CHAPTER SIX

CULTURAL CONSTRAINTS
The concept of culture refer in a general sense to the designs for adapting the social and physical environments that characterize the life of a particular population. The concept is extremely global and inclusive, social groups, in contrast, are complex, varied and changing, and thus the concept of culture is at best a sensitizing one that gives us a way of viewing the social world. It is important to realize that the concept of culture is a scientific abstraction through which the investigator attempts to characterize the consistencies in behaviour that he observes as he studies the ways in which people deal with tasks and with other people. Although students of culture seek to find regularities and consistencies in patterns of behaviour from which they infer "cultural patterns", there is frequently great variation in behaviour among people in a particular community and, thus, so called cultural patterns are only rough approximation of the way people behave in a particular context.

The concept of culture is used in many different ways, and descriptions of cultural values, attitudes, and orientations vary greatly in their degree of abstraction. For example, it is commonly asserted by Americans that health is

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1. Mechanics op. cit. p. 34.
an important cultural value. Talcott Parsons\textsuperscript{2}, in an analysis of health value, has argued that the emphasis on health in American society is linked with other cultural values such as "activism" (orientations to mastery over the environment), "worldliness" (an emphasis on practical secular pursuits). In his view, not only does each of these values lead to an elaboration of the health sciences, but also the development of these sciences promotes man's opportunities to live in accordance with such values, the maintenance of good health enhances mastery and progress.\textsuperscript{1}

Bronislaw Malinowski wrote the article on culture for the Encyclopaedia of Social Sciences, placing emphasis on culture "as a functioning, active, efficient well organized unity, which must be analysed into component institutions in relation to one other, in relation to the needs of human organism, and in relation to the environment, man - made as well as natural" \textsuperscript{3}.

A significant text for pattern theory is the historical and critical review by Alfred Kroeber and Clyde Kluckhohn of several hundred definitions of culture and their heroic effort

\begin{itemize}
\item \textsuperscript{3} Bronislaw Malinowski, Culture in Encyclopaedia of Social Sciences, vol.4, New Yor; Macmillan, 1931, pp. 621-645.
\end{itemize}
to arrive at a summary formulation which, they believed, would be much acceptable They observe:

"Culture consists of patterns, explicit and implicit, of and for behaviour acquired and transmitted by symbols, constituting the distinctive achievement of human groups, including their embodiments in artifacts, the essential core of culture consists of traditional (i.e. historically derived and selected) ideas and especially their attached values, culture system may, on one hand, be considered as products of action, on the other as conditioning elements of further action"^4.

They further consider culture as an intervening, variable between human 'organism' and environment"^4A.

The etymological meaning of culture is "the training and refinement of mind, tastes and manners, the condition of being thus trained and refined"^5. A new born human baby is only an organism and lacks the behaviour pattern necessary for living in human society. The infant acts on certain biological desires such as hunger, and know the sympathetic behaviour of his parents who satisfy those desires. But


4A. Ibid.

5. The Oxford English Dictionary.
during his contact with others he bears the skills, knowledge, and thus learns culture. Linton defines culture as "the way of life of its members, the collection of ideas and habits which they learn, share and transmit from generation to generation". Man learns culture in society. He is actually a product of cultural environment. Every society develops a mechanism by which it transmits culture from one generation to the other. Culture plays an important role in human society as it develops norms, and determines the area within which an individual operates and manifests his behaviour.

The culture of a group affects every aspect of growth and development, the acquisition of goals and aspirations, the risk factors to which one is exposed and modes of response and adaptation. From conception to death, almost every major life experience is conditioned to some extent by cultural beliefs and orientations, who is eligible to mate, forms of contraception, family size and spacing, feeding and weaning these and many more depend on social customs and taboos.

All cultural traits, habits, pre-judices and the like are based essentially on a mixture of conscious and subconscious urges for individual and group survival and perpetuation.


As Kluckhon indicates: "Any cultural practice must be functional or it will disappear before long, that is it much shoe how contribute to the survival of the society or to the adjustment of the individual". Every society has developed institutions and method of behaviour to safeguard and perpetuate the practices and beliefs which its members consider the most important, social arrangements or organisations have been developed over long periods of time on the basis of proven group experience to meet life's basic needs. Programmes such as public health necessarily involve the introduction to the culture of a society of new practices and changes in these arrangements.

