CHAPTER – VII
THE BELIEF SYSTEM AND HEALTH PRACTICES

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THE BELIEF SYSTEM AND HEALTH PRACTICES

7. INTRODUCTION:

In the preceding chapters an attempt has been made to discuss the conditions of community environment and health problems, personal hygiene and habits of the Kalker village folk, and has shown how cultural factors directly related to the phenomena of health and diseases. In the present chapter it is proposed to discuss those cultural factors which are indirectly related to the health and diseases, food and nutrition, and the dietary practices during illness. Perception about treatment and help seeking behaviour are also discussed separately in this chapter.

7.1. BELIEF SYSTEM:

Every society has its own belief system which is internalized in the process of socialization. The behaviour of an individual as well as member of the group is shaped by his belief system. The belief system consists of attitudes and values. Thus, the belief system may be defined as an organized body of ideas, attitudes and convictions centered around values or things regarded as important or precious by a group. Belief system provides a large frame of references or backgrounds which tends to control the more specific thoughts or actions of individuals and groups. A belief system is a social production which arises out of symbolic interaction (Young 1957).

Belief is a perception which enables the individual and the group to understand about persons, objects, and events etc. what the individual think or know about a particular thing or event or a person lead to form such a phenomena is called belief. The dictionary meaning of belief is a statement about relating that is accepted by an individual regards as true or fact. It may be based on empirical observations, logic, traditions, acceptance by others.
or faith. Thus, it is possible to speak of scientific and non-scientific beliefs. Beliefs from the basic structure to the individual’s conception of the world (his cognitive structure) and the framework, within which his perceptions occur, (William 1988). Ramachandran and Dharmlingam (1983) are of the opinion that belief is a social product of individuals perception as well as group experiences. Each and every society establishes beliefs on various aspects of life, which can be tested or proves otherwise it will have to be given up. But, society does not try to question the validity of most of the beliefs as they are traditional and deep-rooted in the community life.

According to a committee of the Royal Anthropological Institute of Great Britain and Ireland (1967) "belief is an impression or understanding about several things, whether good or bad, right or wrong and which will have certain impact on the mind. These lead us to have certain attitudes. Further, a belief could be a custom, a faith and confidence in a group of people. People believe in super-natural power of some kind. They deal with the problems of life by practical measures and there is always a margin of uncertainty and often anxiety. When supernatural powers are resorted to in public or private, worship or rite and the accompanying emotions of fear and reverences can often be observed. Beliefs in the existences of spiritual beings are usually described as religious while those referring to powers that do not presuppose the necessary existence of such beings are known as magical.

Beliefs can be true and false. True beliefs can be verified at some time or other. These beliefs coincide with reality and can also be experienced. On the contrary, false beliefs have no basis and cannot be verified but they persist in society because of the group support. Before science could unravel many things, people used to believe in a number of phenomena, which had not been empirically tested or logically validated. The belief that small pox was due to goddess shitla’s wrath has not been dispelled in rural
despite the discovery of smallpox virus and its eradication from
the world. Similarly, there are many beliefs with regard to
causation of various diseases prevalent in rural areas. Such
beliefs have led to certain customs amongst the people, which
become means to seek relief from diseases (Ramachandra and
Dharmalingam 1983). Coe (1978) states that, it is generally
accepted fact that sickness and diseases are universal
phenomena, which are threat to individual and group life, and
ways are institutionally created. However, it is important to
understand the attitudes and beliefs of the people about health
and diseases.

In the International Conference of Primary Health Care and
People's Movement (1986) it was pointed out that the popular
beliefs with regard to health and disease have often a rational
basis, if considered in the context of particular world view.
Further, it has also been concluded that even if germ theory of
diseases is accepted, still an explanation about diseases come
from belief system of a community. Thus, the belief system
significantly affect the practices of health care and treatment.

In this section, therefore, an attempt has been made to
explore the belief system of the people of Kalkeri village with
regard to concepts and aspects of health and diseases, food and
nutrition, dietary practices during illness and dietary practices
during pregnancy have also been studied.

7.2.1. BELIEFS ABOUT HEALTH:

To the people of Kalkeri village in general and the
respondents in particular, there are many beliefs prevailing about
health that those persons who are regarded as healthy are the
one who can afford to eat more strengthening foods, have good
muscular bodies and can work hard. People believe that for
health it is essential to be free from sorrows and worries.
Different age groups give different responses when asked
whether they enjoy health. Young people usually believed and considered themselves to be healthy because they can work hard and are usually free from any illness or disease or injury in the body. Therefore, to the people of the present study village Kalkeri, the term health connotes right conditions of the body. Similarly old people point out that their wearing and tearing teeth, their blinding eyes and other parts of the body make them to feel that with the onset of old age the normal functioning of the body gets disturbed and health deteriorates. Almost everyone among the respondents interviewed hold the view that for food maintaining good health village life is better than the life in the city because in village one gets open spaces which the city cannot offer.

During the field study, it was observed that out of 190 respondents, a majority of the respondents 79 (41.6%) in the village have a belief that health is the result of absence of disease or illness or injury is the body and normal functioning of the body. They consider a person as healthy only when he or she remains free from all types of illness. About 52 (27.4%) of the respondents in the village who believe in such a person being healthy having ability to perform daily routine physical work without any difficulty, eats more, work hard and livelong. This belief about health has been considered as functional concept. Further, the respondents in the village considered normal health as a condition having the ability to perform adequately one's social roles in general.

Besides, about 32 (16.8%) of the respondents stated that health is to be considered having good muscular body, freedom from worries and sorrows and well adjustment with others. Only 27 (14.2%) respondents in the village who believed that right condition of the body is God's gift and good deeds of the past lives.

The above mentioned details clearly point out that most of the villages considered health as the result of absence of
disease. Some villagers also considered it as a functional activity. Some others considered health as mental well-being and well adjustment with others. Very few respondents consider health or right condition of the body as God's gift and good deeds of the past lives, which clearly support the good old theory of Karma of Hindu philosophy. These are some of the important factors borne in their mind for an individual to be healthier a person.

7.1.2. BELIEFS ABOUT DISEASES AND ITS RELATED ASPECTS:

To the question "what according to you is the general cause of disease?" The most frequent reply received from the respondents which account to the major number of respondents (31%) reply was that of those who believe poverty and germs, and a person confinement to bed as the general cause of disease or illness. The respondents consider an ill person as the one who is confined to bed attributing its causes to poverty and germs in the village setting. About 26 percent of the respondents considered the unhealthy environment and wrong consumption of food as the cause of diseases. While another 20 percent respondents believe that excessive heat or cold and bad and irregular habits of the people as the cause of illness. Only 15 percent of the respondents understand illness by malfunctioning of the human body and weakness, either physically and mentally, has also been considered as a cause of diseases.

