International Journal of Science and Research (IJSR)
ISSN: 2319-7064
SJIF (2019): 7.583

Socio-Cultural Perception and Interpretation of Health and Illness: A Study in the Korail Slum of Dhaka City

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Abstract: ***It is strenuous to define the meaning of health and illness as people across the cultures and socio-cultural context perceive, experience and define health and illness differently and offer meanings according to the cultures they belong and live everyday life. On the other hand, there is no universal definition of health because it depends on what individual considers to be and not to be since their subjective experiences. So, no single definition and explanation can be sufficient enough for exploring meaning of health and illness for subjects as it can be termed as multidimensional phenomena which include physical, socio-cultural, emotional and spiritual aspects. It is also noticeable that in country context, there are many works on the etiology of illness, health seeking behavior and different medical systems, but there is rare research on the issue of meaning of health and illness. From this point of view, this study is an attempt to investigate the way people perceive, experience and explain their illness and health from their subjective position living in a slum popularly termed as cultural context. This research will also explore the way people are changing their meaning to health and illness due to their migration in urban areas. The research was conducted in a slum area in Dhaka city using in-depth, and semi-structured ethnographic methods.***

Keywords: Health, Illness, Socio-Cultural Context, Health Perception, and Slum

1. Introduction

Concerns about health and illness are universal and present in all kinds of society and culture. Across the culture and society, the definition of health and illness is different. Considering the diverse culture and society across the world, there is no common view about the meaning of health rather multifaceted (Balog 2005). To every person, meaning of health is quite separate, such as Annandale (1990) says that both sexes have their own conception of illness and responses about the symptoms. Every individual's subjective experience, culture, environment, ecology, and traditional norms and values determine what will be the definition of health and illness to him or her. The meaning of health stems from personal experience and that experience comes from their daily interaction with others and as a result, meaning varies among individuals (Chan et al., 2006, Ogunsiji 2009; Weerasinghe and Mitchee, 2007). The concept of healthhas developed gradually and directed to the perspective of health of an individual (Standmark 2007). It also basically depends on the cultural, religious and social norms that define health. It is regarded that experiencing illness is an integral part of the social system of meaning and rules for behavior and it is rigorously influenced by culture (Kleinman et al. 1978). Some scholars have also observed that among many tribal and ethnic groups, health is seen as a functional entity rather than a clinical concept (Mahapatra 1994). It also differs between men and women. Views about illness and health may also differ from age, gender, class and ethnicity. This study through field research also tried to find out how people perceive health and illness issue considering their socio-cultural orientation. The study found some distinct definitions of health and illness among the people where they relate it not only to the biological issue but also with the other aspects. They relate their culture, surroundings, religious views, living environment, surrounding ecology, family condition, economic security etc. with their illness. However, meaning of health and illness to a person is of a great significance because the afterwards actions related to illness curing depends on it where meaning suggests that it is that from which something is understandable as the things are (King 1964, p.6, and Ogunsiji 2009). Meaning is the essence that makes the ideas clear and attainable (Ogunsiji 2009). So, meaning is something that is stemmed from one's socio-cultural orientation one has experienced from the very beginning of life that teaches one to define the outer world and experience oneself too. However, According to WHO, health not merely refers to the absence of disease, but to a condition of whole physical, social and psychological well-being (WHO 1980).

If we have a glance to the history of health, we see that historically the word health is in existence over centuries. The origins of the concept of health have been studied by Dolfman (1973) and Balog (1978). The concept health stemmed from Old English referred the state andcondition of being sound and well. More precisely, it is argued that health is not only related with the physical functioning, but also with mental wellbeing, spiritual salvation, moral soundness, and comfort as well. The word health has always been considered with so many attributions such as good health, bad health or poor health,but by health it always actually means something positive entity. For example, for the ancient Greeks, health was always an adjective that also

