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Research Paper Sociology

Health Problems Among Lambanis Of Alurhatti Village,Karnataka

Dr. Dhruva B.Jyothi Assistant Professor, PG Department Of Sociology, Karnatak University, Dharwad

Objectives of the study:
1. To analyses the belief system about various disease in village.
2. To discuss the perception about treatment and awareness of other diseases in Alurhatti village.
3. To pinpoint the health awareness in Alurhatti village.

Methodology:
Universe of the study:

According to 2001 census of Davanagere district,Karnataka the total population was 1790952. The total scheduled castes population was 333227(18.61%) and in davanagere taluk, they constitute 94742(80.53) of the total population. In Alurhatti village, our case study region, the Lambanis constitute approximately 90 percentage of the total population of the village.

Sample:
The respondents have been selected from Alurhatti village. The data was collected from 60 persons (Head of households). Moreover, for collecting the data of the past the elders, opinion of leaders and other knowledgeable persons in the community were also interviewed.

Tools and Techniques:
The study is contained with primary and secondary data. The primary data collected with the help of interview schedule. The researcher participated and interviewed the head of the household. The interview scheduled contained both pre-coded and open-ended questions. On an average each interview took 15 minutes. Researcher also collected secondary data from books, articles and magazines etc.

The definition of disease-
There have been many attempts to define disease. Webster defines disease as "a condition in which body health is impaired, a departure from a state of health, an alteration of the human body interrupting the performance of vital functions".

The oxford English dictionary defines disease as "a condition of the body or some part or organ of the body in which its function are disrupted or deranged".

From an ecological point of view, disease is defined as maladjustment of the human organism to the environment".

From a sociological point of view, disease is considered as a social phenomenon, occurring in all societies and defined and fought in terms of the particular cultural forces prevalent in the society. The simplest definition is, of course that disease is just the opposite of health- i.e., any deviation from normal functioning or state of complete physical or mental well-being since health and disease are mutually exclusive. These definitions are considered as inadequate because these do not give a criterion by which to decide when a disease state begins, nor do they lend themselves to measurement of disease.

The WHO has defined health but not disease. "This is because disease has many shades ranging from in apparent cases to severe manifest illness. Some disease commence acutely (e.g., food poisoning) and some insidiously (e.g., mental illness, rheumatoid arthritis). In some diseases, a carrier state occurs in which the individual remains outwardly healthy, and is able to infect others (e.g., typhoid fever). In some instances, the same organism may cause more than one clinical manifestation (e.g., streptococcus). In some cases, the same disease may be caused by more than one organism (e.g., diarrhoea). Some diseases have a short course, and some may have a prolonged course. It is easy to determine illness when the signs and symptoms are manifested, but in many diseases the border-line between normal and abnormal is distinct as in the case of diabetes, hypertension and mental illness. The end point or final outcome of disease is variable-recovery, disability or death of the host". In our study region Lambanis were facing many health problems. In this Chapter researcher explain in detail about their diseases, illness and sickness with the available empirical data and PHC Centre.

Germ theory of disease
The concept of cause embodied in the germ theory of disease is generally referred to as a one-to-one- relationship between causal agent sand disease. The disease model accordingly is:

Disease agent ---- Man ----Disease (FIG 1)

The germ theory of disease, through it was a revolutionary concept, led many epidemiologists to take one- sided view of disease causation. That is, they could not think beyond the germ theory of disease. It is now recognized that a disease is rarely caused by the single agent alone, but rather depends upon a number of factors which contribute to its occurrence. Therefore modern medicine has moved away from the strict adherence of the germ theory of disease.

As a result of advances in public health, chemotherapy, antibiotics and vector control communicable disease began to decline-only to be replaced by new types of diseases, the so-called "modern" disease of civilization, e, g., lung cancer, coronary heart disease, chronic bronchitis, mental illness etc. these disease could not be explained on the basis of the germ theory of disease nor could they be prevented by the traditional methods of isolation, immunization or improvements in sanitation. The realization began to dawn that the "single cause idea" was an oversimplification and that there are factors in aetiology of diseases-social, economic, cultural, genetic and psychological which are equally important. As already mentioned, tuberculosis is not merely due to tubercle bacilli; factors such as poverty overcrowding and malnutrition contribute to its occurrence the doctrine of one-to-one relationship between cause and disease has been shown to be untenable, even for microbial disease has been shown to be untenable, even for microbial disease, tuberculosis, leprosy.