A very few respondents (8%) believe that inability to perform his/her daily-expected role as the general cause of diseases and sins or misdeeds of the past lives have also been considered as the cause of diseases suffering in the present life. The villagers are of the opinion that one's sinful act not only brings illness upon him but also on the members of his family and community.
It has also been observed during the field study that 16 (8%) respondents in the village Kalkeri believe in sins as the cause of tuberculosis, blindness, paralysis, asthma and luboderma.

Further an attempt has been made to find out from the respondents the external symptoms of illness such as jaundice, fever and cholera. Diarrhoea and vomiting, excess heat in the body, thirst, dry skin, sunken eyes and general weakness are considered as the external symptoms of cholera by the 42 percent respondents, 39 percent of the respondents believed that dull and pale looks, yellowish eyes, yellow coloured urine, and nails and loss of appetite are the external symptoms of jaundice. Similarly, a person having external symptoms of illness such as fever along with pale, black body, high body temperature, head ache and body ache is also known as an illness as perceived by 16 percent of the respondents. Very few (3%) of the respondents have expressed their ignorance about the causes and symptoms of diseases.

It has also been observed during our field study that deistic, demonistic, supernatural and rational beliefs are being found among the people of the study village. There are two Dargas of the Muslim community in the village, where the Muslim priests (Mullas) are said to be solving the health problems of the diseased through their traditional methods. The deistic beliefs include mainly wrath of the God and Goddesses. While intrusion of ghosts, demons and witch comes in the demonistic beliefs. Similarly, supernatural beliefs contain past and present sins, evil eyes, etc. Opler (1963) has considered the activity of ghosts and general displeasure of deities as the prime causes of diseases. The villagers are of the opinion that smallpox is believed to have been caused by the local goddess namely Durgadevi. Hence, the notion of a two factor complex of virus and host is totally absent among the villagers. For smallpox or measles worship is regarded
as the only remedy by the village respondents. While many of them believed mosquito's bite as a cause of malaria.

Deistic, demonistic and supernatural beliefs are also mainly indicated by the respondents from Kalkeri village as the cause of mental disorders including hysteria which are usually found among the women. But no such cases are reported during our field study in the village.

7.1.3. BELIEFS ABOUT FOOD AND NUTRITION:

Through centuries, food has been recognized as important for human beings in their health diseases, and taste and gradually evolved certain preferences, which are reflected in many patterns of food habits.

It has been found during the study in the respondent village that a majority of the respondents (57%) from all castes are non-vegetarian. Only 43 percent of the respondents of the respondents are found to be vegetarian. A most of the non-vegetarian household respondents have mixed pattern of diet.

Caste-wise analysis of data reveals that most of the respondents from Talawar, Ambiger, Kuruba, Harijan, Waddar, Korava and Muslims caste in the village Kalkeri are found to be non vegetarian.

7.1.3.1. NUTRITIOUS DIET:

Almost all the respondents of the village under study consider nutritious diet as essential for health, and disease. According to them, nutritious diet is the one which should contain milk, butter, ghee, fruits, green vegetables and pulses and cereals. The households such as respondents who are non-vegetarian by food habit consider egg, meat being nutritious apart from milk, butter and ghee.
7.1.3.2. HOT AND COLD FOOD CONCEPT:

The village folk have developed two strong beliefs as 'hot' and 'cold' food. Hot food produces heat in the body. While cold food produces cold and help keeping cool the body system. All the respondents in the village consider wheat, bajra, maize, brinjal, popato, mango, papaya, gram, honey, fish, meat, egg by non-vegetarian as heat producing foods; while jawar, raggi, milk, curd, onion, banana, apple, lemon, water melon, orange, sugar, green vegetable are considered as cold foods. Rice is classified as lukewarm i.e. the combination of hot and cold category. In cold season the hot foodstuffs are prepared while during summer cold food stuff in preferred most.

The villager's awareness about gastro-intestinal diseases (G.I.D.) indicate that most of the people in the village feel dysentery results from eating badly and mostly by eating heat producing foods which cause excessive internal heat in the body. The villagers believed that excessive consumption of hot and cold foods cause illness. Diarrhoea, dysentery, cholera, typhoid etc were recognized to be caused by wrong combinations of food. For example, oil and curd together were considered to be a wrong combination that might upset the stomach. Twenty years ago, cholera was also considered to be due to the wrath of goddess Durga. But today this notion is no longer in currency among the people of KalkerI village.

7.2 HEALTH PRACTICES

In the section of the study, an attempt has been made to understand health practices or health behaviour of the rural folk in the study community. Health practices in any community are the sum total of people's reactions to the health services available in a community and the away in which the personal experiences fit in their frame of reference which is dependent on the prevailing cultural factors of the community. Anand (1970)
has suggested that any diagnosis or assessment with regard to the effectiveness of measures taken to provide health service in a community will have to take this into consideration. Further, the diagnosis or assessment provide clue to the people's behaviour related to the acceptance or rejection of health services.

For healthy living one has to understand and discriminate between good and bad health practices. Good health is always depends on the understanding or the factors conducive to good health and factors causing ill health. Individuals have selective perceptions and functioning as a member of the society they conform to social norms and group sanctions. In the present section it is proposed to explore and explain the awareness about health practicing as expressed by the respondents to keep themselves and their family members healthy, and their dietary practices during illness have also been analysed, and also concerned with the measures undertaken by the villagers against the most prevalent diseases.

The respondents were as asked the question “what do you do in case of somebody in your family falling sick?” The response to this question from the respondents was asked to be given by the way the treatment that they would provide to those in the family falling sick or suffering from serious illness as a first measure. The following table 7.1 give the details of the responses of the respondents as recorded during interview.

