CHAPTER – V

SUMMARY AND CONCLUSION
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The present study aims to understand how myths, beliefs and traditional practices influence the people in their health seeking behavior. The researcher intended to carry out a study in Rural Pondicherry to examine the health care seeking practices of rural population with the objectives to study the health status of rural respondents on the basis of self rated assessment, to examine the respondents place of health care seeking practices, to analyse the practices of the respondents relating to personal hygiene and domestic sanitation, to find out the health care practices of the respondents in the study area, and to study the knowledge of the respondents on health and medical beliefs in the study area. To achieve the objectives of the study six villages namely T.N. Palayam, Parikkal pattu, Korkadu, Mangalam, Manapet, and Kodaathur situated within a radius of 4 kms from either the Primary Health Centres or Medical College Hospitals or Government General Hospitals in Puducherry region were selected. By adopting simple random sampling procedure the households were selected after listing all the households of each Village and hence every 50th household was included for this study.

To obtain unambiguous and systematic data a well-structured interview schedule was used. Their health status is also measured as high, medium and low level using 20 health factors - feeling of tension, pain on neck, staying asleep, experience of depression, presence of negative feelings, backache, constipation, cold and flu, stiffness, fatigue, lack
of flexibility in spine, incidence of allergies in skin, dizziness, light headedness, negative feelings, incidence of accidents, presence of negative feelings, interest in maintaining healthy lifestyle, emotional well being, nutritional status and body mass index. The collected data are checked, edited, coded and classified before entered in to computer for data analysis. Independent variables Age, Caste, Occupation, Education, and Monthly Income are the variables used for analyses of the data relating to health beliefs and behaviour of the respondents. ANOVA two ways model has been applied to study the variation with respect to socio-economic status of the rural respondents and their health beliefs, medical beliefs and health care practices. Further, to make the present study as valid and reliable one Chi-square to test was also applied to test the hypotheses formulated. The data is also interpreted with the help of percentages, proportion and averages and hence generalizations were achieved. The present Chapter discusses the summary of the present study along with the important findings.

**SOCIO-ECONOMIC STATUS OF RESPONDENTS**

*Age-Group:* Of the total 300 rural househead-respondents 27.00 per cent of them belong to the age group 20 – 30 years and 25.33 per cent of them come under the age group of 30 – 40 years. Further, 17.33 per cent belong to the age group 40 – 50 years, 15.33 per cent of the respondents belong to the age group 50-60 years and the rest 15.01 per cent of them belong age group of above 60. It is found from the present study that the head of the household-respondents included in the study were an average of 43.2 years old.
**Caste-Group:** As far as the caste-group of the respondents is concerned of the total 15.33 per cent of them belong to the Forward Caste, 17.33 per cent of them come under the Backward Caste group, 35.33 per cent of them belong to the Most Backward Caste and the rest 32.01 per cent of them are Scheduled Caste.

**Educational Status:** While considering the educational status of the respondents selected for the study of the total one-thirds (34.00%) of them have primary level of education whereas another one-fourths (25.33%) in the total possess secondary level of education and 17.33 per cent of them reached up to higher secondary level. 14.00 per cent of the households have under graduate level of education all they were from Korkadu region, and the rest 9.33 per cent of them have postgraduate level of education.

**Occupation:** The analysis of the occupation of the respondents indicates that out of the total 300 rural households one-fifths (20%) of them were daily wagers, 18.33 per cent of them belong to the marginal farm group, 16.67 per cent of them belong to the small farm group, 14.00 per cent of them belong to the medium farm group, 16.00 per cent of them belong to the large farm group and the rest 15 per cent of them belong to the business group.

**Monthly Household Income:** Out of the total 300 about two-fifths (38.33%) of them earn upto Rs. 2000 per month, 28.67 per cent of them earn in the range of Rs. 2000 – 4000 per month and 13.67 per cent of them earn in the range of Rs. 4000 – 6000. Further, in the industrial region, 10.67 per cent of the households belong to the income group of Rs. 6000 – 8000 and the rest 8.66 per cent of them belong to the income group
Rs. 8000–10,000. The Mean for the monthly income of the total household included in the present study was Rs. 3,453/-.

