REVIEW ARTICLE

Beyond the rational choice: The social dynamics of the changing nature of the rural people's health concept

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ABSTRACT

Culture creates an exclusive prototype of the beliefs and perceptions as to what "health" or "illness" actually means. Health culture is the basis for health-seeking and health-promoting behavior. There are institutional arrangements within which heath behavior occurs and the impacts of socioeconomic, political, and physical background for their specific health beliefs and health institutions counts a lot. Further, this prototype of beliefs mainly influences how symptoms are documented, to what they are accredited, and how they are interpreted and how it also affects how and when modern traditional health services are sought by the people. Cultural differences in the recognition and interpretation of symptoms and in the use of health services are the topic of wealthy literature. This paper is based on the author's fieldwork experiences in different occasions about the various cultural aspects of the rural health-care issues in southern Karnataka, India. The fieldwork was done in certain rural parts of Karnataka, South India, using participant observation and data also synthesized using content analysis technique. It concludes that cultural differences among the rural people seeking health care are related to the social structures and relationships and the quantity of belief/disbelief in concerning traditional or Western medical care system. We found that the impediment in seeking suitable and timely health care were indifferently found among the individuals belonging to the various sociocultural groups characterized by the cultural exceptionality and customary and family authority.

Key Words: *Concept, health, illness, medicine, rural*

Introduction

All the rural areas are unique with extensive geographic and economic variations when compared to the urban areas. However, the rural populations are frequently characterized as follows:

1. Being innocent and less educated;
2. Living in the most remote areas;
3. More likely to be covered by unhygienic environment;
4. Having high rates of poverty, chronic diseases, and deaths from unintentional injuries and motor vehicle accidents;
5. Having no or little access to transportation; and
6. Having limited economic diversity.

All of these issues create big challenges and opportunities to improve the health of those living in the rural parts/ marginal sections and they play a role in understanding some of the underlying causes associated with the issues related to the rural health workforce, health services, and special populations.[1]

It is found that the majority of the rural people believe in the following causes of ill health:

1. Displeasure of supernatural entities,
2. Breach of taboos,

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3. Nonfulfillment of obligations toward their gods,
4. Influence of occultism, and
5. Environmental and physical ones.

Further, nutritional deficiencies are more in young rural children and reproductive health care is also poor. The health of the rural people is prejudiced by a number of factors such as adequate food, housing, sanitation, healthy lifestyles, protection against environmental hazards and communicable diseases. Experts have identified variety of issues related to rural people's health that are as follows:

1. Food habits and environment,
2. Medicine and community (modern),
3. Fertility and mortality,
4. Interaction of traditional and modern systems of medicine at various levels; and
5. Reasons for nonadoption of modern practices.[2,3]

It a well-known truth that infectious diseases are common among the people in various rural parts of the country because of their habitation in remote areas and other hygiene-related reasons. Most of the rural people as studied by the anthropologists/sociologists and nongovernment organizations appear to have a few common traditional practices regarding maternal and childcare that cause child mortality in the future. Among most of the rural people, it was found that gastrointestinal disorders, particularly dysentery and parasitic infection, are very common leading to the morbidity and malnutrition, diarrhea, dysentery, skin diseases, and respiratory diseases.[3] Further, nutritional problems, such as anemia, food taboos, wrong infant feeding practices, increasing postpartum mortality, neonatal mortality, postnatal mortality, perinatal mortality, poor life expectancy, are some of the vital health issues and people still believes that all these are caused due to various nonmedical factors such as supernatural powers.[4]

Materials and Methods

This study had a main objective to find out the rural peoples' changing health concepts in recent days. The fieldwork was done in certain rural parts of the Karnataka state, South India, using participant observation and data are also synthesized using the content analysis technique. Relevant data have been extracted from various literature and synthesized through a narrative review that included descriptive characteristics.