Therefore new models of disease causation have been developed (e,g., multifactor causation, web of causation) which de-emphasize the concept of disease agent and stress multiplicity of interactions between host and environment. Many epidemiologists prefer to regard the agent as an integral part of the total environment. The purpose of knowing the multiple factors of disease is to quantify and arrange them in priority sequence for modification or amelioration to prevent or control disease. The multifactor concept offers multiple approaches for the prevention/control of disease.

BELIEFS ABOUT DISEASE:
When the respondents were asked about the general cause of disease, out of 60 respondents 30(50%) said that poverty and germs+ confine to bed. Out of 60 respondents 20(33.3%) replied it was due to unhealthy environment + wrong combination of food. 10(16.7%) respondents replied it was due to excessive heat or cold + bad and irr egular habits. When the respondents were asked about the external symptoms of disease such as Jaundice, fever and cholera nearly 90 percent of the respondents were able to recognize the symptoms and the other 10 percent were unaware of the external symptoms and they were made to know the symptoms by the researcher. As researcher observed the effect of the modernization and westerniza-

tion on most of the respondents' beliefs about disease were defined through scientific reasons. There was no trace of old taboos and belief like sins and misdeeds of the past life or the angry god etc. causing these health problems. Majority of the respondents said that god has nothing to do with the health condition of the people because the responsibility of keeping themselves healthy entirely depends upon themselves.

PERCEPTION ABOUT TREATMENT AND AWARENESS OF OTHER DISEASES

The perception about the treatment among the people of Alurhatti village does not differ much. When we asked about getting treatment for the following disease like headache, back pain, body pain, chest pain, cough and cold stomach, tooth ache and dysentery we got almost the same answer from all the people that, when the symptoms and disease begin to effect their daily activities the people rush to the PHC for the treatment. This shows their perception about the treatment. The people of Alurhatti village people are partially aware of the common disease that are found in the village like the fever, leprosy, paralysis, tuberculosis, jaundice, asthma, malaria, typhoid etc, the reason that they know partially about these problems and these problems or disease are not found among most of the families which is a good health sign but on the other hand it becomes very important to be aware of these health problems for the avoidance of its ill consequences on health. As a researcher I was able to give them the basic information about these problems like how to prevent

Themselves from being effected and how to get initial treatment.

The following table shows about the perception why respondents do not go for treatment in the initial stage.

REASONS FOR NOT GOING FOR THE TREATMENT:

Table no 1.1

Sl.No	Particulars	Total Respondents	Total Percentage
1	No money to go for treatment	00	00%
2	Times do not suit us	20	33.3%
3	Loss of the wage of the day, if I go for treatment	30	50%
4	These do not call for medical aid	10	16.7%
5	Medical fees is expensive and drugs are not cheap	00	00%
	Total	60	100%

The above table 1.1 indicate that out of 60 respondents 30(50%) said that if they go for the treatment they will lose wage of that day. This response of the respondents shows the economic condition of their family. The occupation performed by these respondents was agriculture labour and coolie. Out of 60 respondents 20(33.3) respondents said that, time do not suit us. This was mainly due to the occupation performed by the respondents who used to go out of village for manual work. Out of 60 respondents 10(16.7) respondents replied that these do not call for medical aid the respondents who opined this were very young and did not had any health problems. The above table clearly shows that there is some amount of impact of the economic condition on their health.

STAGE OF ILLNESS WHEN THE TREATMENT IS TAKEN:

Table no1.2

Sl.No	Particulars	Total Respondents	Total Percentage
1	When illness affects daily routine works	30	50%
2	Wait and see the severity of illness	15	25%
3	Immediately	15	25%
4	When illness in capacities the body	00	00%
	Total	60	100%

The above table 1.2 indicates that the stage of illness when respondents go for the treatment. Out of 60 respondents 30(50%) said that they go for the treatment when illness affects daily work. Out of 60 respondents 15(25%) of the respondents replied that they would wait and see the severity of illness and then go for the treatment. Out of 60 respondents 15(25%) respondents said that they take treatment immediately. Out of 60 respondents 30(50%) said that they go for the treatment when illness affects daily work. This shows that the respondents have given more importance to their economic condition rather than their health. The majority of the respondents were illiterates and ignorant about the consequences of delaying the initial treatment. 15(25%) respondents said that they take treatment immediately because of their aware about these health consequences and mainly they were educated.

