

Short Communication

CHANGING HEALTH CULTURE AND MEDICAL PLURALISM IN THE RURAL CONTEXT : A CONFRONTATION OR A PUZZLE ?

Nanjunda

Faculty Member, Social Exclusion Research Centre, Mysore University, Mysore.

Correspondence:

Nanjunda

Faculty Member, Social Exclusion Research Centre, UGC-CSSEIP, Mysore University

Mobile : +91 98809 64840 E-mail : anthroedit@gmail.com

Abstract :

The health culture, and medical pluralism have a long history. Over the last 100 years many concepts, theories, findings have been given for the better understanding of health culture of human beings and the role of the society being. The majority of the theoretical approaches relating to the health and illness originally propounded by the western sociologists. Even today researchers in developing countries are heavily depending on western theories to explain sociology of health culture and medical pluralism. In developing countries, social class, caste, gender plays a vital role in accessing to suitable healthcare facilities. More than these the underlying political and economic forces also counts a lot. It is found that health culture, and medical pluralism are significantly helps us in better understanding people's concepts about onset of various diseases and its cure in a cross cultural framework. Right from the history, sociologists are attempting to find out how social and cultural factors influences in understanding of illness and diseases. The sociologists are also probing how social, economic, and cultural factors the acting and the choosing different health care system (pluralism). With this background this paper is to reveal authors personal experiences working on different health projects in several villages of Karnataka state south India. This paper concludes that health culture and medical pluralism in the rural part have largely been influenced by the emerging social and cultural factors under aegis of globalization in a new direction which requires new discourse.

Keywords : Health, Culture, Disease, Rural, Pluralism.

Background :

Health culture: In a broader definition given by the WHO 'health culture means a set of cultural beliefs about health and illness that forms. The health seeking and health promoting behavior depends on an institutional arrangements within which that behavior evolves and the socio-economic, political and physical context of that beliefs and reason thereof. Some of the western anthropologists in their writings have opined that even though western medicines are having a high rate of success it has not been accepted by the Indian rural people because of their unique health culture. However some of the western epidemiologists have proved that rural people can be convinced to adopt the western medical system without affecting their inherited, health culture and belief by adopting cultural

sensitive healing approaches.

According to some of the Social anthropologist health culture may be explained as an acquired health behavior to separate it from that domain of health seeking behavior due to physiological stimulations. Sometime acquired health behavior may pass from generation to generations. It is learned that the health culture of one society may get transmitted to the other society. Banerji (1982) has opined "health culture and health behavior is a sub cultural complex of the whole way of life style of the community". 'further he redefined that sub cultural complex includes both personal and objective environments; an external interventions in the action of internal environment of human beings in a given context'. It may include both material and non-material culture of the community at any given point of time.

Medical Pluralism :

"Medical Pluralism is adaptation of more than one medical system or simultaneous integration of orthodox medicine

Access this article online

Quick Response Code



with complementary and alternative medicine (CAM)"(Prakash,2000)

Medical pluralism is a part and parcel of socially stratified and culturally diverged nature of any society. Since numerous medical systems is available in the society sometime these medical systems (pluralistic therapy) may have to compete each other over the success rate . Sometime due to influence of changing health culture the underlying notion in each medical system will also get changed. Individual practitioners will adopt appropriate techniques in administering each therapy. While administering more than one therapy to a single patient co-operation and co-existence can be expected within the various medicinal system. Sometime biomedical system dominates over indigenous medical system. Hence medical pluralism sometime should be referred as 'mix of tradition and modern medicines within an existing complex factor of political, eco-nominal, social and cultural hegemony in a given society' (Elling-1981). Medical pluralism is a cultural dependent rather than cultural independent. Medical pluralism is a kind of social system because medical pluralism will rise and contrast within a broader frame work of social, cultural and political context. Every medical system will have its own anthology, theory, and epistlemelody. Every medical system plays a vital role in providing needed health care for the people.