conceived with foremost significance. The Greeks initially received health as a divine responsibility and illness was a supernatural phenomenon that has rigorous impact in recognizing and conceiving health in today's life. This sort of impact of Greeks' ideas is noticed in the Western views of health in present days. However, with the advancement in the fields of science, medicine, psychology, sociology, and other scientific and social science disciplines, the theories and way of defining health began to be challenged, refuted and replaced with newer scientific endeavors (Boruchovitch et al. 2002). Norman Klein (1979:1) observes that well-being and being sound and health are a common human concern in all societies because human beings are susceptible to various illness and we are acknowledged about it with the blessings of varied disciplinary inventions and discoveries. In medical anthropology, it is regarded that health is a cultural as well as social construction whose meaning varied notably from society to society (cited from Baer, et. al 2003). The context of health has been in existence from long time in the societies to describe their sense of well-being (Baer et al.., 2003).

In the formulation of concept of health and illness, the role of culture is indisputably undeniable because it is the culture which shapes the worldview of its subjects. It is well known that culture is considered as a total phenomenon which renders a world view for the practitioners who practice and share it. And in consequence, it guides the practices, knowledge, and attitudes of its practitioners and the overall processes of health and illness are contained and integrated within this world view and socio-cultural web. Consequently, it can be said that it is the associated worldview that provides the manner a social group through which it thinks and organizes its health and faces episodes of illness. Every culture is consisted of some symbolic representations and degrees that help in understanding different phenomenon of that culture and obviously each culture has an enriched symbolic dimensions, knowledge and practices regarding health and illness to perceive and narrate diseases. Every culture possesses concepts through which they identify and define what conditions and who to be regarded as sick or well. Langdon et al. (2010) observe that each culture has a cultural system of classifying diseases and its severity, morbidity and etiology as well, but these are not universal and different from biomedical explanations.

So, how a person perceives health and illness is grounded on the experiences he or she has in the lifetime period. On the other hand, the way we define health and illness changes with the period according to cultural, contextual, and even because of assimilation with the new practices and system. Mishra et al. in similar way shown that as a part of social structure and a socio-cultural concept, the meaning of health changes continuously with time and wider social aspects normally dominate and take places (2013). People who are living in slum areas are vulnerable to various health vulnerabilities due to their lower socio-economic status and poor living conditions which are unhealthy and favorable to various infections. Low level of awareness and lack of access to preventive and curative facilities worsen and deepen the situation. This ethnographic study was conducted in the Korail slum of Dhaka city. It is needed to mention that the slum dwellers are migrated people who have inhabited in the slum after leaving their village root in search of well livelihood. Undoubtedly, the slum inhabitants are the poor section of people of their village as well as they are also poor in their migrated city. The slum dwellers have their own views, perception, knowledge and long historical experiences about illness and health. But the culture of slum is not same as the culture of the village. As a result, with the continuation of time and influence of the city culture, the rural and village cultural beliefs and approaches about health and illness face challenges and change or adapt new slum dominated norms and values. So, there may or may not exist rural beliefs of health and illness. On the other hand, promotion of health and treatment seeking process during or after illness cannot be improved without the understanding of meaning of health and illness to the native people. So, understanding and perceiving the meaning of health from the subjective point of view of those who have gone through the course of illness are significant because every single society has its own terms and perceptions about illness and following these they define illness and health and hence they seek their treatment keeping these experiences in mind.

Thus, illness can be referred as the change in the body and mind that is perceived by the person himself. In the perception of illness, cultural knowledge about illness affects the person. On the other hand, sickness of a member of a family affects the whole family in which he or she belongs. Illness affects the whole family gradually and all the members participate in seeking care. Kleinman (1978) demonstrated that Illness process begins with the personal awareness of a change in the body feeling.

However, this study tries to explore the meaning of health and illness from the slum inhabitants' perspective that is grounded in their long-term experiences derived from their culture.

2. Conceptual Framework

This study intends to pursue the way people define, perceive and experience their health and illness. From this point of view, focus goes to the aspects by which people construct their understandings about health and illness. As a result, this study adopts social construction of illness and critical medical anthropology as the theoretical orientation.