Paul Benjamin also describes it in the same way as he says: "The cultural system does limit the range of individual behaviour and in this sense customs exert a restraining influence. Culture defines the value men hold, the goal they seek, the means they use. By thus organizing their outlook, culture is also a guide to action, a positive force that channels motivation and impart meaning to existence. We are too inclined to perceive the negative and overlook the positive when we behold the customs of others. Now a health programme strikes at the uncertainties of death and disease and it may seem ironical that the dissemination of improved

medical practices should be impeded precisely by those superstitions that owe their vitality to the hazards of life deriving from inadequacies of medical knowledge. But faith is strong where risks are great, and people act slowly when it comes to shifting their faith from a familiar system of security to an unfamiliar one, however, efficacious the new system may prove to be in the long run. It should not be overlooked that faith gives psychological security, whether faith is placed in magic, religion or science.  

It is a fact that health of a people reflects the way it chooses to live, but it remains a point of great significance. Patterns of illness and death in society are very much influenced by values affecting organization of the family, work and recreation. Man's constructed environment is a major cause of most parasitic and deadly diseases.

Cultural conditioning may contribute to or insulate individuals from serious health problems. Prohibited drinking associated with religious Muslim culture and the condemnation of drunkenness characteristic of Muslim values result in low rates of alcoholism in their society.

Many health workers reported that societies frequently

found it difficult to convince people of the protective values of immunization, decontaminated water supplies and other health measures without reinterpreting these measures so that they fit common cultural conceptions.\textsuperscript{10}

Some problems in public health work not only illustrate the importance of culture, but also show why public health programmes must take such factors into consideration.

1. Health officials attempt to persuade villagers in rural population to build laterines. Even when built, they are often not used because they are inconsistent with traditional forms of behaviour, or because their location interferes with cultural concepts of modesty or typical patterns of interaction. Going out "into the fields" to relieve oneself can be both a biological and social event.

2. For people to whom family and companionship is a central value the hospital is perceived as a threatening place. Rules of isolation for infectious diseases, visiting regulations and other restrictions produce a feeling of "aloneness" when people in the cultures may feel the greatest need for companionship and expect a large amount of familial attention.

3. Public health personnel frequently find it difficult to change peoples diet because social and religious ideas as well as nutritional ones, are

\textsuperscript{10} Margaret Mead ed. 1953. Cultural Patterns and Technical Change. New York: World Federation of Mental Health, UNESCO.
associated with food. Certain foods are religiously unacceptable, other foods must be prepared in particular ways if group taboos are not to be violated. In other cases the introduction of new foods disrupts the pattern of family and group associations.

As the child develops in a culture, he learns the acceptable modes coping with the usual tasks relating to subsistence, social relations, and community obligations. He acquires a conception of himself and others, instrumental and expressive skills and psychological defences through which he protects his place in his group and his self image.

Even on the grossest level of cultural generalization, cultural beliefs have a profound influence on the health of the people. Indians may starve but will be reluctant to kill their cattle and will even share their homes and food with them. They will often allow monkeys to plunder their crops because they consider the monkey as sacred. Similar attitude towards cattle we find in Egypt. Bogue and Habashy also described the attitude of the Egyptian villager towards his animals and the effect of it on attempts to improve health conditions by quoting one of those involved: '"The Fellah has his own habits and traditions which have come down with his long heritage. Many of these habits are good but many contribute to bad health because of lack of experience or ignorance of their effect. The

11. Ibid.
poorest farmers keep their cattle and other animals in the same house they themselves live in. One old man explained it to a health educator simply that: We like our animals and want them where we can see them at night. They are our most prized possessions on which we depend for our very food and livelihood." 12.

With some of the consideration in mind, it is obvious that many if not all cultural patterns bear some relationship to the degree of health of a people, and the extent to which they will accommodate themselves or by receptive efforts that might be made to improve their health. Let us concern ourselves with some examples of cultural patterns which may have a disadvantageous effect on the health of the people.

One obvious and commonly accepted reason for the factors involved in the causation of illness and health is ignorance or lack of knowledge. Now a days, it is common that the infant are traditionally taken off the breast at a very early age, following which they are fed essentially with adult foods, often directly from the family table. On analysing the causes of infant mortality in some areas indicated a high incidence of death due to severe digestive disturbances and intestinal infections. In addition to this instance, there

are many groups in which it is the custom for the mother to pre-chew solid foods for their babies and young children, not realizing the bacteriologic risk in their attempt to carry out what appears on the surface to be logical procedure.

One aspect of culture which is easily overlooked is the fact that it is more than a collection of customs, it is a system of customs, each one more or less is related to the others in a meaningful fashion. A culture has a structure as well as the content, it is not just like a haphazard pile of bricks.

