Prevalence of Anthropological Penetrative Glance in Review of Health Associated Factors Unveiled the Dynamic Development of Indian Society

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Abstract: India is drawing the world's attention, not only because of its population explosion but also because of its prevailing as well as emerging health profile and profound political, economic and social transformations. Among policy makers awareness of the impact of health policy and health promotion is increasingly recognised in recent national and international policy documents. Since health is related to a diversity of interrelated factors like housing, neighbourhood, work, education, lifestyles and recreation, understanding these dimensions become vital in ensuring the healthy living of society. Therefore the present study is expected to give glimpses about the health status of Indian population to the policy makers and will throw light into the various aspects associated with health care and health seeking behaviour. This research paper made an attempt to give an introduction to the core subject of the health study in Anthropology, reviews the relevant literature on the health status and health care system which determine quality of life. Consequently the ignorance about health study continues as for example the determinants of health are not yet clear; however during the past few decades, there has been a reawakening that health is a fundamental right and a worldwide social goal. This paper provides an effective and practical approach for evaluating relative efficiency of health especially useful for future research to improve the quality of life of our citizens and for the economic and social development of the nation.

Keywords: Health status, Health care system, Disease, WHO, Anthropology

1. Introduction

Health is viewed from a human right perspective and every person is entitled to have a healthy life and resources essential for satisfying health needs should be available within the reach of every person. An understanding of health is the basis of all health care. New concept of health is bound to emerge based on advance patterns of thought. Thus the concept of health is a level which will permit individual and community to lead socially and economically productive life. But this goal remains as a distant dream in most developing countries including India. The most of Indian populations, who are the prime victims of the policies, work in the most hazardous atmosphere and live in abysmal living conditions. Unsafe and unhygienic birth practices, unclean water, poor nutrition, subhuman habitats, and degraded and unsanitary environments are challenges to the public health system.

The present research will address the problem of how anthropologist analyse construction of the universe of disease and cure by the culture (modern & traditional belief), and organizational factors towards aspect of their health and illness, might affect self to health care–seeking behaviour among Indian population. Hence, the main question of this study is whether increasing environmental stress or traditional beliefs and practices reduce the health status of population.

2. Definition of Health

Most of us will find to define health as difficult but we would be confident of its meaning. Some of the definitions are:

- The widely accepted definition of health is given by W.H.O in 1946 in the introduction of its constitution. 'Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity'.
- The condition of being sound in body, mind or spirit especially freedom from disease or pain.' (Webster, 1987)
- 'Soundness of body and mind; the condition in which its functions are duly and efficiently discharged.' (Oxford English Dictionary, 2000)
- 'A condition or quality of the human organism expressing the adequate functioning of the organism expressing the adequate functioning in the given conditions, genetic or environmental.' (WHO - 1957, Techn. Rep. Ser. NO. 137)
- 'A state of relative equilibrium of body forms and function which results from its successful dynamic adjustment to forces tending to disturb it. It is not passive interplay between body substance and forces impinging upon it but an active response of body forces working toward readjustment' (Perkins, 1999).
- "When bodily humours are in dynamic equilibrium, the metabolic processes are in dynamic equilibrium, all the tissues are functioning in harmony, all the excretory material is expelled out adequately and the soul and the ten sense organs and the mind are happy is the perfect state of health." (Sushruta Samhita, Sutra section, Ch. 15: 44).

This description emphasize the biological, metabolic, seasonal, social, mental, spiritual, social, dietary and...
Environmental dimensions of holistic health. It is neither too broad and nor too narrow to cover any aspect of health.

3. Changing and Evolving Concepts of Health

Health has evolved over the centuries as a concept from an individual concern to a worldwide social goal and encompasses the whole quality of life. The brief account of the changing concepts of health is given below:

3.1. Biomedical Concept

Health is viewed as the absence of disease. The medical profession viewed the human body as a machine, disease as the breakdown of machine and oneself as the mechanic. This concept has minimized the role of environmental, social, psychological and cultural determinants of health.

3.2. Ecological Concept

This view considers health as the dynamic equilibrium between man and his environment, and disease as maladjustment of the human organism to environment.