Socioeconomic status (SES) plays a vital role as one of the major determinants of health of any community including health care, environmental exposure, and health behavior. In addition, constant pressure connected with the lesser SES may also augment the morbidity and mortality as found in a few studies.[4,5] Reducing the socioeconomic disparities among various social groups in health-care issue require policy an initiative addressing the components of SES focusing income, education, and occupation etc. Also the suitable channel by how these issues affect the health behavior needs to be studied deeply. One can say that today health-seeking behavior of majority of the rural people is greatly governed by the existing cultural values, beliefs, and traditions. However, it is open for the gradual change because of different kinds of external interventions such as media. Contrary to changes, in health-seeking behavior patterns of the rural people, one also can notice tremendous changes, which have occurred with respect to philosophy, knowledge, and practices of indigenous systems, such as ayurveda, homeopathy, allopathic, in recent days.[5]

However, it becomes an important issue to work on problems of rural people's health because it differs from a particular area to another area owing to their geographical location, historical background, and processes of social change. Geographical isolation and limited interactions with other communities have become obstacle to know the degree of prevalence of HIV/AIDS among rural communities. However, some studies have shown that rural people are emerging as a high-risk group for human immunodeficiency virus infection/acquired immune deficiency syndrome (HIV/AIDS) while they migrate driven by displacement for employment opportunities. Their study have pointed out that the differences between the points of view of the physicians and the village folk with regard to the theory of etiology, techniques of curing, and conceptions of the roles of the physicians resulted in misunderstanding between the physician and the client.[6,7]

A study done in a village named Kishan Garhi in Aligarh district of Uttar Pradesh (India) found that there are vital problems of introducing the Western medicine in an Indian village community. Experts have shown that how the contracts and conflicts between the roles assumed by the indigenous and Western medicinal practitioners resulted in obstacles to the acceptability of the Western medicine.[7] Medical sociologists have tried to distinguish between two types of social and natural factors that affect the health status of any community's as factors that directly affect the health of the community. Factors (a) that directly affect the health of the community because of certain customs, practices, belief's values, religious taboos etc., create an environment that helps in the spread or control of certain disease and b) Factors that indirectly affect the health of the community as they are

related to the problem of medical care to the sick and the invalid[8,9] Some experts have done an extensive study on sickness, healing, and culture among certain Indian tribes. They have classified illness into four categories as follows:

1. Illness caused by supernatural power,
2. Illness due to disturbance of social system,
3. Illness due to angry of spirits and they have felt that rural people are the strongest believers in the magico-religious type of treatment.[10]

A few experts have opined that the diagnose and treatment of disease lie in the cognitive domain of culture of any particular community. Each and every culture has its own interpretations toward health illness. However, due to acculturation, the trend of health culture keeps changing. A unique study done in a village of Rajasthan has revealed that the health belief system of the rural people is very deep-rooted in their lives controlling certain rules of conduct of health behavior. A study done in Nainital district (Uttarakhand) has found that different communities in a village follow different indigenous medicines to cure different diseases. Their health culture seems to be interwoven with their day-to-day lifestyle. Their health culture is influenced by their inherited social and cultural background.[11,12]

Health Perception of the Rural People

Right from the history, sociologists are attempting to find out how social and cultural factors influence understanding of illness and diseases, people's responses to illness and its relevance in the health-care policies. Sociologists are also probing how social, economic, and cultural factors impact the choice of different health-seeking behaviors. Medical sociologists and anthropologists have given a wide range of findings on health and illness based on the various empirical studies conducted in the different rural settings across the globe. Particularly, sociologists have written more on the sick role, the social construction of health and illness, influence of the local culture and tradition in defining and treating diseases, and how health and illness concept may affect the different segments of the society.

A number of child health and reproductive studies have revealed that rural people's health seeking behavior and other issues have found that traditional beliefs and values play an important role in determining the reproductive health-seeking behavior of a woman. This is more so in the case of adolescent women who do not have any autonomy in decision-making with regard to even her own health care. "It is not enough to educate adolescent women as they do not have any decision making authority. The target should be their parents and elders in the society who are required to be educated and made aware about these issues." Even adolescent women also suggested that the health program should target on real decision-makers such as husbands and mothers-in-law in a household.[13] Next, knowledge and awareness regarding source of health care is also a hindrance in seeking health care. Most of the adolescent women reported that they did not seek reproductive health services due to the lack of money and family support. Moreover, daughters-in-laws get least priority in the household with regard to health care especially in rural areas. The providers were also of the opinion that economic factors are also a factor because of which a woman shows delay in seeking any urgent medical treatment. In addition, in rural parts an adolescent women singly cannot visit a hospital and always need of having the male relatives or husband's accompaniment that is also a causative factor in delaying the required medical treatment.[14,15]

