore, the present study has focused on health and environment wherein various aspects in the environment of the village that affect health have been discussed. Literature review shows that these environmental aspects play a crucial role in the prevention of various communicable diseases. When one looks into the existing research in the field of public health, water and sanitation are the two key factors which are found to be influential in maintaining health and preventing diseases. Therefore, sources of water supply
and people’s notions of potable water, availability of water have been discussed in detail. With regard to sanitation, an effort has been made to understand what people’s view of sanitation and what connotations it carries. Because, often the health personnel brand the people as following unhygienic practices and blame this as the reason for diseases. The viewpoint of health personnel also cannot be discarded, because they are influenced by their training and western notions of hygiene.

Further, with regard to sanitation practices regarding defecation, it is often the most discussed issue when various research studies are looked into. Therefore, the present study has tried to look into the practices of the people, and their reasons have been looked into. Understanding the rural setting reveals that using of toilets is a new practice for the people. People have been following the practice of defecating in the open area through generations. This is not an easy practice to change. Further, there are various practical problems like availability of sufficient water, funds to build toilets, or necessity of having one at home are the issues involved.

Further, the very act of defecation is considered to be polluting and people would not like to have toilets in the house itself. However, one can see the influence of education in changing this mind set. Education not only has paved way for awareness but also brings the aspect of ‘status’ into picture. Educated people would not like to go to open spaces anymore. Further, income level also plays a role, because those who are economically well-off also set themselves apart from the rest by certain practices of which having toilets built at home is one.
As, often the health personnel point out, bringing about a behavioral change in the educated people is easier than in those who have not attended any school and have had no formal education. They feel that their main concern is earning livelihood and rest is at the peripheral view. The issues become important when they face problems such as those related to health and as soon as the problem is solved, the issues return to periphery. Further it is difficult to make them understand the linkages between their problem and their practices.

Education, economic status and belief systems often emerge as the key themes in the study. Because, when the belief system is strong in certain cases (measles, shingles, jaundice and so on) it is the beliefs held which influence the course of action. The social network has significant influence on the actor involved. They influence the person suffering and his family to take the course of action when it comes to cure and health seeking. Subtle pressure is exerted by the social network and is obtained from the previous experiences. Therefore, there is fear that following any other course of action may not be beneficial. Since restoration of health is the prime objective, the course of action is allowed to be influenced by the beliefs and experiences and the social advice.

Therefore, understanding public health-care system in a holistic perspective does not mean that only medical aspects are to be understood. It means that one has to look at a whole spectrum of behavior.