**Household Size:** Out of the total 300 rural households 32.67 per cent of them belong to the small family size group, 45.00 per cent of them belong to the medium family size group and the rest 22.33 per cent of them come under the large family size group.

**SOCIO-ECONOMIC FACTORS**

**Age-Group and Educational Status:** The analysis of the respondents’ age-group and educational status depict that three-fifths (60.48%) of the respondents in the age-group of below 30 pursued collegiate education viz., Undergraduation (34.56%) and Post Graduation (25.92%) while about three-fifths of 30-40 years old respondents pursued Secondary (32.89%) and Higher Secondary School Education (26.31%) whereas 40.38% of 40.38% in 40-50, 54.34% in 50-60, and 75.55% in 60 and Above years age-group respondents were literates that is they pursued Primary education only.

**Age-Group and Occupation:** The analysis of the association between the respondents’ age-group and occupation indicate a pattern that of the total respondents of < - 30 years age group half of them were marginal farmers (50.61%) whereas nearly one-thirds (30.26%) in 30 – 40 years age-group were small farmers and nearly two-fifths in the total of 40 – 50 and 50 – 60 years age-group were large farmers (36.53%), and daily wagers (36.95%), respectively. As far as 60 and Above years age-group is concerned one-thirds (33.33%) in the total were medium farmers followed by 22.22% of small farmers and altogether constituted more than half (55.55%) in the respective total. It is
observed from the present study that the Mean age for Large Farmers was 50.2 whereas 46.2, 42.2, 41.5, and 30.8 stands for Medium Farmers, Small Farmers, Daily Wagers, and Marginal Farmers, respectively and the Mean age for the total respondents included in the study was 43.2.

**Age-Group and Monthly Household Income:** The association between the respondents’ age-group and household monthly income shows that about 30% of the respondents in the total of Rs. < - 2000/- monthly income group were 60 and above years old followed by 25.21% of the 50-60 years old respondents and altogether constituted more than half (54.77%) in the total whereas 36.04%, 39.02%, and 37.50% respondents of Rs. 2000-4000/-, Rs. 4000-6000/-, and Rs. 6000-8000/- monthly income groups were below 30 years old and half (50.00%) of the total of Rs. 8000-10000/- income category were 30-40 years old. Hence, it is interpreted through the association between the respondents’ age-group and household monthly income that while the age advances the monthly income of their household decrease.

It is evidenced through the observed Mean for monthly household income based on their age-group. The pattern revealed as that while Rs. 4,235/- per month earned by below 30 years old respondents Rs. 4,154/-, Rs. 4,053/-, Rs. 1,957/-, and Rs. 1756/- earned by 40-50, 30-40, 50-60, and 60 and Above years age-group respondents, respectively.

**Educational Status and Occupation:** It is observed from the analysis of the association between the respondents’ educational status and occupation that nearly half (47.05%) of the respondents pursued only primary education were being Daily Wagers
while majority of the respondents pursued Secondary and Higher Secondary School Education were as Small Farmers and they constituted 28.94% and 25% in the respective total. As far as the occupation of the respondents obtained Undergraduate and Post Graduate degrees is concerned majority of them involved in Business and constituted 47.61% and 42.85% in the respective total.

**Occupation and Monthly Household Income:** While studying the significance of the respondents’ occupation on their household’s monthly income it is found that about two-fifths (39.13%) of the total respondents in Rs. < - 2000/- monthly income group were daily wagers while more than one-fourths (26.74%) of the Rs. 2000-4000/- category were small farmers whereas large farmers constituted a majority in the total of Rs. 4000-6000/-, Rs. 6000-8000/-, and Rs. 8000 and Above income groups and they constituted 43.90%, 40.62%, and 46.15%, respectively.