The above discussion gives an idea that cultural factors are very important in health and diseases. Medical Scientists and sociologists express their concern with cultural factors. Park and Park rightly observe, "It is now fairly established that cultural factors are deeply involved in the matters of personal hygiene, nutrition, immunization, seeking early medical care, family planning, child rearing, disposal of refuse and excreta in short the whole way of life".¹³

The first thing that strikes a sociologist in India and which requires an explanation is the immense heterogeneity of medical beliefs and practices all over the country.

Besides the well known and wide spread medical systems such as Ayurvedic, Unani, Homeopathic and Allopathic, there are various types of localized folk and tribal medical beliefs and practices. All these beliefs and practices are, in varying degrees, different from each other in terms of tools, techniques, ideas and beliefs, and rationalization. But inspite of these differences, one finds that people belonging to all sections of the population including the most "westernized" resort simultaneously to elements of these varied systems.

Almost all the sociologist and anthropologists who have worked in this field have made interesting observations on the variety of medical techniques that are used by people living in small communities. M. Marriott observed that numbers of the same village or family often hold highly varied medical beliefs and follows widely divergent practices, "standardized medical treatment scarcely exist". L. Lewis writes: "An interesting aspect of our interview data is the way in which traditional views about disease exists side by side with modern germ theories. This reflects the fragmatic bent of the villager, who is willing to try anything if it works". One of the important tasks of the sociologists

is to collect more facts on this point and they explain this great heterogeneity in medical practices in terms of sociological framework. For instance, the social scientists suggest that this heterogeneity could be explained by subjecting the field of medicine to a scheme of analysis similar to that used to explain the heterogeneity of other items of Indian culture. Some of them refer to M.N. Srinivas's concept of spread and 'Sanskritization' and 'parochialization' which have been used to show how cultural items travel horizontally and vertically from one segment of the population to another. "As a consequence of uneven spread of the cultural items, one finds today that, where as certain cultural items are found all over India, there are another which have remained confined to particular sections of society". The work of R.S. Khare supports this approach. In his description of the village Gopalpur in Central Uttar Pradesh, Khare observes:

"A detailed account of the concept of Jamoga (tetanus) clearly reveals gradual elaboration and Sanskritization of ideas regarding diseases as we move from lower to higher castes. The higher castes think about a disease more with the help of the ideas embodied in the greater tradition, while the lower castes largely seek explanations in spirits, impersonal forces, and tribal gods. There is also a difference in the elabora-

tion of ideas as we move from lower to higher castes.\textsuperscript{17}

The fact is that the total ways of human life are determined by the culture. Every culture teaches human being how he has to take food, what material he has to use and what are permissible and what are prohibited to them. Similarly, the cultural traits develop different kinds of beliefs and opinions in human beings. The attitude and opinion of the people towards health and disease are based on, to a great extent, to cultural traits. A perusal to cultural traits reveals that there are certain elements and trends in culture which serve as regarding factors in adoption of hygienic way who check disease and to improve the health. In rural areas people still believe that diseases are the curse of supernatural beings, when Gods and Goddes become angry they spread diseases. These beliefs are culminated in the cultural heritage which easily sways people to these apprehensions.

"Cultural constraints" means restrictions provided by culture, as I discussed above there are certain provisions in culture which restricts to adopt scientific and modern ways of curing the diseases, improving and maintaining the health.

\textsuperscript{17} Khare, R.S. Folk Medicine in a North Indian village, \textit{Human organization}, 1963, 22 (1) 36 - 40.
In the earlier chapter an example cited when the personal hygiene was discussed that rituals are important in cleanliness rather than the hygiene. The concept of cleanliness in village is nothing but purification. They do not believe in germ theory of disease causation, neither they are aware of the relationship of bodily uncleanliness with the diseases. Ritual purity is very important to them against the scientific method of cleanliness, and thus, an orthodox Hindu in the village will not drink water by the hands of a man of lower caste however, neat and clean he might be, whereas he will not hesitate to accept water from the hands of a fellow casteman however dirty he might be in scientific terms.