In medical sociology, social construction of illness covers a major area of interest.Social construction of illness is a major area of research in medical sociology. Basically, social construction of illness is organized and developed under three broad features: the cultural meaning of health and illness, the medical knowledge as socially constructed and illness experiences as socially constructed. Social constructionism as a conceptual framework emphasizes on the cultural and socio-historical aspects of phenomena and argues meanings of phenomena are not something that is inherent themselves but develop and grow through interaction and shared beliefs and assumptions in a socio-cultural context (Conrad et al. 2010). In other way, social constructionism pursues to know the contribution of individuals and groups in creating social reality and in turn that reality creates individuals of groups (Berger and Luckman 1966) through coordination and mutual sharing of

norms and values. A social constructionist approach to illness stands on widely professed conceptual distinction between illnesswhere it refers to the social meaning of the condition and disease which dedicate tothe biological condition (Eisenberg 1977). Mainly, social constructionism focuses on how the meaning and experience of illness is shaped by cultural and social systems where medical model accepts diseases as universal without recognition of time and place variation. As Gusfield (1967) remarks, "Illness is a social designation, by no means given medical fact" (p. 180). Phenomenology symbolic interactionism also significantly contributed to the development of a social constructionism approach to illness. Erving Goffman's work also helped magnificently to shape the symbolic interactionism tradition in sociology and other related fields. According to Goffman and other symbolic interactionist, individuals actively take part in the construction of their own social worlds of perception, understanding and meaning, including the construction of selfhood based on established socio-cultural norms (Blumer 1969). Symbolic interactionism effectively wants to explore illness as it is experienced and constructed by the persons or groups within their social context, which in turn alter the performance of self (Charmaz 1991). In the same fashion, phenomenological theories (Berger and Luckmann 1966; Schutz 1967) try to reveal how individuals make sense of their illness, and how they cope with physical and social restrictions during illness (Bury 1982 cited from Conrad et al. 2010). However, the approach tells us how illness is experienced and meant and recognizes the significance of shared cultural traditions, cultural system of knowledge, relations of power, social values and norms and every day experience (Conrad et al. 2010).

On the other hand, critical medical anthropology tries to see health and illness from broader perspective. The basic idea of critical theories is that reality is socially constructed and that versions of reality conceal the complex political, economic and social relationships. In consequence, medical anthropology also witnessed a significant break from its disciplinary past and an important outcome was the development of critical medical anthropology (Brown 1998).In its formation period, medical anthropology narrowly focused on the macro level of explanations which include broader socio-economic and political factors rather explained health-related beliefs and behaviors at the local or micro level in terms of specific ecological conditions, socio-cultural configurations, or psychological factors (Singer et al. 2018). However, recently critical medical anthropology tries to see sickness, causes of sickness and healing of sickness from broader aspects (Baer et al. 2018). Brown (1998) argues, "CMA describes how large-scale political, economic, and cognitive structures constrain individuals' decisions, shape their social behavior and affect their risk for disease". A critical approach defines health based on the access to and control over the basic material and non-material resources that sustain and promote life at the high level of satisfaction (Baer et al. 1986). The critical perspective that was developed by medical anthropologists has connection with the larger interdisciplinary movement known as the political economy of health.Access to basic material or non-material resources creates disparities and it can be in the field of health, occupation, education etc. Critical medical anthropology also suggests that disparities in health sectors are enforced and determined by social institutions and structures which in turn create and perpetuate advantages and disadvantages for the segments. But, the goal is not the dismissal of micro explanations rather extends the area which must include other broader germane issues like power, control and economy associated with health, sickness and healing. "Critical medical anthropologists have thus proposed a new paradigm that views sickness not just as an isolated event but as a product of complex interactions involving nature, society and culture" (Brown 1998). So, the study uses the critical theoretical framework to unmask hidden relationship between social inequality and ill health considering politico-economic issues.

