INTRODUCTION

Many definitions of health which have been offered from time to time including the one given by World Health Organization — ‘a state of complete physical, mental and social well being and not merely an absence of disease or infirmity’, indicate a close link with socio-economic conditions. Since the link has now been widely accepted there have been two kinds of studies:

a) studies that focus on accessibility and patterns of use of services by different sections;

b) studies that show the relationship between disease and conditions of poverty.

For the first group, in India one has the 42nd round of National Sample Survey Organization (NSS) itself which has been studied by Visaria and Gumber (1996).

For the second, in India apart from the historical studies by Sheila Zurbrigg (1984) and Sumit Guha (1996), there are those who have tried to quantify this relationship. Thus differentials of disease load across classes have been shown in a number of studies.
Among those who study this aspect of disease, there are two approaches: those who focus on the culture of poverty and locate the illnesses in cultural practices, habits and lack of knowledge of the poor and the other who locate culture itself in broader socio-economic dynamics.

When culture is seen as an outcome of various socio-economic and political forces, then the focus shifts to its determinants. Banerji (1982) in his study defines health culture of community as a sub-culture of the overall culture of the community which is closely linked with changes in the overall culture that are mediated by a number of social, economic and political forces. S.K. Sahu (1991) through his study of social change reveals change in health culture.

In short, economic and social conditions of people become determinants of health action as well as broader cultural life. Our proposition, therefore, is that for the very poor of Indian struggling for survival, the economic and social co-ordinators become key factors in the determination of their health. The health culture they develop is constrained by their conditions of existence and often even when they know they are

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unable to assert their knowledge into practice due to the constraints over their lives.

Our study therefore, focuses on two aspects. One the nature of development itself and its impact on the poorest agricultural labourers in rural areas. Two, the living and working conditions of agricultural labourers and the processes at work that curtail the possibilities of living healthier lives.