3.3. Psychosocial Concepts

Contemporary developments in social sciences revealed that health is influenced by social, psychological, cultural, economic and political factors of the people concerned.

3.4 Holistic Concept

The holistic model is a synthesis of all the above concepts. It recognizes the strength of social, economic, political and environmental influences on health.

4. Dimension of health

It is a truism to say that what man is and to what disease he may fall victim depends on a combination of sects factors his or her genetic factors and the environmental factors to which he or she is exposed. These factors intersect and then interaction may be health promoting or deteriorating.

Thus, conceptually the health of individuals and whole community may be considered to be the result of many interactions, enumerates the determination of health, these determinants are biological determinants, behavioural, socio-cultural condition, environmental, socio-economic condition like economic states, education, occupation, political system, health care services, ageing of the population and gender (Basu, 1950).

There are three specific dimensions namely Physical, Mental and Social; many more may be cited viz. Spiritual, Emotional, Vocational and Political dimension to health.

As the knowledge base grows, the list may be expanding. Although these dimension function and interact with one another and each has its own nature. The conceptual descriptions are given:

4.1. Physical Dimension

Refers to anatomical integrity and physiological functioning of the body.

4.2 Mental Dimension

Ability to learn and think clearly; person with good mental health is able to handle day-to-day events and obstacles, work towards important goals, and function effectively in society. Mental health is the ability to respond to the many varied experiences of life with flexibility and sense of purpose.

4.3 Social Dimension

Ability to make and maintain acceptable interactions with other people implies harmony and integration within the individual, between each individual and other member of society and between individuals and the world in which they live. The social dimension of health includes the levels of social skills one possesses, social functioning and the abilities to see one self as a member of a larger society.

4.4. Spiritual Dimension

Refers to that part of the individual which reaches out and strives for meaning and purpose of life. It is the intangible something that transcends physiology and psychology.

4.5. Emotional Dimension

Has more close relation with mental health dimension. Mental health can be seen as ‘Knowing’ or ‘Cognition’ while emotional health refers to feeling.

4.6. Vocational Dimension

Aspects of life is a new dimension. It is a part of human existence. When work is fully adapted to human goals, capabilities and limitation, work often plays role in promoting both physical and mental health.

Since health is a very broad concept and there are few other dimension have also been suggested such as Philosophical Dimension, Cultural Dimension, Socio-Economic Dimension, Environmental Dimension, Nutritional Dimension, Curative Dimension, Preventive Dimension etc.

5. Determinants of Health

Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income, education level, and our relationships with friends and family all have considerable impacts on health.

The determinants of health include

a) Social and economic environment,
b) Physical environment, and
c) Person’s individual characteristics and behaviours.
These determinants—or things that make people healthy or not—including the above factors, and many others:

- Income and social status: higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.
- Education: low education levels are linked with poor health, more stress and lower self-confidence.
- Physical environment: safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health. Employment and working conditions—people in employment are healthier, particularly those who have more control over their working conditions.
- Social support networks: greater support from families, friends and communities is linked to better health. Culture—customs and traditions, and the beliefs of the family and community all affect health.
- Genetics: inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Personal behaviour and coping skills—balanced eating, keeping active, smoking, drinking, and how we deal with life’s stresses and challenges all affect health.
- Health services: access and use of services that prevent and treat disease influences health.
- Gender: Men and women suffer from different types of diseases at different ages.

6. Disease, Illness and Healing

One of the central features of medical anthropology is its focus on concepts of illness and cultural constructions (or perceptions) of illness, including how illness is experienced and under what conditions and from who help is sought. People from different cultures tend to label disease differently, and do not necessarily see diseases from the same perspective as biomedical practitioners do. In order to understand the multiple perspectives involved, the difference between disease and illness is a useful distinction.

7. Medical Practitioners

In many parts of the world, there is a kind of division of labour in healing, which allows for a wide variety of options and treatments for the person who suffers health problems, people who feel ill often first try to treat themselves, and the mother of the household is often in charge of taking care of the children’s ailments, i.e., she is the first-order healer in this system. In these instances, sick people are treated with the common medicines used for a variety of ailments, such as local herbal remedies.