3. Research Settings and Methods

The present study was conducted in the Korail slum of the capital Dhaka city. The slum is dominated by the inhabitants from different regions of the country and mainly the slum dwellers are the poor parts of the city. The area reflects a cultural diversity since the residents have migrated here from other parts with various and unique regional cultural traits. The slum is located at the center of the capital city where the surrounding areas are well furnished in terms of infrastructural, economic and other opportunities. So, it is like a wound in the good. The slum lacks proper facilities like electricity, water supply, drainage, healthcare, educational institutions and income facilities. The inhabitants just avail themselves with daily needs and lead a vulnerable life. As a result, they are more likely to fall victims of several illness. However, considering the aim of the research, the area was chosen to have an understanding about the meaning of health and illness from the slum inhabitants who are deprived of many structural and non-structural facilities and who hold very different views about health and illness that is contrast to the other people who enjoy facilities.

The participants were 20 men and women and all of them were adult enough. The study chose same proportion of male and female respondents using random sampling to have ideas of men and women about health and health seeking behavior experience staying in their own socio-cultural background. These people of my sample were from one regional, cultural background that was needed for my research to get an overall picture of health and illness experience of the people. The research explores male and female perspectives about illness and health because experiencing and understanding health and illness is not same to male and female.

Semi-structured and open-ended interviews were used to collect data. 15 participants were interviewed using semi-structured interview. Semi-structured interview is much of informal basis and it has a set of written questions that helps the researcher not to mistake any points. On the other hand, 5 respondents were interviewed through open-ended interview. This is an informal interview although comprises a set of questions. Although this interview may have set of questions to gather data from participants but this interview gave priority mostly on the knowledge, skills, ideas and

preferences based on their cultural, social norm. However, both the methods were used to collect data focusing on health and illness experiences. In this study, all people got equal opportunity to be respondents and the data from the people were accepted as valid without considering gender or poor or rich or ethnicity. This study confirms that the information would not do any harm to the respondents and it was a part of my study. The study was respectful to their beliefs, values, and feeling, which was not like mine. Besides, confidentiality and anonymity of all participants were assured.

4. Research Findings

The purpose of this study is to comprehend how the Korail slum people perceive the concept of health and illness. In this section, the findings that have emerged from the collected data are going to be discussed and analyzed. According to the findings, the meaning of health and illness tends to be perceived by the participants in several dimensional ways: fulfillment of basic needs, mental wellbeing,having jobs or money,being physically and mentally stable and healthy; andwellbeing of the family. The description of each of the above findings are in the following.

Fulfillment of Basic Needs

We know that people's health is not only physical well-being rather it is related to psychology and many other socio-cultural contexts. Fulfilling the basic needs is a must for survival and livelihood. Although they are not very well known about what basic human needs mean, but they say that if they can manage their proper living- income sources, education of their children and other related things then they are well. One of the participants described in this way:

"*In slum, life is very struggling. For someone, it is difficult to go through works all time. When I cannot do work every day then I should think many things how I will help my family, how I will feed them and how I shall pay the fees of my children' education etc. that create mental stress. If I have works every day I can ensure all the needs and I can be mentally stable".*

So, meaning of health to them is to have all needs fulfilled. On the other hand, if they are unable to fulfill the needs of the family them they are sick as they must suffer from different worries and tensions regarding their needs. In this regard male and female both think that if the needs are fulfilled then they become mentally stable and tranquil that is health to them.