Further, it is found from the present study that Daily Wager (Wage Labour), Marginal Farmers, Small Farmers, Medium Farmers, Large Farmers, and Business people-respondents earn an average of Rs. 1,733/-, Rs. 1,909/-, Rs. 2,720/-, Rs. 4,905/-, Rs. 6,333/-, and Rs. 4,022/- per month respectively while Rs. 3,453/- is the Mean for total respondents’ household monthly income. Hence, it would be stated that the respondents’ household monthly income depends the occupation that they involved.

**Educational Status and Monthly Household Income:** The analysis of the significance of the respondents’ educational status and their monthly household income brings out the fact that only illiterates constituted majority of Rs. < - 2000/-, Rs. 2000-4000/-, and Rs. 4000-6000/-, monthly income categories and they constituted 45.21%,
38.37%, and 29.26% in the respective total whereas more than half (53.12%) in the total of Rs. 6000-8000/- monthly income category respondents were Undergraduates and nearly three-fifths (57.69%) of the Rs. 8000 and Above monthly income category were Post Graduates.

Hence, the significance of level of education on the monthly income of household is evidenced through the present study that the respondents pursued primary education alone earn an average Rs. 2,412/- per month whereas Rs. 2,421/- by the respondents pursued Secondary school education, Rs. 2,538/- by the respondents pursued Higher Secondary Education, Rs. 6,286/- by Undergraduates, and Rs. 7,500/- by Post Graduates.

*Caste-Group and Occupation:* The association between the respondents’ caste-group and occupation that they doing at present depict that a majority (54.34%) of the respondents belong to Forward Caste involved in Business; nearly half (46.15%) in the total of Backward Caste group respondents were either Small Farmers (25.00%) or Marginal Farmers followed by nearly one-fourths (23.07%) of the Large Farmers; more than two-fifths of the Most Backward Caste group respondents were being either Medium Farmers (21.69%) or Marginal Farmers (20.75%) whereas majority (37.50%) in Scheduled Caste group respondents were Daily Wagers. Hence, it would be concluded from the analysis that while Forward Caste people-respondents involved in Business and Large scale farming work for daily wage by Scheduled Caste respondents whereas Backward and Most Backward Caste groups respondents were being Marginal/Small Farmers.
*Caste-Group and Monthly Household Income:* The association between the respondents’ caste-group and their monthly household income indicate that a majority of the respondents in Rs. < - 2000/- monthly income category were Scheduled Castes followed by another one-thirds (33.91%) of Most Backward Caste group respondents whereas Most Backward Caste group respondents outnumbered other caste group respondents in Rs. 2000-4000/- (37.20%) and Rs. 6000-8000/- (70.73%) monthly income categories; however, both Backward and Scheduled Caste groups respondents constituted an equal proportion (24.41%) in the total of Rs. 2000-4000/- monthly income category and altogether constituted about half (48.82%) in the respective total. While considering the monthly household income of Forward Caste group respondents they constituted more than three-fifths (61.53%) in Rs. 10,000/- and Above and nearly half (46.87%) in Rs. 6000-8000/- income category, respectively.

Hence, it would be stated that the respondents’ monthly household income has been influenced by their caste-group. It is evidenced through their Mean monthly income that Rs. 6,434/- stands as the average monthly household income for Forward Caste group respondents while Rs. 4,500/- is for Backward Caste, Rs. 3,057/- is for Most Backward Caste, and Rs. 1,896/- for Scheduled Caste group respondents.

**RESPONDENTS’ HEALTH STATUS**

The findings of health status of the respondents reveal the following facts. The possession of moderate level health status is commonly evident among the selected respondents in the study area. However, a significant percentage of respondents possess low health status. Possessions of high health status are also evident from the respondents
of the study area. In general respondents of Mangalam Village and Korkadu Village have relatively high level health status, indicating their physical, mental and social well being due to their good socio economic condition. The low health status is quite common among the respondents of Manapet Village and Kodaathur Village, due to their low socio economic status. It is observed that majority of the forward caste respondents and backward caste respondents have high level health status. Majority of the most backward caste respondents have moderate level health status and majority of the scheduled caste respondents have low level health status.