8. Health Seeking Behaviour

Health seeking behaviour is among the major determinants of the health of individuals, families or communities. Healthy behaviours contribute to the overall health of individuals and communities and unhealthy behaviours adversely affect the quality of life people at different levels (Wood, C.S. 1979). Most health issues cannot be dealt with by treatment alone. The promotion of health and prevention of diseases will usually involve some changes in life styles or human behaviour. Behaviour is an action that has a specific frequency, duration and purpose whether conscious or unconscious. It are what we “do” and how we “act”. People stay healthy or become ill, often as a result of their own action or behaviour. The following are examples of how people’s actions can affect their health:

9. Health, Culture, and Human Environment interaction

Anthropologists using an ecological perspective to understand disease patterns view human populations as biological as well as cultural entities. Taking a systems approach in research, culture is seen as one resource for responding to environmental problems, but genetic and physiological processes carry equal weight. The evolution, demography, and epidemiology of humans are subject to ecological forces, as are other species.

9.1. Ethnomedicine

Medical anthropology is the study of ethnomedicine; explanation of illness and disease; what causes illness; the evaluation of health, illness and cure from both an emic and etic point of view; naturalistic and personality explanation, evil eye, magic and sorcery; bio cultural and political study of health ecology; types of medical systems; development of systems of medical knowledge and health care and patient-practitioner relationships; political economic studies of health ideologies and integrating alternative medical systems in culturally diverse environments.

9.2. How culture influences health beliefs

All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process. The extent to which patients perceive patient education as having cultural relevance for them can have a profound effect on their reception to information provided and their willingness to use it. Several western societies, which see disease as a result of natural scientific phenomena, advocate medical treatments that combat microorganisms or use sophisticated technology to diagnose and treat disease. Other societies believe that illness is the result of supernatural phenomena and promote prayer or other spiritual interventions that counter the presumed disfavour of powerful forces.

10. Decision Making

Health related decision is a complex phenomenon that involves skills, knowledge, and the expectations that health professionals have of the public’s interest in and understanding of health information and services. Health information and services are often unfamiliar, complicated, and technical, even for people with higher levels of education. People of all ages, races, incomes, and education levels not just people with limited reading skills or people for whom language are affected by limited health literacy. The impact of limited health literacy disproportionately affects lower socioeconomic. The decision of individuals are an important part of healthy life, requires knowledge from many topic areas, including the body, healthy behaviours,
and the workings of the health system, socioeconomic status, cultural background, past experiences, cognitive abilities, and mental health. Each of these factors affects how we communicate, understand, and respond to health information. Health information comes from many different sources and is delivered through multiple channels—for example, discussions with friends and family; TV, radio, newspaper, social media; doctors, dentists, nurses, physician assistants, pharmacists, and other health professionals; health educators; public health officials; nutrition and medicine labels; product pamphlets; and safety warnings. Many of these sources present different and possibly conflicting information, and some present biased or incomplete information. As a result, people confront a complex and potentially overwhelming set of health messages every day.

11. Health Care System in India

Health care system in India, found a concern in ancient India has evolved though ages with many ups and downs. Indian systems of medicine like Ayurveda and Siddha were added with Unani system during Muslim period and then with European Allopathic system during the British rule, India become a sovereign independent state and the health infrastructure was not available at that time to the masses. After independence various health infrastructures, health manpower and focus to specific priority areas are planned and implemented on recommendations of various review committees through the different five year plans. Strategies for epidemic and emerging diseases are of major concern. Women, though most important section of society, were largely ignored especially in rural India for their health concerns. The Indian health system includes public and private hospitals as well as specialised Ayurvedic hospitals offering this traditional Indian system of alternative medicine. All major cities and medium-sized urban centres have private hospitals that provide an excellent standard of care.

11.1. Health practices and problems

Rural people in general, have their own beliefs and practices regarding health. Some groups still believe that a disease is always caused by hostile spirits or by the breach of some taboo. They therefore seek remedies through magical religious practices. On the other hand, some rural people have continued to follow rich, undocumented, traditional medicine systems, in addition to the recognised cultural systems of medicine such as Ayurveda, Unani, Siddha and Naturopathy, to maintain positive health and to prevent disease.