Mental Well-Being

Participants argue that to them health means mental wellbeing. Many female participants who work as maid servant report that tiredness due to overwork in their master's house and afterwards to their own house at a time affect their mental and physical health. They also report that in the past life they never experienced such worse conditions. They shared that in rural life they only did the family works and had some free time but after coming here they are engaged in many works all the time. They should maintain and do their own household chores as well as their duty at the factory and master's house that can be termed as double work. They have very little time for them that make them bored and stressed. These kinds of troubles also affect their own health and their children' health because they cannot pay proper attention to their children due to tiredness and they do rough behavior with their children. One of the female participants shared that:

"It is a natural duty for me that after working at the garment factory I have to make the meals of my own family. As a result, I get so much tired that also causes headache. My mental situation also gets irritated. For this reason,I also misbehave with my children. Only if I can be free of these then I will get some mental serenity. But it is not possible for me to keep me away from that routine works as I have to help my family and children."

Another male participant explained that:

"I worked in a restaurant, but suddenly I lose the works and I did not get any other works immediately for 30 days that lead me to the mental sickness and became depressed. And when I started rickshaw pulling only then I became mentally stable for the rest of the time. If I have no works for long time, it will be a great disaster to my family."

In the slum context, to many of the men and women participants, health is considered by labeling it to the mental wellbeing. Concha et al. (2003) and Balog (2005) explain in the same way that a state of health is also regarded as being spiritually attuned and mentally sound, having a feeling of wellbeing, and being free from psychological disturbance. They feel distorted because of over pressure that can emerge from the condition of joblessness or overwork. They think if they have mental wellbeing, then they are healthy in regard of mental and physical state.

Having Jobs or Money

We know that health is wealth but to the slum dweller wealth is health. According to the respondents, if they have the money in pockets then they can accomplish their goals and needs. They argue that if one has wealth then one can think about other activities but the poor like them who face many difficulties in filling up their needs thinking about other activities is like a dream that can never be fulfilled. They dream of getting out of their situation. To them, illness is expensive that costs a lot. On the other hand, many people cannot treat the illness due to lacking money. As a result, the illness gets a permanent place in their body. One of the respondents opined that:

"If you have the wealth and financial security then you are free of illness automatically because you have no tension but if you are always in want of money then it is really difficult to be free of pressure. Every moment will prick you that will lead you to physical and mental sickness."

To them having money and richness is the cure of disease. And being poor means illness to them. So, the equation is-

Money or richness = good health
Poor and lacking money = illness

And making money or having money is fundamentally related to the acquisition of a job because it can only secure

the source of earning money that on the other hand related to a well livelihood.

Weinert and Long (1990) defined illness in terms of work and showed that people who performed their work well are described as healthy even in pain or suffering from chronic illness or a life-threatening disease. Male respondents reported about money more than female informants. Women are more concerned about their family's wellbeing. They think only money cannot bring mental tranquility that male respondents think. Here we can also see the impacts of culture on male and female perceptions. Male parts are represented and thought as the breadwinner and head of the family who should run the family. So, money is a must to do these things well as a result their all ideas are money centered.

Being Physically Healthy and Stable

Health to the people of slum is to be mentally and physically stable and free of illnesses that Sander Kelman(1975) calls experimental health (cited from Bear et al. 2003). Because physical instability and illness hinders the regular works on which their lives depend greatly. Majority of my respondents told me that their family directly depends on his or her daily income. If one does not work for a few days it impacts the whole family. To continue their work regularly they need to be well physically and mentally. Concha et al. (2003) showed in their study that respondents consider physical competence as the ability to do the activities of daily living, besides it is also considered as the absence of disease, being free from symptoms, physical defects and impairment. They told me that during illness they cannot work, but during their good physical condition they work. One respondent shared that he has 4 daughters-two are married and between others two one reads in class 4 and other does nothing. He also told that he is the only earner of his family and his wife works as maid servant in a house. If he is not well then shop is stopped during the day and in the evening his wife opens the shop after returning from her work. His young girl does not do anything and her education is stopped due to being unable to bear the cost. She does not even work outside as it a shame for a young girl to work outside. So, health according to respondents,

To be free of illnesses and being physically and psychologically well and able to open my shop.