Health culture and Medical Pluralism in the Rural Context
Disease and sickness exist along with the evolution of human beings. Hence every society has developed certain methods to cure such type of diseases by using different kinds of medicines. Truly speaking it may be of any type of medicine but it has no an independent existence without the parallel help from the society. It's nature, application and context etc will depend on contemporary cultural pattern. Largely we can say it depends on the pattern itself within a given community. Various conventional approaches for the health development implemented in the community have been failed. Hence, sociologists felt sustainable, geographically and cultured specific health development and programmes model should be

introduced. Medical anthropologists felt indigenous knowledge must be the basis for any new health development programme focusing rural people. Rural part of India is rich sources of indigenous knowledge to cure various health disorders. It is known that health seeking behavior of a community involves both beliefs and practices about health and sickness. Normally these beliefs and practices are based on inherited and deep-rooted traditions. Probably these traditional based health cultures are more prevalent in the rural area because of minimal influences of external agencies. Also Illiteracy, lack of modern health facility, ignorance contributes a lot for prevailing of poor health status. Apart from these factors rural health culture will be heavily influenced by socio-economic status, spiritual wellness, family and neighboring support- system etc (White ,2002).

There are many instances to demonstrate the significance of indigenous knowledge in curing various health and sickness problems in the community. However rich ecological and cultural diversity cannot be completely heightened if we confined our knowledge and perception to conventional scientific concepts of health and sickness. India is a home to many medical pluralism like Ayurveda, Unani, Sidda, methods date back to 5,000 B.C. Even today they remain a vital source of every day health care in curing common diseases in both rural and urban part. These different kind of medicinal system are culturally familiar, technically simple, locally available and effective. Since indigenous health knowledge is culturally and spiritually very near to the people traditional medicine plays a vital role, as a part and parcel in case of rural health culture (Conrad,2008).

It is widely known fact that the health status of the rural people will be poor because of isolation, habitat, difficult terrain, poor understanding of their health behavior etc. Hence medical anthropologists suggest to follow an integrated multidisciplinary approach to understand rural health concepts, focusing diagnostics, curative and preventive health care. Since sometime rurals may have to face some advance diseases like Malaria, T.B, Typhoid, STD,

Malnutrition, Anemia, sometime their traditional medical system may get failed in diagnosing and curing the problem within their pluralistic therapy.

Perception on illness and sickness may directly affect on health seeking behavior of the particular community. In rural area socio- cultural pattern will be very complex and also it plays a major role in adopting different kinds of treatment to cure any health problem. In rural setup health and disease are more related to practice numeral medicines. Since trained doctor's available in certain rural parts folk medicine co-exists with the modern medicine. In this concept changing rural health culture and pluralism may be more perceived in the context of knowledge of health problems, health beliefs, new techniques of healing, norms and values related to health and disease and limitations of different types of pluralistic therapies (Choudhuri, 1986).

Ackerknecht (1942) has opined about medical pluralism that,

1. Rather than one type of traditional medicine there is an existence of various types of traditional medicines in a society.
2. The difference among various types of traditional medicines are very small valuations in their "elements" than varies in the existing medical system which is basically shared by their given general cultural types.
3. The degree of unification of various elements of medicine into a whole and of the whole medicine into existing health cultural pattern differs significantly.

During the process of socialization health culture will be an integrated part of an individual and it helps in shaping own health seeking behavior or action in due course of his/her lifetime. As Bir (2002) opined, " In fact, the organic needs that operate the internal environment or system of an individual such as needs for food, sex, protection etc.... are sources of stimulus force or motivation for independent action of the system of health culture". Further Hassan (1967) felt "The level of satisfaction of these needs takes place in accordance with the values of health culture acquired by man as a member of community or society".

Certain medical sociologist and medical anthropologist have opined that modern world should not ignore the entire traditional medical system including diagnosis and healing techniques available in various medical system. Each and every action has an equal reaction in every traditional medical system has its own meaning, mechanisms, effects and interference. Truly speaking health culture and pluralism have an autonomous and independent existence in any society.

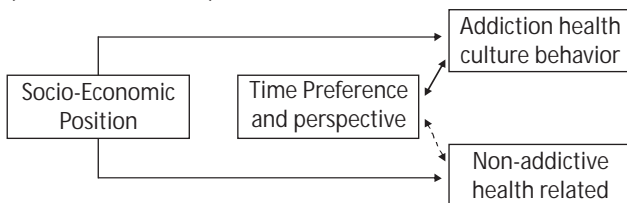
Systemic investigation on rural health culture has gained vital consideration in medical sociology. Studies have been conducted to get the core concept of rural therapeutic behavior and nature of ethno-medical system. Currently, various studies are focusing cultural perception, cultural labellization, medicalisation culture experience and cultural communication, illness ideology in curing various diseases adopted by the rural folk. However certain studies found that socially constructed medical roles to enhance particular health behavior and cross societal similarities and changing patterns in such a behavior. Certain studies have also revealed medical pluralism and health seeking behavior of a one family may affect entire village. Also because of cultural diffusion a number of similarities and variables with respect to health seeking behavior of the rural individuals can also be seen. Sometime life style of the particular person, how seriously he considers his/her health problem and frequency of occurrence of the particular health problem plays a significant role in the other patients also a specially in rural parts (White, 2002; Zola,1978).