The result of occupation wise analysis reveals that business group respondents and large farm group respondents possess high health status. This is due to their better educational status and income status. In general, wage labour group respondents and marginal group respondents have low health status because of their low level education and low level income.

The result of age wise analysis reveals that respondents in the age group 20-30 years and 30-40 years have high health status. The educational attainment enables them to undertake better health care practices. Usually educated rural people have more household income and this status enables them to take required nutrition and medicine towards their health care practices. In general, old age respondents have low health status due to their poor awareness about health care practices. Usually they belong to the poor rural households so they are not able to take adequate nutrition and health care practices.
HEALTH SEEKING BEHAVIOUR OF RESPONDENTS

The findings of respondents’ place of health care seeking indicate the following facts. Majority of the respondents take health care in government hospital and primary health centres followed by taking health care in private hospital and from traditional religious healers. A significant percentage of the respondents take health care in government hospitals and also in the ayurvedic and siddha hospital. It is observed that majority of the high caste respondents take health care in private hospitals. It could be observed from the data that majority of the low caste respondents take health care in free government health services.

The results of occupation wise analysis reveals that majority of the business group respondents take health care in private hospitals. Contrastingly majority of the low occupational group respondents take health care in government institutions. The result of age wise analysis reveals that majority of the respondents of below 40 years age take health care in private hospitals. Interestingly majority of the respondents above 40 years age take health care in government institutions.

HYGIENIC PRACTICES OF RESPONDENTS

The findings of respondents’ hygienic practices indicate the following facts. The respondents have very high hygienic practices of regular use of toilet soap, washing hands before eating, consuming fresh food, proper washing of cloths, consuming fresh vegetables, proper protection of food from flies and insects, endorsing their household members to follow healthy practices and boiling water before drinking. It is observed that the forward caste respondents are very effectively following all the hygienic practices,
followed by the backward caste, most backward caste and the scheduled caste respondents.

The result of occupation wise analysis reveals that the business households follow the overall hygienic practices, followed by the large farm households, medium farm households, small farm households, marginal farm households, and wage labour households. The result of age wise analysis reveals that majority of the respondents in the above 60 years age group and respondents in the age group 50-60 do not follow all the hygienic practices. The respondents in the age group 20-30 years follow all the hygienic practices, followed by the respondents in the age group 30-40 years. The respondents in the age group 40-50 years and the respondents in the age group 50-60 years have medium level hygienic practices are lastly the respondents in the above 60 years age group with no or negligible hygienic practices.

The findings of respondents’ domestic sanitation practices indicate the following facts. Majority of the respondents follow the best domestic sanitation practices like cleaning of latrines, using sanitary latrines, and safe disposal of infant excreta. Proper cleaning of house floor and wall, proper washing and cleaning of utensils, proper maintaining of home environment, safe discharge of waste water, removal of dust and debris, and preventing accumulation of sewage water are the other practices not followed effectively by the respondents. The respondents of T.N. Palayam Village have high level of overall domestic sanitation practices, followed by the respondents of Korkadu Village. However from the data it is evident that the respondents Parikkal pattu Village, Kodaathur Village, and Manapet Village have low level sanitation practices. It is
observed that the forward caste respondents follow all the domestic sanitation practices, followed by the backward caste respondents, most backward caste respondents, and scheduled caste respondents.

The result of occupation wise analysis reveals that the respondents of business households practice overall domestic sanitation practices followed by the respondent of large farm households, medium farm households, small farm households, marginal farm households and wage labour households. The result of age wise analysis reveals that majority of the respondents in the above 60 years age group and respondents in the age group 50-60 do not follow all the domestic sanitation practices. The respondents in the age group 30-40 years follow all the domestic sanitation practices followed by the respondents in the age group 20-30 years, and respondents in the age group 40-50 years.