The study also found that in the slum, different notions of health and illness are established about male and female health and illness. Another respondent narrated the story of his second daughter who was physically thin:
"My second girl was physically thin. During her marriage, I had to face many problems. Several marriage proposals were refused by the groom sides. They told that my daughter is lean. In this way 4 proposals were canceled. And you know how shame it is for a girl in our society to be refused several times by the groom group"

This narrative represents that the perception of health and illness varies in terms of gender relation which also postulates the representation of gender in context of society. On the other hand, I was told that health of boys is nothing to consider or does not matter. They told that it does not matter whether a male is too thin or too fatty because after all he is man. In the field, female informants told that when they are sick, they should perform their household chores with ill health if it is not so much serious, but male can take rest during their illness because their health is of utmost importance. This kind of cultural learning makes the women more vulnerable. So,it can be said that our society has always created a strong value and position for male and on the other hand, women position and value are underestimated always. In consequence, the female learns to mean what is health and illness based on their learning from their society and family.

Well-Being of the Family

In Bangladeshi cultural context, family is the first and foremost unit of importance. Family contributes throughout our whole life in every step. People especially female are taught from early life to be engaged with family. In the field, it was informed by the female informants that they are told to think their wellbeing in relation to the wellbeing of all the family members. They are also told and advised to sacrifice for male members and to give importance to male members by their parents and nearest relatives. So, they define their health with the total well-being of their family member. It is their traditional learning to think all well-being of themselves with the wellbeing of the family members. One of the respondents informed me that what health to her:

''I am happy and healthy when my husband, children and the others of my family are well. When any problem or anyone is sick in the family then it is normal that all members of the family is one kind of sick. For example, when my daughter became ill it affected all the members as everyone has certain part of duty for their family members."

This case tells that how one's health and wellbeing is not considered and constrained with only oneself, but it affects the other family members and kin. When one gets ill it is not thought as an individual matter rather it becomes a family matter.

Another female respondent shared, how she was told by her elder family members to treat her husband and his family.
"During my marriage, my mother and female relatives told me that from now my life is bound with my husband and his family and I should think all things relating to my husband's family. Their happiness will be my happiness and their sorrow will be my sorrow."

On the other hand, male members of the family are not so much concerned about every member of the family. Male is thought to earn for the family and looking after the family is the responsibility of the female. Even if female earns for the family, yet they have to look after the family. It is thought as their natural duty.

5. Discussion

To the respondents of the study, meaning of health is to be physically healthy and stable, having jobs or money, fulfillment of basic needs, mental well-being, and well-being of the family. Their physical, mental and social health are