During my field study it was found that both the communities by and large did not realise the gravity and consequences of parasitic hazards. They took it lightly and first they tried to cure it by their own devices. People were generally ignorant about how intestinal parasitic diseases are transmitted. Majority of them in rural population, i.e. 69? (38.0 per cent) did not know that the parasites could be transmitted by their neighbours, 33 of them reported their knowledge about their transmission through neighbour and rest of them showed their ignorance in this regard. In urban population 67 (44.66 per cent) of them gave their answer in negative and 28 (18.66 per cent) in positive, while rest of them did not hold any opinion.
Similarly a good number of the respondents in rural population, i.e. 83 (55.33 per cent) did not know that intestinal diseases exist in poor environmental conditions. Only 49 (32.66 per cent) were aware of this fact and 18 (12.0 per cent) did not give any reply. Whereas, in urban population, quite a different picture emerges. There 51 (34.00 per cent) knew that intestinal parasitic diseases could be transmitted due to poor environmental conditions while 44 (29.33 per cent) did not know this fact, and the remaining 55 (36.66 per cent) showed their ignorance about it. The rural people did not take much precaution against mixing up with those neighbours who lived an unhygienic life and were not at all mindful about having relations with those persons who maintained cleanliness. Urban people had some consciousness and they took noticeable precautions against mixing up with unhygienic people and in having relation with those who did not maintain cleanliness.

Illiteracy also plays a major role in the life of the people who are not aware about the causes and consequences of intestinal parasitism. People of the area felt that in the present circumstances which prevailed in their locality it was not generally considered desirable to get education. The percentage of such persons in urban areas was 55 (36.66 per cent) and 43 (28.66 per cent) did not agree with this statement while 52 (34.66 per cent) did not have any opinion.
In rural population only 35 (23.3 per cent) agreed with this statement and 58 (38.66 per cent) did not agree while 57 (38.0 per cent) did not hold any opinion. It was revealed during the field work that majority of them did not realise the gravity of intestinal parasite in both the populations. They were not aware of how the intestinal parasites originate and spread. This showed their ignorance and lack of knowledge about it.

Residents of both the communities generally felt that people did not care about the unhygienic conditions of their surroundings due to economic and social circumstances. They considered that economic and social conditions were responsible for unhygienic surroundings. Among rural people 75 (50.0 per cent) agreed with this view and 42 (28.0 per cent) opposed while 33 (22.0 per cent) did not have any opinion. In urban population 48 (32.0 per cent) felt that economic and social conditions were responsible for unhygienic surroundings and 42 (28.0 per cent) rejected this view while the remaining 60 (40.0 per cent) do not express any opinion.

In rural population a good number of them thought that suffering with the disease is the matter of chance or luck but against it urban people did not think about it in this term and most of them were against this view.

Generally, people are found of natural surroundings and they are accustomed to that life. They prefer to live in natural surroundings whether hygienic or unhygienic. They do
not worry about such ecological conditions except that
they appreciate to live free from all artificial amenities
which the urban people fabricate for themselves. That is
the reason why they are not interested modifying the condi-
tions in which they live. Although this tendency motivates
man to create artificial or man-made environment to live a
comfortable life. But the urban people do not prefer unhy-
gienic life and they want to modify their surroundings.
They want to change and apply certain measures to make their
environment hygienic and beautiful. This difference is due
to their cultural understandings and their concept of hygienic
living. Rural people due to their cultural stigma, do not
want any change. They never think about it. It certainly
depends upon how they perceive illness and correlate it with
the environment.

The present study has revealed that mostly people,
inspite of their registration in the Rural Health and Train-
Centre, Jawan, did not prefer to go there for petty health
complaints. They first applied their own devices to cure
the diseases themselves and after failing to get relief,
reported to the Health Centre. It was also observed that
the women were not particular about visiting the Health
Centre for ordinary and seasonal ailments, they preferred
to treat themselves at home while the males did frequently
visit the Centre. Women generally used their own devices
for the remedy of the diseases caused by common or parasitic
infections. This was one of the reasons that parasitic infectious cases were not reported in a sufficient number to the Centre. The present investigator traced out many cases of this infection during the conversation with the respondents. Many of them reported about the Ascariasis but they never reported to the Centre for the treatment.

Contrary to it in the urban Centre people were found aware of this infection and did not resort to apply their devices for curing it. Although a few of them tried their own treatment, an overwhelming majority preferred to report to the Centre. They never avoided visiting the Centre when they noticed the symptoms of their ailment. One of the factors of this promptness had been the existence of the Centre within their approach. In urban Centre women were frequent visitors to the Centre than the males. Men usually had to go to their work and could come back in the evening while the working hours of Centre were only upto the noon. Hence, only the women who generally stayed at home for their domestic responsibilities could conveniently avail the facilities of the Primary Urban Health Centre.