The below presented Table 7.1 clearly reveal that in case of serious illness a majority (41.0%) of respondents tend to prefer to go to consult private doctor either in the local community or in the near by town. Some of the respondents (16.3%) prefer to try with the medicine prescribed by a doctor many years ago. Quite surprisingly, a few of them (8.6%) may at the same time use to visit a local private doctor as well as exorcist or sorcerer. A very few people seem to be believing in witchcraft treatment since there is awareness among the people in the village.
TABLE 7.1
HEALTH PRACTICE AMONG THE RESPONDENTS

<table>
<thead>
<tr>
<th>Health practice by first measure</th>
<th>N=190</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consult doctor in local community</td>
<td>78</td>
<td>41.0</td>
</tr>
<tr>
<td>Go to the private doctor in the near by town</td>
<td>57</td>
<td>30.0</td>
</tr>
<tr>
<td>Take old medicine prescribed by a doctor in earlier instance</td>
<td>31</td>
<td>16.3</td>
</tr>
<tr>
<td>Consult local doctor + go to a exorcist or sorcerer</td>
<td>8</td>
<td>4.3</td>
</tr>
<tr>
<td>Go to a exorcist or sorcerer</td>
<td>8</td>
<td>4.3</td>
</tr>
<tr>
<td>Go to a nearest hospital</td>
<td>6</td>
<td>3.1</td>
</tr>
<tr>
<td>Consult midwife or trained dai</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Use home medicine</td>
<td>1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Similarly a few of them may also consult midwife or trained dai and also later visit a specialist in town or go to a near by hospital. Apart from the modern allopathic treatment at the dispensary, hospital and with the private doctor a very few people (0.5%) tend to follow the traditional home medication practice at first instance. This dichotomous attitude on their part is reflective of the traditional modern values co-existing with them. The scientific belief in the efficiency of modern medicines is in contradiction with the beliefs in witchcraft treatment or applying home medication in the event of illness in the family. This is the reflective of their belief in faith healing and of their understanding and knowledge about the physical world around them.

Thus, in this section, an attempt has been made to understand the awareness of the rural folk about first preferred practices for treatment of various diseases. Practices for treatment prevailed in the study community can be divided in two parts. In the first part, we will analyse the practices for treatment of various diseases which include respiratory gastro-intestinal diseases, fever, skin, dietary and mental etc. The second part will describe the practice regarding snake, scorpion and dog bite in particular in the village community under study.

On the basis of our household survey conducted in Kalkeri village, it is observed that a majority of respondents belonging to
all the social class households of the village tend to prefer to take modern allopathic treatment in the following diseases such as respiratory, gastro-intestinal diseases, fever, skin, dietary and mental diseases. In case of mental disorders and evil eye, a very few respondents belonging to low and very low class households go for treatment by traditional healer as well as by the allopathic practitioner at the same time.

Similarly, the following table 7.2 will give an idea about the practices for treatment of rural folk regarding snake/scorpion/dog bite cases.

TABLE 7.2
TREATMENT PRACTICE AMONG THE RESPONDENTS REGARDING SNAKE, SCORPION OR DOG BITE

<table>
<thead>
<tr>
<th>Preference for Treatment</th>
<th>N=190</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go to the private doctor</td>
<td>98</td>
<td>51.5</td>
</tr>
<tr>
<td>Go to the private doctor + consult traditional healer</td>
<td>45</td>
<td>23.6</td>
</tr>
<tr>
<td>Go to the government hospital</td>
<td>33</td>
<td>17.7</td>
</tr>
<tr>
<td>Consult traditional healer</td>
<td>5</td>
<td>2.6</td>
</tr>
<tr>
<td>Go to the private doctor + use home medicine</td>
<td>4</td>
<td>2.1</td>
</tr>
<tr>
<td>Go to the govt. doctor + consult traditional healer</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>Use home medicine</td>
<td>2</td>
<td>1.0</td>
</tr>
</tbody>
</table>

The above table 7.2 clearly indicates that the objective belief in the efficacy of modern drugs and medicines has shaken completely the efficacy of herbal treatment, home medicines and magico-religious treatment practices and traditional healer’s treatment by mantra-tantra, charms, etc. for minor ailments or sufferings in the village Kalkeri. There is an overriding influence of British medicine even on the villagers in India as it becomes clear from the study of Kalkeri village, snake or dog bite is viewed seriously by the villagers and they do not want to take chance treating them with traditional methods. Hence the respondents have overwhelmingly (96.5 %) expressed their first preference for consulting doctor for treatment of snakebite.
Similarly, in case of jaundice, a majority of the respondents (69%) in the village take treatment by their private practitioner as well as by traditional healer, 33 (17.5%) of the respondents tend to prefer to take treatment by traditional healer, 18 (9.5%) of the respondents go to the private doctor, while 3 (1.5%) of the respondents used the services of both government hospital as well as services of both government hospital as well as services traditional healer at the same time. But only 2 (1.0%) of the respondents use home medicine which is almost negligible.

It is also observed that home medicine is generally preferred as first aid treatment by the villagers of Kalkeri in almost all common diseases except in the case of snakebite. On the other hand, in case of dog bite and scorpion bite only a few of the respondents of the village depend on home remedies for treatment. Neem leaves, mustard seed and alum water in case of scorpion bite; lime (Sunna) and jaggery (Bella) in case of dog bite. Personal discussion with the two local traditional healers who belonged to the Muslim and Lingayat communities of the village reveal that the scientific belief in the efficacy of modern drugs and medicines has shaken the efficacy of herbal treatment or home medicine for minor ailments or sufferings in the village locality. As mentioned above, neither government medical practitioner nor private practitioner is consulted by the villagers. It was observed during the study that only in accidental cases in which poison, burn, fractures and injury occur, very few people visit government doctors for treatment. However, both private and traditional healers are to some extent, consulted by the villagers particularly in the above mentioned cases. There are many other practices prevalent in the village for treatment of many diseases. Important among them are allopathic drugs like Aspro, Anacin available locally on medical and grocery shops particularly in case of fever, cough, cold and headache etc.
7.2.1 PRACTICES FOR HEALTHY LIVING:

The household survey conducted in the study community of Kalkeri regarding the practices followed by the respondents to keep themselves healthy reveal that most of the respondents from all caste/class households in the village believe that taking nutritious diet is essential to keep themselves healthy. Nutritious diet includes milk, butter, ghee, green vegetables, pulse and cereals, and fruit for vegetarians and meat and egg for non-vegetarians.

It is observed that most of the respondents mostly from Brahmin and other Lingayat castes in the sample have also stated that avoidance of smoking, liquor, and tobacco chewing and spitting to keep oneself healthy is essential, people of this study village mostly from Brahmin, Lingayats and Harijan communities also believe in praying and worshipping God/Goddess inspite of doing regular exercises in order to maintain a healthy life. Practices of living in a fresh air, adequate sunlight and use of clean and safe water to keep oneself healthy have been considered by all the respondents belonging to the high class households in the sample village.