In addition, age old strong beliefs of rural people in local traditional healer and in his treatment and practices in religious rites may be a kind of hurdle in accepting modern health care facilities. This is significantly vital in shaping common or similar pattern of health seeking and health promoting behavior. Studies have also found that influence of socio, cultural, ecological, political and physical dimensions within the given institution. It is found that health seeking behavior varies according to the type of illness, causation of illness, gender of the ill person and age of the person affected by a particular illness. Hence expert

felt study should focus how medical aspects influenced by the social cultural issues and how given socio-cultural issues influence by the medical aspects. Further certain studies have opined that both indigenous and modern medicines have a certain common platform and it is better to study the rural health culture from the context of both differences and similarities within their two systems of medicine and to find out cultural factor affecting in accepting indigenous medicine and cultural inhabiting factors in accepting modern medicine.

Various studies have proved that established health behavior should not be under estimated citing them as illiterate or superstitious. It is believed that people's health behavior, depends on the particular culture, particular geographical area and particular eco-system. Even today major section of the rural people is not ready to accept the modern health system. Due to their cultural resistance many rural targeted programmes have not been succeeded yet. Medical Anthropologists felt modern health programmes, don't have any space to respect people inherited health culture, behavior, emotions and spiritual meaning associated with health and disease. Here culture and eco-system plays a vital role on people in seeking particular type of medical assistance and healing options (Kroeger,1983; Gester ,1984).

Hypothetical Pathway Linking Socio economic time preference and prospective and health related behavior. (Jean Adams, 2009)



Source: Jean Adams ,2009, the Role of Time Frequency of perspective in Socio culture Inequalities in Health related Behavior in a Edited Volume of S.J Babones ; Policy Press:

The strong beliefs or faith of the people relating to the different healing technique does matter a lot. Also the role of family members, villagers, and others plays a vital role in rural health culture, seeking a particular type of medical

assistance within the given context of medical pluralism including hakims, local traditional healers, nomadic vaidy's, ayurveidc and modern allopathic practitioners. It is found that medical practice among rural people is highly pluralistic because of various external agencies. In certain parts of the rural areas both traditional medicine and bio-medicine co-exists and some time people seek assistance from the both!. Also in certain part of the rural area government has opened allopathic and ayurvedic medicines, so that rural people can select any type of medical system regarding prevention, curative and rehabilitative measures. Hence, we can opine that health seeking behavior of rural people is gradually becoming flexible because of new elements in their health culture. Experts opined that there is a dearth need of new sociological studies about the dynamics of changing rural health culture focusing philosophy of a system of pluralistic medicines and its success or failure (Payyappallimana, 2011).

The typology of traditional medical practice classified for describing the legal role of traditional medicine in different medical systems by showing that

1. They are all dominated by modern medicine or cosmopolitan medicine,
2. In practice the exclusive system are pluralistic and,
3. The integrated systems include many aspects traditional medicine.

In practice, the inclusive and integrated system forms a continuum; just at the exclusive tolerant system is continuous with each other. Studies have shown that medical pluralism of the rural community is now changing because of new socio-economic and political equations under an aegis of globalizations. Accessibility and availability of different medical practices mainly play a vital role in diffusing health culture and fulfilling health needs of the rural people at affordable cost.

Studies found the traditional medicine system may be dislocated from their past golden days due to the

popularity and success rate pluralistic therapy. Emphasizing health behavior issue from the prospective of rural cultural fabrics towards refusal or accept various medical system needs fresh date. As noted by the western sociologists that the future of the traditional medical system because of inclusion of consistent inter-generational contents is also a big question in developing societies.

There are extreme many diversities in the demographic behavior of rural including ethnically, socially, economically in various ecological, environmental and developmental settings. It is found that health behavior and medical pluralism are much controlled by the social tradition and family based frame of mind rather than social growth and economic status. In certain rural part traditional and modern medical system continues to be antagonistic to each other (Singh, 2008). This is why rural people have 'pharmacopeia of their own for their common diseases'.