11.2. Planning, Implementation and Evaluation of Health Programmes

Planning a health improving program is present firstly health situation of particular area where implementation of policy or plan taken place, e.g. level of immunization, family Planning coverage, malnutrition status, or sanitation, that you would like to improve to a better level, its depends on government destination, to improve the situation. At the end, evaluate program to find out target. Improvement in the health and nutritional status of the population has been one of the major thrust areas for the social development programmes of the country. This was to be achieved through improving the access to and utilization of Health, Family Welfare and Nutrition services with special focus on underserved and under privileged segments of the population. Over the last five decades, India has built up a vast health infrastructure and manpower at primary, secondary and tertiary care in government, voluntary and private sectors. These institutions are manned by professionals and paraprofessionals trained in the medical colleges in modern medicine and paraprofessional training institutions. The population has become aware of the benefits of health related technologies for prevention, early diagnosis and effective treatment for a wide variety of illnesses and accessed available services. Technological advances and improvement in access to health care technologies, which were relatively inexpensive and easy to implement, had resulted in substantial improvement in health indices of the population and a steep decline in mortality protecting the health of a population.

The health care delivery system today has undergone tremendous change, even over the relatively short span of time. People use health care services for many reasons: to cure illnesses and health conditions, to prevent or delay future health care problems, to reduce pain and increase quality of life, and sometimes merely to obtain information about their health status and prognosis.

12. Conclusion and Future Enhancement

Conclusively, it can be said that on the basis of observations and analysis of research article reveals that almost every human disease is influenced or caused by an environmental exposure, meaning direct human contact with a pollutant (e.g., through breathing contaminated air, drinking contaminated water, or eating a contaminated food). Health care utilization can be appropriate or inappropriate, of high or low quality, expensive or inexpensive. However, health care system has got tremendous influence over the health status of a society. There are many factors that determine the health care seeking behaviour of a population, type of health care they avail of and the timing of that care.

13. Acknowledgement

I am very much privileged to complete my research article under the supervision of respected Prof A.K.Kapoor and my sincere thanks to him, first of all for making this paper possible and for having such faith in me, even before it had begun, and also for inspiring conversations and comments throughout this whole process. I also accord my sincere thanks to Ms. Nuila Ansari for her valuable comments and sustained guidance during data analysis.

References


[22] Neesha Patel, evaluating the role of primary health Centres in India, Issue dated. 16th to 31st August 2005, Express health care management Copyright 2001: Indian Express Newspapers (Mumbai) Limited (Mumbai, India)


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Mr. Vineet Kumar Verma is a senior fellow from Department of Anthropology, University of Delhi, Delhi-07. He intends to start a PhD, focusing on new forms of applied research as Senior Research Fellow (w.e.f 2014) on the topic entitled: “A Gender Based Study of Cephalic Indices of Indian Children with Neurodevelopmental Disorders (A Comparative Study of Normal and Abnormal Brain Development)”. He has completed M.Phil in Physical Anthropology titled: “Health Status and Health Care System among Rajput and Sonar of Eastern U.P” from Department of Anthropology, University of Delhi. He received M.Sc degree on the Dissertation entitled: “Patterns of Growth and Development among Children of Uttarakhand” from University of Allahabad, and holds B.Sc in Geology and Anthropology from Lucknow University, Lucknow. His research interest includes the Health Anthropology, Growth and Development, Neuro-anthropology, and Applied Physical Anthropology. From 2009 to till date, he continues field research amongst the Scheduled Tribes, Primitive Tribes, Scheduled Caste, Ethnic/Population Groups, and Religious Groups etc. covered Uttar Pradesh, Delhi, Rajasthan, Uttarakhand, and Punjab. He has been working as a Guest teaching faculty in M.Sc in Forensic science and CFCS (Certificate course in Forensic Science) in Department of Anthropology, University of Delhi since 2014. He has also worked as a content writer in project on e-PG Pathshala in Anthropology undertaken by the MHRD, Government of India.