A few other practices followed by the villagers for healthy living include taking rest, living in a place where fresh air and sunlight reach and using safe water, avoiding excessive sexual intercourse during menstruation and pregnancy and wearing clean clothes on the body. It may be due to the location of the village which is situated by the roadside and is possible to the villagers to have the urban contact by which they obtain what is all required for their health maintenance.

7.2.2. DIETARY PRACTICE DURING ILLNESS:

It is found during the study that various dietary practices are followed particularly during their illness by the respondents in the village. Rice, curd and banana being anti-diarrhoea are given
to the patients suffering from diarrhoea and dysentery. Heavy and pungent foods are restricted in this case. However, milk being purgative is also restricted by most of the respondents for the patients of diarrhoea and dysentery. Milk and fruits are adverse generally in case of constipation, while ghee or oil and heavy food and bread are not allowed to be taken by the patients suffering from constipation. In case of fever, recommended diet for patients contain only rice porridge (ganji), biscuits and milk while ghee, heavy food and bread are restricted.

In case of jaundice (Kaamani) the people who belonging to high class household take the advice of doctor, while middle, low and very low class households take advice of both local practitioner as well as traditional faith healer regarding diet to be given to the patient, juice of sugarcane (Kabbina Haalu) tender coconut water (Yeleneeru) sweet dishes prepared out of wheat are the recommended diet for patients. Salt, chilies, citric fruits are restricted. Only in case of chronic cough and fever, the people belonging to High and middle households take advice of doctors of nearest urban center regarding what is to be given to the patient. Where as, the people belonging to low and very low class households take advice of their local practitioner or decide on their own regarding the diet to be allowed.

But it is interesting and surprising to mention that the people of Kalkeri village are more advanced, in the sense that they do not believe in folk medicines, although there is a traditional faith healer in the village. As has already been mentioned in the third chapter, the villagers are lucky enough for having good and adequate transport facilities. It is because of this residents of this villager and other neighbouring villagers use to visit to the nearest urban centers to take advice and treatment from the expert physicians.
7.2.3. DIETARY PRACTICES DURING PREGNANCY AND DELIVERED MOTHERS:

People of Kalkeri village are aware of the food recommended and food restrictions during and after pregnancy. Generally, pregnancy is considered as a natural event in woman's life and therefore no special foods are given to her during the early stage of pregnancy. Hence, the normal diet is being followed as during other times. Papaya and iron tablets given by P.H.C. are a taboo for pregnant woman as it is believed that the excess heat in the above may lead to an abortion. It is generally observed during my study that pregnant woman refuse to consume the iron tablets given by Primary Health Centers. It is believed that the heat in the tablets leads to an abortion on the foetus enlarges and delivery of such a child becomes difficult for the woman as believed by some High and Middle class respondents.

Similarly it is observed that it is only after the delivery, she is given special foods and that too only for the first few days after childbirth.

One special dish is Kobrikhara (a preparation of dry fruits) given to a woman during the early nursing period. Coconut, Almonds, (Badami), Pistachios (Pista), Raisins (Dried Grapes), Dried Dates and a little cream of Wheat are all chopped together and heated in clarified Butter. Gum from Gum Acacia Tree is added. Refined Sugar or Jaggery is boiled until it forms a thick Gruel, it is stirred into the prepared condiments and the whole is shaped into balls called Laadu. This is only available in the High and Middle Class households.

7.3. PERCEPTION ABOUT TREATMENT

It is quite natural that people in every community perceive the life situations differently in their own way based on their knowledge, understandings, values attitudes, past experiences
and environment. So that people of different classes are likely to perceive similar health situations differently. The differential perception of health situation would affect the utilization pattern of health facilities differently. The differential perception of health situation would affect the utilization of health services is thus, dependent on the perception of symptoms and diseases, the stage of illness at which treatment is sought, the type of treatment required and lastly the availability of resource to seek treatment. Therefore, all these different aspects of treatment could determine the utilization of health services to a great extent. Hence, it would be interesting to analyze the perception of different classes regarding treatment, which mainly based on the recognition or diagnosis of symptoms and diseases.

The process of treatment also varies between different symptoms and diseases. Treatment for one disease is quite different from the other. The perception of symptoms and disease as requires treatment also varies from one section of the community to the other. Certain symptoms and diseases which are seen to be important enough to seek treatment. By one section of the population may not seem important to another section of the population. Further, the available health resources of household also affect the process of treatment. Those who have more resources for health care, seek earlier and a better treatment than those who do not have adequate resources.

In the process of treatment, apart from the health personnel, laymen who are closer to the patient or his household also play an important role. It is common to see that the laymen advising patients or their households regarding treatment to be followed, and often the patients or his households do follow the advice given by laymen because of faith and confidence in them. The worth mention is that the financial and other help offered by relative, friends, neighbours and teachers would help one to follow better treatment. In the present section of the chapter, it is proposed to discuss the perception of treatment, help seeking
behaviour priority of medical expenditure, and medical expenditure patterns of the households.

7.3.1. PERCEPTION ABOUT TREATMENT:

It is mainly based on one's recognition of symptoms and diseases. Unless the symptoms and diseases are perceived as important, process of treatment would not be initiated. Different sections of the community perceive the symptoms and diseases differently. Similarly, certain symptoms and diseases recognized by one class are not recognized by other. This differential recognition of symptoms and diseases is attributed to its various factors like financial resources, level of education etc. Even if the symptoms and diseases are recognized, one may not initiate the treatment processes immediately. Usually, it is expected that the low and very low class households of the community wait and see whether the symptoms or the diseases would disappear without treatment, certain symptoms and diseases which do not seriously interfere with their day to day life activities are often tolerated. However, this section of the study will deal with data collected regarding the need for treatment.

Respondents were given a list of eight symptoms of diseases and the diseases are asked to indicate whether they would seek treatment for these symptoms and diseases. Their responses to this question considers as a basis in determining how many symptoms and diseases are recognized by the respondents as important to seek treatment which are analyzed in the backgrounds of the class differences among the 153 household respondents. The list of symptoms and diseases are as follows:

The following Table 7.3 gives the details of the number of these symptoms and diseases recognized as needing treatment.