The present study shows that in rural population 59 (39.33 per cent) of the respondents felt that the people of the area considered it superfluous to consult the doctor for such ailments and 68 (45.33 per cent) of them did not
hold any opinion as such. In urban population only 39 (26 per cent) of the respondents considered it superfluous to consult the doctor for minor illness while 50 (33.33 per cent) preferred to consult the doctor and 61 (40.66 per cent) of them did not have any opinion.

However, the cultural constraints as observed in both rural and urban areas, were studied in terms of seven aspects of people's behaviour. The first was the transmission of parasitic intestinal diseases. The purpose was to know the role of people's general belief about the transmission and spread of the diseases due to cultural practices. If people believed that diseases were transmitted and spread by the evil sprits, caused by the destiny or by sin they neither took to maintain cleanliness nor avoid to mix up with unclean people. They were also not very much particular to keep their surroundings clean. Thus, three questions were framed relating to this aspect. The second was the interaction with inhygienic neighbours and unclean persons. Two questions were framed to know the inhibition in the people under study about their interaction with inhygyienic and unclean persons. If people did not mind to mix up with unclean persons, they naturally invited the culmination of parasites. The third aspect was education. It is evident that education gives us adequate knowledge about our existence and the surrounding in which we have to exist. It enables us to know what is
beneficial and what is harmful for our life. It was, thus, tried to know the reaction of the people about education as well as the factors related to the present of knowledge. Two questions were framed about this aspect. The fourth aspect related to the attitude of the people towards intestinal parasites. This aspect was studied and assessed in terms of the gravity of the intestinal parasites, their origin and spread as well as the precautions to be taken. Further, was also investigated to know the extent of the respondents concern about these parasites. Thus, four questions were asked to study this aspect. The fifth aspect related to the practice of cleanliness. In this context, the researcher tried to know the feeling of the respondents towards cleanliness. As to, whether they felt it inconvenient to maintain cleanliness or were indifferent towards inhygienic conditions? Questions relating to this asked were because the maintenance of cleanliness is a characteristics of Indian culture. The sixth aspect related to the people's preference to live in a natural environment. Villagers generally preferred to live in wild natural surroundings where they met their necessities of life in a very rustic manner and invited the germination of intestinal parasites. Most of the villagers did not want to modify or improve their crude natural surroundings as they were very accustomed to them. Enquiries were being made to find out the particular characteristics of their
culture. The seventh and the last aspect reflected the trends of the treatment of diseases caused by intestinal parasites. In this aspect it was enquired as to how frequently did the respondents visit the primary health centre, how many of them used their own devices to cure the diseases and to which extent did they consult the doctors. In all, eighteen questions were framed to study the cultural constraints and relevant informations were collected to find out the degree of cultural constraints which the people have.

The present observation about the cultural constraints gave an idea of the attitudes, beliefs, customs and other cultural and social constraints that help to spread the disease. The purpose was to study the extent to which they were found in both the areas where the study had been conducted. Many of the cultural views had been described in the earlier chapter. The total score of cultural constraints was composed to present an overall view of the cultural constraints on the basis of the value of Q1, Q2, Q3 and the respondents were placed in low, average and high categories. If a respondent had high constraints a prior weighing of tow was assigned to him and in the case of less constraints he was assigned zero.

The data presented in Table 5.1 revealed the extent of cultural constraint in both rural and urban population
The present study establishes that only 26 per cent of the respondents in rural area had less cultural constraint while 30 per cent of them had high cultural constraints. A considerable number of rural population, i.e., 44 per cent felt in the middle. Viz-a-viz to it, in urban area 30.34 per cent of the respondents had less cultural constraints and only 23.44 per cent of them had high cultural constraints. However, the majority of the respondents, i.e., 43.0 per cent in urban area also felt in the middle as did the rural ones.

The cultural constraints in urban and rural areas were also compared for having an adequate understanding of both the groups. For this purpose, test was applied to find out the difference between these two groups. The value of $x^2$ was found to be 43.12 which was higher than the
tabulated value, i.e., 27.59 and thus significant at 0.5 per cent level of significance and 17 degree of freedom ( $X^2$ results are presented in Table 5:2 ).

It shows that both groups were different from each other as far as the cultural constraints were concerned. Consequently, we come to the conclusion that the degree of cultural constraints that prevail in rural area is different from that of urban area. In rural area people have high cultural constraints while in urban area people have less cultural constraints.
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*Table 5.2*

The chi-square value $\chi^2 = 42.12$ is significant at 0.05 percent level of significance and 17 d.f.