Rather than different forms of medicine, it would be significant if we consider the place of medicine occupied in the life of rural people, respect and strong belief towards any medicinal system. It is found that cross-cultural analysis of the practice of different healing techniques, health behavior in different cultures would be very vital in generalizing the pattern of the health culture across the real society. It is opined that the psycho therapeutic elements and strong faith on the local healer plays highly significance in curing the diseases and sickness. It is found that divination also significant in the traditional medical system. As Joshi opined "diviners are the healers who plays an intermediate role between the culturally postulated super human and the society", (Joshi,1990). The healing techniques used by the diviners would be a very vital in every medical system.

It is opined that before implementing any community health programmes there is a need of understanding different medical system (pluralism) found in the society. Yet we consider all practitioners of a different health care system taken into account providing proper health care personnel's is not a problem. The layman concept of

various medical system in vital in framing suitable health programme for the rural people. Practitioners belongs to various medical system will use knowledge of the different medical system with all proper understanding about theoretical background many of them leave the patient to danger. Normally rural people depend on any traditional medicine if they could not get modern medicine on time. Even though simple health infrastructure will not be available in rural area but government shows interest to improve health status of the urban people only. It found that both medical interventions and non medical intervention are the need of the hour focusing rural part of the country.

Conclusion :

Since rural society is a multicultural one in certain cases health culture always differ from caste to caste. People belongs to twice born caste will observe a dual type of health culture. In rural setting caste plays a vital role. Sometime low caste people will not visit quacks who belongs to the higher caste. In the same way people will visit quacks who belong to the higher caste. Religion also greatly impacts on determining pluralistic therapy. Sometime Hindu patients will visit Muslims quacks and where as Muslim patient's visits Hindu quacks. Nomadic quacks also found significant in curing various elements in some cases. For a time rural people will also visit tribal medicinal men. As Turner (1966) Points that 'beginning of any health disorder is a direct result of impact on the social solidarity'. In this movement the selecting the medical system to solve the problem will play a vital role in the existing socialites. Ibara (2004) opined that " The interchange of people and goods with ambient culture has configured the multicolored medical knowledge and healing practice on its own right in each different geographical and cultural context ". It is found that selecting a type of therapy is rural traditional health system has a bigger impact on both patient and at community level in the days to come.

References :

1. Ahmed SM, Adams AM, Chowdhury M, Bhuiya A (2003). Changing health-seeking behaviour in Matlab, Bangladesh: do development interventions matter? *Health Policy Plan* 18, 306–315
2. Choudhuri. B, Social and cultural Aspects of Health *journal of social and Economic studies*, 39:379-388 (1986).
3. Conrad, P. (2008). *The Sociology of Health and Illness: Critical Perspectives*. Macmillan Publishers.
4. Ewhrudjakpor, C. (2008). Cultural factors blocking the utilization of orthodox medicine: A case study of Warri Area in Delta State of Nigeria. *Rev. Sociol.*, 14(1), 103-119
5. Gester M.W(1984), *health care in developing countries*; State College P.A. AAG.
6. Joshi and Anil Mahrjan. (1990) *Stadies in medical anthropology*, Reliance Publishing house, NewDelhi.
7. Kroeger A. *Anthropological and Socio-medical health care research in developing countries. Soc Sci Med* 1983;17(3) -161
8. Mathews, C.M.E. *Health and culture in a south Indian village*. Sterling, New Delhi (1979).
9. Payyappallimana, U. (2011) *Traditional Medicine in Health System Development: A Case Study of Kerala State, India*, *Yokohama Journal of Social Sciences*, Vol.15, No.3, 77-101.
10. Simon Williams, Ellen Annandale and Jonathan Tritter, (1998) 'The Sociology of Health and Illness at the Turn of the Century: Back to the Future?' *Sociological Research Online*, vol. 3, no. 4, <http://www.socresonline.org.uk/3/4/1.html>
11. White, K. (2002). *An Introduction to the Sociology of Health and Illness*. SAGE Publishing.
12. Zola, I.K (1978) 'Medicine as an institution of social control: The medicalising of society', in D.Tuckelt and j.m kaufert(eds) *Basic readingsin medical sociology* London: Tavistock publications.