**TABLE 7.3**

**NUMBER OF SYMPTOMS AND DISEASES SEEKING OF TREATMENT BY CLASS STATUS**

<table>
<thead>
<tr>
<th>No of symptoms and Diseases</th>
<th>Class</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Middle</td>
<td>Low</td>
<td>Very low</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>24</td>
<td>35(22.9)</td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>6</td>
<td>4</td>
<td>9</td>
<td>15</td>
<td>34(22.2)</td>
<td></td>
</tr>
<tr>
<td>Two</td>
<td>3</td>
<td>7</td>
<td>10</td>
<td>12</td>
<td>32(20.9)</td>
<td></td>
</tr>
<tr>
<td>Three</td>
<td>5</td>
<td>10</td>
<td>5</td>
<td>3</td>
<td>23(15.0)</td>
<td></td>
</tr>
<tr>
<td>Four</td>
<td>8</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>14(9.2)</td>
<td></td>
</tr>
<tr>
<td>Five and above</td>
<td>8</td>
<td>7</td>
<td>-</td>
<td>-</td>
<td>15(9.8)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>31</td>
<td>34</td>
<td>55</td>
<td>153(100.0)</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Figures in the parenthesis are percentages.

None of the class had recognized all the eight symptoms and diseases as important to seek treatment. A majority of the High Class respondents found four or more symptoms and disease; a majority of the Middle Class respondents recognized two or three symptoms and diseases; a majority of the Low Class respondents considered one or two symptoms and diseases as important symptoms and diseases to go for medical treatment; and finally a majority of the Very Low Class respondents did not recognize any of these symptoms and diseases as being significant enough to seek treatment.

Further, it is found that the Low and Very Low Classes would not go for any medical treatment for most of these symptoms and diseases. They often consider these symptoms and diseases as one of the many health problems that they face in their day to day life. Therefore, they learn to adjust or live with these symptoms and diseases.
7.3.1.1. REASONS FOR NOT SEEKING TREATMENT:

Generally, there should be some reason for not seeking treatment for certain diseases and symptoms. But these reasons need not be the same for all the classes. For a particular symptoms or diseases mentioned in the above Table 7.3, the reason for not going for medical treatment may vary from one class to another. Table 7.4 gives the details of reasons for not seeking treatment for these symptoms and diseases.

**TABLE 7.4**

REASONS FOR NOT SEEKING TREATMENT BY RESPONDENT'S CLASS STATUS

<table>
<thead>
<tr>
<th>Reasons for not seeking treatment</th>
<th>Class Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
</tr>
<tr>
<td>No money to go for treatment</td>
<td>-</td>
</tr>
<tr>
<td>Time do not suit us for seeking treatment</td>
<td>16</td>
</tr>
<tr>
<td>Loss of the wage of the day, if I go for treatment</td>
<td>-</td>
</tr>
<tr>
<td>Do not call for medical aid</td>
<td>17</td>
</tr>
<tr>
<td>Medical fees expensive + drugs are not cheap</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>33</td>
</tr>
</tbody>
</table>

**Note:** Figures in parenthesis are percentages.

From the above Table 7.4 we may clearly observe that on the whole, a majority of the respondents having expressed their feelings that the symptoms and diseases not recognized by them as they were minor ones, which did not call for medical aid. However, a majority of the Low and Very Low Class respondents who would not go for treatment to most of these symptoms and diseases, attribute its reasons for they do not have enough money to go for medical treatment for these symptoms and
diseases. It was expected that households not seeking treatment due to financial difficulties increased with the fall of class position.

Though the health services are available in the study universe, to the poor, still there we find the economic barrier among the people of Low and Very Low Class households. For the Very Low Class the transportation expenses was also a barrier to seek medical treatment. Further, it was observed that in the field even the High-Class respondents considered Headache, Stomachache, and Cold as the minor symptoms or diseases. But Dysentery and Chest Pain were considered as the most serious symptoms by all the four classes.

7.3.1.2. STAGES OF ILLNESS SEEKING TREATMENT:

Even if a symptom or diseases is recognized as significant to go for seeking medical treatment, all may not go for treatment immediately. Certain sections of the community postpone treatment in the hope that the diseases or symptoms may get cured without any medical treatment. Some may try to adjust or live with these suffering until they start affecting their day-to-day life activities. The following Table 7.5 provides the details with regard to the stages of illness at which the respondents seek medical treatment.

From the below Table 7.5 we may clearly observe that on the whole, a majority of the respondents could wait and see the severity of the illness before going to a doctor for treatment. A majority of the "High Class" respondents would go for medical treatment immediately for all the symptoms and diseases which they recognized crucial for seeking treatment. Some of the "Middle", "Low", and "Very Low" class respondents may try to live with these sufferings unless and until they started affecting their routine work.
### TABLE 7.5
STAGE OF ILLNESS SEEKING TREATMENT 
BY CLASS STATUS

<table>
<thead>
<tr>
<th>Stage of illness for seeking treatment</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
</tr>
<tr>
<td>When illness affects daily routine work</td>
<td>9</td>
</tr>
<tr>
<td>Wait and see the security of the illness</td>
<td>16</td>
</tr>
<tr>
<td>Immediately</td>
<td>20</td>
</tr>
<tr>
<td>When illness incapacitates the body</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>52</td>
</tr>
</tbody>
</table>

Note: Figures in parenthesis are percentages.

\[ X^2 = 15.79; \text{df}=9; x^2 (0.06\%) = 16.92; \text{P}>0.05 \]

A few Middle, Low and Very Low Class respondents would even carry on until they were incapacitated by the illness. The Chi-square test of significance shows that there is a significant difference in the stages of illness at which treatment is sought by different classes for various symptoms and diseases.

It was also observed during our field work in the village Kalkeri that there is a gradation in the stages of illness seeking treatment from immediate treatment to postponing treatment till incapacitation of the body taking place. Since there is financial difficulty encountered by the Very Low Class respondents in seeking treatment they tend to postpone treatment as far as possible. On the other hand, once the need for treatment is recognized by the "High" class households they immediately sought medical treatment for the disease.

From what has been observed regarding the perception of symptoms and diseases among the sampled household respondents it can be said that the number of symptoms and diseases recognized as significant to seek treatment increased with the rise of class position. A majority of the High, Middle, Low class respondents did not recognize certain symptoms and
diseases important to seek medical care at all because they considered them as minor symptoms and diseases. On the other hand, a majority of the very low class households did not seek medical care for certain symptoms and diseases because of their poverty and ignorance. The High Class households sought medical care immediately for all the recognized symptoms and diseases. The "Middle" and "Low" classes wait and see the severity of the illness before going to a doctor for medical treatment. Lastly, the Very Low Class households would not go for treatment unless and until the illness started affecting their routine work.