**PREVALENCE OF COMMON DISEASES**

The findings regarding prevalence of common diseases among the rural households indicate the following facts: The rural households have common health problems relating to fever, malnutrition, dysentery, malaria, itching and diabetes. Some of the rural households have health problems like body swelling, colic pain, jaundices, hysteria, syphilis and gonorrhea, leprosy, typhoid, scabies, measles and high blood pleasure. It could be noted that Manapet households mainly have common diseases of fever, colic pain, malnutrition, dysentery, and diabetes. The households of Parikkal pattu Village mainly have common diseases of fever, colic pain, malnutrition, dysentery, and diabetes. The households of Parikkal pattu Village have common diseases of fever,
malnutrition, dysentery, diabetes, and high blood pressure. It is observed that forward caste households possess many of the common diseases.

The result of occupation wise analysis reveals that the respondents business households, large farm households and medium farm households have common diseases of high blood pressure, dysentery, and fever. The result of age wise analysis reveals that high age group respondents that is 40 years and over respondents have common household diseases of fever, swelling of the body, malnutrition, dysentery, diabetes and high blood pressure.

**HEALTH CARE PRACTICES OF RESPONDENTS**

The findings of respondents’ physical health care practices reveal the following facts. Majority of the respondents have high level physical health care practices relating to devotion of time and efforts health care, motivation towards physical wellbeing, preventing future health problems, satisfaction with status of physical work, and attention need for maintaining physical health. A significant percentage of the respondents have moderate level physical health care practices relating to coping with own physical health, ability to take care of health problem, competent to have good physical health, dealing and handling health status, perception on changes in physical health, realization of unhealthy status, avoiding illness through proper care , own ability determines good physical health, accidental happening controls physical health, keeping proper physical health status, skills and ability towards ensuring good physical health, and body control towards health improvement. However, the respondents who have low level physical
health care practices are pre-occupied with other issues, rather than on their health and well being.

The result of caste wise analysis reveals that forward caste respondents have highest overall health care practices followed by the backward caste respondents, most backward caste respondents and scheduled caste respondents. The result of occupation wise analysis reveals that business group respondents have highest overall personal health care practices followed by the large farm group respondents, medium farm group respondents, small farm group respondents, marginal farm group respondents and wage labor group respondents. The result of age wise analysis reveals that respondents in the age group 20-30 years have highest overall health care practices followed by the respondents in the age group 30-40 years, 40-50 years and respondents in the age group 50-60 years.

**MEDICAL BELIEFS OF RESPONDENTS**

The findings of the respondents’ medical belief indicate the following facts. The respondents with high level medical belief felt that physicians should ask about how an illness is impacting patients’ life, and explain how natural remedies are safer than medicine. Also, they expressed that physicians should ask patients about their opinion with regard to their illness. More importantly they pointed out that physician can learn from their patients about their beliefs and practices relating to illness, medication and prevention.

The respondents with moderate level medical belief points out that physician should ask their patients about the causes of their problems, how taking medication
interferes with normal daily activities. Also they expressed that physicians need not ask about personal life issues of patients. They further pointed out understanding patients’ opinions about their illness help physician to provide better health care services. The respondents with low level medical belief expressed that the doctors should tell the importance of knowing patients’ point of view for the purpose of diagnosis. Also they expressed that physicians should make empathetic statement about their patients’ illness, understanding patients’ opinions about their illness so as to provide better care to the patients.

The result of caste wise analysis reveals that forward caste respondents have high level of overall medical beliefs followed by the backward caste respondents, most backward caste respondents, and scheduled caste respondents. The result of occupation wise analysis reveals that business group respondents have very good overall medical belief practices followed by the large farm group respondents, medium farm group respondents, small farm group respondents, marginal farm group respondents and wage labor group respondents. The result of age wise analysis reveals that respondents in the age group 20-30 years have high level of overall medical beliefs followed by the respondents in the age group 30-40 years, respondents in the age group 40-50 years, and respondents in the age group 50-60 years.

