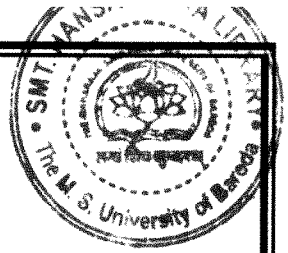


# INTRODUCTION



## Chapter- 01

# INTRODUCTION

*“Pages would tell, Lines would show that Science may have Advanced but Man still has a long way to go, Clinician might state the standard bar, its only Epidemiology that shows how keen Observer we are”*

**From time immemorial man has been interested in trying to control disease. The medicine man, the priest, the herbalist and the magician, all undertook in various ways to cure man’s disease and/or to bring relief to the sick. In the course of its evolution, which preceded by stages, with advances and halts, medicine has drawn richly from the traditional cultures of which it is a part and later from biological and natural sciences, in the crucible of time, medicine has evolved itself into a social system heavily bureaucratized and politicized.<sup>1,2,3</sup>**

**A glaring contrast in the state of health between the developed and developing countries, between the rural and urban areas, and between the rich and poor have attracted the world wide criticism as “social injustice”. Currently the commitment of all countries under the banner of WHO, is to wipe out the inequalities in the distribution of health resources and services and attain the goal of health care for all. The goal of modern medicine is no longer merely treatment of sickness. The other more important goals**

which have emerged are prevention of disease, promotion of health and improvement of the quality of life of individuals and groups or communities. In other words, the scope of medicine has considerably broadened during recent years. It is also regarded as an essential component of socio-economic development.<sup>2,4,5</sup>

Health is a common theme in most cultures. In fact, all communities have their concepts of health, as part of their culture. Modern medicine is often accused for its preoccupation with the study of disease and neglect of the study of health. Consequently, our ignorance about health continues to be profound, as for example, the detriments of health are not yet clear, the current definitions of health are elusive, and there is no single yardstick for measuring health. There is thus a great scope for the study of “epidemiology” of health.<sup>1,2,6,7</sup>

The term “lifestyle” is rather a diffuse concept often used to denote “the way people live”, reflecting a whole range of social values, attitudes and activities. It is composed of cultural and behavioral patterns and lifelong personal habits e.g. smoking, alcoholism, that have developed through process of socialization. Life styles are learnt through social interactions with parents, peer groups, friends and siblings and through school and mass media.<sup>8,11,12</sup>

Health requires the promotion of healthy life style. In the last 20 years, considerable evidence has accumulated which indicates

that there is an association between health and lifestyle of individuals. Many current day health problems especially in the developed countries e.g. oral precancer, oral cancer, lung cancer, obesity, drug addiction, coronary heart disease are associated with lifestyle changes. In developing countries such as India where traditional life style still persists, risks of illness and death are connected with lack of sanitation, poor nutrition, personal hygiene, elementary human habits, customs and cultural patterns.<sup>9,10,13-18</sup>

The lack of parental attention in the nuclear families and peer pressure may provoke the child into deleterious habits like smoking, alcoholism, drug addiction, dating etc at an early age (a common practice seen in most developed countries). These adverse cultural practices in turn increase the incidence of oral cancers, venereal diseases and mental illnesses.<sup>1,17,19</sup>

Offering pan having betel leaf, slaked slime, areca nut, and catechu is a way of welcoming the guests in North Indian states like Rajasthan, Uttar Pradesh, Maharashtra and West Bengal. Rejecting pan is taken as an insult. This may encourage the people to get into the habit of chewing pan, which is a proven risk factor for periodontal diseases, oral sub mucous fibrosis and oral malignancies.<sup>18-28,96,98,116</sup>

Various customs, cultural pattern and life styles have lead to use of tobacco and betel nut in human beings. Various forms of

tobacco and betel nut are available in every corner of the country. Such harmful habits have always caused precancerous and cancerous lesions in these human beings and hence the graph of occurrence of cancer is steadily increasing.<sup>29-34</sup>

Tobacco and arecanut use has been linked to the Indian Culture. The smoking of hookah was considered as a mark of respect. Similarly using areca nut (supari) in various Indian traditions and customs has survived through ages and still prevalent in India. Sharing a puff of smoke or prepared Tobacco 'quid' was considered as a part of friendly bondage. It is also considered as a mark of respect to not puff or chew a tobacco in front of seniors and elders. The above discussion clearly indicates that Tobacco is a part of the very Indian culture since ages.<sup>35,62,72,119,180</sup>

Understanding culture is an essential key to reducing tobacco and arecanut use. Conceptualizations of culture vary across scientific disciplines and theoretical orientations. Because of the complexity of the causes and effects of tobacco and arecanut use, no single discipline has sufficient capacity to undertake a comprehensive approach to studying culture and tobacco. Trans-disciplinary research offers a means of bridging disciplinary perspectives. This study reviews epidemiological data on observed variation in use of tobacco and arecanut patterns across different age groups, gender and socio-demography, presents reasons for studying culture in tobacco control research. This study also discusses

and contrast conceptualizations and specific definitions of culture and identify aspects of each conceptualization that are relevant to research on tobacco and arecanut use.<sup>120,168,187,188,190</sup>

The present study presents a multilevel, multidimensional conceptual framework for trans-disciplinary research teams to use to think together about the influence of culture on tobacco and arecanut and of tobacco and arecanut on culture. The conclusion challenges researchers to think about how the socio-cultural context influences tobacco and arecanut use at micro, meso and macro levels. Finally, the study offers suggestion for improving trans-disciplinary research on culture, tobacco and arecanut.

The inclination to get into the habits of smoking, alcoholism, drug addiction in the name of civilization among the younger generation needs to be countered at the earliest, otherwise, it may have a huge deleterious impact on the health status of the generation to come. Keeping in mind, the very significant role, the culture plays on health and oral health, this research study is an attempt to assess the effects of key cultural factors on health and oral health.