7.4 HELP SEEKING BEHAVIOUR:

The laymen play an important role in the process of medical care/treatment. It is quite common to see that the common people who advice their sick neighbours or relatives on various aspects of treatment. Usually, neighbours, friends, relatives and sometimes teacher's influence the households on medical matters was considerable. The influences over the patient and his household may either hamper or sponsor the treatment depending on the type of informations their people give. However, not all the patients would follow there advises. It is found that apart from the advises, these people also help them financially or otherwise which would enable the sick person to approach a doctor for medical treatment.

7.4.1. LAYMEN CONSULTED:

It is common to see that when people face health problems, they tend to seek the advice and suggestions of those who are near and dear to them. The Table 7.6 provides the details of the persons who give advises or suggestions to those who are sick.

Of the 190 sampled households, only 173 households sought the advice of laymen, when they faced with health
problems. On the whole, a majority of the respondents 69 (40%) of all classes consulted their neighbours. However, more than half 58 (33.5%) of the "High" class category households sought the advice from their relatives. A majority of the respondents belonging to the 'Middle', 'Low' and 'Very Low Class' category households looked for advice from their neighbours. Out of 173, only 12 (7.0%) of the respondents from households fall classes were advised by their local primary school teachers.

Only a few 10 (19%) of the "High" class category households living in the houses built separate and little away from others whose relationship with their neighbours might not be as close as to seek advise from them for their illness. On the contrary, a majority of Low and Very Low Class households 23 (58.9%) and 27 (43.5%) were sharing their dwelling with two to four households.

TABLE 7.6

RELATIONSHIP OF CONSULTING LAYMEN TO RESPONDENT BY CLASS BACKGROUND

<table>
<thead>
<tr>
<th>Nature of consulting laymen</th>
<th>Class</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Middle</td>
<td>Low</td>
<td>Very low</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relatives</td>
<td>28</td>
<td>11</td>
<td>12</td>
<td>7</td>
<td>58</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neighbours</td>
<td>8</td>
<td>13</td>
<td>14</td>
<td>34</td>
<td>69</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>7</td>
<td>5</td>
<td>10</td>
<td>12</td>
<td>34</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>-</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>34</td>
<td>38</td>
<td>53</td>
<td>173</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Figures in parenthesis are percentages.

Since a majority of the households 75 (40%) in the total sample, were living in one dwelling, their relationship with one another was likely to be closer, and they would consult each other, when they were faced with health problems. Further, it was also observed that the High and Middle Class households might go to the private doctor for consultation for every health problem.
or they might have their family doctor. So they do not consult laymen as much as the Low and Very Low Classes consult for their health problems.

7.4.2. TYPE OF SUGGESTIONS:

We find that on the whole, 88 (51%) of the households were advised to go to a doctor, a majority of the households 39 (22.5%) were advised to take rest, some of the respondents 34 (19%) belonging to all the classes, were advised to go for treatment and prescribed medicine, 8 (4.6%) of the households were advised to go to a doctor and prescribed medicine, only a few 4 (2.3%) of the households were advised to go for treatment and also advised to take rest. Thus, there is a wide difference between the type of suggestion given by laymen.

7.4.3. CONSIDERATION OF ADVISE AND SUGGESTIONS:

The mere suggestion or advice of laymen would not affect the process of the treatment unless their suggestion or advice is accepted or considered positively by the patient and his household. Table 7.7 gives the detail about the consideration of suggestions of laymen.

**TABLE 7.7**

**CONSIDERATION OF LAYMEN'S ADVISE AND SUGGESTIONS BY CLASS BACKGROUND**

<table>
<thead>
<tr>
<th>Do you consider their suggestion?</th>
<th>High</th>
<th>Middle</th>
<th>Low</th>
<th>Very low</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I do follow their suggestions completely</td>
<td>42</td>
<td>26</td>
<td>19</td>
<td>14</td>
<td>101(58.4)</td>
</tr>
<tr>
<td>Yes, but I do not follow completely</td>
<td>3</td>
<td>10</td>
<td>18</td>
<td>22</td>
<td>53(30.6)</td>
</tr>
<tr>
<td>No, I do not follow</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>14</td>
<td>19(11.0)</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>37</td>
<td>39</td>
<td>50</td>
<td>173(100.0)</td>
</tr>
</tbody>
</table>

Note: Figures in the brackets are percentages.
On the whole, a majority of the respondents 101 (58.4%) are considered the suggestions of the laymen, 53 (30.6%) of the respondents are partially considered the advice of the laymen; 19 (11.0%) of the respondents are completely rejected the advise of the laymen. A majority of the High, Middle and Low Class households completely followed the advice of the laymen. While a majority of the Very Low Class households considered and partially followed the advice of the laymen. The complete acceptance of laymen’s advise and suggestions by a majority of the High, Middle and Low Class households may reveal that their closer ties with their neighbours and their confidence and reliance on their neighbours. It may also show their ignorance, helplessness and dependence upon group approval.

7.4.4. PATTERNS OF HELP DURING ILLNESS:

It was observed during the investigations that attending relatives, neighbours or friends during their illness is not only a social obligation but has also become a form of etiquette in the social life of the rural community. Almost all the respondents of the village are of the opinion that one must go there and stay with them for some time and one should provide care and help during illness or some such similar situation. It was also observed that apart from receiving advise and suggestions from their near and dear ones, some may receive financial or other kinds of help from these people which would enable them to accelerate the treatment process. Out of 190 sample households, 173 households would receive help from others during their sickness as the details in the following Table 7.8 reveal.