OPINION OF THE RESPONDENTS ABOUT THE CAUSES OF COMMON DISEASE IN VILLAGE:

Table no 1.3

Sl.No	Particulars	Total respondents	Total Percentage
1	Poor Economic Condition	15	25%
2	Unhygienic conditions in the House	35	58.3%
3	Bad Sanitary condition in the Village	10	16.7%
4	Changing Climatic conditions	0	00%
	Total	60	100%

The above table1.3 explains that out of 60 respondents 35(58.35) said that mainly the causes of common disease in the village are caused by bad sanitary condition of the house. Out of 60 respondents 15(25%) said that the common causes for common disease in village is the poor economic condition of the family. Out of 60 respondents 10(16.7%) said that it is due to the bad sanitary condition in the village.

COMMON DISEASES IN THE VILLAGE LOCALITY AND CAUSES OF SOME OF THESE DISEASES AS PERCEIVED BY THE VILLAGERS:

The basic assumption of this study is that persons who are living ina particular geographical area are subjected to face their own specific health problems. Every society views health problems from the perspective of its own culture and responds to them according to the understanding, knowledge, values and beliefs of the people. Health is not only biophysical phenomena but also a cause of the social disorder in the life of the community. Here social disorder of the life of the community is viewed in terms of community environment and civic amenities which exists in the community. The data shows that out of 60respondents 44(73.3) respondents perform occupations like agriculture and coolie, and most importantly among them40(66.7) respondents are illiterates and the factors like housing pattern, latrine system, bathing habits and food habits, smoking and alcohol consumption etc. are leading to the following consequences of which it is associated with.

Common health problems and diseases of the respondents

Table 1..4

Sl.No	Particulars	Total respondents	Total Percentage
1	Headache	4	6.6%
2	Back pain	5	8.3%
3	Body pain	20	33.3%
4	Chest pain	3	5.0%
5	Cough and cold	1	1.7%
6	Stomach ache	27	45%
7	Tooth ache	0	00%
8	Dysentery	0	00%
	Total	60	100%

The above table 1.4 clearly indicates the common health problems they face in their daily living in the village under study shows that there is relationship between the personal hygiene, food habits, occupation and incidence of health problems and diseases. Out of 60 respondents 27(45%) said that they have regular stomach ache (Gastric) problems. Out of 60 respondents 20(33.3%) said that they have get body pains. 5(8.3%) said that they have back pain problem. 4(6.6%) of the total respondents replied that they have head ache problem. 3(5%) respondents had some chest pain lastly, 1(1.7%) said they get cough and could regularly.

Diseases and health problems that are found among the respondents

Table 1.5

Sl.No	Particulars	Total respondents	Total Percentage
1	Body pain, Back pain, Joint pain	20	33.3%
2	Fever, Stomach ache, T.B	35	58.3%
3	Scabies, Typhoid, Mumps	4	6.7%
4	Asthma, Fluorosis, Polio	1	1.7%
	Total	60	100

The above table 1.5 indicates that among 60 respondents 20(33.3%) said that they regularly face the health problems like body pain, back pain, joint pain, etc. Out of 60respondents 35(58.3%) said that they have the health problems like fever, stomach ache, T.B. etc. 4(6.75) respondents faced scabies, Typhoid, Mumps, etc. 1(1.7%) respondents they have the problem of astama, polio, flourosis, etc. Along with them the factors like personal hygiene and occupational they perform has caused these health disease and problems.

AWARENESS ABOUT HEALTH SERVICES

The people of Alurhatti village utilize the health services provide by the primary health care centres. 75 percent of the respondents have made use of the available utilization of the government hospital for their health condition. The reason that respondents gave for attending the government hospital were treatment is good, free medicine is supplied and faith in government and doctor.

The rest of the 25 percent of respondents said that they do not have faith in the modern medicine and government hospital and tend to go to a private practitioner for the treatment. The respondents who do not have faith in government hospital and go for treatment to a private practitioner because 12(20%) respondents said that the treatment is good and 2(3.3%) said that doctor is known to them therefore they go for the treatment. A part from the government and private hospital treatment no respondent was treated by ayurvedic practitioner or traditional healer.

Conclusion:

1. Researcher in his opinion public awareness is important
2. NGO people has to take a effective steps regarding the various diseases in village.
3. Govt has to create awareness program through the education.

REFERENCES

1. Sing K.s 2003 people of India –kanataka entropology survey | 2. Jyothi Dhruva.B M.phil dissertation 1997.social change among bedas:a case study of gandala village | 3. Dr Jyothi Dhruva .B research paper-2013social problems of nayinda community : a case study of chitradurga district of Karnataka | 4. L.K Iyer 1856 the Mysore tribes and caste | 5. Kamath suryanath 1990 gazatter of karnataka