connected to these states. Concha et al. (2003) found in their study that participants perceive health as a priceless, valuable and indispensable element of living and at the same time it is a state of being competent physically, psychologically, spiritually,economically,politically and socially. If they have jobs and can earn for the family and meet allthe needs of the family then they are healthy and well in all states otherwise not as their socio-economic status does not allow them to be well. On the other hand, in conceiving and defining health it is evident that each culture has essentially its own terms and ways to define and perceive health and illness and the same scenario is seen in the above findings that show how the respondents are responding to their health and illness which explicates a reflection of their learning from their culture. Social constructionism says how individuals and groups construct meaning from the reality they interact in everyday life. Meanings of phenomena are not something that is inherent themselves but develop and grow through interaction and shared beliefs and assumptions in a socio-cultural context (Conrad et al. 2010). From this point of view, meaning that is attributed on illness and health also derives from cultural systems. It has no anomaly in the Korail slum. They also give meanings to health and illness from their cultural knowledge. Langton et al. (2010) argued thathow a particular social group thinks and organizes itself to maintain health and face episodes of illness, is not dissociated from the world views and socio-culturally informed dimensions of experience and named it as cultural system of health. Such kinds of patients' construction about the meaning of health and illness lead their decisions about health seeking behavior afterwards. Green and Britten (1998) showed how subjective meanings of health and illness influence patients' way of treating and seeking treatments in everyday life. This study found that people living in the slum area come from different parts of the country consequently they are most vulnerable as they are marginal people and deprived of many fundamental needs including various important health issues. As a result, they are more likely to be affected with various communicable and non-communicable diseases.This study has also found that slum dwellers have some different ways and approaches in regard of observing their health and illness and that is distinct and different from others because their perception of health and illness reflects their day to day life of struggling and suffering based on their socio-economic status. They have unequal access to various life sustaining resources. That's why critical medical anthropologists suggest identifying health from broader perspective considering socio-economic and political issues since these states sometimes work as hindrance to various necessities. For that reason, they prefer to see disease not only as biological phenomena rather socio-cultural too. Baer et al. (1986) opine that critical approach defines health based on the access to and control over the basic material and non-material resources that sustain and promote life at the level of satisfaction. Socio-economic status is one of the underlying determinants of perception of health and illness. As a result, people from lower socio-economic status are more likely to have worse self-reported health,lower life expectancy,and suffer from more chronic conditions compared with those of higher socio-economic status (Arpeyet al. 2017,Pampelet al. 2018, Follér1992). Adler et al. (2002) explain that socio-economic status, whether assessed by income, education, or occupation, is connected to a wide range of health problems. Socio-economic status of people creates an environment which directly or indirectly affects the way they explain and define and perceive their health. In other words, one cannot be happy in the society where he or she is living is unhealthy. Slum dwellers go through such vulnerable and unhealthy environment every day. Therefore, issues relating to health and illness of slum dwellers cannot be analyzed and understood in isolation of other dimensions of social life that are contained in cultural meaning, values and beliefs.

6. Conclusion

Findings of this study show that perception and understanding of health and illness are grounded in the respondents' culture, values, norms that are built up.On the other hand, as lowersocio-economic status, they are marginal and deprived part of population living in slum areas. In consequences, these population are more likely to be affected with various diseases. This article sheds light on the issues of how peoples' beliefs, perceptions and meanings about their health and illness are formed from their everyday experiences. The meaning of health and illness may be different from other population as it is grounded in the cultural configurations and socio-economic status. The study also reveals that the present beliefs and perception about health and illness dominate their decisions about their health treatment seeking behavior that needs further research. Therefore, understanding about their belief about health and illness should be emphasized since it will help in taking measures regarding the promotion of their health.

References

[1] Annandale, E and Hunt, K (1990). Masculinity Femininity and sex: An exploration of their relative contribution to explaining gender differences in health, *sociology of health and illness, 12:1*

[2] Arpey, C Nicholas et al. (2017). How Socio-economic Status Affects Patient Perceptions of Health Care: A Qualitative Study *Journal of Primary Care & Community Health*, Vol. 8(3) 169– 175

[3] Baer, A. Hans and Singer M (2018). *Critical Medical Anthropology*, CRC press.

[4] Baer, A. Hans et al. (1986). Toward a Critical Medical Anthropology, *Social Science and Medicine, 23*, pp. 95-98

[5] Baer, A.H et al. (2003). *Medical Anthropology and the World System*. London: Bergin & Garvey (Ch. 1 Medical anthropology: Central concepts and development; Ch. Theoretical perspective in medical anthropology; Ch. 3 health and the environment: From foraging societies to the capitalist world system).

[6] Balog, EJoseph (2005). The Meaning of Health. *American Journal of Health Education*, Volume 36, No. 5

[7] Balog, J. E. (1978). *An historical review and philosophical analysis of alternative concepts of health and their relationship to health education*(Unpublished dissertation).Maryland: University of Maryland.