Undernutrition and childhood mortality have become serious problems for the rural children. It is found that their social-cultural background, health, behavior, and health culture dynamics play a significant role as vital determinants of the health status of a particular community. Hence, undernutrition and childhood mortality are more common in the rural areas.[16] The World Health Organization (WHO) report (1985) has found that 57% of the death of under-five children in the developing countries are accompanied by undernutrition thereby low weight for their age. For this issue, anthropologists have attributed that the development of health culture of the rural environment should be examined as a subcultural complex of the entire way of life stressing food culture. There are a number of forces percolated from the larger socioeconomic environment and directed through the attributer of historical, social, and political dimension to the development of the pattern of their health culture in the given rural settings. Under-five children need good nutritional diet that is scanty in many rural settings in the country and this causes mortality and morbidity among rural population.[17]

Further, experts have opined that the poor health outcome of the rural community including the children need to be read within the context of rapid urbanization, focusing on the factors such as poor health infrastructure and costly treatment. However, in a multicultural society, rural childhood mortality in India cannot be analyzed in a contextual vacuum. Instead, they need to be looked at in the light of larger socioeconomic changes experienced by the rural community over the period of time. Till now, various governments have implemented many programs

to improve the nutritional status of the preschool children through various innovative schemes. Corers of money have been spent. Still the country experiences severe rural child mortality issues.[18] Health experts opined that lack of good primary health care, perceived and personal risks, lack of awareness have lead in failing health improvement programs. Also, it is found that traditional health-seeking behavior toward certain diseases severally hampering their health status. It is found that the prevalence of respiratory tract infection, anemia, typhoid, and deficiency of vitamin A and B are more common and it might be due to their food culture. Poor household ecology, personal habits, cultural practices, traditional beliefs, child delivery system, and childrearing and breast-feeding also place a vital role.[19]

As India strives toward becoming a more egalitarian society, the health of a marginalized section of the society has become a significant issue and the lack of health education become a serious factor in reaching its goal. Some noted that developmental agencies and NGOs have developed the concept of innovative Health Modernity' to be implemented in the rural areas of Karnataka, India. The problems of accessibility, remoteness, and poor transport system in the rural areas are the most common problems to be faced by the health workers. It is because of difficult terrain and sparsely distributed rural population in forests and hilly regions. Next, the lack of appropriate man power policy, inadequate funding mobilization, lack of government support, absence of proper and suitable approaches, and lack of trained and committed staff also play a vital role in the accomplishment of the NGOs' interventions. Sometimes services will not be client friendly in terms of timing and cultural barriers, inhibiting utilization etc. Noninvolvement of rural people and weak monitoring and supervision systems also count.[20]

Certain studies have suggested that the lack of an optimal utilization of health services by the rural people may be due to a variety of reasons. Some services are inappropriately used, whereas others, such as the preventive health programs, are underutilized due to the lack of awareness. In addition, one of the main problems identified with the rural people was communication difficulty to interact with external forces. Sociologists said what is required to improve the awareness about basic health concepts of rurals is culturally appropriate health instructions, better and easily accessible medical services with a sympathetic, and understanding attitude of the doctors and health staff.[21] It expressed by the experts that the effects of health-care interventions of various health schemes should not be limited to the improvements of rural people's health status. The interventions should have a broader intention, such as empowerment of rural beneficiaries to get more control over health determinants, health behavior and to find out their own solution/s for their health dilemma and the solidarity with vulnerable segments of that population. It is required for a holistic way of health development and system management. In general, this suggests that the development of socioeconomic status plays a vital role assuming significance for the best utilization of the services and the strategy by the targeted people. It has been pragmatic that though various India governments have done tremendous efforts to set up a vast system of health network across the country in remote areas of the country health infrastructure is declining due to lack of strong political will, negligence, corruption, less peoples' participation etc.[22]

Conclusion

Despite the availability of modern preventive and curative medicine, the health-care delivery services in several rural areas are still poor and largely unscientific. Within the current comprehensive health intervention services, there has been no attempt to understand health culture as a subculture complex. But this is precisely the perspective necessary to develop a model of a culturally suited health-care delivery system specifically designed for the rural people of the country. Experts have lamented on the dearth of microlevel data among such rural populations and have suggested that an effective solution to the health-related problems of rural society must situate the problem within the larger contexts of changing health culture. The aim of the current research study was to understand how different forces and approaches to health culture are determined in the larger and changing socioeconomic conditions of the rural people.

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Conflicts of Interest

There are no conflicts of interest.

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