HEALTH BELIEFS OF RESPONDENTS

The findings of respondents’ health belief indicate the following facts. The respondents have high level health belief relating to influence of occultism, breach of taboos, non fulfillment of obligations towards mashes, intrusion of spirit, displeasure of
super natural elements, spirit sent by witchcraft and low quality food. The respondents have moderate level health belief relating to drinking polluted water, changes in weather, inadequate immunization, anathema and lack of hygiene behaviour. The respondents have low level health belief relating to displeasure of family deity, eating uncooked food, deficiency in food intake, excess manual power, super natural wrath, eating old food, anger of goddess, and fate / karma.

The result of caste wise analysis reveals that scheduled caste respondents have high level of overall traditional health belief followed by most backward caste respondents, backward caste respondents, and forward caste respondents.

The result of occupation wise analysis reveals that wage labour respondents have high level of traditional health belief followed by marginal farmer respondents, small farmer respondents, medium farmer respondents, large farmer respondents, and business group respondents. The result of age wise analysis reveals that respondents in the age group 50-60 years have high level of overall traditional health belief followed by the respondents in the age group 40-50 years, respondents in the age group 30-40 years, and respondents in the age group 20-30 years.

From the above analysis it is clear that respondents with less than 40 years of age, business group respondents, and forward caste respondents have high level of health care practices. The other groups have very poor/low health care practices and also it is evident that health related myths and beliefs do not have any significant role in their health behaviour.
CONCLUSION

From the results of the study it is concluded that age, caste, education, occupation and income factors influence the health behaviour of the rural households of Puducherry Union Territory. The respondents who are below 40 years of age have high level of health status. The educational attainment enables them to undertake better health care practices. These age group respondents take adequate nutritional food and necessary health care practices. They visit private hospitals for treatment. However, respondents with over 40 years of age have low health status, due to lack of awareness about the health care practices. They could not have nutritious food and hygienic health care practices.

The results of the study reveals that respondents from below 40 years age group practice all the hygienic and best sanitation practices such as use of toilet soap, washing hands before eating, consuming fresh food and vegetables, protection of food from flies and insects, drinking boiled water, using sanitary latrines, safe disposal of infant’s excreta, etc. They are not commonly affected by seasonal diseases due to their awareness about the health and hygienic practices and strict adherence healthy practices.

Almost all the aged respondents have to depend on the free health care services extended by the government. They are also not following all the hygienic and domestic sanitation practices. The higher age group respondents suffer due to the common seasonal diseases like fever, swelling of the body, malnutrition, dysentery, diabetes and high blood pressure.
It is also clear from the result that, the respondents belonging to business group and large farm group have better health status. This is due to their level of education and better income status. The labour and marginal group respondents have low health status due to their low level of education and income. The business group respondents take treatment in private hospital and follow the best hygienic and domestic sanitation practices than other occupational group respondents of rural Puducherry.

From the data of the study, it is clear that the forward caste and backward caste respondents have better health status than others. The higher caste respondents take health care services from the private hospitals. The low caste respondents take health care from government health sector. Majority of the forward caste and backward caste respondents practice all the hygienic and good domestic sanitation practices. The data reveals that they are not suffering from many of the common diseases. The scheduled caste respondents have strong health beliefs such as occutinism, breach of taboos, evil spirit, displeasure of super natural elements, spirit, witchcraft, super natural wrath, anger of gods and fate / karma, etc.

In conclusion the researcher points out that the factors like age, caste, education occupation and income play a significant role in influencing health behaviour of the rural households in Puducherry Union Territory. Also the study is modest enough to highlight that traditional beliefs, myths, religious dogmas have no role to play in influencing the health behaviour of the rural people. The study results highlight that only age, caste, education, occupation and income have significant role in influencing the health behaviour of the rural people of Puducherry Union Territory.