PREFACE

Health and illness are universal phenomena. Health is an indicator of the effective functioning of the biological system. According to World Health Organisation (WHO) health is a 'state of complete physical, mental and social well-being and not mere absence of disease or illness'. While the physical and mental aspects are taken care of by medical profession, the social-well being dimension has been neglected so far. This aspect requires a closer understanding of the underlying complex relationships between health and social, economic, political and cultural aspects of society.

India is committed to achieve the goal of 'Health for All' by 2000 AD in accordance with the Alma-Ata declaration, 1978. A close look at the present health status of the population in our country reveals glaring inequalities. The distribution of health resources - practitioners, dispensaries, hospitals, equipment, beds etc. - is highly uneven between urban and rural populations. Health indices such as high infant mortality, high birth rate, high morbidity rate etc. reflect the gravity of the health problems in our country. In addition to these
problems, aspects such as social status, economic standing, power relationships, culture, age, sex etc. play their role in accentuating these problems. Against this background, the present study was undertaken to understand the relationship between health care and social stratification at micro-level. This study will be of interest to social scientists, policy-makers and development functionaries working in the health field.

The study was conducted in village, Rangampeta in East Godavari District of Andhra Pradesh. It explores the relationship between social stratification and patterns of morbidity, health action, utilisation of health resources and observance of health practices in the community.

The present study is divided into seven chapters. The problem, its importance and review of literature were discussed in the First chapter. In the Second chapter, the objectives and methodology were spelt out. In the Third chapter, the study village and the characteristics of the sample population were described. Patterns of morbidity and health action in relation to social stratification was discussed in the Fourth chapter. In this chapter, acute and chronic morbidities and
caste, class, age and sex variables were analysed. Utilisation of various health resources available to the community by caste and class groups was discussed in the Fifth chapter. In the Sixth chapter, health practices and their relationship to caste and class was presented. Conclusions and summary were presented in the last chapter.