[8] Berger, Peter and Thomas Luckmann. (1966). *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. New York: Anchor.
[9] Blumer, H (1969). *Symbolic Interactionism: Perspective and Method*. Englewood Cliffs, NJ: Prentice-Hall.
[10] Boruchovitch, E and Mednick, R.B (2002). The meaning of health and illness: some considerations for health psychology. *Psico-USF*, 7:2, pp. 175-183
[11] Brown, P.J (1998). *Understanding and Applying Medical Anthropology*. London mayfield publishing company.
[12] Charmaz, K (1991). *Good Days, Bad Days: The Self in Chronic Illness and Time*. New Brunswick, NJ: Rutgers University Press
[13] Concha,A (2003). Concept of health and health needs of suburban residents in a developing country: Qualitative study *Asia Pacific Family Medicine*;2: 107–113
[14] Conrad, P and Barker, K.K (2010). The Social Construction of Illness: Key Insights and Policy Implications.*Journal of Health and Social Behavior* 51(S) S67– S79
[15] Dolfman, M. L. (1973). The concept of health: an historic and analytic reexamination. *The Journal of School Health*, 43, (8), 491-497.
[16] Eisenberg, L. (1977). "Disease and Illness: Distinctions between Professional and Popular Ideas of Sickness." *Culture, Medicine and Psychiatry* 1:9–23
[17] Follér, M. (1992). Social Determinants of Health and Disease: The Role of Small-Scale Projects Illustrated by the Koster Health Project in Sweden and Ametra in Peru. *Cad. SaúdePúbl.*, Rio de Janeiro, 8 (3): pp. 229-239
[18] Forsyth, C. J. (2014). *Structural Processes and Local Meaning: Explanatory Models, Political Economy, and Chagas Disease in Tropical Bolivia*. Graduate Theses and Dissertations. http://scholarcommons.usf.edu/etd/5482
[19] Green, Judith & Nicky Britten. (1998). Qualitative research and evidence based medicine. *British Medical Journal* 316(7139):1230–2.
[20] Gusfield, J. R. (1967). "Moral Passage: The Symbolic Process in the Public Designations of Deviance." *Social Problems* 15:175–88.
[21] Kleinman, A (1978). Concepts and a model for the comparison of medical systems as cultural syetsms. *Social science and medicine*. Vol. 12, pp. 85-93
[22] Kleinman, A, et al. (1978). "Culture, Illness, and Care: Clinical lessons from anthropologic and cross-cultural research". Annals of Internal Medicine 88:251-258
[23] Langdon, J.et al. (2010). Anthropology, Health and Illness: An Introduction to the Concept of Culture Applied to the Health Sciences. Rev. Latino-Am. Enfermagem,18(3):459-66
[24] Mahapatra, Lakshman K. (1994). Concept of Health among the Tribal Population Groups of India and its Socio-economic and Socio-cultural Correlates. In: SalilBasu (ed.), Tribal Health in India. Delhi: Manak Publishers, pp. 1–12
[25] Mishra, S;et al. (2013).Concepts of health and illness: Continuity and change among migrant tribal community in an Eastern Indian city, *Anthropological Notebooks* 19 (3): 61–69
[26] Nancy, N Adler and Newman, K (2002).Socio-economic Disparities in Health: Pathways and Policies *Health Affairs*, 21:2 pp. 60-76
[27] Ogunsiji, O. O. (2009). Meaning of health: Migration experience and health seeking behaviour of West African women in Australia (Unpublished doctoral dissertation). University of Western Sydney, Parramatta, New South Wales, Australia. Google scholar
[28] Pampel FC, et al. (2010). Socio-economic Disparities in Health Behaviors. *Annual review of sociology. 36: 349-370.*PubMed | Google Scholar
[29] Schutz, A (1967). "Phenomenology and the Social Sciences." Pp. 118–39 in *Collected Papers*, Vol. 1, *The Problem of Social Reality*, edited by M. Natanson. The Hague, The Netherlands: M. Nijhoff.
[30] Strandmark, M (2007). The concept of health and health promotion. *Scandinavian Journal of Caring Sciences.21(1): 1-2.*
[31] Weinert, Clarann& Kathleen A. Long (1990). Rural families and health care: redefining the knowledge base. *Marriage Family Review* 15(1-2): 57–75.
[32] World Health Organization (1980). The Primary Health Worker. Geneva: World Health Organization.