From the above Table 7.8 we may observe that out of these 173 households a majority of the households 75 (43.3%) receives financial help from their neighbours/friends/relatives, 55 (38.8%) of the households received only suggestions: 27 (15.6%) of the households received medicines from others;
TABLE 7.8
TYPE OF HELP RECEIVED BY CLASS BACKGROUNDS

<table>
<thead>
<tr>
<th>Nature of help</th>
<th>Class Background</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Middle</td>
<td>Low</td>
<td>Very Low</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Medicine</td>
<td>1(2.1)</td>
<td>4(12.5)</td>
<td>9(23.0)</td>
<td>13(23.6)</td>
<td>27(15.6)</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4(7.4)</td>
<td>4(2.4)</td>
<td></td>
</tr>
<tr>
<td>Suggestions</td>
<td>40(85.1)</td>
<td>7(21.8)</td>
<td>6(15.4)</td>
<td>2(3.6)</td>
<td>55(31.8)</td>
<td></td>
</tr>
<tr>
<td>Financial help</td>
<td>3(6.4)</td>
<td>17(53.2)</td>
<td>20(51.3)</td>
<td>35(63.6)</td>
<td>75(43.3)</td>
<td></td>
</tr>
<tr>
<td>Suggestion + financial help</td>
<td>3(6.4)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3(1.7)</td>
<td></td>
</tr>
<tr>
<td>Providing assistance in the hospital</td>
<td>-</td>
<td>4(12.5)</td>
<td>4(10.3)</td>
<td>1(1.8)</td>
<td>9(5.2)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>47(100.0)</td>
<td>32(100.0)</td>
<td>39(100.0)</td>
<td>55(100.0)</td>
<td>173(100.0)</td>
<td></td>
</tr>
</tbody>
</table>

Note: Figure in parenthesis are percentages.

only a few households 3 (1.7%) received both suggestions and financial help; 4 (2.4%) households got the help in the form of food supply to the sick person; and 9 (5.2%) of the households received help from their neighbours in the form of their assistance in the hospital.

The help offered in the form of providing food usually believed to be of the mother to take care the sick in the hospital, while father may go for his fieldwork. Further, financial help assist the household to buy medicines, and special food. Worth mentioning here is that financial help is mostly referred to borrow money from others for meeting medical expenses. It is not free financial assistance.

Further, it is clear from the Table 7.8 that from the point of suggestions received from others, the number of respondents increased with the rise of class position. While in case of financial help it is a vice versa. So, higher the class position lower was the number of persons received help from others.

It was also observed that during the illness of a delivered mother who belonged to the Kuraba caste, was found suffering from Chronic Cough and Tuberculosis. A majority of the respondents in the village were in favour of going to see her and provide financial help. But at the same time it was also found that there were few respondents in the village who think that there is
no need to go there and provide any help to patient and her family. These people were under the impression that sins or misdeeds of their past lives is the cause of their sickness. Thus, the analysis reveal that social relations and social assistance and contacts more deeply exist in the village of Kalkeri despite it being influenced considerably by the urban values.

To summarize the data regarding the help seeking behaviour of the respondents, the role of laymen during sickness was more among the very low class households of the sample than the high class households. A majority of them received advise from their near and dear neighbours. However, a majority of the high class households consulted their relatives. The important advises and suggestions received from the laymen are:

1. Prescription of the medicines,
2. Advice to go to doctor and
3. Advice to take rest.

While some of the High, Middle, Low and Very Low class households partially followed the advises given by the laymen. A good number of the Low Class households have completely rejected the advises of the laymen. Those who received help in the medical care from the laymen increased with the fall of class position. The important kinds of help received by all the classes are

1) Suggestions, 
2) Financial help, 
3) Medicines, 
4) Providing assistance in the hospital.

Apart from these few of Very Low class households are received food items by others.

7.5 MEDICAL EXPENDITURE:

As priority of medical expenditure vary from one class to another, the quantum of medical expenditure would also vary
between different classes. The following Table 7.9 gives the medical expenditure of different classes.

**TABLE 7.9**

**MEDICAL EXPENDITURE OF THE SAMPLED HOUSEHOLDS BY CLASS BACKGROUND**

<table>
<thead>
<tr>
<th>Medical Expenditure (in Rupees)</th>
<th>Class</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Middle</td>
</tr>
<tr>
<td>No expenses</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Less than 100</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>101 - 300</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>301 - 500</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>501 - 700</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>701 - 900</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>901 - 1100</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>1101 and above</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>52</td>
<td>37</td>
</tr>
</tbody>
</table>

Note: Figures in parenthesis are percentages.

\[ X^2 = 113.42; \) \text{df}=21; \) \text{ }X^2 (0.05) = 32.67; \) P<0.05

Table 7.9 clearly shows that almost half of the High Class households 31 (59%) had medical expenditure Rs. 700 to 1100; 20 (54%) of the Middle Class households spent medical expenditure Rs. 301 to 900; about one-third of the Low class households 12 (30.7%) had medical expenditure less than of Rs.100; while a near half of the Very Low Class households 30 (48.4%) had also the same amount of medical expenditure; 27 of the low and very low class households altogether had medical expenditure of Rs. 300 to 500; and a very good proportion of Very Low Class households 22 (35.5%) did not have medical expenditure. On the whole, 33 (17.4%) of the total sample households did not have medical expenditure. It was expected that on the whole, the medical expenditure increased with rise of class position. The Chi-Square Test for the Table 7.9 showed that the difference in medical expenditure between different classes was very significant.
7.6 PRIORITY OF MEDICAL EXPENDITURE:

The quantum of health services utilized can be measured from the amount of money spent on medical care in the households. One of the main objectives of the study in this section is to study the role of economic factor in health and disease. It is well known fact that the good health of the individual is mainly based on his households income, and the amount of money spent on medical care. It may be expected that households having better economic condition would determine to a greater extent, the capacity to purchase health services. However, an attempt has made here to understand how the people of different class household gives the priority to the medical expenditure. Along with other household expenditure items shows the importance given to the health services, and importance of the health status of the household.


<table>
<thead>
<tr>
<th>Priority of medical expenditure</th>
<th>Class</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Middle</td>
</tr>
<tr>
<td>First</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>Second</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Third</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Fourth</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Fifth</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Sixth</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>52</td>
<td>37</td>
</tr>
</tbody>
</table>

Note: Figures in parenthesis are percentages.

$X^2 = 192.23; df = 15; X^2 (0.05) = 25.00; P < 0.05$
From the above table 7.10 we may observe that only a few households 26 (13.7%) had given first priority to medical expenditure and of the 26 households, a majority of the households belonging to the "High" class category and hence had given first priority to the medical expenditure. Only 2 respondents from each class belonging to 'Middle' and 'Low' class households and only one from 'Very Low' class had given first priority to it. On the whole, a majority of the households in all the four classes did not give any importance to medical expenditure and it got either third, fourth or fifth place of importance. The number of households given last priority (sixth) increased with the rise of class position. The chi-square test of significance showed that the difference in the priority given to medical expenditure item by different classes was significant at the 0.05 level.

Though the "High" class category households spent very high amount on medical expenditure, a majority 59.6% of their priority to medical expenditure item was found to be low, because though the absolute amount spent on health services was high, their amount formed only a small proportion of their total income, and they spent bigger amounts on other household expenditure items. On the other hand, the small amount spent on medical care by the Low and Very Low Class households formed a bigger percentage of their total income.

To summarize the data regarding the medical care, the amount of money spent on it increased with the rise of class position. The priority given to medical expenditure when compared to other household expenditures it was low. On the whole, the Low and Very Low Class category household have given higher priority to medical expenditure items.

7.7 SUMMARY:

This chapter has been divided into 1. Belief system, 2. Health practice and 3. Perception about treatment. "Health" as
defined by the villagers is essentially a result of absence of illness/disease/injury in the body and normal functioning of the body system. It means only when a person, he or she, remain free from all types of illness is considered as healthy person, while "disease" has been considered as a malfunctioning of the human body. It means when a person completely stops his day-to-day work and confines to bed, he become sick. It has already been notices that the respondents in the village Kalkeri considered poverty, germs and confined to bed as the general cause of disease and considered as sick or ill person. Almost 26 (31.1%) viewed wrong combination of food consumed; and 29 percent excessive heat or cold and bad irregular habits; 15 percent malfunctioning of the human body, are considered as a general causes of the disease. Similarly it has been found that 41 percent absence of disease, illness, injury in the body and normal functioning of the body; 27 percent ability to perform daily routine physical work without any difficulty, eats more, hard work and long lives; 17 percent good muscular body, freedom from worries and sorrows and well adjustment with others; only 14 percent right condition of the body is god's gift and good deeds of the past lives. Thus the people of the village considered the concept of health.

It has been observed that the villagers are diagnosing the external symptoms of certain diseases like Jaundice, Fever and Cholera. 42 percent of the respondents are considered Diarrhea, Vomiting, Excess Heat in the Body, Thirst, Dry Skin, and Sunken Eyes as external symptoms of Cholera; 39 percent looks sad, Yellowish Eyes, Urine and Nails and loss of Appetite are external symptoms of Jaundice; only 16 percent of the respondents considered looks Pale, Black Body, High Body Temperature, Headache, and Bodyache are the external symptoms of a person suffering from Fever.

It has been observed during the study that deistic, demonistic, supernatural reaction etc. are considered as causes
of various diseases, by the respondents committing sins or misdeeds of the past lives have been considered as the cause of diseases like Asthma, Tuberculosis, Paralysis and Skin Whiteness, by the respondent of the village. Similarly, intrusion of Ghosts, Demons and Witch comes in the demonstic belief. Smallpox/Measles are believed to be caused by deistic factors as stated by most of the respondents in the village. Thus, for the treatment of Smallpox/Measles, both and Government and Private Doctors are not consulted at all, but certain traditional notions are followed to avoid any ill effect on the patients and worshipping Goddess Durga Devi is performed. A good number of respondents believed Mosquitoes bite as the cause of Malaria.

Similarly, it has been observed that the villagers also believe in prevention of diseases. They believe in the efficacy of modern medicines than any other system of medicines, particularly a disease like Tuberculosis, Madness. However, many other practices are also prevalent in the study community for example, home medicine followed by treatment of traditional healers are not much popular in the study village. In Kalkeri there only one or two traditional healers from Muslim community of the village are providing Magico-Religious, Herbal Therapy to the villagers. Snake/Scorpion bites are also treated by Magico-Religious Therapy. Besides, private medical practitioners are also consulted by the villagers. Role of private practitioners has also been found crucial in the village health system of Kalkeri. But the government practitioners whether medical or ayurvedic are visited very rarely. Treatment at home had been preferred by the villagers rather than getting admitted in hospital.

It has been found that there are 57 percent Non-Vegetarian, 43 percent are found to be vegetarians. The Nutritious Diet as described by the villagers include Milk, Butter, Ghee, Fruits, Green Vegetables and Pulses and Cereals and improvement of health could be ensured by taking such Nutritious Diet. The idea of Hot and Cold food is also found to be present in the village.
It has also been observed that greater care and more concern are shown in the households, particularly when head of the family or earning member fall sick. The villagers also believed in providing help and co-operation to their close relatives/neighbours during their illness. Similarly, they expect the same response from their relatives/neighbours in the time of need and emergency.

The data regarding health practices during illness reveal that 78 (41%) of the respondents tend to prefer to go to consult local private practitioners; 49 (26%) respondents consult the private doctor in the nearby town. Most surprising thing is that 16 percent of the respondents do not bother for their illness and take old medicine prescribed by a doctor many years ago. Till now, a very few seem to be believing in witchcraft treatment. Use of home medicine in the village is almost negligible. It is practiced only in case of dog bite as first aid treatment by the villagers.

Similarly, the number of given symptoms and diseases recognized as significant to seek treatment increased with the rise of class position. A majority of the High, Middle, and Low Class households did not seek treatment for some of these symptoms and diseases because they considered them as minor ailments. On the other hand, financial problem blocked a majority of the Very Low Class households to take treatment to these symptoms and diseases while most of the High Class households sought treatment immediately

Only 173 households sought advise from laymen during their illness. Of them a majority of the High Class households consulted their relatives, other three classes mainly consulted their neighbours. Quite surprisingly, a few of the respondents 12 (7%) consulted their local teachers before going to a doctor. The common advice given by the laymen's are, 1. Advise to go to a doctor, 2. Prescribing medicine and 3. Advise to take rest. While, a majority of the first three classes considered layman's advise completely; a majority of the Low and Very Low classes
partially considered layman's advise; and a some of Very Low
Class households do not considered the advice of laymen.

The data regarding the help received from others, during
sickness and this increased with the fall of their class position.
Some of the help received are
1. Financial help,
2. Suggestions,
3. Medicines,
4. Providing assistance in the hospital
5. Food items.

Out of 173, only 33 households do not have medical expenditure and
most of them belong to the Very Low Class. The medical expenditure
increased with the rise of their class position. The priority given to medical
expenditure along with other household expenditure items was comparatively
low in all the four classes. It is observed during the investigations that a
majority of the villagers do not use the available free health services provided
by the local Primary Health Centre. Only a few of the villagers utilize the free
health services in the village locality. However, it is clear from the above
discussion and one may conclude that effort should be made to motivate the
people of the village towards the proper utilization of local health services.